

## Job description

|                            |  |
|----------------------------|--|
| <b>Job title</b>           | Adult Liaison Psychiatrist   |
| <b>Grade</b>               | Consultant   |
| <b>Division</b>            | Orthopaedics and Rehabilitation Medicine   |
| <b>Responsible to</b>      | Jude Bubbear Divisional Clinical Director<br>Parashar Ramanuj Lead Consultant Psychiatrist |
| <b>Accountable to</b>      | Lila Dinner Chief Medical Officer  |
| <b>Type of contract</b>    | Permanent  |
| <b>Hours per week</b>      | 10 PAs per week  |
| <b>On- call commitment</b> | Not Applicable   |

### Royal National Orthopaedic Hospital

The Royal National Orthopaedic Hospital was founded in 1907 with the amalgamation of London's three specialist orthopaedic hospitals into one single centre of excellence. We can therefore trace our history back to 1838 when the Royal Orthopaedic Hospital was founded. The Royal National Orthopaedic Hospital NHS Trust was formed in 1991 as part of the first wave of NHS Trusts.

Since its inception, the hospital has been an acknowledged leader in its field offering a breadth of specialised services unrivalled in the UK. Within an environment of teaching and research, it is the hospital's aim to provide the highest standards of clinical care for the assessment and treatment of patients with musculoskeletal disorders.

RNOH is now a national tertiary hospital that provides a comprehensive range of neuro-musculoskeletal health care ranging from acute spinal injury and complex bone tumour management to orthopaedic medicine and specialist rehabilitation. As a national and international centre of excellence, we treat patients from all over the UK and other parts of the world, many of whom are tertiary referrals for second opinions or for treatment of complex or rare conditions.

The main hospital site is in Stanmore, a pleasant part of North West London fringed by Green Belt. There are good transport links (underground and road) into central London, as well as easy access to the rest of the country via the nearby motorway system [M25, M1, A1(M)]. Local housing and schools are good and the crime rate is low.

Inpatient facilities are provided at our Stanmore site which has near to 200 inpatient beds, including a dedicated paediatric ward. The hospital has 10 operating theatres, fitted with the latest equipment to perform complex neuro-musculoskeletal procedures. Patients requiring special monitoring after surgery are accommodated in either the adult or paediatric critical care units. The main inpatient building was newly built in 2017 and comprises of four floors including a dedicated Private Care Unit. Consultants wishing to undertake private patient work are encouraged and supported to use the Trust's facilities. The Trust has ambition to grow and during 2023 four further theatres were built.

Outpatient and diagnostic facilities are provided from both Stanmore and the Bolsover Street site in Central London. There is no acute emergency facility, but the Trust has a significant secondary complex spinal trauma referral base.

Teaching is inherent to the hospital's work and the specialist training provided in all disciplines is in great demand both in this country and from abroad. The RNOH Trust works closely with the University of London's Institute of Orthopaedics and Musculoskeletal Sciences, which is on site and forms the hub of the country's most comprehensive training programme for orthopaedic surgeons.

## **Research and Development**

Our teaching and our clinical effectiveness are enhanced by our work in research and development and our academic links with University College, London. Our R&D and RNOH staff work closely with UCL Institute of Orthopaedics and Musculoskeletal Sciences (IOMS), which is based on site and incorporates several centres.

The Institute provides facilities and support for research and Institute departments engage in both laboratory and clinical research related to orthopaedics.

RNOH has a well-established Board of Clinical Studies, which has a remit to manage the research endeavour of the Trust and to ensure that all research carried out adheres to an agreed criteria, legal requirements and research governance standards. This is a sub-committee of the Trust Board, and is chaired by John Skinner, who is the Director of Research and Development and Chair of Clinical Orthopaedics.

## **Organisation**

Patient services are managed by divisions, each led by a clinically qualified director, a director of operations and a director of nursing/senior Matron.

