

JOB DESCRIPTION

CONSULTANT IN WORKING AGE PSYCHIATRY Community Job
South Sector-BURY
10 PA
Full time substantive

PARTICULARS OF THE POST

1. Introduction

Pennine Care NHS Foundation Trust is seeking to make a full time appointment to this post working with the Older Adult psychiatry team based at the Irwell unit, Fairfield Hospital, Bury.

. This is a substantive appointment 10PA

Title of Post: 10 PA Substantive Consultant psychiatrist Adult Community post

Bury hosts a thriving training and research environment. The total complement of Consultants in Bury is now

The current model in Working Age is based on an inpatient/outpatient model. There are 4 Community Consultants (2 per sector), each covering outpatients only, and 2 Inpatient Consultants with a part-time consultant cover for the EIT. A home treatment team consultant. This is a community post.

2.0 The Base

The base is the Irwell Unit at Fairfield Hospital in Bury. The Community Mental Health Team is based at Humphrey House in Bury.

3.Geographical Background

Geographically, Bury is an attractive blend of town and country ranging from Pennine Moorland in the north to the suburbs of north Manchester in the south. The common feature of the area is the River Irwell and there are attractive villages throughout the Borough but especially in the north and west. Bury Metropolitan Borough consists of six towns: Bury, Ramsbottom, Tottington, Radcliffe, Whitefield and Prestwich. Formed in April 1974 as a result of Local Government re-organisation it was one of the ten original districts that formed the County of Greater Manchester.

There is a wide range of industry in each of the six towns and there is a wide range of shopping and modern entertainment including the Rock Shopping Centre in Bury together with the famous open and indoor markets.

There are excellent communications in the area with the M60, M62 and M66 Motorways crisscrossing the area plus the Metro Link Light Rapid Transit.

Bury is a busy town north of Manchester with a total population of approximately 187,000. According to 2016 census, the working age population is 116,400 which represent 61.9% of the entire population. Bury is ranked 122nd most deprived of 326 Local Authority districts, and Bury CCG is

ranked 100 of 209, meaning Bury is ranked around the middle for deprivation at LA and CCG level. Overall, Bury is the 8th most deprived of the 10 GM
7

districts. Bury was ranked 114 of the 326 Local Authority districts this means that the borough has become slightly less relatively deprived over the intervening five years. The health of people in Bury is varied compared with the England average. Life expectancy for both men and women is lower than the England average. Life expectancy is 9.6 years lower for men and 7.8 years lower for women in the most deprived areas of Bury than in the least deprived areas. The rate of alcohol-specific hospital stays among those under

18 is 34. This represents 15 stays per year.

system with a fast and frequent service from Bury centre through Manchester city centre to Altrincham. Manchester Airport is half an hour away by road.

Specialised Mental Health Trust

There are few careers as rewarding as those in the NHS, or that give you the opportunity to work with such a variety of people.

At Pennine Care, we actively recruit people of all ages, backgrounds and levels of experience as this helps us understand the different needs of our patients and provide the best possible service.

Whichever area of the Trust you join, you become part of a talented, passionate team of people, committed to providing the best care and treatment to patients. You will also enjoy one of the most competitive and flexible benefits packages offered by any employer in the UK.

As a Trust we are committed to being a great place to work which means we place a great deal of importance on the experience of our staff. We are committed to:

- Effective recruitment and retention of our staff
- Developing new roles and ways of working to ensure a flexible and innovative approach to staffing
- Equality of opportunity and having a workforce that represents the communities we serve
- Continual training, development and learning for all staff
- Achieving a work-life balance and creating positive staff experiences which support wellbeing
- Offer a great working environment and an attractive range of benefits.

The Trust made the list of the top 120 best places to work in 2015, as compiled by HSJ and Nursing Times, in association with NHS Employers.

The list is a celebration of NHS organisations that have worked hard to promote great staff engagement and create an environment where people can enjoy their work.

The Trust is accredited with a 'two ticks' symbol to ensure that people with disabilities are afforded equal opportunity to enter employment and progress if and where possible. Working in partnership with Local Authorities, CCGs, Health Authorities and the independent sector, the Trust is committed to providing fully integrated, continually improving and locally accessible mental health services in a range of hospital and community settings. Users and carer involvement is a priority for the Trust, to facilitate the development of services that are appropriate, accessible and responsive.

