

**CONSULTANT PSYCHIATRIST
GENERAL ADULT PSYCHAITRY, HOME BASED TREATMENT TEAM
MEADOWBROOK UNIT, SALFORD**

Full Time

JOB DESCRIPTION

Post and Specialty	<p>Consultant in General Adult Psychiatry</p> <p>Working with adult working age Home Based Treatment Psychiatry team in Salford</p>
Base	<p>Meadowbrook Salford Royal Hospital Stott Lane Salford M6 8HG</p>
Contract details	<p>Number of programmed activities: 10</p> <p>Salary £93,666 - £126,281</p> <p>On call commitment is 1 in 12, category A payment.</p> <p>The post is offered on a full-time basis</p>
Professionally Accountable to	<p>Medical Director: Dr Arasu Kuppuswamy</p> <p>Deputy Medical Director: Dr Tessa Myatt</p> <p>Associate Medical Director: Dr Neeti Singh</p> <p>Lead Consultant: Dr Pushpindr Ssidhu</p>
Operationally Accountable to:	<p>Service: Salford Division of GMMH</p> <p>Salford Head of Operations: James Logue</p>
Key working relationships	<p>Director of Operations: Mr John Foley</p> <p>RO: Dr Arasu Kuppuswamy</p> <p>Chief Executive: Jan Ditheridge</p>

1. Introduction

Greater Manchester NHS Foundation Trust (GMMH) provides a range of mental health, learning disability and substance misuse services for 1.2 million people living in Greater Manchester.

Greater Manchester is a great area to live in. There are vibrant cities including the cities of Manchester and Salford. There is an excellent transport network with motorways, rail and the Manchester International Airport linking it to many important cities and resorts.

There is stunning countryside with the National Parks of the Peak District, Lake District and Snowdonia all within easy reach.

Manchester is a vibrant city with a wealth of nationally acclaimed museums, art galleries and theatres. The city is also known internationally for its music and sporting reputation, and for its shops, restaurants and lively nightlife. There are a number of interesting developments in Salford including the innovative Salford Docks area with Media City and the Lowry Project.

Manchester has a vibrant sporting life with Manchester City and Manchester United Football Clubs, Old Trafford Cricket Ground as well as a number of Rugby League and Rugby Union teams. Cycling is a popular sport and there are a number of regular Park runs occurring throughout greater Manchester on a Sunday morning.

There are many lifestyle options from city centre apartments, semi-urban areas with an arty student atmosphere and more developed suburbs with excellent schools and housing options.

Greater Manchester is culturally diverse, and we welcome applicants from a similarly diverse range of backgrounds to gradually shift the profile of our workforce to match the population we serve.

There are areas with large communities identifying themselves as of African, Caribbean, Chinese or Indian sub-continent ethnic groups as well as many smaller ethnic and national groups covering most of the main world religions.

As a result of this diversity, there are thriving communities with voluntary and community groups playing an active role in providing services.

All consultants in the Trust will work with culturally diverse communities, but, in addition, development work with ethnic minorities and associated research programs may form part of job plans for some posts.

Trust Details

Greater Manchester Mental Health NHS Foundation Trust (GMMH) is one of the leading mental health trusts in the UK.

Serving a population of 1.2 million people, the Trust employs around 6,400 people who make a difference across 160 locations. Situated in one of the most exciting and affordable cities in Europe, GMMH provides community and inpatient mental health care, alongside substance misuse services across the Northwest.

GMMH is one of the most active research trusts in the UK, with one of the highest levels of recruitment to clinical trials for mental health. This puts our staff and service users at the leading edge of new mental health treatments.

We provide inpatient and community-based mental health care for people living in Bolton, the city of Manchester, Salford, Trafford and the borough of Wigan, and a wide range of mental health and substance misuse services across Greater Manchester, the northwest of England and beyond. The Trust provides a range of specialist services including prison in reach across the North of England, a specialist centre for mental health and deafness and in patient perinatal mental health care.