The specialist groups within the hospital include: -

- Paediatric Orthopaedics including the Limb Reconstruction Service
- Adolescent and Young Adult Hip Dysplasia unit

- Scoliosis/Spinal Deformity
- Paediatric Metabolic Bone Disease and Rheumatology
- Spinal Injury, Spinal Cord Rehabilitation
- Spine infection
- Myeloma unit
- Sports Medicine
- Rheumatology
- Rehabilitation
- Peripheral Nerve Injuries
- Shoulder Disorders
- Bone and Mineral Metabolism
- Primary Bone and Soft Tissue Tumours in association with The London Sarcoma Service
- Joint infection and Reconstruction Unit

The Trust's referral base is national but 65% of patients originate from within the London Region. There are a high proportion of external tertiary referrals (51%).

### Departmental Information

The consultants in the Psychiatry Unit are:

| Name                   | Departmental Role       |
|------------------------|-------------------------|
| Professor George Ikkos | Consultant Psychiatrist |
| Dr Parashar Ramanuj    | Consultant Psychiatrist |
|                        |                         |
|                        |                         |
|                        |                         |

Support staff include:

|                              |
|------------------------------|
| 1 X Physician Associate      |
| 1X Clinical Nurse Specialist |
| 1X Medical Secretary         |

The Liaison Psychiatry Service has three main areas of work within the Trust: the Spinal Cord Injury Centre, the Chronic Pain Service and the specialist Orthopaedic Services. This post has been established in order to expand the provision to the specialist Orthopaedic Services. The post-holder will be expected to liaise with relevant clinicians and managers within the specialist orthopaedic services to identify areas of psychiatric provision that are underserved at present, and working closely with the Clinical Nurse Specialist, upskill non-mental health trained staff and provide supervision to the Psychiatry Physician Associate.

This is a new post, necessary for the development of the service. The post-holder will be responsible to the Divisional Clinical Director / Lead Consultant Psychiatrist. Operational Accountability is to the Service Manager.

The RNOH has recently established the first comprehensive mental health screening programme for all adult patients newly referred to the Trust. We may be the first Acute Trust in the country to prioritise mental health outcomes in line with functional and physical health

outcomes. Alongside baseline quality of life, functional and physical health measures, patients who indicate significant anxiety or depressive symptoms are offered a Rapid Access Psychiatry clinic appointment for further triage. This is a telephone clinic, run primarily by the Physician Associate with supervision from the full-time Consultant Psychiatrist. A central responsibility for the new Consultant will be ensuring the smooth running of this service and service development as required.

Psychiatrists work closely with and enjoy excellent relationships with the team of six clinical, counselling and health psychologists working in the hospital. The psychiatry service contributes regularly to the teaching of all grades of medical and other clinical staff in the hospital.

The Liaison Psychiatry Service accepts referrals of inpatients and outpatients from Consultant Anaesthetists, Physicians and Surgeons at RNOH. Referrals are accepted via joint ward rounds, written letters, and telephone calls or secure NHS email. Approximately 200 inpatient and outpatient referrals are seen each year. The workload is shared between the consultant psychiatrists according to area of interest (Spinal Cord Injury, Chronic Pain, Complex Orthopaedics), with mutual cover of each other during periods of leave. All inpatient referrals are seen within 24 working hours. Patients are often assessed by the Physician Associate or Clinical Nurse Specialist initially, unless there are particular complexities that require senior review.

The Liaison Psychiatry Service works particularly closely with the London Spinal Cord Injury Centre and the Trust's Chronic Pain Service. The London Spinal Cord Injury Service has a reputation for excellence in Liaison Psychiatry and has published original clinical and service research in this area. The Consultant Psychiatrist for Spinal Cord Injury provides outreach to the major trauma centres across London for people with complex mental health problems and spinal cord injury. The arrangements are fluid and there will be opportunity to take on other roles depending on experience.

The Liaison Psychiatry Service does not accept direct referrals from GPs or other specialist psychiatric services. However, as the hospital accepts referrals from across the whole of England (and occasionally further beyond), the team liaises as necessary with local primary care, specialist mental health and other clinical and social services to ensure safe discharge and facilitate optimal care. We also participate in teaching with our two main local mental health Trusts: Barnet, Enfield & Haringey MHT and Central and North West London NHS-FT.

