

## Job description and person specification 1 Post

Post and specialty:	<p><b>Consultant Psychiatrist – Crosby Community Mental Health Team</b></p> <p>This is a full-time post, but consideration will be given to part-time applications. The post has become vacant following the current post holder leaving the trust to take on a new role.</p>
Base:	<p>South Sefton Neighbourhood Centre Park Road Waterloo L22 3XR</p>
Contract:	Number of programmed activities: 10+1 (R&R)
Additional PAs	(10 PAs plus 10% R+R )
Accountable professionally to:	<p>Dr Kuben Naidoo Deputy Chief Medical Officer</p>
Accountable operationally to:	<p>Dr Rebeca Martinez Clinical Director</p>
Key working relationships and lines of responsibility:	<p>Clinical Director: Dr Rebeca Martinez Locality Hub Manager : Neil Doolin Chief Operating Officer for MH Division: Donna Robinson Guardian for safe working hours: Responsible Officer : Dr Noir Thomas Deputy CMO: Kuben Naidoo Chief Medical Officer : Noir Thomas</p>

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	<p>Chief Executive : Joe Rafferty</p> <p>Trust HQ</p> <p>V7 Building</p> <p>Kings Business Park</p> <p>Prescot</p> <p>Merseyside</p> <p>L34 1PJ</p> <p>0151 473 0303</p>
Contact details:	<p>Associate Clinical Director:</p> <p>Olusegun Popoola</p> <p><b>0151 4730303</b></p>

## **Introduction**

Mersey Care NHS Foundation Trust is one of the largest Trusts in the England providing physical and mental health services and serving more than 11 million people.

We offer specialist in-patient and community services that support a physical and mental health and specialist in-patient mental health, learning disability, addiction and brain injury services Child and Adolescent Mental Health Services (CAMHS).

Mersey Care is one of only three trusts in the UK that offer High Secure mental health facilities.

### **Our vision**

Our vision is to strive for perfect, whole person care that helps people live happier, healthier lives.

### **Our mission**

We are committed to delivering the **very best possible life-long care** in physical health, mental health, learning disabilities and addictions services. We are passionate about advancing the health of the people and communities we serve. We will achieve this through pursuing **clinical excellence** and **whole-person care, involving the people we serve** in every aspect of their care and through prevention and early intervention to help people keep well and **living well at home for longer**.

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The care we offer is **built on strong relationships**, and we will work side-by-side with our staff, other organisations, and with people and communities themselves to activate, innovate and continually improve the prevention, treatment and support we provide. Together, we believe we can **exceed expectations of the health, care and wellbeing available** to the people we serve.

**Our values** are; **C**ontinuous improvement, **A**ccountability, **R**espect, **E**nthusiasm and **S**upport.

#### **What we stand for**

Mersey Care believes that service users, carers and staff should all be treated with dignity and respect and be valued as citizens.

#### **Our Strategic Objectives:**

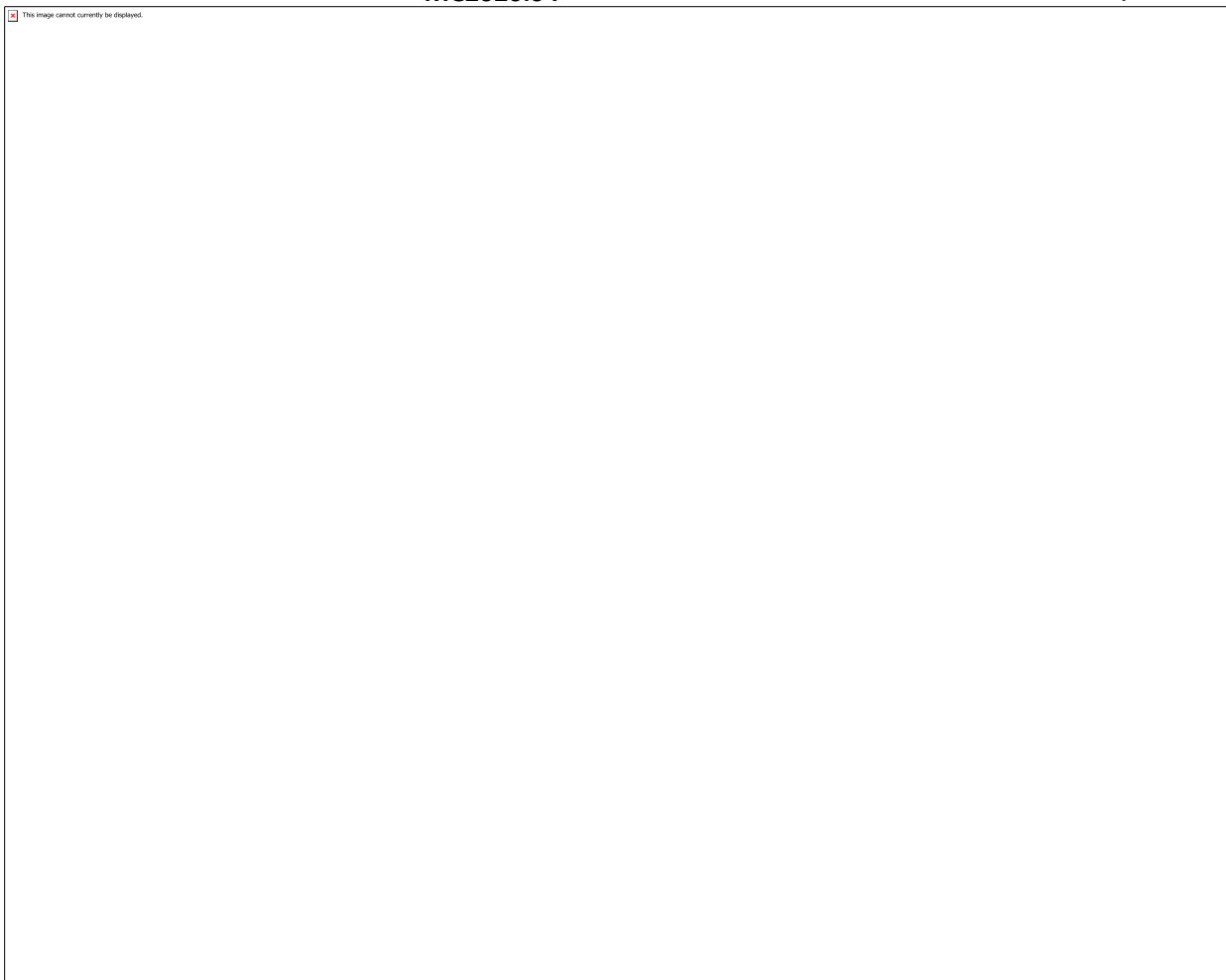
**Our Services:** We will combine clinical excellence with prevention and integration in our services to improve the health of the people and communities we serve.