We have been rated 'Good' overall by the Care Quality Commission. Our substance misuse services, and leadership were rated as 'Outstanding'.

Our people 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 heart of the vibrant inner city with great shopping, entertainment and dining options.

There are great schools, international sports teams and a variety of places for the arts. It is one of the areas spearheading devolution in England. We have easy access to rail, air and road travel including a fast rail service to London and international and domestic flights from Manchester Airport.

Wherever you go you will experience a great northern welcome with people famed for their warmth, humour and generosity.

2. Working here

- Largest mental health provider in Greater Manchester with focus on delivering excellent mental health care.
- Posts across rural, suburban and urban settings.
- Standard offer of 2.5 SPAs: 7.5 DCCs (pro rata).
- Support for flexible and less than full-time working.
- Opportunities to pursue a special interest.
- The Trust is highly active in research and innovation and has links with a number of local universities; consultants can engage with research from recruitment through to dedicated research time.
- Clear framework for interested colleagues to develop management and leadership skills and take up positions in leadership and management.
- Access to in-house training including a Recovery Academy.
- Structured and supported approach to appraisal and revalidation.
- Agreed process for career breaks.
- Relocation package.

3. Local Area information

City of Salford

The City of Salford has a population of approximately 234,000. Overall, the area is characterised by high deprivation but includes some affluent areas (overall MIM in Salford is 112.2). In Salford 85% of residents were born in England and 92% speak English. Other languages include Polish 1.6%, and Arabic 0.5%. Salford is adjacent to Manchester – the commercial centre of the Northwest.

Nearby Manchester is a vibrant city with a wealth of nationally acclaimed museums, art galleries and theatres. The city is also known internationally for its music and sporting reputation, and for its shops, restaurants and lively nightlife.

Salford itself has undergone major development in recent years including the innovative Salford Docks area with Media City and the Lowry Project. The motorway network allows easy access to major cities and towns in the Northwest region, Manchester International Airport and areas of natural beauty including the Peak District, Yorkshire Dales, Lancashire Moors and the Lake District.

4. Local divisional service

Services are supported by associate specialists, middle grade, and junior doctors.

Community Services

There are three Community Mental Health Teams which are now aligned with the GP clusters. The Community Consultants are:

Dr A Barker & Dr M Birtwhistle- Ramsgate House

Dr J Ingram- Prescott House

Dr Laura Kamal & Dr Yinusa - Cromwell House

Inpatient Service

The inpatient service is based at Meadowbrook; this is in the grounds of Salford Royal Hospital. There are currently 4 inpatient wards. Eagleton Ward is a male ward with 23 beds. There is a Psychiatric Intensive Care Unit called Chaucer Ward which has 8 beds and 1 seclusion,

The inpatient consultants are:

Dr Carolyn Asher - Keats Ward

Dr Asif Kamal – Eagleton Ward (Locum covering the post)

Dr Pushpinder Ssidhu- McColl ward

Dr Mazen Daher – Chaucer ward (Locum covering the post)

Older Adult Service

The Older Adult Service has 4 Consultant Psychiatrists who are:

Dr A McMahon and Dr P Nelson cover older adult inpatients for Salford, Woodlands.

Drs P Nelson, M Shawl and Dr M Javeed cover the older adult Community Mental Health Teams and Memory Service for older adults including care homes.

Early Intervention for Psychosis Team

There is an Early Intervention Service based at Broadwalk Centre, Pendleton, in the centre of Salford. The Consultant in this team is Dr I Ellory.

Mental Health Liaison Team

There is a Mental Health Liaison Service and the consultants for this service are Dr K Cruickshank and Dr H Goldup, who work with a team of practitioners for patients above the age of 18. This service operates entirely within the general hospital setting (Salford Royal Hospital).

Rehabilitation

There is a Rehabilitation Service. The consultants who work in this service are, Dr N Singh, Dr K Barnes and Dr I Ali. Dr M Birtwhistle provides rehabilitation services to Manchester patients, under the Rehab division, based at Bramley Street Unit next to Ramsgate House.

