

## **Adults of Working Age Buckinghamshire**

### **Consultant Psychiatrist, Treatment Team**

#### **North Crisis and Home Treatment Team, North Bucks**

### **JOB DESCRIPTION**

#### **1. THE POST**

<b>Title of Post:</b>	Consultant Psychiatrist in General Adult Psychiatry, Crisis and Home Treatment Team
<b>Full-time/part-time:</b>	10 Programmed Activities (7.5 DCC+2.5 SPA)
<b>Base:</b>	White Leaf Centre, Bierton Road, Aylesbury HP20 1EG
<b>Secretarial Support:</b>	The post holder will have specific access to a named secretary in order to meet the needs of the post, manage diaries, arrange CPAs and provide support with making appointments and typing.
<b>Terms and Conditions:</b>	The post is governed by Medical and Dental Terms and Conditions of Service, as amended by local agreement.

North Crisis team covers geographically large area of North Buckinghamshire. The main base of the CMHT is White Leaf Centre, Aylesbury.

Crisis team was established in Buckinghamshire in January 2020. This is a relatively new service. One full time consultant post has become available in the Crisis team MHT following reconfiguration of the service. The post is based at White Leaf Centre, Aylesbury. The post holder will be working along with 5.6 WTE consultants in the CMHT and 0.6 consultant in Crisis team.

Oxford Health NHS Foundation Trust has been rated as good by the CQC.

The Oxfordshire Mental Health Partnership is an exciting partnership that formally brings together six local mental health organizations from the NHS and the charity sector: Connection Floating Support, Elmore Community Services, Oxford Health NHS Foundation Trust, Oxfordshire Mind, Response and Restore. The aim is to work much more closely with each other and with people who have mental health problems to make it easier for people to get the best possible support when they need it.



## 2. ADULT MENTAL HEALTH SERVICE IN BUCKINGHAMSHIRE

The Adult Mental Health service in Buckinghamshire serves a population of 480000; approximately 342000 aged 18 to 65. The service comprises of:

**Community Pathway** – this includes 2 Community Mental Health Teams aligned to the 2 CCGs in Buckinghamshire. The CMHT's provide all routine assessments and treatment of patients with severe and enduring mental illness. A total of 34 consultant programmed activities are allocated to the CMHT in Aylesbury and 56 consultant programmed activities in Chiltern CMHT.

- **In addition, the Bucks community pathway includes:**
- County wide **Early Intervention for Psychosis (BEIS)** service providing developmental, supportive and therapeutic interventions to individuals age 14 to 65, experiencing a first episode of psychosis, for duration of up to three years.
- County wide **Perinatal Service**
- County wide **Complex Needs service, (CNS)** which is a daytime partial therapeutic Community Psychological Therapy Service, for people with severe Personality Disorder and complex emotional needs.
- **Bucks Psychological Therapies Service** providing a range of individual and group therapy interventions for patients who require longer and specialist types of psychological therapy.
- **ADHD Clinic**, for assessment and treatment initiation of patients with ADHD
- **ASD assessment** service

