

### **Rehabilitation Psychiatry Consultant**

This is a full-time appointment for a consultant to work with inpatients at Acacia ward, currently located at NMGH site, Delaunays Road, Crumpsall, M8 5RB. The service is provided by GMMH. There is currently work occurring to hospital estates, and a brand new hospital site, "Northview" is being developed at NMGH for GMMH patients. It is yet to be finalised whether the ward will move to this new site, or located elsewhere.

The unit will provide rehabilitation and support to 17 male patients. Anticipated average length of stay is 2 years.

The patients will already have been in inpatient services commissioned by Manchester CCG and will be transferred for a more active rehabilitation and recovery approach.

All the patients will have previously been residents of the City of Manchester and under the care of Manchester Health and Social Care Mental Health Trust

#### **Job Description**

|                                      |  |
|--------------------------------------|--|
| <b>Post and Specialty</b>            | Consultant<br>Rehabilitation Psychiatry  |
| <b>Base</b>                          | Acacia ward<br>Delauney Rd<br>Crumpsall<br>M8 5RB  |
| <b>Contract details</b>              | Number of programmed activities: 10<br>Salary £93,666 – £126,281<br>On call commitment on call Manchester rota<br>This has a full middle grade tier.<br>The post is offered on a full-time basis |
| <b>Professionally Accountable to</b> | Chief Medical Officer: Dr Arasu Kuppuswamy<br>Deputy Medical Director: Dr Tessa Myatt<br>Associate Medical Director: Dr Nishan Bhandary  |
| <b>Operationally Accountable to:</b> | Associate Medical Director: Dr Nishan Bhandary   |

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| <b>Key working relationships</b> | <p><b>Service:</b> Home Engagement and rehabilitation Team</p> <p>Line Manager: Lead consultant Dr Katherine Barnes</p> <p>Head of Operations: Debra Woodcock</p> <p><b>Care Group:</b> Manchester</p> <p>Associate Medical Director: Dr Nishan Bhandary</p> <p>Interim Associate Director of Operations: Bridget Hughes</p> <p>Interim Director of Operations: Mr John Foley</p> <p>Medical Director and RO: Dr Arasu Kuppuswamy</p> <p>Interim Chief Executive: Jan Ditheridge</p> <p>Guardian of Safe Working: Dr Kenny Ross</p> |
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## **1. Introduction**

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 North West.

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 north west 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.

Long stay or rehabilitation wards 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**

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 night life.

There are many lifestyle options open to those living in the city, with city centre apartments, semi-urban areas with an arty student atmosphere, and more developed suburbs with excellent schools and housing options.

The city has an excellent transport network with motorways, rail and the International Manchester Airport linking it to many important cities and resorts.

Road and rail links make it easy to get out into the fantastic surrounding countryside, with the National Parks of the Peak District, Lake District and Snowdonia all within easy reach.

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 localities across the city 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 in many parts of the city 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 programmes may form part of job plans for some posts.

#### **Population information for Manchester**

While Manchester is a well-developed and thriving city, it does have areas of significant deprivation and there is considerable inequality within the city as a whole. In addition, there are relatively high levels of homelessness, drug and alcohol use and other social problems associated with the inner city.

In 2015 population was 530,330. People aged 16-65 counted approximately 377,752 (slightly more men than women).

Traditionally the Mental Health Needs Index (or MINI) has been used to predict population need for mental health services, taking account of measures of deprivation. The national weighted capitation formula gives a total Mental Health Needs Index for Manchester of 1.69 (where the ratio for England as a whole equals 1.00). On this measure, Manchester ranks as having the fifth highest level of mental health need in England, behind Islington, Liverpool, City and Hackney, and Knowsley.

#### **4. Local divisional service**

The GMMH Rehabilitation Division was established in 2018 and is comprised of GMMH and third sector provided services. It provides inpatient based services to Manchester, Salford, and Bolton. We do not have services in Trafford and Wigan. We have over 150 beds across the trust's footprint. We have four high dependency locked units and rest are step down rehab units. As part of service expansion, we have developed a new community based rehab services (HEART) which went operational in June 2022.