Learning Disability Services

Dr N Awan is the Learning Disability Psychiatry Consultant based at Meadowbrook. Salford has an integrated Learning Disability Service with a functional community team.

Home Based Treatment Team

There are 2 consultants who work full time within the Home Based Treatment Team. These consultants are Dr H Nadeem and Dr K Uddin.

Local working arrangements

5. Service details

Home Based Treatment Team

The Salford Home Based Treatment Team (HBTT) aims to reduce the frequency and length of inpatient admission for people experiencing acute episodes of mental health difficulties of all age groups including people above 65 years of age. Most (98%) of the patients under the HBTT are usually under 65 years of age. It provides care and treatment in the least restrictive environment resulting in minimum disruption to the Service User's life, meets the person's mental health needs, providing a real alternative to hospital admission where possible. Service Users remain in contact with their own services and support networks maximising the speed of the recovery process. The HBTT provides intensive treatment in the person's home, utilising psychological and social interventions, recovery values, access to medical treatment and social inclusion. The majority of Service Users are likely to remain with HBTT for 4 – 6 weeks. The HBTT offers gatekeeping of admissions to GMMH acute inpatient wards. The HBTT also facilitates early discharges from the inpatient wards and facilitates 48-hour post discharge telephone contact post-discharge from the acute wards, and 7-day follow up where appropriate.

6. Duties of the post

Home Based Treatment Team

This post has come about due to current consultant moving elsewhere within the trust. This is a replacement post.

The post holder will review patients under the Salford Home Based Treatment Team both at Meadowbrook Unit and at their home addresses. These patients would have had their initial assessments by mental health practitioners within the HBTT before the medical review. The purpose of the medical review will be to establish provisional diagnosis and advice on treatment plan.

The HBTT will usually have between 30 to 60 patients on their case load at every point in time. The average case load of the HBTT is about 50 patients. These will be shared equally between the 2 full time consultants.

They will attend and lead MDT meetings 4 days a week during which patients under the Home Based Treatment Team will be discussed.

The post-holder will be expected to be Section 12 approved and an Approved Clinician. They will be expected to become involved in Mental Health Act work when emergencies arise.

The post holder will have a junior doctor (or equivalent). The post holder may also attract a higher trainee depending on the trainer's qualifications.

The post holder will be encouraged to attend the weekly MRCPsych teaching course at least 4 times a year. This is the weekly academic course for trainees which constitutes of a case conference, journal club, and expert teaching

The post holder will be encouraged to engage in teaching and training of various members of the multidisciplinary team and provide supervision to members of the team after emergency assessments when required post-holder will be given the opportunity to apply to become a CT1 to CT3, and ST4 to ST6 trainer and will be provided with access to the required training for these.

The post holder will be expected to contribute to clinical audit and will be able to participate in research.

The post holder will be expected to participate in the senior on-call rota pro rata, this rota is 1 in 12. This will be on the third tier of on-call. The second tier involves doctors who are Section 12 approved. The on call covers Adult Psychiatry.

The on call attracts a Category A payment. In view of the very low frequency by which the consultant is contacted and the very rare need to visit the hospital out of hours this has not required arrangements for time-in-lieu.

The post holder will be professionally accountable to the Lead Consultants and operationally accountable to the Head of Operations

There are cross cover arrangements in place between the consultants for annual leave/study leave. The post holder will be expected to contribute to this cross-cover arrangement to provide clinical input when required.

7.5 Programmed Activities (PA's) for clinical activity.

2.5 Programmed Activity (PA's) for Supporting Professional Activity (SPA) for audits, management/leadership activities, teaching etc.

A formal job plan will be agreed between the post holder and Lead Consultant by three months after commencing the post and at least annually thereafter.