- A small **Eating Disorder service (BEDS)**, which offers intensive support in the community for individuals with eating disorders (inpatient services for the whole Trust are based at Cotswold House in Oxford).
- Links with the third sector, through **MIND** workers embedded in the community teams, and through links with the **Recovery College**.
- There is a modern **ECT suite** based at the Whiteleaf Centre, designed and equipped according to RCPsych ECTAS guidelines, a medical and nursing team with dedicated sessional time for ECT (2 Consultant PAs), which has recently successfully completed its third consecutive cycle of ECTAS accreditation. The ECT suite also can provide ECT for patients in the community, with or without the involvement of the ADH.
- **Inpatient pathway** – this includes 2 acute wards- 20 bedded female acute ward (Ruby Ward) and 20 bedded male acute ward (Sapphire Ward), and one rehabilitation ward (Opal Ward). PICU for the whole service (Oxfordshire and Buckinghamshire) is located at Littlemore Hospital, Oxford. A total of 31 consultant programmed activities is allocated to the inpatient service.
- **Urgent care pathway** –
  - The urgent care pathway provides extended hours service and operates a 24/7. They work closely with staff on the inpatient wards, out of hours GPs and colleagues from the emergency services to support patients who are experiencing a crisis.
  - i. **Crisis team** - There is a newly established crisis team which ensures gate keeping, discharge facilitation, managing all urgent and emergency referrals in addition to providing treatment at home or Acute Day Hospital. A total of 26 consultant programmed activities are allocated to the crisis team (north and south Bucks).
  - ii. **Psychiatric Liaison Service (PIRLS)**, based at the nearby Stoke Mandeville Hospital
  - iii. **Street triage service**
- There are plans to develop a Single Point of Access (SPA).
- **Acute Day Hospital:** Buckinghamshire also has 2 Day Hospitals which have an integrated function within the locality-based Crisis teams and CMHTs. These are sited in Aylesbury and High Wycombe and provide step down from inpatient care and work within a partial hospitalisation model. This may include intensive support for patients who are ready for inpatient discharge, but may still need their medication reviewed and monitored, and who require a high level of psycho-social intervention before being referred back to the CMHT for community care. Currently due to the COVID 19 pandemic, the acute day hospitals are operating an online service of a mixture of group and individual sessions. The sessions are delivered by our band 4 and band 5 OT's, with support from the consultants, as required for clinical issues.

### **3. THE CRISIS AND HOME TREATMENT TEAM**

#### **INTRODUCTION**

The Crisis Resolution and Home Treatment Team (CRHTT) became operational in January 2020. The service consists of a home treatment team and focuses on enabling early discharge from inpatient care. The team also establish close working relationships with the inpatient wards and community teams, including the Inpatient Social Work service and the Patient Flow Transformation lead. Capacity is for up to 25 service users in line with CORE CRT Fidelity scale of not more than 25 cases per 14 full time equivalent clinical staff. The available capacity is regularly communicated across the system. The current consultant provision is one FTE consultant and one 0.6 FTE medical consultant resource.

The North CRHTT provide crisis response and inpatient gate-keeping and a home treatment service to service users leaving inpatient care and living within North Bucks. There will be a phased approach to future expansion which will be dependent on further new investment. The nature and speed of phasing will also take account of CRHTT model fidelity and assessment of safety and quality in relation to existing service provision (i.e. whatever is developed will have good fit and add value to user / care experience)

#### **BASE AND SUPPORT**

The CRHTT is based at the White Leaf Centre, Aylesbury. The consultant psychiatrist is based in their own office. A networked computer and mobile phone is provided for the consultant. The consultant has full time administrative support.

#### **CRHTT STRUCTURE**

The current team consist of:

- 1 x Band 8
- 1 x Band 7
- 15 x Band 6 Nurses
- 1 x Band 5 Nurse
- 1 x Nurse associate band 3
- 1 x Nurse associate band 4
- 2 x OT Band 6
- 2 x 4 Band Admin
- 1 x student nurse band 4
- 2 x OT assistants' band 4

The CRHTT work from 7am until 9pm and are based at the White Leaf Centre, Aylesbury. On each long day shift cover there will be 5 Band 6's with input from band 3 and band 4 nurse associates and OT's and on the early shift there will be 6 band 6's with similar support as the long day shift. The Clinical Team Leader and Team Secretary work predominantly Monday to

Friday 9-5; however, the Team Leader is also work flexibly to provide leadership outside of these times. The Clinical Team Leader is managed by the Mental Health Urgent Care Team Manager.

The Directorate works closely with the college tutors and deanery to ensure that trainees educational needs are met, service needs are met and that there is equitable distribution of trainees. In the development of this new CRHT team the medical resource will be reviewed, and focus will be given to developing a training role and specialty doctor time.