GMMH's Rehabilitation Units and those that are delivered in partnership with our third sector colleagues, including:

- Acacia Ward – 17 male bed HDU inpatient ward situated within Park house, North Manchester General Hospital, Crumpsall Manchester
- Anson Rd – 17 male bed inpatient unit situated in Central Manchester
- Bramley Street – 12 male step down inpatient unit in Salford
- Copeland Ward – 15 mixed sex bed inpatient HDU ward situated within Meadowbrook Unit, Salford.
- Braeburn House – 28 male bed inpatient HDU unit delivered in partnership with Elysium Healthcare Ltd. in Salford
- Honey Suckle Lodge – 14 female bed inpatient HDU unit delivered in partnership with Alternative Futures Group in Bolton

We also have oversight of Bed Management processes, flow and capacity, for the following third sector ran services:

- Oak Lodge – 12 mixed sex bed inpatient unit in Bolton provided by Alternative Futures Group
- Pendlebury House – 10 mixed sex bed inpatient unit in Salford provided by Turning Point
- Douglas House – 12 mixed sex bed inpatient unit in South Manchester
- Millbrook – 12 mixed sex bed inpatient unit in South Manchester

#### **5. Service details**

##### **Acacia Inpatient Unit**

Acacia ward is currently a 20 bed male dormitory-based HDU, but with the new ward will be 17 beds, and the patients will each have their own rooms (rather than dormitory). The service was established in 2010 and has been greatly influenced and developed by the current post holder.

The full clinical team of staff are employed by GMMH.

The GMMH multidisciplinary team will include 1 WTE Consultant psychiatrist .The current post holder supervises a full time senior trainee (ST5) and a junior trainee (Core trainee).

The service is covered by the Manchester Core trainee oncall rota and supported by the Manchester Senior trainee and Consultant rota out of normal working hours.

The post is supported by a full rehabilitation MDT, including nurses with specialist experience in this group of patients, a ward manager, psychologist , OTs and OTAs.

The patients are all registered with a GP. GMMH is looking at expanding GP's with a special interest in mental health to help support our inpatient services.

The post holder will become involved in the weekly rehab referral meeting and may require to be involved in assessment of new patients who may be more complex and or with physical health issues. The consultant will not be involved with follow up.

## **6. Duties of the post**

The post holder will provide medical leadership to the multidisciplinary team.

They will attend ward rounds during the week at designated times.

The post holder will be the Responsible Clinician and have a role with respect to The Mental Health Act – they will be involved in section 12 work, attend tribunals and section renewal meetings. It is anticipated that the post holder will be responsible for 17 inpatients. The current post holder arranges annual leave cross cover with colleagues based on site at NMGH in GA psychiatry, but cross cover with colleagues within the rehab division is also possible.

The post holder will lead the CPA meetings and be actively involved with the team in care planning and risk assessment.

They will take a lead with regards to capacity assessments and best interest meetings.

The post holder will become involved in the weekly rehab referral meeting and may require to be involved in assessment of new patients who may be more complex and or with physical health issues. The consultant will not be involved with follow up.

Referrals will be received centrally at the rehab bed management by Bolton, Salford and Manchester Commissioning teams, secure services, GMMH Inpatient an OAPS.

There may be occasions where consultant is requested to do a second opinion assessment within the rehab division.

The post holder will have access to a personal secretary and a designated office space.

They will be involved in undergraduate teaching for medical students from Manchester University medical school. There will be an opportunity for involvement in problem base learning and to become an OSCE examiner.

The post holder will be encouraged to attend the weekly MRCPsych teaching course at least 4 times a year. These are on a Wednesday afternoon and include a case conference, journal club and expert teaching.

The post holder will be encouraged to engage in teaching and training for various members of the multidisciplinary team.

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 currently 1 in 23. This will be on the third tier of on-call. The second tier involves doctors who are Section 12 approved. The on call covers general adult and later life 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- but a new policy across GMMH has been approved should the need arise.