**Our People:** More people will choose to work at Mersey Care. We will develop a deeper understanding of the people and communities we serve, and patients will have more control over their health.

**Our Resources:** We will use our resources – buildings, IT and money – to enable clinical excellence, prevention and integration in our services.

**Our future:** We will be a good partner and use our clinical and research expertise to tackle inequalities, improve services and outcomes for our populations.

Mersey Care NHS Foundation Trust covers the following areas:



## 1. Trust details

As of 1<sup>st</sup> June 2021, we employ over 11,000 staff which makes us one of the largest health care employers in the North West. We provide in-patient facilities for approx. 1,000 patients and this includes one of only 5 in-patient addiction services in the country. Community support is at the heart of our organisation and we provide the biggest IAPT services in the NHS. Since 2012 we have undertaken over 5000 social prescriptions. We service 6 local authorities including Liverpool, Sefton, Knowsley, St Helens, Halton and Warrington. We are one of three providers of High secures services and the largest provider of specialist forensic learning disability services. With a turnover of over 573m we serve a population of over 11m people in the North West and beyond.

## Mersey Care CMHT Transformation – Community Excellence Plan

Mersey Care Community services are in an evolving position to align and deliver on the principles of the Community Mental Health Framework through our Community Excellence Program. The Trust is an early implementer site, having won one of the competitive bids awarded by NHS England transformation funds and has already launched the Step Forward service an enhanced psychological intervention service for those individuals with complex needs who require a more intensive structured psychological intervention ensuring that evidence based psychological interventions are delivered in a timely manner to those who need them most.

The aim of the community model is to deliver a whole population approach that is integrated and

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maximises on the work at the interface between Primary and Secondary care. We have already established these working models in parts of our service which have demonstrated great success in managing both the demand and the need for services at local level by working collaboratively with primary care and other partners. This work results in a reduction of up to 40% of our referrals and has maximised the opportunities for working collaboratively alongside our GP colleagues with those individuals who may experience mental health needs but who do not require to be on the CMHT caseload, consequently caseload sizes are reducing significantly in sites where this work has already been implemented.

Community Mental Health Teams will be aligned to the Primary Care Networks and Integrated Care Teams we will work with smaller secondary care caseloads, utilising structured interventions but will have an active role in delivering a population-based approach. The opportunities for consultants will be to have a varied experience in their post, in work that is dynamic and which will require leadership to engage and work with partners across the boundary of primary and secondary care. Providing care that is consultant led but delivered as part of a multidisciplinary team and maximising on the assets

### **Service details**

- All our adult CMHTs operate within a “functional model” meaning that the post holder will work with community patients only and are not required to maintain responsibility for inpatients, as we have our own dedicated inpatient multi-disciplinary service, with whom CMHTs have excellent working relationships and lines of communication. The greatest advantage to this model being that the post holder can solely focus on CMHT responsibilities with reduced travel between sites.
- The Trust has recently introduced “dragon technology” for dictating clinical letters which mean letters are generated in a timely manner to the GPs following a review. The Clinical records system, Rio, has also recently been updated and MAST has been introduced to support MDTs in caseload monitoring and clinical management.
- Inpatient services for adult patients are based in the Broadoak Unit, Windsor House, Clock View and Hartley hospital where patients are managed by a specialist inpatient teams. The community team is expected to liaise closely with the inpatient team during a patient admission to ensure continuity and optimised care.
- The majority of referrals to CMHT come through the Single Point of Access (SPA) Team which is multi-disciplinary, with dedicated consultant input, which triages and assesses referrals into the service. Only those referrals deemed appropriate for CMHT input following assessment are referred on to the adult CMHTs. The SPA team will often assess, provide brief intervention and signpost elsewhere if CMHT is not felt necessary, which allows CMHTs to focus on patients with serious mental illness and/or high complexity and need.
- The Trust is currently developing a primary care based mental health service with emphasis on the availability of psychologically based treatments within primary care with a view to facilitating discharge for patients back into primary care thus creating more manageable and focussed caseloads in the future.
- We have a dedicated Crisis Resolution and Home Treatment team (CRHT) who support patients in crisis and/or requiring a period of more intensive support. One of the aims