There are plans to expand the Chronic Pain Service provided by the hospital, enhance links with the Rheumatology service and enhance provision of psychological support to the Cancer Service. The post holder will take the lead in liaising with Consultant Physicians and Surgeons in the hospital, including through attending the monthly Physicians' meeting. The other Consultant Psychiatrists take the lead in liaising with the Pain Service and the Spinal Cord Injury Centre. Our medium term goal is to be accredited by the Psychiatry Liaison Accreditation Network.

## Main duties and responsibilities

- The postholder will be expected to maintain the highest clinical standards in the practice of Liaison Psychiatry and will undertake any reasonable clinical responsibility which relates to Liaison Psychiatry.
- The postholder will be expected to be actively involved in the management of the department including attendance at the Liaison Psychiatry MDT and monthly meetings. They will be expected to take an active and engaged role in departmental and academic responsibilities as allocated by agreement across the department, including cover for colleagues' annual leave and other authorised absences as appropriate.
- The successful applicant will engage fully and proactively in clinical governance activities, including clinical audit.
- A formal job plan will be agreed between the appointee and their Clinical Director on behalf of the Chief Medical Officer prior to the commencement date of the appointment.
- The job plan shall be reviewed annually. It will cover all aspects of a consultant's professional practice including clinical work, teaching, research, education and managerial responsibilities, including a clear schedule of commitments, both internal and external.
- It shall also include personal objectives, including details of their link to wider service objectives and details of the support required by the consultant to fulfill the job plan and the objectives.
- To provide a liaison psychiatry service to the Royal National Orthopaedic Hospital, working in close collaboration with Professor George Ikkos and Dr Parashar Ramanuj, Lead Consultation Liaison Psychiatrist.
- To ensure the continued and timely provision of the Rapid Access Psychiatry Clinic for those patients that meet threshold for telephone triage and to liaise with relevant clinicians within and outside the hospital as required.
- To provide clinical and professional leadership within the post, and take part in management activities related to the post or the wider service within which it is embedded
- Provision of psychological, and where necessary psychiatric, support to patients with complex psychosocial needs under the care of the Trust.
- Provision of supportive or brief psychological therapy as required.
- Review medical records, including relevant primary care records as appropriate
- Discussion with referrers and other clinicians as necessary, both before and after assessment and on an ongoing basis
- Clinical assessment, including emergency assessment where indicated

- Clinical recommendations, including in relation to Mental Capacity Act and the Mental Health Act where indicated. The postholder will be expected to have or be working toward Approved Clinician Status and will be or will be working toward Section 12 Approval under the Mental Health Act.
- Psychopharmacological Treatment and brief psychological therapy.
- Participation and leadership in joint meetings with Physicians, Surgeons and other clinicians as required.
- Availability for advice to clinical staff regarding aspects of clinical care, including discussion about need for psychiatric referral
- Liaison with Primary Care and Community Psychiatric Services.
- Close Liaison with the RNOH Clinical Psychology Service to co-manage patients
- A willingness to be flexible in altering the timetable according to service developments
- To ensure appropriate clinical documentation
- To take the medical lead in relation to Mental Health Act and Mental Capacity Act and liaise with RNOH management to ensure up to date arrangements which support good practice
- To ensure up to date maintenance of service guidelines and practice on delirium, alcohol and addictions
- To provide clinical and educational supervision to the Band 7 Psychiatry Physician Associate.

### **Responsibility for policy and service development**

- The appointee will be expected to fulfil the Royal College of Psychiatrists' recommendations for CPD as a minimum. Study leave is available in accordance with Trust policy.
- The postholder will be responsible for maintaining a Certificate of Good Standing with the Royal College of Psychiatrists, including participating in regular peer review groups. If the postholder is not already a member of a peer review group and is in their first five years of Consultancy, support is available through the Royal College of Psychiatrists' Sure Start Programme for New Consultants.
- There are Postgraduate Centres and well-equipped Library facilities at Royal National Orthopaedic Hospital which link to the UCL services. There are regular Audit meetings and a full programme of teaching for trainees.
- The appointee will commit to appraisal and revalidation and use the Trust revalidation software. The Trust will support the appointee in the appraisal and revalidation process.