The team consists of:

Consultant psychiatrists – 2 WTE

Team manager – 1 WTE

Advanced practitioner – 1 WTE

Clinical psychologists – 0.5 WTE

Band 7 Senior practitioner – 2 WTE

Band 6 Mental health practitioner (Nurse) – 14 WTE

Band 6 Mental health practitioner (OT) – 1 WTE

Band 6 Mental health practitioner (Social Worker) – 1 WTE

Band 6 OT – 1 WTE

Band 5 Mental health practitioner (Nurse) – 3 WTE

Band 5 Mental health practitioner (Social worker) – 1 WTE

Support workers – 3.8 WTE

Administrative staff – 3 WTE

Locum Appointment for Training doctor (LAS) – 1 WTE

Clinical role

- Undertake assessments of referrals/ admissions to the service
- Diagnose and formulate management plans in complex presentations.
- Provide management in treatment resistant and complex presentations
- Assessment and management of risk including of vulnerability, suicide risk, risks to health and safety and risk of harm to others.
- Preparation of Mental Health Review Tribunal and Managers' Hearings reports and attendance at subsequent hearings.
- Work in a collaborative way with multidisciplinary teams including external partners.
- Work in partnership with psychiatrists from partner providers such as Forensic and Rehabilitation Psychiatrists.

Leadership role

- Lead clinical decision making in the multidisciplinary team to ensure the delivery of high quality care
- Develop service clinical priorities in line with national and professional guidance and standards
- Engage with service transformation programmes including attendance at Consultant meetings for their service and directorate.

Educational role

- Provide clinical supervision for trainees in gaining core psychiatric experience

- Provide clinical supervision for psychiatric trainees in achieving competencies in core general psychiatry

7. Secretarial support and office facilities

The consultant will have a shared secretary and in accordance with the guidance published by the Royal College of Psychiatrists (revised in November 2016).

Each consultant will have his own office and be provided with a desktop or lap top computer for their use. Remote access to the hospital computer system will be supported to enable on-call access to records and e-mails.

8. Clinical governance and quality improvement

Each consultant is expected to take an active part in audit and other quality improvement activities. They are expected to actively contribute to monitoring standards, service and team evaluation and to the development of their service.

Consultants are expected from time to time to support the investigation of clinical issues that may arise in other services in the trust.

9. General duties

It is expected that all consultants will:

- Manage, appraise and give professional supervision to junior medical staff as agreed between consultant colleagues and the associate medical director and in accordance with the Trust's personnel policies and procedures. This may include assessing competences under the Modernising Medical Careers framework.
- Ensure that junior medical staff working with the post holder operate within the parameters of the New Deal and are Working Time Directive compliant.
- Undertake the administrative duties associated with the care of patients.
- Record clinical activity accurately and comprehensively and submit this promptly to the Information Department.
- Participate in service and business planning activity for the locality and, as appropriate, for the whole mental health service.
- Participate in annual appraisal for consultants.
- Attend and participate in the academic programme of the Trust, including lectures and seminars as part of the internal CPD programme.
- Maintain professional registration with the General Medical Council, Mental Health Act Section 12(2) approval process, and to abide by professional codes of conduct.
- Participate annually in a job plan review with the clinical manager, which will include consultation with a relevant manager in order to ensure that the post is developed to take into account changes in service configuration and delivery associated with modernisation.
- Work with local managers (their lead consultant, associate medical director, deputy operational director and other operational managers) and professional colleagues in ensuring the efficient running of services, and share with consultant colleagues in the medical contribution to management.
- Comply with the Trust's agreed policies, procedures, standing orders and financial instructions, and to take an active role in the financial management of the service and support the medical director and other managers in preparing plans for services.

- Participate in investigations both when clinical care of one of their patients is being investigated or as a clinical investigator when issues arise in other services within the trust.

The Trust is committed to providing safe and effective care for patients and all staff have a responsibility to contribute to the high standards of care. They must work in partnership to achieve service objectives and promote a culture of working together through good communication, openness and honesty in accordance with NHS duty of candour. They need to: -

- Take a proactive role in identifying risk and acting on the results to resolve problems at source wherever possible bearing in mind resources and priorities and liaising with line management.
- Take part in risk management practices both clinical and non-clinical in line with the Trust's Risk Management Strategy.
- Be open and honest and report actual and potential incidents and participate in developing systems to identify and record respond to near misses.