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being to avoid the need for hospital admission. This is supported by a fulltime Consultant and multidisciplinary team and applies to patients under CPA and non CPA. CRHT also provide support out of hours.

- In 2018 the CMHTs underwent a review of their caseloads as part of a wider transformation of community mental health. We applied an “inclusion tool” to individual caseloads and were able to discharge significant numbers of patients from our caseloads.

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Over 50% (approx. 3000) of the Trust's Adult CMHT patients in clusters 1-4, 7, 11 and 12 had their care reviewed, with approximately 25-30% identified as suitable for Primary Care based management. The tool has also identified patients for nurse led depot clinic management and psychologist managed pathways, which will form key parts of a future CMHT model with less reliance on the current Consultant outpatient clinic based model as the default setting for all care.

- Staff have access to a well resourced Occupational Health service and will be supported in accessing this via their line manager. Additional support is also available in the form of peer support, observed assessments, social events and also staff support services.
- The recently appointed Deputy medical Director for patient safety oversees Serious Untoward Incident (SUI) investigations and support of staff following these events.
- The Deputy Medical Director for Medicines will oversee the consistency of prescribing practice across the Division and ensure that prescribing follows an evidence based approach.

The following additional services and teams are available to support CMHT's:

- Acute Services (including 8 x Acute In-Patient Wards, Crisis Resolution Home Treatment Teams, Mental Health Liaison Teams based in the 3 AEDs (Royal Liverpool University Hospital, Aintree University Hospital and Southport District General Hospital) and on the wards. The liaison teams all have designated consultants.
- Criminal Justice Liaison Service (operating within Courts, Police Stations and Prisons)
- Eating Disorder Service
- Acquired Brain Injury Service
- Rathbone Rehabilitation Unit – inpatient unit with a dedicated Consultant.
- Psychotherapy Service and Specialist Personality Disorder Hub
- Early Intervention in Psychosis Service
- Older peoples Mental health service including General Hospital Liaison Services Royal Liverpool and Broadgreen University Hospitals Trust, Aintree University Hospital NHS Foundation Trust and Southport and Ormskirk Hospital NHS Trust
- Child and Adolescent Psychiatric Services are provided by Alder Hey Children's NHS Foundation Trust
- Perinatal Team based at Liverpool Women's Hospital with a dedicated psychiatrist and multidisciplinary team.

- Homelessness Outreach Team
- ADHD specialist services
- Asperger's Team
- Learning Disabilities
- Forensic services (LSU, regional MSU and high secure)
- Drug services
- Rehabilitation Service

**Local working arrangements:**

- The Trust is seeking a consultant psychiatrist to join Crosby CMHT based at South Sefton Neighbourhood Centre (SSNC). The vacancy has arisen as a result of retirement. This replacement full time post is one of three general adult consultant psychiatrist posts (the other also WTE) within SSNC community hub.
- As part of the implementation of a new model of care for community services, Crosby CMHT is now part of one of the Mersey Care Community Hubs situated in South Sefton Neighbourhood Centre. The centre houses and works closely together with two other locality based CMHTs/ MDT's. The service operates a "functional split" meaning that the post-holder will work within the existing community team only and is not required to maintain medical responsibility for inpatients.
- Crosby Community Mental Health Team is a well established multidisciplinary service looking after adults with severe and enduring mental illness and complex needs, covering Crosby and the surrounding area, encompassing a population of around 50,000.
- Crosby CMHT services aim at treatment, crisis prevention and recovery. The team provides a variety of intervention approaches, including management under the Care Programme Approach, Stepped Up Care (a model of short-term intensive crisis intervention), Assertive Outreach, a dedicated Dual Diagnosis service and psychological interventions. The team works closely together with Primary Care services and GPs, provides physical health checks for difficult to engage clients and runs a variety of regular client support groups. There are well established links with Primary Care psychological services (IAPT) and Access Sefton.
- The team is based at South Sefton Neighbourhood Centre House, a large community resource centre right at the heart of South Sefton. The building is also used by the Older Peoples' Teams, Early Intervention, ADHD and Learning Disability services. Referrals for the general adult population in South Sefton and Crosby are currently processed by a single point of access (SPA) team based at Clock View Hospital,



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Walton which will offer initial assessments before signposting to the most appropriate follow up services passing on only those referrals deemed appropriate on to the CMHT.