The development of a Specialist Mental Health Trust was designed to enable the maximum benefits to be achieved for service users, their carers and families, and staff working in the Trust. It has also facilitated further integration of health and social care by bringing together a critical mass of mental health professionals.

Areas Served



Pennine Care Trust aims to deliver mental health through services based in each Borough and in conjunction with local Commissioners and local Social Service departments.

The expectation is that the pooling of expertise, the diffusion of good practice and Trust-wide resourcing of specialised services will gradually benefit all the local services. Governance structures are well developed in each of the boroughs with good central co-ordination.

Pennine Care NHS Foundation Trust was established in April 2002 and provides mental health and learning disability services to a population of approximately 1.2 million people throughout the boroughs of Bury, Rochdale, Oldham, Tameside & Glossop and Stockport within Greater Manchester. Services are organized on a borough basis through close working relationships with the clinical commissioning groups (CCG's) and this continues with the transition to the Integrated Care Systems (ICS). Governance structures are well developed and emphasise local ownership with central coordination with the ethos of clinically lead and expertly managed. Our employees enjoy their work, have opportunities to learn and develop their skills and are encouraged to generate new ideas that improve care for our service users. Living and working in Greater Manchester Greater Manchester is one of the world's most innovative, original and exciting places to live and work. From the beauty of the surrounding countryside to the vibrant inner city with a great transport links within the UK and further afield.

2. Trust details Our services are provided by approximately 2600 staff across both clinical and non-clinical workforce. Services delivered across the trust are outlined below. The Trust provides a range of core services for people who have a mental illness requiring secondary care mental health specialists. In more recent years and with the on-going community transformation work the trust also provides services within primary care and local neighbourhood teams. The trust structure is split into the north division and south division. The south division of the trust is the boroughs of Stockport and Tameside & Glossop with the North Division comprising of Bury, Rochdale and Oldham. Each division has an Associate Medical Director, a Director of Quality Nursing and Allied Health Care Professionals and a Network Director of Operations.

This triuvariate structure is then replicated in each borough. The types of services provided are: • Adult inpatient and community services • Older people's inpatient and community services • Community based Child and Adolescent Mental Health Service • Tertiary Child and Adolescent In-patient services • Psychiatric Intensive Care • In-patient rehabilitation services • Primary care neighbourhood teams • Primary care psychological medicine services include long-covid service

Main Trust In-patient sites: Royal Oldham Hospital, Oldham; Tameside General Hospital, Ashton-under-Lyne Birch Hill Hospital; Rochdale Fairfield General Hospital, Bury; Stepping Hill Hospital, Stockport; Trust Headquarters: Ashton-under-Lyne.

General Hospital Facilities

The General Hospital is on the same site as the main mental health centre and in-patient unit (Irwell Unit). The whole site is known as Fairfield General Hospital.

The local Mental Health Directorate

The Area

Bury is a busy town north of Manchester with a total population of approximately 187,000. According to 2016 census, the working age population is 116,400 which represent 61.9% of the entire population. Bury is ranked 122nd most deprived of 326 Local Authority districts, and Bury CCG is ranked 100 of 209, meaning Bury is ranked around the middle for deprivation at LA and CCG level. Overall, Bury is the 8th most deprived of the 10 GM districts. In 2010, Bury was ranked 114 of the 326 Local Authority districts –

this means that the borough has become slightly less relatively deprived over the intervening five years. The health of people in Bury is varied compared with the England average. Life expectancy for both men and women is lower than the England average. Life expectancy is 9.6 years lower for men and 7.8 years lower for women in the most deprived areas of Bury than in the least deprived areas. The rate of alcohol-specific hospital stays among those under 18 is 34. This represents 15 stays per year. The rate of alcohol-related harm hospital stays is 587*, better than the average for England. This represents 1,055 stays per year. The rate of self-harm hospital stays is 173, better than the average for England. This represents 325 stays per year. The rate of smoking related deaths is 337, worse than the average for England. This represents 332 deaths per year. Estimated levels of adult smoking are worse than the England average.

Community Mental Health Team

There is one CMHT within Bury. The team bases at Humphrey House and have been running a generic service targeted to people with severe mental illnesses (see later for more details).