The post holder will be professionally accountable to the lead consultant (Dr Katherine Barnes) and operationally accountable to Debra Woodcock, who is the Interim Head of Operations.

## **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 desk- top 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 covers general adult psychiatry. There are alternative arrangements for CAMHS, LD, Addictions. Older adults and Forensic Psychiatry.

Cover arrangement for leave is provided by colleagues from Manchester or Rehabilitation colleagues.

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**

|                                |   |
|--------------------------------|---|
| Chief medical officer          | Dr Arasu Kuppuswamy                             |
| Director of Medical Education  | Dr Taseer Kazmi                                 |
| Deputy Medical Director        | Dr Tessa Myatt                                  |
| Associate Medical Director     | Dr Kishen Neelam (Bolton and Wigan)             |
| Associate Medical Director     | Dr Neeti Singh (Salford and Trafford- Interim). |
| 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 Alice Seabourne who with her 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.

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 ie 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 post graduate 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 can request special placements in forensic psychiatry in their fourth or final year of training.

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 4<sup>th</sup> year and there are options for special study and research modules. The 4<sup>th</sup> 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 North West 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. The current Head of School is Dr Damien Longson.

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).

Consultants are expected to attend the weekly academic meeting.

Educational supervision is provided by site tutors.

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 Chris Daly. 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, these 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 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. 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.

## **19. 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.

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

## **20. 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.

## **21. Indicative Job Plan**

| Day       | Time | Location    | Work                                     | Category   | No. of PAs |
|-----------|------|-------------|--|------------|------------|
| Monday    | AM   | Acacia Ward | Weekly service user review<br>Ward Round | DCC        | 1          |
|           | PM   | Acacia Ward | Mental Health Act work                   | DCC        | 1          |
| Tuesday   | AM   | Acacia Ward | Ward Rounds                              | DCC        | 1          |
|           | PM   | Acacia Ward | Supervision of staff                     | DCC        | 1          |
| Wednesday | AM   | Acacia Ward | Admin<br>Referrals meeting               | DCC        | 1          |
|           | PM   | Acacia Ward | CPD                                      | SPA        | 1          |
| Thursday  | AM   | Acacia Ward | CPA meetings                             | DCC        | 1          |
|           | PM   | Acacia Ward | Ward work<br>Management Meetings         | DCC<br>SPA | 0.5<br>0.5 |
| Friday    | AM   | Acacia Ward | Ward work                                | DCC        | 1          |
|           | PM   | Acacia Ward | Audit/Governance                         | SPA        | 1          |

|  |                                    |  |              |     |  |
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|  |                                    |  |              |     |  |
| <b>Unpredictable/<br/>emergency on-call work</b> |                                    |  | On call 1:23 | DCC |  |
| <b>Total PAs</b>                                 | Direct clinical care               |  |              | 7.5 |  |
|  | Supporting professional activities |  |              | 2.5 |  |

## 22. 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.<br><br>MRCPsych OR MRCPsych equivalent approved by the Royal College of Psychiatrists.<br><br>Endorsement In Rehabilitation Psychiatry.<br><br>Additional clinical qualifications. | SL<br><br>Scr<br><br>SL |
| ELIGIBILITY                               | Fully registered with the GMC with a licence to practise at the time of appointment.<br><br>Included on the GMC Specialist Register OR within six months.<br><br>Approved clinician status OR able to achieve within 3 months of appointment<br><br>Approved under S12 OR able to achieve with 3 months of appointment | Scr<br><br>Scr<br><br>Scr<br><br>Scr                            | In good standing with GMC with respect to warning and conditions on practice   | 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<br><br>Excellent clinical skills using bio-psycho-social perspective and wide medical knowledge<br><br>Excellent oral and written communication skills in English<br><br>Able to manage clinical complexity and uncertainty   | SL, AAC, Ref<br><br>SL, AAC, Ref<br><br>SL, AAC, Ref<br><br>AAC | Wide range of specialist and sub-specialist experience relevant to post within NHS or comparable service   | SL, AAC                 |

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

#### Abbreviations for assessment

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