- The post-holder will be expected to manage a caseload of approximately 100 complex service users subject to CPA working alongside care coordinators from the Community Mental Health Team.
- The remainder of the caseload of approximately 550 service users (non CPA) will be actively managed in close liaison with primary care, carers and non statutory organizations. The post-holder will be expected to manage a caseload at present of approx. 100 complex service users subject to the Care Program Approach (CPA), working alongside care coordinators from the Community Mental Health Team.
- It is expected that following caseload transformation, this number will remain relatively unchanged. The implementation of the Community Mental Health Framework is enabling the Trust to implement a population based approach. Community Mental Health Teams will be aligned to the population of the Integrated Care Teams (ICTs) with an additional workforce at the interface between Primary and Secondary Care. We have already seen caseload size reduce to 250 for an estimated target population of 50,000. We expect this caseload sizes to be the norm across the Trust once the model is fully implemented. The aim would be to make the post more effective, create time for closer liaison with Primary care, improve quality of referrals into the service and improve quality of training. Furthermore, with the amber initiated patients who are stable on antipsychotic, there is ongoing discussion with the South Sefton Local Medical Committee to sign up to the Pan Mersey agreement on Amber initiated antipsychotic medications which if agreed will further reduce the caseload.
- There are plans in place to actively reduce the case load. The support for this is being provided by CMHT Managers, Higher Leadership Teams, primary care liaison practitioners and the Trust community Transformation agenda.
- Average numbers of CTO patients is 10.
- New referrals into the CMHT come from inpatient services, A&E and the single point of access team. Numbers are on average 2-5 per week. CPA reviews (total 7 per session) take place in the community hub, with some service users being seen at home when indicated.
- South Sefton Neighbourhood Centre is one of three community Hubs in Sefton & Knowsley comprising multiple CMHTs. The Commissioning arrangements are via Sefton & Knowsley CCG. Consultant General Adult Psychiatrist colleagues in the Sefton & Knowsley area are:
  - South Sefton Hub – Drs Kuben Naidoo, James McCarthy, this post (Crosby MDT), Helen Pears (ADHD), Debbie Marsden (Early Intervention).
  - North Sefton Hub (Southport) – Locum post and Dr Mike Wesson

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- Kirkby Hub – Locum consultant
- The Trust has developed a Specialist Personality Disorder Hub & Service with a designated Consultant Psychiatrist. The PD Hub operates separate care coordination for complex PD and has developed a day and crisis service. The PD Hub also provides liaison and consultation for CMHTs.
- The post holder will be expected to take a lead in ongoing developments in the community mental health team and support the Trust's strategic aims of delivering "Perfect Care".

**Crosby CMHT MDT consists of:**

- 1 whole time equivalent (WTE) consultant psychiatrist (this post)
- There is a ST4 offering 3 sessions to the team. There will be 1.25 WTE GP trainees input for this post from August 2021. Furthermore, there is an Advanced Clinical Practitioner (ACP) now working on a step down clinic once a week to further support the team.
- 1 band 8A Team Manager
- 1 x band 4 medical secretary/1X band 3 team secretary plus transcription support
- 6 WTE community psychiatric nurses who provide care coordination
- 2 social workers (carry a small caseload)
- 2 band 3 Support Time Recovery [ STR] Workers
- 1 WTE Senior Clinical Psychologist and 1 WTE Assistant Psychologist

The post holder will provide medical input for Crosby Community Mental Health Team. The post holder will be available to support and supervise other staff in the assessment and formulation of service users' difficulties. They will be directly involved with the assessment of people referred with complex difficulties or prominent risk issues. They will ensure that all service users newly accepted into the service have a comprehensive medical review, with on-going review within the framework of Care Programme Approach, plus responding to need. The Consultant will carry a case load of non-CPA service users which are reviewed in outpatient clinics, and provide crisis reviews as and where required.

The consultant will work closely with colleagues to deliver a broad range of interventions. Treatment offered by the team will include medication, cognitive behaviour therapy, family intervention and support, access to specialist employment advice, regular physical health checks and activities groups. The consultant psychiatrist is expected to be available at short

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notice to provide consultation and advice to other team members, although they are not required to act as care coordinator.

Dedicated inpatient consultant psychiatrists and related teams provide care for inpatients (80 general adult beds (including 12 PICU beds) in Clock View Hospital, Walton).

The team is also supported by an addictions team, an EIP service, ADHD, ASD, rehabilitation services and forensic services, which provide a local medium secure and low secure service. The Trust also has a city wide community based Recovery College.

While primarily responsible for delivering a quality clinical service, the consultant psychiatrist is also expected to be actively involved in the strategic development of the team and broader services, being involved with the team manager and locality manager in helping to steer the development of the service in line with the strategic direction of the organization.

#### Job plan for the post

It is envisaged that the post holder will work 10 programmed activities (10 session post split into 7.5 sessions for Direct Clinical Care and 2.5 sessions for Supporting Professional Activities (10% R+R) over 5 days and 1 extra PA is subject to additional activity agreed with the line manager. An example of the extra session may be recognition of work done in line with service development or improvement.