Early Intervention Team

Based at Humphrey House, the EIT is entirely staffed by experienced community staff and works in tandem with the sector team. The team is covered by a 0.6 consultant cover dedicated to the EIT.

Access & Crisis Team / Home Treatment Team

These are based in the same building as the inpatient unit. Currently, they consist of practitioners at all levels (qualified nursing staff, Social Workers and an Advanced Practitioner), and administrative staff. They provide a local service from 8 AM to 9 PM. Currently, the Community consultants provide cover for their patients within the teams. The post is staffed by a HTT consultant psychiatrist.

The Liaison Team

The team is based in the Accident & Emergency Department at Fairfield General Hospital, Bury, and provides 24-hour emergency psychiatric cover.

From August 2023 it is envisaged that there shall be a consultant liaison Psychiatrist and Staff grade psychiatrist as well as a complement of allied staff.

Other Sections of Mental Health Directorate

Old Age Psychiatry

Two full-time Consultants are in the post, and they are supported by two full-time trainees in this developing service. The service takes new patients aged 65 and over and is characterised by an outreach approach, with patients assessed and reviewed in their homes. There are 12 acute beds for the treatment of acutely ill patients.

Team

Dr Ankur Khanna Clinical Director & Inpatient consultant South Ward male working age.

Dr Adeola Akinola Deputy Director of medical Education, Inpatient consultant female working age North Ward.

Dr Sarmad Nadeem, Associate Medical Director, CMHT Consultant.

Dr Nicola Cowdery, Site tutor, CMHT consultant adults

Dr Neil Crossley HTT consultant

Dr Alistair Stewart EIT consultant

Dr Ahmed Mohammed (Locum) CMHT consultant

Dr Jennifer Watson Old Age consultant psychiatrist

5.0 The duty of the post

Title: Consultant in Psychiatry (Community)

Relationships: Employing Authority: Pennine Care NHS Foundation Trust

Post : Consultant Psychiatrist working age in the community

Duties of the Post:

The sector is covered by two WTE consultants and has a total population of approx. 100,000. The sector is based on GP Practices and the sector served is that of the resident population of Bury, based on those practices within the sector. The postholder will cover one of the two South areas. The vast majority of the patients will be from these electoral wards, but there will be a very small number whose GP practices will be within these areas, but who reside in a different area of Bury. The postholder's line manager is the Lead Consultant.

Clinical Duties:

In conjunction with the other consultant, the appointee will provide Consultant psychiatric care in a comprehensive service for all community patients aged 16-64 in the Sector. The postholder will share access to all facilities within the service and work closely with members of the multi-disciplinary team.

The postholder will on average be expected to see 2 to 4 new patients per week and 20-24 follow-up patients per week (7 Follow Up patients per Follow-Up Clinic). There will be patients in the Consultant's Case Load who are currently only being seen by the Consultant. However, the postholder is

encouraged and supported to discharge patients to primary care once they are stable.

The postholder is expected to be the RC/AC for community patients. There will be some patients who are on a Community Treatment Order (average 5-10 per Outpatient Consultant). On occasion (on average 5-10 times a year) there may be a Mental Health Act assessment in the daytime.

The care pathway between the Home Treatment Team and the in-patient unit will involve the in-patient medical team stepping down into the Home Treatment Team to supervise those patients on an Early Discharge Pathway, and the Community Medical Teams stepping in to provide cover for those patients requiring an enhanced package of care to allow them to remain in the community and avoid admission. In this way, patients will either be discharged from the Home Treatment Team to the in-patient unit on admission, or to the community teams on the resolution of the crisis.

This postholder will also provide a programmed activity per week into the SPOE (Single Point Of Entry) and a programmed activity per fortnight to the Home Treatment Team (HTT). Wednesday mornings are split so that the South Sector Consultants (2) alternate with the North Sector Consultants (2) to provide alternate week inputs to the CMHT & HTT. So the postholder will spend Week 1 at the CMHT going through their referrals, assessment in an MDT environment. Week 2 will be spent going on the HTT board and helping the team to discharge patients.

JOB PLAN

Total	=	7.5 Programmed Activities	D.C.C.
		2.5 Programmed Activities	S.P.A.