10. External duties, roles and responsibilities

The Trust actively supports the involvement of consultants in regional and national groups subject to discussion and approval with the medical director and, as necessary, the chief executive officer.

11. Other duties

From time to time, it may be necessary for the post holder to carry out such other duties as may be assigned, with agreement, by the Trust. It is expected that the post holder will not unreasonably withhold agreement to any reasonable proposed changes that the Trust might make.

12. On call, leave and cover arrangements

This is three-tier on call, with a core trainee and higher trainee or specialty doctor as first and second on call respectively. The candidate will be expected to participate in the rota with other consultants. On call commitment is 1 in 12, category A payment.

On-call covers general adult psychiatry. Cover arrangement for leave is provided by colleagues from Salford. There are alternative arrangements for CAMHS, Addictions, Old age and Forensic Psychiatry.

This cover is mainly limited to emergencies. The post holder will be involved in the decision making before any formal arrangements are considered.

13. Clinical leadership and medical management

Medical Director	Dr Arasu Kuppuswamy
Director of Medical Education	Dr Taseer Kazmi
Deputy Medical Director	Dr Tessa Myatt
Associate Medical Director	Dr Kishen Neelam (Wigan, Addictions and Bolton)
Associate Medical Director	Dr Neeti Singh (Salford, Trafford and Talking Therapies)
Associate Medical Director	Dr Nishan Bhandary (Manchester)
Associate Medical Director	Dr Sandeep Mathews (Specialist Services)
Associate Director of Research	Dr Damien Longson

Each of the Associate Medical Directors is supported by a number of lead consultants who are the line managers for the consultants in their service.

Associate Medical Directors jointly manage the service with their operational colleagues, the associate operational directors. The management ethos is that of a clinically led, operationally partnered, academically informed service.

The medical managers and leaders take an active part in leading quality improvement. They are active partners in developing services and in business planning of their network and service.

Consultants are expected to lead clinical decision making in the multidisciplinary team to ensure the delivery of high quality care, to develop service clinical priorities in line with national and professional guidance and standards and to engage with service transformation programmes including attendance at Consultant meetings for their service and directorate.

Consultants are expected to undertake delegated management responsibility within the directorate, the nature of which can be negotiated following appointment relative to the aspirations / experience of the appointee and needs of the directorate e.g. audit lead,

There will be participation in the general administration of the directorate including attendance at appropriate medical committee meetings and meetings relevant to areas of specific management responsibility.

All consultants are members of the Trust Medical Staff Committee that meets bi-monthly. The current chair is Dr R Blattner.

14. Appraisal and job planning

There is a robust system of appraisal and revalidation which has been quality assured by NHS England and it is firmly embedded in the consultants' annual cycle. All appraisals are undertaken by trained appraisers and there is ample support for appraisees in setting out their portfolio. The Associate Medical Director for Medical Education is responsible for appraisal and is the Responsible Officer for the purposes of revalidation. The trust Responsible Office is Dr Arasu Kuppuswamy who with his team manage appraisal and revalidation in the trust.

All Consultants are expected to undergo annual appraisal and job planning. Job planning is usually conducted annually (or more frequent if required) by the Lead Consultant, and appraisers are chosen from a Trust pool of suitably trained consultants. It is expected that a job review will take place within six months of the appointment of a successful candidate. The appointment is subject to satisfactory medical clearance.

It is expected that appraisal will occur prior to job planning to which it will be linked. It is expected that consultants have a statement of good standing for CPD.