The draft timetable below is indicative only. The proposed timetable below can be developed in negotiation with the Hub Manager and Deputy Clinical Director. There is flexibility in finalising the timetable however any agreed timetable must take account of the needs of service users and coherence of the team. A formal job plan will be agreed between the post holder and the deputy clinical director & Clinical Director three months after commencing the post and at least annually thereafter.

Day	Time	Location	Work	Category	No. of PAs
<b>Monday</b>	AM	South Sefton Neighbourhood Centre (SSNC)	GP Liaison session	DCC	1
	PM	SSNC	New Patient Clinic	DCC	1
<b>Tuesday</b>	AM	Indigo at Ashworth	Local Teaching programme Consultant meeting	SPA	1
	PM	SSNC/Clock View	Patient admin MHRT/Hospital managers' hearings, prof. meetings	DCC	1
<b>Wednesday</b>	AM	SSNC	MDT Meeting	DCC	1
	PM	SSNC	Emergency Out-Patient Clinic	DCC	1

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<b>Thursday</b>	AM	SSNC/ Clock View hospital	Patient Admin/MHRT/managers hearings	DCC	½
			Supervision	SPA	½
	PM	SSNC	CPA reviews	DCC	1
<b>Friday</b>	AM	SSNC	Out patient clinic	DCC	1
	PM	SSNC	Team performance / audit meetings / CPD/ Transformation work	SPA	1
<b>Unpredictable / emergency on-call work</b>	1:18				
<b>Total PAs</b>	Direct clinical care				7.5
	Supporting professional activities				2.5

**Clinical Duties of post holder**

## a) Clinical

- Hold Consultant Psychiatrist responsibility for Crosby CMHT
- To carry out comprehensive psychiatric assessment and provide treatment for community based patients.
- To support and supervise psychiatric trainees and other members of the MDT in assessing and treating community based patients
- Supporting community based staff to manage patients with complex needs under CPA, patients in crisis and psychiatric emergencies.
- To conduct patient reviews, CPA reviews and multi-professional meetings
- To provide clinical leadership to the MDT
- To be the responsible clinician for the purposes of the Mental Health Act 1983(amended 2007) and carry out duties in accordance to the code of practice.
- To carry out comprehensive Risk Assessments and participate in Trust's risk management processes such as Health Risk Assessment and Management Meetings (H-RAMM) and Multi Agency Public Protection Arrangement (MAPPA) Meetings
- To provide medical leadership to the CMHT.

b) Liaison

- Maintain a high level of effective communication and work flexibly and co-operatively with other parts of the service including; inpatients wards, other community mental health teams, CRHT, social services and primary care.
- Providing both clinical and procedural advice to referring GPs
- Liaison with families / carers /support staff
- Liaison with aspects of the Criminal Justice System regarding patients and providing expert reports

c) Governance

- Programmed activity time (SPA) will allow for management and audit of the service and reporting of audit programmes
- Working closely with Crosby managers to ensure safe and effective processes within the MDTs and wider
- Involvement with serious untoward incident (SUI) reporting and response
- Involvement in SUI investigations, complaints investigations etc
- Service development locally and trust wide
- Attendance at regular Consultants meetings, Medical senates
- Involvement in various trust wide working/strategy groups representing the consultant body
- Ensure practice aligned with Trust values and Trust initiatives eg. Perfect Care, Just & Learning Culture etc
- Involvement in appraisal and job planning processes

d) Training

- Direct management, appraisal and supervision of trainee medical staff – psychiatry trainees must have 1 hour supervision timetabled each week as a minimum and must be supported to attain their competencies, Workplace based assessment, ARCP obligations.
- Direct management, appraisal and supervision of team specialty doctors or other non training grade doctors
- Role in in-house MDT training / education sessions
- Education of other services / professions with relation to CMHT (including all stakeholders)
- Participation in Research and Clinical Audit
- Supervision and support for trainees on call

e) General duties

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- To ensure that junior medical staff working with the post holder, operate within the parameters of the New Trainee Doctor contract.
- To support the wellbeing of medical and non medical staff within the team
- To undertake the administrative duties associated with the care of patients, in accordance with Trust guidelines, policies and practices.
- Ensure that optimal use is made of all resources allocated to the post
- To record clinical activity accurately, comprehensively and in a timely manner.
- To participate in service and business planning activity for the locality and, as appropriate, for the whole mental health service.
- To participate in annual appraisal for consultants.
- To attend and participate in the academic programme of the Trust, including lectures and seminars as part of the internal CPD programme.
- To maintain professional registration (licence to practise) with the General Medical Council, Mental Health Act Section 12(2) approval, and to abide by professional codes of conduct.
- To 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 modernization.
- Ensure appropriate handover and communication to colleagues during periods of leave and to ensure adequate cover.
- To work with local managers and professional colleagues in ensuring the efficient running of services, and share with consultant colleagues in the medical contribution to management.
- To 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.

#### External duties, roles and responsibilities

- The Trust actively supports its consultant staff who may wish to undertake roles outside the Trust that are of benefit to medical practice at regional, national and international level, and recognises the value of such roles for the reputation, and standing of the Trust.
- Consultants should however undertake such duties only after discussion with colleagues and with the agreement of the Clinical Director or Deputy Medical Director for the medical workforce and should be sensitive to the increased workload undertaken by colleagues in support. They must be able to fully account for these activities in terms of interest to the Trust, professional society, college or wider NHS.