<i>9. Proposed Job Plan –Day</i>	Time	Location	Work	Hours	No of PAs	DCC/ SPA
Monday	9-1	OPD	Follow-Up Clinic/New patients clinic	4	1	DCC
	1-5	OPP	Emergency Clinic/ Mental Health Act Work/ Clinical Meetings	4	1	DCC
Tuesday	9-1	OPD	Follow-Up Clinic/New patients clinic	4	1	DCC
	1-3	Irwell Unit	Supervision CT Supervision FY1	2	0.5	SPA
	3-5	Irwell Unit	CPD	2	0.5	SPA
Wednesday	9-12	Humphrey House /Irwell Unit alternate weeks	CMHT Meeting / SPOE meeting & HTT reviews alternate weeks	3	0.75	DCC
	12-1	Irwell Unit	Consultant's meeting	1	0.25	SPA
	1-2	Irwell Unit	Case Conference	1	0.25	DCC
	2-5	Irwell Unit	CPD	3	0.75	SPA
Thursday	9-1	Irwell Unit	Follow-up Clinic	4	1	DCC
	1-5	Irwell Unit	Emergency Clinic/ Mental Health Act Work/ Clinical meetings	4	1	DCC
Friday	9-1	Irwell Unit	Emergency Clinic/ Mental Health Act Work/ Clinical meetings	4	1	DCC
		Irwell Unit	Admin	2	0.5	DCC
		Irwell Unit	CPD	2	0.5	SPA

Education & training

The post holder will be expected to participate in the supervision and teaching of junior psychiatric medical staff. The post holder will provide educational leadership to Fairfield Hospital to improve the understanding and management of mental disorders. They will work with the Education teams within the acute Trust to provide high quality training to various groups including medical teams, nursing staff and other professionals, as required.

Management

The post holder will attend relevant project planning meetings as well as other Pennine Care, CCG and ICS events that support the delivery of the project.

Service Development

The post holder will take an active role in developing the service area of work with the support of the rest of the team, Pennine Care, the Northern Care Alliance and local commissioners. Liaison Mental Health services are expanding across the Trust. There is a monthly Liaison Mental Health Steering group co-chaired by the Trust Clinical Lead for liaison (Dr Sarah Burlinson) and Associate Medical Director for the North Division (Karen Maneely) which the post holder will be invited to attend.

Evaluation

Clinician and patient rated outcome measures, patient rated experience measures and health care utilization data will be collected to support accreditation by Psychiatric Liaison Accreditation Network (PLAN), which Pennine Care have recently joined.

SALARY RANGE

Salary and terms and conditions of service are those of Hospital Medical and Dentist staff (England and Wales) and General Whitley Council Conditions of Service, as amended from time to time.

EMPLOYER

The post holder will be employed by Pennine Care NHS Foundation Trust:
Pennine Care NHS Foundation Trust, 225 Old Street, Ashton-under-Lyne, Lancashire OL6 7SR.

11.0 OFFICE BASE

The consultant will have use of a dedicated space in the Irwell Unit. This will be sufficiently private and resourced to carry out the full range of consultant functions and will include break-out areas, immediately available, where discussions and phone calls can take place in complete confidence. Administrative support will be provided to facilitate high-quality communication between the post holder, patients and colleagues. This support will include a named individual who can manage diaries and provide support for non-clinical activities. The consultant will be provided with the appropriate IT support which can link to printers, the Trust network, the internal e-mail system digital dictation and the Internet. The consultant will be provided with a mobile phone.

ON CALL ARRANGEMENTS

On call duties will be for the borough of Bury. There is a 1 in 14 (or pro-rata) on call rota covering weekdays between 9am -5pm excluding weekends and Bank holidays. This is to provide advice to junior doctors and to support patients whom are not known to services and out of area. Most emergency work is undertaken by patients own teams during the day. The local oncall is known to have a very light workload due to most patients cared for and covered by local teams.

There is a 1 in 30 North division oncall which is non resident and supported by a full tier middle grade and junior doctor cover. The North Division rota covers on call work Monday to Friday 5pm to 9 am the following day as well as on call work at weekends from 9am Saturday to 9 am Monday. This rota covers patients who are normally seen within the working age and older age groups only. The area covered includes Bury, Rochdale (incl. Heywood and Middleton) and Oldham. Time spent working whilst on-call is offset by a day of leave after an on call day . This time in lieu is to compensate for work done whilst on call. The on call supplement is category A 3%. The post holder would be expected to have received Approved Clinician training and to maintain Approved Clinician status. He/she would be expected to have working clinical knowledge and experience in relation to The Mental Health Act and Capacity Act.