### **The Crisis Resolution and Home Treatment Team Description**

CRHTT is a key component of the Buckinghamshire Mental Health Urgent Care Pathway which comprises of: Emergency Department Psychiatric Service – EDPS, Police ‘street’ Triage, Ambulance Triage, Night Assessment Team, Safe Haven services (provided by Bucks Mind in High Wycombe). A 24/7 Mental Health Helpline has been launched in Oxfordshire and Buckinghamshire to offer people mental health advice during the coronavirus pandemic. The service is open to people of all ages from children and young people to older adults. We also provide support to the dedicated mental health Helpline which has input from Chiltern Bucks CRHTT.

OHFT mental health urgent care works in close collaboration with Thames Valley Police, Probation and Criminal justice and liaison services, South Central Ambulance Service, Buckinghamshire Healthcare NHS FT, psychiatric liaison services offered through Berkshire Health NHS Foundation Trust, tertiary addiction recovery services and primary care services. Aspects of acute care also take place within the current Adult Mental Health Team, Older Adult CMHT, Early Intervention Service and Peri-natal services. CRHTT services are now widespread across the UK and provide a genuine alternative to hospital care and treatment.

The key components of CRHTT in Buckinghamshire will be:

1. Crisis response (emergency assessments and reviews)
2. Intensive home treatment characterized by the availability of multiple visits each day which are of a length and content to allow for specialist psycho-social intervention to be delivered
3. Gate-keeping admissions to psychiatric beds
4. Enabling early discharge from psychiatric admission

The CRHTT exists to provide a range of psycho-social interventions to support people in crisis, or who are at risk of developing a mental health crisis, to receive care by means of the most collaborative and least restrictive interventions available. The service will cover adults of working age and older adults.

## **a. Principles**

A CRHTT service achieving full fidelity to the prescribed model provides a short-term (2 to 6 weeks duration) community focused treatment and care package aimed at facilitating recovery at home for people in mental health crisis who may otherwise require inpatient care.

The team provides a multidisciplinary service that is flexible and prompt in its response to individuals and includes assessment and diagnosis of mental health problems and provision of effective, brief, evidence-based psychosocial interventions. Services will be accessible and relevant, non-discriminatory, will respect cultural values, and aim to be user friendly for service users and carers/young carers. The service will aim to reduce the stigma attached to mental health care and ensure that care is delivered in the least restrictive and disruptive manner possible. Service users have the right to confidentiality and to be treated with dignity and respect.

The Home Treatment Team service will be part of and aligned with other services within Urgent Care Pathway for Mental Health in Oxfordshire, working with each individual service to:

- Ensure that the mental health crisis is safely managed
- Ensure that service users have an agreed crisis plan that gives clear arrangements for any future crisis building on the learning from the current episode
- Ensure that service users are referred on to the appropriate health and/or social care team (including 3<sup>rd</sup> sector provision)
- Ensure the service user has a voice in their care and treatment.

## **b. Frameworks for delivering treatment**

Care Clustering: All service users will be allocated to a Care Cluster using the Mental Health Clustering Tool. Treatment should be delivered with fidelity to the clustered care packages that have been developed. Clinical recording will take place via the electronic clinical records system for Oxford Health (Carenotes). Clinical Risk Assessment and Management (CRAM): Assessing clinical risk of harm to self and others and incorporating safety plans to minimise risk and support positive risk taking. CPA: provides structure for treatment and care management with people with mental health needs and will be used in accordance with Oxford Health CPA Policy. Legal Frameworks: Care Act, Mental Health Act, Mental Capacity Act, Human Rights Act.

## **4. RESPONSIBILITIES OF THE POST**

1. The Consultant will provide senior medical input and clinical leadership to the Crisis team. Medical responsibility for patients usually remains with the GP, except where a medical member of the CRHTT takes a patient on for continuing treatment. The post holder will have responsibility for those patients seen by himself/herself, together with those patients seen by medical staff directly supervised by the post holder.