If you are at the beginning of your consultant career, there are some specific features of jobs in GMMH Trust. A mentor from elsewhere in the service will help you with the transition from specialty trainee to consultant. Additional flexibility can be made available for you to complete research already started or support you to develop new research ideas. You will be supported to gain the skills to become a consultant trainer

If you are an established consultant looking for a post in a new area, we offer a different range of opportunities: good support for continuing career development in an active research and teaching environment, opportunities to develop management expertise, excellent support for CPD and an exceptionally wide range of specialist sessional experience

If you are looking for job flexibility, we have significant experience in designing part-time and flexible posts. All job plans can be tailored to meet individual needs, but also have a consistent design across the service and across specialties. Therefore, a general consultant model job plan can be adapted pro rata for flexible posts and can be applied across specialties.

The basic elements of each job plan are:

- all whole-time posts have 10 Programmed Activities (PAs) (four-hour time slots) agreed as part of a job plan under the new contract plus an agreed level of on-call availability commitment
- a broad design of 2.5 SPAs and 7.5 DCCs. Some consultants may work more than 2.5 SPAs as part of an agreed research or service development program or alternatively some of these duties may be classed as Additional NHS Responsibilities depending on their nature.
- Each consultant will have 1 SPA for CPD, audit, appraisal and revalidation activity.
- Other SPAs may include research; management; education and training; other supporting activities agreed within the job plan
- The DCCs typically consist of the clinical commitments as agreed between the Trust and the post holder based on indicative job plans provided with each post. The Trust is increasingly moving to more specialist posts.

By agreement, post holders can either include elements of the job which normally attract a fee within programmed activities (when any fees are payable to the Trust) or, by agreement, payments can be made to individual consultants for domiciliary visit fees and Mental Health Act assessments by agreed time-shifting arrangements as long as the disruption to ordinary working commitments is minimal i.e. up to a maximum of 1 PA per week. Similar arrangements for private work are in place by agreement.

15. Teaching and training

The Trust is a leading provider of both undergraduate and postgraduate training. There will be opportunities for regular participation in postgraduate and undergraduate teaching. Greater Manchester Mental Health NHS Foundation Trust has full accreditation by the Royal College of Psychiatrists. The post-holder should participate in both undergraduate and postgraduate teaching and contribute to inter-disciplinary training and development. Medical students from the University of Manchester will be allocated to attend teaching with the team in the outpatient clinic.

Medical students are attached to the Trust throughout the year, for clinical, research and special study modules and all consultants are expected to contribute to the undergraduate teaching programme. Medical students do a 4-week attachment in Psychiatry in the 4th year and there are options for special study and research modules. The 4th year students are attached to some consultants and many look for some additional clinical experience in psychiatry. Consultants are expected to provide teaching during their attachment.

The Trust has a higher than average number of psychiatry training posts both at core and higher training levels, and most of the consultants are supported in acting as educational and/ or clinical supervisors. The post holder will be encouraged to apply to become a trainer, when this is

appropriate. Core, Higher and Foundation trainees in Psychiatry are attached to the team. In addition, there is the expectation that ST4-6 trainees pursuing a special interest will be attached where an applicant is eligible for this.

The Trust currently hosts Health Education Northwest previously known as the NW School of Psychiatry and several of the key training posts across the Region are held by consultants working in the Trust.

Head of School: Dr Raghu Paranthaman
Core Psychiatry TPD: Dr E Mountain
ST TPD: Dr C Evans
Medical Psychotherapy: Dr A Dierckx
Salford site tutor: Dr M Birtwhistle

Weekly academic CPD teaching is every Wednesday afternoon, and all Consultants are actively encouraged to participate in this.

Consultants are expected to provide one hour of dedicated timetabled clinical supervision per week to support each of their trainees in achieving the competencies required from their placement. (Clinical supervision form part of Direct Clinical Care PAs).

Some posts take on an active leadership role in education (Site Tutors, Associate Medical Director for Medical Education etc.) and there will be specific programmed activities allocated for these roles.

16. Research

There are excellent opportunities for clinical research in the Trust and in conjunction with the University. There are close links with the University of Manchester, the University of Central Lancashire and with the University of Salford. The Trust supports research and there are a number of academic appointments within the Trust.