#### 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.

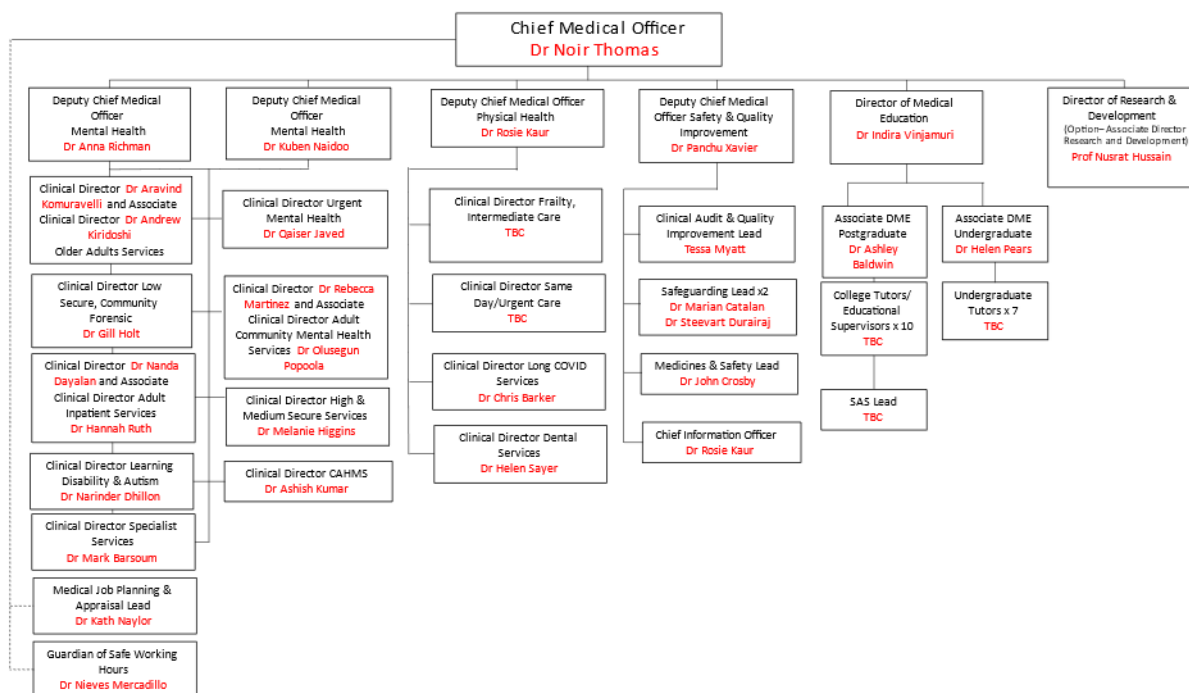
### **Continuing professional development (CPD)**

- The Trust supports the participation of all Consultants in the CPD programme of the Royal College of Psychiatrists, with an expectation that all consultants will be in good standing with the College for PDP at all times.
- The trust supports all consultants to become members of a local CPD peer group. There are well established local PDP peer groups and further details will be provided upon appointment by the line manager.
- Consultants are encouraged to take their study leave entitlement in line with learning objectives identified in personal development plans.
- The Trust is aware of the need for senior psychiatrists to meet regularly for support and CPD and this is actively encouraged by the Trust Board. In addition to participation with other consultant colleagues in a programme of postgraduate educational meetings, there is a 3yr 30 day study leave allowance supported by a generous designated study budget per Consultant for CPD. Study leave is readily available and supported fully by medical manager.

### **Clinical leadership and medical management**

- All consultant staff, as clinical leaders, are expected, and will be given opportunities to contribute to the business planning for the Local Division and, as appropriate, contribute to the broader strategic and planning work of the trust.
- The trust has a strong culture of medical leadership and management, and prides itself on the wide range of opportunities and support available to aspiring and established medical managers to further their skills, experience and responsibilities.
- The Trust has undergone reconfiguration of its medical management structure. Dr Noir Thomas is Executive Medical Director and responsible lead for revalidation. Dr Kuben Naidoo is Deputy Medical Director for Workforce. Dr Anna Richman and Dr Nish Matthews are Clinical Directors for Liverpool and Sefton respectively.

**Trust                      medical                      management                      framework**







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### **Appraisal and Job planning:**

The trust has a well organised and full implemented consultant appraisal system and trained appraisers are allocated to consultants by Dr Noir Thomas, Executive Medical Director and Responsible Officer.

- For doctors employed by Mersey Care to retain a licence to practise they must satisfactorily complete the process of revalidation. To ensure that all consultants and speciality doctors will participate in a satisfactory annual appraisal that will be sufficient to meet the requirements laid out by the GMC toward revalidation, the process of medical appraisal will be subject to methods that assure quality control.
- Job planning is conducted annually and led by the post holder's Lead Consultant with support from the Clinical Director and Chief Operating Officer as necessary. (please refer to sections below titled Work Programme and draft timetable).
- The doctor's range of work is recorded electronically on software made available by the Trust. This is made available to the medical manager before the job planning meeting. The meeting provides a review of objectives from the previous job plan and a mutually agreed set of objectives for the coming year. Individual job plans will be aligned to Trust, Division, Service Line and personal objectives respectively.
- Newly recruited consultants will attend the Essential Mandatory Trust Induction and be provided with a local induction by their Medical Manager. Induction includes training on the Trust's clinical information system. A mentoring scheme exists for medical staff in the Trust and is available to all doctors, including consultants, for guidance and support for as long as they feel the need for it. This is actively encouraged for all newly appointed colleagues in their first Consultant post.