2. The post holder will work with the team manager and the other Consultant Psychiatrists in the team to ensure the effective functioning and development of the service.
3. The post holder will provide direct clinical supervision and line management to the trainees and speciality doctors and any senior trainee placed with the team. This will include 1 hour per week clinical supervision for trainees and a pro rata equivalent level of supervision to speciality doctors - in conjunction with other consultants. This will be in line with the Trust supervision policy.
4. The post holder will be expected to provide direct clinical care and ensure medical involvement in the CPA process.
5. The post holder will be expected to produce timely written correspondence to relevant professionals documenting assessments, on-going management, progress, and eventual discharge using the Trust IT and clinical records system – training will be provided where needed. Completion of CPA documentation when necessary.
6. The post holder will be expected to collaborate with other agencies. In particular, this will include liaison with staff from other teams to manage smooth and timely transfer into and out of the team.
7. The post holder will be expected to contribute to the collection of data as required by the Trust and other relevant agencies. This includes the timely recording of clinical activity data, and participation in clinical audit with appropriate administrative support.
8. The consultant will be expected to attend most regular directorate managerial meetings as necessary, particularly Consultant Committee, Medical Staff Committee and Directorate/Managerial liaison meetings.
9. The consultant will be expected to participate in and attend the local training programme for junior doctors.
10. The consultant would be expected to participate in both a CPD peer group and a clinical supervision group with fellow consultants.
11. Consultant would be expected to maintain their own programme of training and CPD accreditation with the support of their Lead consultant/Associate Medical Director/Clinical Director.
12. The consultants normally cross-cover for each other for annual leave, study leave and brief periods of sickness absence; in addition there is a day time cover rota. The consultants take part the Buckinghamshire Adults of Working Age out-of-hours rota. This is a 1 in 16 rota currently, with 3%, band A intensity. There is a core trainee on shift out of hours.
13. The appointee will be entitled to study leave (up to 30 days over 3 years) and expenses according to the Trust's (currently £1800 over 3 years), in line with national terms and conditions of service.

14. Appraisal, Revalidation and Job Planning: The Trust Appraisal and Revalidation Manager is Joanne Thomas. Upon commencement the Consultant Psychiatrist will be allocated to a quarter of the year during which he/she will organise appraisal. The post holder will be allocated an Appraiser by the Appraisal and Revalidation Manager. The post holder will have an annual job plan review with the Lead Doctor/Associate Medical Director. The Responsible Officer is Dr. Mark Hancock and the Trust has comprehensive guidance and support for the revalidation process.

## **5. ACADEMIC**

### **TEACHING AND TRAINING**

The Oxford Health Foundation Trust is committed to high quality teaching and training for medical students, post graduate trainees in psychiatry, speciality doctors, and students and staff of other professions. The current college tutor is Dr Theo Bargiotas. The associate tutor for Oxfordshire is Dr Kathleen Kelly and Dr David Welchew for Buckinghamshire. Dr Gerti Stegen is currently the Director of Medical Education. Dr Kezia Lange the training director for core trainees. Dr Kate Saunders organises the medical student teaching and attachments. The appointee will be expected to provide:

1. Education and training for Foundation years 1 or 2, GP or psychiatric trainees (CT 1-3 and / or ST 4-6) placed with the team, including educational and/or clinical supervision as agreed. To be eligible for providing educational supervision, consultant will need to complete specific training and be approved by the Trust and Deanery.
2. Teaching of Oxford University medical students placed with their mental health team.
3. Aspects of the multi-disciplinary development and training of staff of other professions who are working within the service.
4. Contribution by agreement to the provision of training and support to staff of other relevant agencies, including primary health care teams, education services, the voluntary sector.

### **RESEARCH**

All consultants are expected to contribute to the Trust's research and development programme (Director of R&D Professor John Geddes) by supporting the R&D projects/commitments of others, for example by recruiting patients to relevant studies. Oxford also provides an excellent environment for the development of personal research interests and the Trust is keen to support consultants in undertaking high quality research as a principal investigator in their own right.