Research is an increasing priority in the Trust, led by Deputy Medical Director Dr Tessa Myatt. The Trust's strategy is to support high quality research in line with Trust objective to give our service users high quality and effective care, empower service users and carers to be involved in their own care and recovery and encourage excellent and new ideas.

There may be opportunities, subject to qualifications and training and following negotiations with Associate Medical Director and Lead Consultant, for programmed activities to be set aside for research if, this complement and support the developments and direction of the Directorate.

The Trust is one of six key players in the Manchester Academic Health Science Centre. This is a formal relationship between the University and the Greater Manchester Teaching Hospitals to produce innovations in health research. Manchester University has a large research programme with strong links to GMMH Trust. There are many research programmes of international importance and there is a commitment locally to using research to strengthen local services.

17. Supervision and Wellbeing

The successful candidate will be offered monthly clinical and managerial supervision with an experienced consultant for the first 6 months of their employment, or longer if desired. Mentorship outside the division but within the trust is also possible if desired by the successful applicant. It is

expected that the successful candidate will be an individually practicing clinician, but clinical supervision will always be available on an ad hoc basis by from the lead consultants within the division. The trust expects all doctors to form part of a peer review group with colleagues within or outside the trust.

The wellbeing of the staff in the division is a priority as set out in the divisions business plans each year. Occupational health support is available via line management and self-referral if required. Details of how to access OH is disseminated at induction to the trust. A schwartz round has been developed to support the staff in the emotional challenges of supporting patients. A post incident debrief can be arranged via trust psychology in the event of a serious incident.

The trust actively supports initiatives that promote wellbeing, including local mindfulness classes and team events such as meals and away days. Occupational therapy support is available through self-referral or via referral from management. Staff will always be proactively supported after any serious incidents by senior clinicians and the Post Incident Debrief Service

18. Equality and Diversity

Greater Manchester Mental Health NHS Foundation Trust is committed to promoting equality and diversity and promoting a culture that actively values and celebrates difference. The aim is for the workforce to be truly representative of all sections of society, and for each employee to feel respected, valued and able to perform to the best of their ability, in an environment characterised by dignity and mutual respect. The Trust aspires to be an inclusive organisation, committed to providing and advancing equality of opportunity and inclusivity, throughout employment, including attracting and retaining staff from diverse backgrounds and communities. The Trust is committed to proactively challenge and eliminate all types of discrimination and inequality

19. Contract agreement

The post will be covered by the Consultant Terms and Conditions of Service (2003).

The starting incremental point will be decided by agreement based on prior experience at consultant level. Experience in other countries or in locum posts will be taken into account wherever possible.

Progression through the thresholds will be dependent upon satisfactory performance, as assessed through the job planning and appraisal mechanisms.

A satisfactory medical examination and health assessment is a condition of employment for medical and dental staff within the NHS. The appointment will be subject to medical clearance by the Trust Occupational Health Department and Disclosure and Barring Service (DBS) check.

20. Leave

Full timers are entitled up to 32 days (34 days for those with more than seven years' service in the consultant grade) annual leave, plus bank holidays, and up to 10 days of study leave per year. Part timers have pro rata leave. Study is calculated over a three-year cycle. The Lead Consultant and Director of Medical Education are involved in approval of study leave. The post holder will have an annual study leave budget.

Consultants are expected to provide prospective cover for colleague's leave by prior arrangement, usually one consultant colleague at a time with reciprocal arrangements.

21. Work Programme

It is envisaged that the post holder will work 10 programmed activities over 5 days. Following appointment there will be a meeting at no later than three months with the Associate Medical Director and Lead Consultant to review and revise the job plan and objectives of the post holder. The overall split of the programmed activities is 7.5 to be devoted to direct clinical care and 2.5 to supporting professional activities (as recommended by the Royal College of Psychiatrists).

A formal job plan will be agreed between the post holder and Associate Medical Director three months after commencing the post and at least annually thereafter.