12.0 CONTINUING PROFESSIONAL DEVELOPMENT

Continuing Professional Development (CPD) is actively encouraged and is seen as an integral component of the post. The Trust will support continuing professional development in terms of reasonable payment for courses and study leave. The post holder will be expected to be in good standing with the Royal College of Psychiatrists for CPD. They will be expected to join a peer review group and participate in annual personal development planning, as described by the College and in line with the process of revalidation as specified by the GMC. Dr Adeola Akinola is responsible for co-ordinating the continuing professional development (CPD) peer group for most general adult psychiatry consultants within the Department of Psychiatry. All consultants in the Trust have access to the online CPD modules offered by the Royal College of Psychiatrists.

Director of medical Education is Dr Rochelle Ramkisson

Medical Director is Dr Simon Sanhu and is the Responsible officer.

13.0 Appraisal / Revalidation

The Post holder shall engage with yearly appraisal via the online system SARD and have a choice of joining the local CPD group. The trust expects that the post holder will have a certificate of good standing with the RCPsych.

14.0 General Responsibilities

In addition to these principal areas of clinical work, the post holder will have other responsibilities including:

- Compliance with legal obligations covering clinical practice (e.g. Mental Health Act and Code of Practice, Mental Capacity Act and The Children Act etc.)
 - Compliance with proper and safe discharge procedures for inpatients (e.g. in line with the Department of Health Guidelines on Discharge and Caring for people: The Care Programme Approach)
 - A commitment to ensuring that people from all ethnic groups have equitable access to appropriate services.
 - Ensuring successful multidisciplinary working
 - Maintaining good relationships with General Practitioners, the Clinical Commissioning Group (CCG), Social Services, and voluntary sector organisations
 - Compliance with procedures whereby doctors report concerns about the professional conduct of competence of medical colleagues
 - Compliance with Trust procedures that involve users in their care
 - Participating in medical and multidisciplinary audit and other procedures for Clinical Governance
 - Participating in the teaching of medical students attached to the service
 - Participating in the Academic Programme organised by the Local Tutor
 - Compliance with the regulations of the Royal College of Psychiatrists on continuing medical education
 - Compliance with confidentiality as advised by professional and Department of Health Guidelines
- Consultants have continuing responsibility for the care of patients in their charge and for the proper functioning of their departments. They are expected to undertake the administrative duties associated with the care of their patients and the running of their clinical departments. All consultants take responsibility, both singly and corporately, for the management of junior medical staff. In particular, they are responsible for approving and

helping to monitor annual and study leave for their own junior staff, and for assisting the Lead Consultant in arranging locum staff when needed. Consultants are part of the management structure within the Unit. It is expected that the post holder will take an active part in the weekly meetings of the Bury consultant group and in particular will liaise closely with colleagues' in general adult psychiatry.

16.0 LEAVE ARRANGEMENTS

Consultant colleagues are expected to provide each other with cross cover for annual leave, study leave, professional leave and compassionate leave. The post holder's entitlement to annual leave (30 days a year and an additional 2 days after 7 years in the grade) and study leave (30 days over 3 years) will be in line with the terms and conditions of service for hospital medical staff. As far as possible, cross cover will be provided between the 2 consultants based with the team in first instance but on the rare occasion where this is not practical it will be provided by sector consultants.

Study Leave

An allowance of 30 days with a budget of £1000 per annum is allocated. This is over a 3 year period.

MENTORING

Consultants new to the Trust or those in their first post as a consultant, will be expected to identify a more experienced colleague as a mentor. This may be someone working in another department or Trust, provided that it is realistic, to expect the mentoring role to develop. A number of consultants in the Trust are willing and able to act as mentors if needed. In addition, the post holder's line manager will meet on a regular basis during their first year in post to offer guidance and support.

18.0 Teaching and Training

The post holder will have the option to support CPD activities with a trust wide Wednesday afternoon 1pm -3pm teaching programme consisting off 1 hour CPD slot, Case Presentations, Journal club, Expert led one hour teaching and Teaching to supplement MRCPsych course for trainees.