### **Responsibility for leading and managing**

- The postholder will be expected to provide professional supervision and management of the junior staff and undertake some clinical teaching for Physician Associate students during their attachment to the department (a responsibility shared with the other consultants).
- The postholder will be expected to act as educational supervisor for the Physician Associate. This includes day-to-day supervision and teaching as well as active participation in objective setting, appraisal and assessment.
- Consultants are encouraged to participate in delivering the range of courses for training grade doctors and for general practitioners, which are run in the Trust Postgraduate Centres.
- The postholder will be assigned a mentor who will support the postholder in all aspects of the consultant post. In addition, the postholder will join bi-weekly handover meetings with the other two Consultants for mutual supervision.
- Depending on experience and due to the importance of psychological formulation for many of the patients, the postholder might be recommended to take on a brief psychodynamic psychotherapy case in the first year. If this is the case, the postholder will receive supervision through Prof Ikkos and will be supported to attend appropriate training courses.
- It is mandatory for the postholder to take part in annual appraisals. Appropriate time and assistance will be provided for preparation.

### **Location**

It should be noted that whilst it is intended that this Consultant post is based at the two main Royal National Orthopaedic Hospital sites (Stanmore/Bolsover Street), the successful applicant may be required to work at any site where the Trust conducts activity.

### **On-call**

The on-call commitment required as part of this post is detailed above. Please note that even if there is no on-call commitment mentioned currently, the post-holder may be required to take part in an on-call rota in accordance with the needs of the service and in discussion with the Clinical Director.

### **Indicative job plan and timetable**

The specific job plan will be developed in partnership between the needs of the department and the successful applicant and will set out the allocation of Direct Clinical Care (DCC) and Supporting Professional Activities (SPA). An indicative job plan is set out below. The number of PAs will be adjusted for part time consultants in discussion with the Clinical Director.

The post will have clerical and operational support as well as administrative support to facilitate the consultant's participation in national and local audits and registries.

The post holder will have office space and access to IT and telephone equipment.

Departments are moving towards a team-based approach to their workload

Resources are deployed flexibly in the way that best meets patient's needs and the post holder would be expected to participate in this approach.

The job plan will typically involve the following commitments:

- Outpatient clinics
- Elective operating clinics (where appropriate)
- Supporting Professional Activities (SPAs)
- There is currently no on-call commitment required for this role, however it is expected that there may be a need for on-call duties at RNOH in the future as determined by service need

#### **Indicative Job plan.**

The indicative job plan for the role is set out below. This is subject to discussion and agreement with the Clinical Director at RNOH upon appointment, and subject to change as part of the annual job planning process.

The timetable is subject to change in accordance with the needs of the service and in accordance with contractual terms and conditions. The postholder can request a job plan review at any time with the Lead Consultant Psychiatrist when there are proposed workload changes to support safe working and identify the need for any additional support. This will be carried out in a timely fashion.

The indicative timetable provides scheduling details of the clinical activity and clinical related activity components of the job plan which occur at regular times in the week. This includes, per week:

1. One New Patient Clinic (4hours) – to review 2 New Patients.
2. One Rapid Access Psychiatry Clinic (4 hours) – to review 2 RAP patients, plus provide supervision to the Physician Associate for her telephone triage.
3. One Follow-up Clinic (4 hours) – to review 4 Follow-up patients, plus provide supervision to the Liaison Nurse Specialist for her clinic.