### **Teaching and training duties**

- The successful applicant will be expected to provide clinical supervision and training for any junior doctors based with the team according to the requirements laid down in the contract held between the Trust and the Postgraduate Dean. Each team should regularly provide a clinical attachment for at least one medical student, and Consultants are responsible for leading on their clinical teaching.
- The post holder will receive any necessary training as provided by Mersey Deanery in order to achieve Level One trainer status, which will allow them to act as a clinical supervisor to trainees. Once approved the post holder will have the opportunity to take on the role of educational responsibility for any trainees based with the service.

- The Trust has a well respected and active Medical Education Department, led by Director of Medical Education Dr Indira Vinjamuri, supported by college Tutors are Dr Nish Mathews and Dr Fiona Craig. There are close links with Liverpool University including undergraduate medical training. The Trust is part of Liverpool Health Partners and the Academic Science Network. The Trust has close links to the Health Education North West through the wide participation of its Consultant staff in teaching and Educational roles at all levels. This includes facilitating a large number of clinical placements for medical students throughout teams within the Trust.
- The post holder will regularly attend the Trust-wide Tuesday morning Virtual Local Academic postgraduate programme LAP as part of their weekly SPA sessions. This is well attended by Consultants and is a lively meeting. It includes case conferences and journal presentations. Occasionally it includes mandatory training slots and guest speakers'. Trust has a Medical Audit Lead to support junior doctors and our well established audit department.

### **Research**

Mersey Care NHS Foundation Trust has an active audit culture and the post holder will be involved in audit and supervising junior Doctors' audits. As part of its new "Perfect Care" strategy the Trust is keen to expand and develop existing research opportunities for interested Consultants.

The Trust has an active research department which is the Research Facilitation Forum (RFF). It meets every 3 months and is led by Prof Nusrat Hussain who is Director for Research and Development. There will be opportunities to get involved in research in terms of patient recruitment, active participation in research projects undertaken by the Trust. Prof Hussain leads the trust's R&D and innovation strategy. He takes a particular responsibility for the leadership and continued development of The Centre for Perfect Care (CPC) which as innovative service established to support continues improvement with the Trust and wider health system. The Trust is also keen to develop strategically important relationships with the Academic Health Science Network and other major partners.

There is a well resourced and expanding clinical effectiveness, research and resource library developed within the Trust. It has dedicated spaces at Rathbone Hospital and Ashworth site where there is access to various databases both locally held and Internet based.

## **Well-being**

The post holder will have access to Trust's Occupational Health (OH) Department based at Switch House, Northern Perimeter road, Netherton, Liverpool L30 7PT and also Staff Support, both well established in Trust.

The OH team has access to a physiotherapist and psychologist, and the post holder may self-refer or be referred through their manager.

The post holder would be strongly encouraged to participate in Job Planning and Appraisal and incorporate work life balance in job planning and evidence this. If there are changes to the pre-agreed workload (e.g. unexpected cover of a different unit/service outside the casual cross-cover arrangement) a timely meeting with the line manager before cover starts will enable discussion of the feasibility of the change within the constraints of needing to manage a safe workload. Additional support will be sourced if required. A timely job plan adjustment will be arranged if a new working arrangement is to proceed.

Supporting the wellbeing of the post holder after serious incidents that involve patients in their care (e.g. homicide or suicide) is paramount, and a dedicated senior clinician will provide support and advice as needed after the incident. Details of the senior clinician able to offer this support will be provided via the Medical Directorate at the time of initial induction. Following any adverse incidents there is a Trust debriefing procedure which would be led and supported by senior nurse managers.

Trust also provides opportunities for flexible working.

Post holder would be supported by line manager Associate Clinical Director Dr Olusegun Popoola and the post holder will form part of a consultant peer group who meet regularly. Peer group will also help post holder in difficult cases and incidents with time and space for reflection and support for each other.

The trust has several initiatives to support wellbeing that the post holder is encouraged to participate in. Additional support is available in the form of social events.

### **Mental Health Act and Responsible Clinician approval**

- The post holder would be expected to be an Approved Clinician or if not already be willing to undertake training to obtain Section 12(2) MHA and will be expected to renew this approval according to agreed procedures.

### **Secretarial support and office facilities**

- The post holder will have access to 1 band 4 medical secretarial support in post and additional band 3 transcriptionist services as needed by the post holder. There is dedicated office space for the Post holder with internet access and printer. A smart phone and I-Pad/ laptop will be provided.
- The Trust is also implementing dragon based dictations and it would be expected that the post holder would undertake in this project. The post holder would have a desktop computer and also laptop computers with built in 4G access. In addition they would have a smart phone to access patient related e-mails. There is a designated IT support service online and on telephone with remote access to this service also available.