## **6. ADMINISTRATION, LEADERSHIP AND MANAGEMENT**

1. The appointee will attend all relevant Trust and local inductions, and mandatory trainings.
2. Providing timely written correspondence to relevant professionals, documenting initial assessments, ongoing management, progress, and eventual discharge. Completion of CPA documentation when necessary.
3. The post holder will contribute to the Trust's delivery of its clinical governance agenda, the National Service Framework modernisation and Quality, Innovation, Productivity & Prevention (QIPP) and CQUIN agendas.
4. The post holder will be expected to contribute to the collection of data as required by the Trust and other relevant agencies. This includes the timely recording of clinical activity data, and participation in clinical audit.
5. All Consultant Psychiatrists are encouraged to attend the Trust's Medical Staff Committee (MSC).
6. The post holder will be encouraged to contribute to other relevant management activities within the Directorate and the Trust. This might include participation in clinical governance activities, relevant working groups, chairing MSC, or a medical management post in due course.
7. Subject to resources and job planning, the post holder will be encouraged to contribute more widely to the NHS by working with recognised external bodies.

## **7. CLINICAL SUPERVISION, PERSONAL STUDY AND RESEARCH**

All new consultants are required to access mentorship. The Clinical Director/Associate Medical Director will approve the mentorship arrangements and can make recommendation of a mentor if necessary.

The Trust expects all consultants to engage in Continuing Professional Development (CPD). Each consultant has a duty to remain in good standing with the Royal College of Psychiatrists for CPD, and to ensure that they are able to fulfil the GMC's requirements for Revalidation. Consultants are encouraged to meet in regular CPD peer groups. The trust CPD leads can assist if the post holder is having difficulty finding a suitable group to join. The trust CPD leads organise events throughout the year and professorial academic meetings are held in oxford on a Tuesday morning in term time.

All consultants have a duty to engage in supervision, in line with the Trust's supervision policy.

Special clinical interests: with the agreement of the Clinical Director and clinical colleagues, the post-holder may develop a specialist clinical interest which contributes to the priorities of the service of which the consultant is part.

Clinical audit: Consultants are expected to participate actively in clinical audit, selecting relevant subjects for audit and supporting junior medical staff and members of the multidisciplinary team in undertaking and presenting relevant audit projects. It is expected that audit will be done within clinical or SPA time.

The consultant will be expected to adhere to good clinical practice based on research evidence.

The appointee will be entitled to study leave (up to 30 days over 3 years) and expenses according to the Trust's (currently £1800 over 3 years), in line with national terms and conditions of service.

## **8. JOB PLAN**

Provisional plan for direct clinical care and supporting programmed activity is 7.5 DCC and 2.5 SPA. In view of the unparalleled opportunities provided by the Oxford Academic Health Sciences Centre, successful candidates with strong academic track records may negotiate academic/research sessions. Medical student placements require up to 0.5 SPA if on permanent placement with the team.

Oxford Health is an ambitious Trust dedicated to innovating, evaluating and implementing new treatments, procedures and services. As such we particularly welcome applications from clinicians who would like to negotiate dedicated PAs for clinical leadership, research, training or other areas of special interest.

The post-holder's job plan and personal development plan will be reviewed on an annual basis, with the Lead Doctor/AMD the latter through formal appraisal.

**(Example – to be negotiated)**

	Morning (09.00 - 1.00)	Afternoon (1.00 - 5.00)	DCC/SPA
Monday	Morning handovers, team assessments, support to ADH, daily CRHTT Team MDT meeting	Team assessments/admin Triage of complex referrals	2/0
Tuesday	Morning handovers, team assessments, support to ADH, daily CRHTT Team MDT meeting	SPA/admin	1/1
Wednesday	Morning handovers, team assessments, support to ADH, daily CRHTT Team MDT meeting	Monthly Bucks consultants/senior management meetings Bucks trainees academic mtg	1.5/0.5
Thursday	Morning handovers, team assessments, support to ADH, daily CRHTT Team MDT meeting	Team assessments/admin Triage of complex referrals	2/0
Friday	Morning handovers, team assessments, support to ADH, daily CRHTT Team MDT meeting	SPA	1/1
<b>Total</b>			7.5/2.5

The post-holder's job plan and personal development plan will be reviewed on an annual basis, the latter through formal appraisal.