Appropriate administration time will be allocated in the job plan. This would usually amount to 1 hour per 4 hour clinic.

|    | MON  | TUE  | WED   | THU                               | FRI  |
|----|--|--|---|-----------------------------------|--|
| AM | LSCIC and TSB<br>Ward reviews /<br>Service Ward<br>Rounds  | Clinic Admin<br>(discharge<br>summaries, case<br>conferences, etc)<br><br>Supervision with<br>Physician<br>Associate<br><br>SPA –<br>Mandatory,<br>CPD | Complex Case<br>Meeting<br><br>Liaison with<br>internal and<br>external<br>services e.g. in<br>response to<br>Complex Case<br>Meeting | Follow-up<br>Ward reviews         | LSCIC<br>inpatient<br>reviews and<br>MDT support.            |
| PM | Teaching<br>Commitment:<br><ul style="list-style-type: none"> <li>PT/OT/MDT</li> <li>NCHDs</li> </ul> Phys. Assoc.<br><br>Psychotherapy<br>supervision<br><br>Service<br>development | New Patient Clinic<br>with Clinical<br>Administration<br>Time  | Rapid Access<br>Psychiatry<br>Clinic<br><br>Psychotherapy<br>Long Case  | Follow-up<br>Psychiatry<br>Clinic | Follow up for<br>LSCIC<br>outpatients.<br><br>Clinical Admin |

The job plan will be reviewed with the clinical director within 6 months of the start of appointment.

The appointee will be required to participate in the annual job planning round in line with the Trust's Job Planning process and policy. Post holder will also be required to ensure they remain compliant with all statutory and mandatory training relevant to their role.

### Appraisals and Revalidation

The Trust has the required arrangements in place to ensure that all Doctors have an annual appraisal with a trained appraiser and supports all doctors going through the revalidation process. It is therefore the doctors' responsibility to ensure compliance with the appropriate policies.

### **Leave and cover Arrangements**

The post holder is entitled to 32 days of annual leave plus bank holidays for the first 7 years of their service and 34 days plus bank holidays thereafter and 30 days of study leave over three years. This will be calculated pro-rata for less than full time posts. Annual leave, study and special leave will be covered within the pool of consultants and is agreed and authorised using electronic unavailability management software

### **Safeguarding Children and Vulnerable Adults At Risk**

The Trust recognises its duty to safeguard and promote the welfare of children, young people and adults. Staff must at all times treat patients with dignity and respect protecting, young people and adults at risk from abuse and neglect.

Employees have a responsibility to ensure that prompt and appropriate action is taken when concerns have been made about a child, young person or adults at risk. Employees should be aware of their responsibilities as detailed in the Local Safeguarding Children Procedures and Safeguarding Adults at Risk Policy.

The Trust will assist you by providing mandatory training, support and advice.

Safeguarding children and adults is everyone's business

### **General Responsibilities**

#### **Infection Control**

Infection control is everyone's responsibility. All staff, both clinical and non-clinical, are required to adhere to the Trust's Infection Prevention and Control policies and procedures and the Health Act (2006) Code of Practice for the prevention and control healthcare associated infections and make every effort to maintain high standards of infection control at all times thereby reducing the risk of Healthcare Associated infections.

It is the duty of every member of staff to take personal responsibility for the prevention and control of infection, as laid down in the Trust's policies and procedures which reflect the statutory requirements of the Hygiene Code.

- To work in close collaboration with the Infection Control Team
- To ensure that monitoring of clinical practice is undertaken at the agreed frequency
- To ensure that all relevant monitoring data and issues are provided to the Directorate's Governance structures

#### **Risk Management**

Risk management is fundamental in ensuring the safety of all whilst on Trust premises and in ensuring that a high level of quality care is continually provided. To support staff in the management of risk, the Trust provides training programmes and facilitates staff in the use of risk management identification tools. In turn, individuals are responsible for ensuring that they attend

training sessions and adhere to the Trust's policies and procedures, which includes the reporting of incidents, both actual and near miss.

## **Vulnerable Groups and Safeguarding**

To carry out responsibilities in such a way as to minimise risk of harm to children, young people and vulnerable adults and to promote their welfare in accordance with the Children Act 2004, Working Together to Safeguard Children (2006) and No Secrets guidance (DH 2000).

To demonstrate an understanding of and adhere to the trust's child protection policies.