### **Work Programme**

- It is envisaged that the post holder will work 10 programmed activities (10 session post split into 7.5 sessions for Direct Clinical Care and 2.5 sessions for Supporting Professional Activities) over 5 days and 1 extra PA is subject to additional activity agreed with the line manager. An example of the extra session may be recognition of work done in line with service development or improvement.
- Following appointment there will be a meeting at no later than three months with the clinical manager to review and revise the job plan and objectives of the post holder.

- A formal job plan will be agreed between the post holder and associate medical director or clinical manager three months after commencing the post and at least annually thereafter.
- Support will be provided by line manager and if required through occupational health to promote well being.

### **On-call and cover arrangements**

- The appointee will take part in the “North” adult oncall Consultant rota covering services based within or linked to southport, south sefton and North Liverpool footprint. There is a higher trainee ST4-6 first on call at night covering both the North and South rotas, along with one junior trainee just for the South Rota geographical area.
- This rota is currently shared with approximately 15 FTE colleagues, including adult, addictions and learning disability services.
- On-call supplement – 1% availability supplement; due to the consistent low intensity, low frequency nature of the rota, it does not qualify for any other additional payments.
- As per ‘Terms and Conditions – Consultants (England) 2003’. Consultants shall be expected in the normal run of their duties to deputize for absent consultant colleagues (and vice versa) so far as is practicable. (Schedule 2).#
- There is an expectation that the consultant will act down where there are vacancies within the on call rota. In the event of this happening an agreed payment will be made.

### **Contract agreement**

- The post will be covered by the Terms and Conditions of Service relating to the Consultant Contract (2003). Contracts have been agreed with the BMA local negotiators, but individuals may wish to discuss this further before acceptance.
  - Amanda Oates is the Director of Human Resources and Pauline Copeland is Human Resources Business Partner who would be looking after the post holder.

- Travel Expenses are paid in line with the Terms and Conditions of Service for Hospital Medical and Dental Staff, Doctors in Public Health Medicine and the Community Health Service, Terms and Conditions – Consultants (England) 2003 and the General Whitley Terms and Conditions of Service (England and Wales).

### **Leave arrangements**

- **Annual Leave** Under seven year's consultant service – 32 days. Over seven year's consultant service – 34 days.

**Study & Professional Leave** 30 days over three years.

**Cover of Annual and Study Leave** will be provided by the Consultants within the South on-call rota area, or other consultants by agreement.

### **Approval of this job description by the Royal College of Psychiatrists**

- This job description and person specification was approved by the Royal College of Psychiatrists' regional advisor – June 2021.



## Appendix 1: Person specification/selection criteria for consultant

**Abbreviations for when assessed:** S: Screening prior to short-listing

A: Short-listing from application form

F: Formal Appointments Committee Interview R: References

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
QUALIFICATIONS	MB BS or equivalent medical qualification.	S	Qualification or higher degree in medical education, clinical research or management.  MRCPsych OR MRCPsych equivalent  Additional clinical qualifications.	A  S  A
ELIGIBILITY	Fully registered with the GMC with a licence to practise at the time of appointment.  Included on the GMC Specialist Register OR within six months.  Approved clinician status OR able to achieve within 3 months of appointment  Approved clinician status OR able to achieve within 3 months of appointment	S  S  S  S	In good standing with GMC with respect to warning and conditions on practice	S  S

TRANSPORT	<p>Holds and will use valid UK driving licence OR provides evidence of proposed alternative.</p> <p>Non Drivers due to disability will be supported via access to work scheme</p>	S		
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	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
CLINICAL SKILLS, KNOWLEDGE & EXPERIENCE	<p>Excellent knowledge in specialty of General Adult Psychiatry</p> <p>Excellent clinical skills using bio-psycho-social perspective and wide medical knowledge</p> <p>Excellent oral and written communication skills in English</p> <p>Able to manage clinical complexity and uncertainty</p> <p>Makes decisions based on evidence and experience including the contribution of others</p> <p>Able to meet duties under MHA and MCA</p> <p>Ability to work constructively in and to lead a multidisciplinary team</p>	<p>A F R</p> <p>A F R</p> <p>A F R</p> <p>F</p> <p>F</p> <p>F</p> <p>A F</p>	Wide range of specialist and sub-specialist experience relevant to post within NHS or comparable service, in particular CAMHs/youth mental health and/or psychotherapy experience/training.	A F

ACADEMIC SKILLS & LIFELONG LEARNING	Able to deliver undergraduate or postgraduate teaching and training	A F	Able to plan and deliver undergraduate and postgraduate teaching and training relevant to this post	A F
	Participated in continuous professional development	A F	Reflected on purpose of CPD undertaken	A F
	Participated in research or service evaluation.	A F	Experienced in clinical research and / or service evaluation.	A F
	Able to use and appraise clinical evidence.	A F	Evidence of achievement in education, research, audit and service improvement: awards, prizes, presentations and publications.	A
	Has actively participated in clinical audit.	A F	Has led clinical audits leading to service change.	A F