The above Job Plan is a starting point. Oxford Health is an ambitious Trust dedicated to innovating, evaluating and implementing new treatments, procedures and services. As such we particularly welcome applications from clinicians who would like to negotiate dedicated PAs for clinical leadership, research, training, or other areas of special interest.

## **9. MANAGEMENT ARRANGEMENTS**

The Trust headquarters is at Warneford Hospital, Headington, Oxford. The Trust's Chief Executive is Dr Nick Broughton and Medical Director is Dr Mark Hancock. The post holder will be accountable operationally and professionally to Dr Tina Malhotra, Associate Medical Director.

The Trust's Clinical Directors and senior general managers have participated in an Integrated Leadership Development Programme which is designed to support the key competences required for effective leadership of clinical services. A Leadership Development Programme will be made available now to consultant psychiatrists and team managers in order to ensure that key personnel in the Trust develop the leadership and management qualities required for modern and effective performance of the Trust.

## **10. MENTAL HEALTH SERVICES IN BUCKINGHAMSHIRE AND OXFORDSHIRE**

The total populations served by the Trust are 480,000 in Buckinghamshire and 630,000 in Oxfordshire. Both counties are regarded as prosperous with relatively low socio-economic deprivation and associated morbidity indices. However, this general picture disguises significant pockets of deprivation and associated psychiatric morbidity in the urban centres of Aylesbury and Wycombe in Buckinghamshire, and of Banbury, Bicester, Didcot and Oxford in Oxfordshire. In each of these urban centres are populations characterised by relative socio-economic deprivation and higher psychiatric morbidity. These include ethnic minority communities and significant numbers of refugees in some settings.

Inpatient psychiatric facilities for Oxfordshire are provided in Oxford City at the Warneford Hospital (three acute adult wards, regional adolescent unit, and specialist adult eating disorders inpatient unit) and the Churchill general hospital (two wards for older people) in Headington, and at the Littlemore Mental Health Centre (adult acute ward, psychiatric intensive care unit, medium and low secure forensic mental health units) on the southern edge of Oxford City. Community mental health teams for children and young people, adults, and older people operate from Oxford City and a number of the market towns in Oxfordshire.

Inpatient psychiatric facilities in Buckinghamshire are provided in Aylesbury at The Whiteleaf Centre site (two acute adult wards, an older adult ward, a rehabilitation ward, and a low secure forensic unit) and at the general hospital site in Milton Keynes (medium secure forensic unit). Community teams operate from sites in Aylesbury, Amersham and Wycombe.

The Trust provides community Child and Adolescent Mental Health Services (CAMHS) in Swindon, Wiltshire and NE Somerset, and there is an inpatient adolescent unit in Swindon.

## **11. UNIVERSITY LINKS**

Oxford Health, with Oxford University Hospital NHS FT, Oxford University and Oxford Brookes University is a core partner of the Oxford Academic Health Sciences Centre (AHSC) (Chair: Professor Sir John Bell). Dementia and cognitive health are a theme of the Oxford AHSC (Lead Professor John Geddes) in recognition of the fact that these are some of the most pressing

global health challenges. OxAHSC will bring together existing strengths in discovery neuroscience, genetics, and health services research with the promise of big data approaches and deliver fundamental advances in ways of protecting cognitive function and preventing dementia. OxAHSC will develop new diagnostic procedures and treatments in novel partnerships with industry – improving both the health and wealth of the population. The coordination of research, clinical service provision and education across the OxAHSC partners will generate immediate benefits for patients and the local population, with more fundamental advances within five years.