## **Equality, Diversity & Inclusion**

The RNOH is proud to be a diverse & inclusive organization, representing people from a wide group of ethnicities, gender identities, sexualities, disabilities, ages, religions and beliefs. The Trust is committed to ensuring that it is a place where our staff, patients and visitors feel included, represented and receive the support that best meets their needs.

We recognize and exercise our duty act on institutional discrimination and address inequality within our organization. **The post holder will be expected to behave in a way that is actively anti-racist, anti-discriminatory and facilitate equality and equity at all times within their role.** This will include engaging with the implementation of the Trust EDI Strategy and attending essential EDI training as and when required by the Trust.

We are a Level 2 Disability Confident Employer. **If you have a Disability** (including conditions that affect your mobility, senses, mental health, neurodivergence or long-term health) **and require support to make the workplace accessible, we will make reasonable adjustments to support you.** Therefore, we encourage you to **declare your disability, identify what support you need** and we will make the workplace accessible to your needs.

We are an organisation that supports flexible working and are able consider and offer a range of flexible working practices. Depending upon the nature of your role, this can include hybrid home working, part-time roles and job shares.

## **Wellbeing**

We work hard to support the health and well-being of patients and service users. We believe you should have access to excellent Occupational Health to improve and maintain your health and well-being. The aim of Occupational Health is to work with managers and staff to promote and improve health and well-being of staff. Contact Information and services provided by Occupational Health can be found on the Trust intranet.

The Trust has a channel on the Trust intranet dedicated to promoting staff wellbeing, and staff are actively promoted to use this resource.

The Trust recognises that being involved in a serious incident can have a significant impact on a clinician's wellbeing. The following wellbeing systems are available to doctors in such an event:

- Discussion with Team Leader/Service Manager
- Discussion with the Clinical Lead or Clinical Director
- Team Debrief
- All Trust Consultants are encouraged to join a local peer group that meets regularly; serious incident cases can be discussed and peer support sought during such meetings
- Reflective discussion during the annual appraisal meeting

### **IT Skills**

All staff are required to demonstrate a level of IT literacy skills appropriate to their job, as the use of IT is fundamental in delivering good quality efficient health care.

### **Terms and conditions of service**

This appointment is subject to the terms and conditions of employment of the Royal National Orthopaedic Hospital NHS Trust

### **Professional Conduct**

All Medical Staff are expected to comply with management arrangements in place to follow the guidelines on practice laid down by the General Medical Council's 'Good Medical Practice' guide and to be accountable to the hospital for their actions and the quality of their work.

### **Risk Management**

The Royal National Orthopaedic Hospital NHS Trust strives to take a holistic approach to the management of risk; Health and Safety, Caldicott, Corporate and Clinical Governance requirements are all elements of risk management.

Risk management is fundamental in ensuring the safety of all whilst on Trust premises and in ensuring that a high level of quality care is continually provided. To support staff in the management of risk, the Trust provides training programmes and facilitates staff in the use of risk management identification tools. In turn, individuals are responsible for ensuring that they attend training sessions and adhere to the Trust's policies and procedures, which includes the reporting of incidents, both actual and near miss.

### **Health and Safety at Work Act**

Under the provisions of the Health and Safety at Work Act 1974 it is the duty of every employee to:

- Take reasonable care of themselves and of others who may be affected by their acts or omissions.
- Co-operate with their employer in ensuring that all statutory and other requirements are complied with.

### **Clinical Governance**

All staff must comply with the Trust Infection Control Policy. All employees must attend infection control training as required within their department as directed by their line manager.

### **Confidentiality**

Post-holders must maintain the confidentiality of information about patients, staff and other health service business in accordance with the Data Protection of 1998. Post-holders must not, without prior permission, disclose any information regarding patients or staff. If any member of staff has communicated any such information to an unauthorised person those staff will be liable to dismissal. Moreover, the Data Protection Act 1998 also renders an individual liable for prosecution in the event of unauthorised disclosure of information. Following the Freedom of Information Act (FOI) 2005, post-holders must apply the Trust's FOI procedure if they receive a written request for information.