22. Visiting arrangements

Arrangements to visit the Department can be made with Pushpindr Ssidhu, Lead Consultant Salford, Meadowbrook unit via 0161 358 2180 or Julie.McCabe@gmmh.nhs.uk

23. Indicative Job Plan

Time	Location	Activity		Cat	PAs
Monday AM	Meadowbrook Unit and patients addresses	MDT Meeting Patient review 2 patients		DCC	1
PM	Meadowbrook Unit and patients addresses	Patient review 1 patient Clinical Admin		DCC	1
Tuesday AM	Meadowbrook Unit and patients addresses	MDT Meeting	Patient review 2 patients	DCC	1
PM	Meadowbrook Unit and patients addresses	Supervision for trainees Non-Clinical Admin		DCC SPA	0.5 0.5
Wednesday AM	Meadowbrook Unit	Emergency Assessments	Non-Clinical - Admin	DCC SPA	0.5 0.5
PM	The Curve	MRCPsych teaching and CPD		SPA	1
Thursday AM	Meadowbrook Unit and patients addresses	MDT Meeting	Patient review 2 patients	DCC	1

PM	Meadowbrook Unit and patients addresses	Patient review 1 patient Clinical Admin		DCC	1
Friday AM	Meadowbrook Unit and patients addresses	MDT Meeting	Patient review 2 patients	DCC	1
		Patient review 1 patient Non-Clinical Admin		DCC SPA	0.5 0.5
PM	Meadowbrook Unit and patients addresses				
Total PAs		Direct clinical care Supporting professional activities		7.5 2.5	

23. Person specification

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
QUALIFICATIONS	MB BS or equivalent medical qualification.	Scr	Qualification or higher degree in medical education, clinical research or management.	SL
			MRCPsych OR MRCPsych equivalent approved by the Royal College of Psychiatrists.	Scr
			Additional clinical qualifications.	SL
ELIGIBILITY	Fully registered with the GMC with a licence to practise at the time of appointment.	Scr	In good standing with GMC with respect to warning and conditions on practice	Scr
	Included on the GMC Specialist Register OR within six months.	Scr		
	Approved clinician status OR able to achieve within 3 months of appointment	Scr		
	Approved under S12 OR able to achieve with 3 months of appointment	Scr		
TRANSPORT	Holds and will use valid UK driving licence OR provides evidence of proposed alternative.	Scr		
CLINICAL SKILLS, KNOWLEDGE AND EXPERIENCE	Excellent knowledge in specialty	SL, AAC, Ref	Wide range of specialist and sub-specialist experience relevant to post within NHS or comparable service	SL, AAC
	Excellent clinical skills using bio-psycho-social perspective and wide medical knowledge	SL, AAC, Ref		
	Excellent oral and written communication skills in English	SL, AAC, Ref		
	Able to manage clinical complexity and uncertainty	AAC		

	Makes decisions based on evidence and experience including the contribution of others	AAC		
	Able to meet duties under MHA and MCA	AAC		
ACADEMIC SKILLS AND LIFELONG LEARNING	Able to deliver undergraduate or postgraduate teaching and training	SL, Pres, AAC	Able to plan and deliver undergraduate and postgraduate teaching and training relevant to this post Reflected on purpose of CPD undertaken Experienced in clinical research and/or service evaluation. Evidence of achievement in education, research, audit and service improvement: awards, prizes, presentations and publications. Has led clinical audits leading to service change or improved outcomes to patients	SL, AAC
	Ability to work in and lead team	SL, AAC		SL, AAC
	Demonstrate commitment to shared leadership and collaborative working to deliver improvement.	SL, AAC		SL, AAC
	Participated in continuous professional development	SL, AAC		SL
	Participated in research or service evaluation.	SL, AAC		
	Able to use and appraise clinical evidence.	SL, AAC, Pres		SL, AAC
	Has actively participated in clinical audit and quality improvement programmes	SL, AAC, Pres		

Abbreviations for assessment

Scr	Screening prior o shortlisting
SL	Shortlisting from application form
AAC	Advisory Appointments Committee
Ref	References
Pres	Presentation to AAC