Teaching commitments by the post holder will be as part of the departmental offer and wider

MDT teaching and supervision to the staff they lead within the team.

The post holder will be expected to perform weekly supervision to the middle grade and any junior doctors within the team.

Trust DME is Dr Rochelle Ramkisson and the local tutor is Dr Nicola Cowdery

Bury has students performing shadowing, special study components

19.0 RESEARCH

The Trust actively encourages the involvement of staff in research, and a number of projects are underway with the support of local clinicians.

EXTERNAL DUTIES

A number of consultants from the Trust carry out external duties, for example by taking part in Royal College committees, teaching on University courses, or examining for the College or for medical schools. These activities enrich the clinical and teaching environment of the Trust as a whole, and are strongly encouraged, providing they are compatible with the delivery of the clinical service.

21.0 Local occupational Health Support

Occupational health support is available through the Staff Wellbeing Service www.penninecare.nhs.uk/nhs-staff-wellbeing.

This confidential service provides virtual, face to face, individual and group support and can be accessed through self referral.

Activities such as mindfulness, yoga and seminars on dealing with stress, work life balance are also available.

In addition, the Greater Manchester Resilience hub www.penninecare.nhs.uk/mcrhub-covid19 offers similar for those adversely effected by the pandemic

Details regarding this support are shared at induction and on a regular basis.

Pennine Care has its own in house staff well being service that can provide brief intervention work and access to an occupational health service. These services can be accessed by referral by manager or self referral on the trust intranet. They can provide support regarding the promotion of wellbeing such as stress management, mindfulness courses, resilience intervention and wider courses.

All referrals are clinically triaged by email within 72 hours and currently an assessment is usually arranged within approximately 3 weeks . We then have variable waiting times for allocation to a clinician, these are currently between 2 and 12 weeks depending on which therapy you will receive.

Local Support

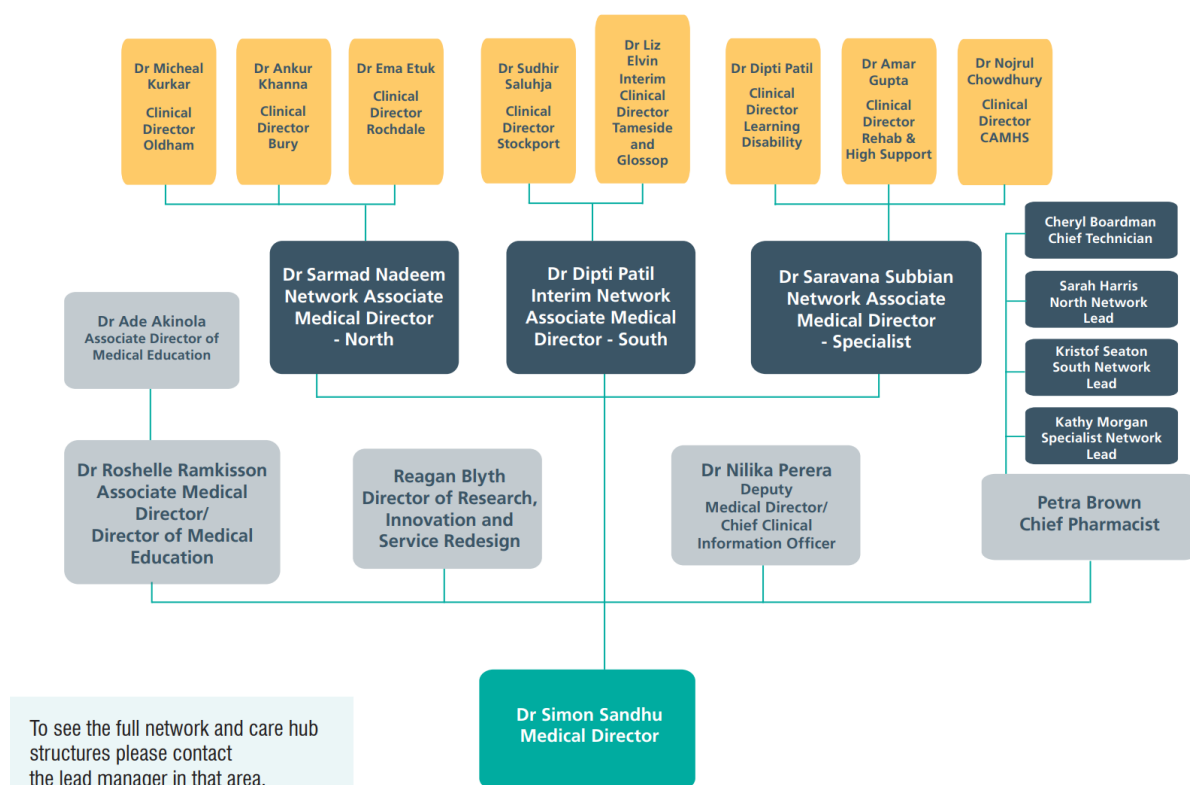
The consultant body meets every week on a Wednesday afternoon where cases and issues can be discussed. The clinical Director and wider medical management team can support individuals wellbeing around incidents, pastoral care, clinical dilemmas and wider support of any nature