### **No Smoking Policy**

The Trust prohibits smoking in all of their buildings and premises.

### **Declaration of Interests, Gifts & Hospitality**

All employees must comply with the Trust's Declarations of Interests Policy and must provide declarations of interests, gifts and hospitality on an annual basis. Failure to do so may result in an application being rejected or withdrawn or, if discovered after appointment that such information has been withheld, may lead to dismissal.

This job description is intended as a guide to the general scope of duties and is not intended to be definitive or restrictive. It is subject to change over time in line with the needs of the service. Such changes will be made after discussion between the post-holder and their manager.

The post is non-residential although accommodation may be available by contacting the accommodation unit at RNOH.

## Person Specification

|                  |  |
|------------------|--|
| <b>Job title</b> | Consultant Adult Liaison Psychiatrist    |
| <b>Grade</b>     | Consultant (Medical and Dental)          |
| <b>Division</b>  | Orthopaedics and Rehabilitation Medicine |

Evidence for suitability in the role may be measured via a mixture of application form, assessment centre/testing and interview.

| <b>Requirement</b>                    | <b>Criteria</b>   | <b>Essential/<br/>Desirable</b>   |
|---------------------------------------|---|---|
| Trust Values:                         | Understands and committed to Trust values: <ul style="list-style-type: none"> <li>• Patients first always</li> <li>• Excellence in all we do</li> <li>• Trust, honesty and respect for each other</li> <li>• Equality for all</li> </ul>  | E   |
| Education, qualification and training | <p>Basic medical qualifications - MBBS or equivalent</p> <p>Membership of the RCPsych or equivalent</p> <p>Certificate of Completion of Training in General Adult Psychiatry</p> <p>Full GMC registration</p> <p>Entry on the GMC specialist register with CCT or equivalent (proposed CCT/CESR date must be within 6 months of interview)</p> <p>Section 12(2) Approval, Eligible to act as RC for detained patients</p> <p>Training &amp; experience in brief psycho-therapeutic techniques appropriate for patients with psychological needs complicating the presentation or management of physical health conditions</p> <p>Management experience - e.g. rota/leave coordinator</p> <p>Evidence of undertaking research activities</p> | <p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>D</p> <p>E</p> <p>D</p> |

|                          |   |   |
|--------------------------|---|---|
|                          |   | D   |
| Quality improvement (QI) | Knowledge and experience of Quality Improvement (QI) methodology / audit / service improvement work   | D   |
| Skills                   | <p>Competent in all aspects of skills appropriate to the role.</p> <p>Computer literacy/IT skills</p> <p>Excellent verbal and written communication skills</p> <p>Experience in effectively delivering training / teaching nursing and medical staff</p> <p>Ability to effectively supervise junior medical staff</p> <p>Track record of establishing and maintaining good working relationships with patients, carers and multidisciplinary colleagues.</p> <p>Experience in conflict management and able to motivate colleagues (medical and non-medical)</p> <p>Understanding of wellbeing</p> | <p>E</p> <p>E</p> <p>E</p> <p>D</p> <p>E</p> <p>E</p> |
| Knowledge                | <p>Understanding of principles of clinical governance</p> <p>Consultant role in ensuring patient safety.</p> <p>Evidence of understanding the importance of GMC good medical practice and appraisal and revalidation.</p>   | <p>E</p> <p>D</p> <p>E</p>                            |
| Other requirements       | <p>Understands the principles of patient confidentiality and data protection</p> <p>Accountability – Takes responsibility for own actions and promotes good team working</p> <p>Openness – Shares information and good practice appropriately</p> <p>Mutual respect – Treats others with courtesy and respect at all times</p>  | <p>E</p> <p>E</p> <p>E</p> <p>E</p>                   |

|  |   |   |
|--|---|---|
|  | Commitment to own continued professional development and that of others               | E |
|  | Highly organised, self –motivated, track record of achievement                        | E |
|  | Understanding and involvement in service development                                  | E |
|  | Demonstrable commitment to anti-discriminatory and inclusive behaviours and practices | E |