22.0 quality and Diversity

Pennine Care is committed to adherence to all government guidelines around equality and diversity

23.0 Organisation of Management

Line Manager : Dr Ankur Khanna, Clinical Director for Bury



RESPONSIBILITY

The post holder will be responsible to the Medical Director, Dr Simon Sanhu and will be directly managed by and operationally accountable to the Clinical Director in Bury Dr Ankur Khanna.

Their responsibilities as educational or clinical supervisor are primarily the concern of the Site Tutor. Yearly appraisal and job planning will be provided, and discussion regarding the best process for this will be agreed with the post holder.

Terms & Conditions of Appointment

The post holder will be expected to work with professional colleagues and local managers in the efficient running of services and will share with consultant colleagues in the medical contribution to the management of the service, in line with the Terms and Conditions of Service. The appointee is expected to observe the Trust's agreed policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the standing orders and financial instructions of the Trust. In particular, where the management of the staff of the Trust is concerned, the post holder will be expected to follow the local and national employment and personnel policies and procedures. He/she will be expected to make sure that there are adequate arrangements for hospital staff involved in the care of the patients to be able to contact him/her when necessary. The post holder is expected to comply with Trust policy and management instructions with regard to Health and Safety and to bring to the attention of the Trust anything that endangers themselves or others. The post owner would be expected to travel to a variety of sites within the Trust footprint so should ideally have access to a car with a valid current driving license. The Trust will provide support available for non-drivers due to disability in line with the equality act A draft job plan for the posts (above) has been prepared in accordance with paragraphs 30A, 30 and 61 of the Terms and Conditions of Service for hospital medical staff and will be agreed with the Consultant after appointment. This job description and work programme is subject to regular review with the Chief Executive of Pennine Care NHS Foundation Trust.

24.0 Visits

Further discussion on the post is also available via: Dr Ankur Khanna, ankur.khanna1@nhs.net or call 0161 716 1045

25.0 PERSON SPECIFICATION

Essential	Desirable
Satisfactory medical screening prior to taking up appointment	
MBChB or equivalent	Possession of MRCPsych or equivalent qualification. Other postgraduate degrees e.g. MSc, MD, MRCP etc.
Must be on the GMC Specialist Register or be eligible to be on the GMC Specialist Register Higher psychiatric training or its equivalent.	Possession of CCT or be within 6 months of achieving this CCT in General Adult Psychiatry
Section 12 (2) Approval under Mental Health Act 1983 or be eligible for approval. Approved Clinician status (or eligible for same)	Experience in detention of patients under The MHA (1983) Experience of writing reports for the Mental Health Review Tribunals.
Evidence of teaching and training abilities.	Current or past educational supervisor of a basic trainee and a specialist registrar.
	Use of a car or access to a means of mobility to travel across the Trust footprint in line with service needs
Commitment to share the work of the department with colleagues, to	Evidence of leading the development of services elsewhere.

develop and improve the service as a whole, and to the organisational philosophy.	An interest in management and service development.
Registered for CPD with the Royal College of Psychiatrists.	In 'Good professional standing for CPD'.
Good communication skills.	Enthusiasm, demonstration of initiative and innovation.
Evidence of audit activity.	Published audit and published research.
Available to participate in on-call rota	