The Oxford University Department of Psychiatry comprises a world-leading group of investigators. Expertise within the Department spans the full basic to clinical spectrum and includes pre-clinical research into disease mechanisms, neuroimaging, epidemiological studies, psychopharmacology, forensic psychiatry, experimental medicine, clinical trials, and psychological therapies research. The Department holds a range of major research funding, including four current Wellcome Trust Strategic Awards, and Wellcome Principal and Senior Fellows. The Department is an integral part of Oxford Neuroscience, and as such is closely integrated with the wide range of research – from genetics to systems and clinical neuroscience - in the University. Our emphasis on teaching is highlighted by the fact that Oxford is rated the top medical school in the world in the latest THES ratings, and Psychiatry is rated by students as being the best specialty rotation on the course. Oxford medicine was the highest rated undergraduate course in medicine in the National Student Survey 2013, and indeed the highest rated of any undergraduate course in any subject area in the UK, with 99% satisfaction. Oxford has a track record of encouraging medical students to pursue psychiatry as a career, with 7% of graduates citing psychiatry as their first choice career, equal highest of any UK medical school. Oxford has a superb track record of preparation for practice, with the highest marks in postgrad exams of any UK medical school.

The recent appointment of Professor Simon Lovestone reflects the major strategic importance of dementia research in Oxford and our ambition to become a world leading centre. Further information may be obtained from the websites of the Oxford University Department of Psychiatry ([www.psychiatry.ox.ac.uk](http://www.psychiatry.ox.ac.uk)).

There are unparalleled opportunities for candidates with strong academic track records to negotiate combined academic and clinical roles. Interested candidates should contact Professor John Geddes.

Oxford University accredits a Doctoral programme in Clinical Psychology. Oxford Brookes University and Luton University host well-established courses in mental health nursing, social work occupational therapy, and psychotherapy.

Because Oxford Health is a teaching and research Trust, the Consultant appointed to this post will be expected to play an active role in teaching medical undergraduates and postgraduates. Postgraduate medical training is achieved through both didactic teaching in the Oxford University MRC Psych courses and potentially through educational supervision of trainees at foundation and specialist training (ST1-6) levels. The Consultant may also contribute, directly and indirectly, to the training of students and qualified staff in other mental health professions.

## **12. GENERAL**

1. The successful applicant will be required to maintain registration with the General Medical Council and may be required to undergo a medical examination prior to taking up the post.
2. The appointment will be covered by the Oxford Health Trust terms and conditions. The Trust has adopted the National Terms and Conditions for Medical and Dental Staff (England and Wales).
3. Doctors can claim travel expenses for work and educational commitments (as agreed) off base.
4. The successful applicant will be expected to live within ready access (ten miles unless agreed otherwise) of their clinical base.
5. The Consultant will be ultimately responsible operationally to the Chief Executive and accountable professionally to the Medical Director of the Oxford Health NHS Trust.
6. Three referees are required, one of which should be from the Clinical or Medical Director relating to the applicant's current appointment. The Trust reserves the right to seek a reference from any former employer.

## **13. CONTACT**

Dr Tina Malhotra, Associate Medical Director, 01865 904594.

## **14. TERMS AND CONDITIONS OF SERVICE**

The post is governed by Medical and Dental Terms and Conditions of Service, as amended by local agreement.

## **15. EQUAL OPPORTUNITIES**

The Oxford Health NHS Foundation Trust is committed to the promotion of Equality of Opportunity and by its Equal Opportunities policies aims to ensure that no applicant or employee receives less favourable treatment on the grounds of gender, race, marital status, disability or any other unjustifiable criteria throughout the recruitment process and in training and promotion.

## PERSON SPECIFICATION

### OXFORD HEALTH NHS FOUNDATION TRUST PERSON SPECIFICATION SELECTION CRITERIA

**Post: CRHTT Consultant**

REQUIREMENTS	ESSENTIAL	DESIRABLE
<b>Qualifications</b>	<ul style="list-style-type: none"> <li>Membership or Fellowship of the Royal College of Psychiatrists, or equivalent qualification (in accordance with Royal College of Psychiatrist's Guidelines)</li> <li>Eligibility for Section 12 (Mental Health Act) Approval</li> </ul>	<ul style="list-style-type: none"> <li>Higher degree or equivalent in relevant field of medical, psychological or other studies</li> <li>Section 12 (Mental Health Act) Approval</li> <li>Approved Clinician Status</li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>Higher specialist training in psychiatry in approved training post for a minimum of three years, equivalent training in another country, or previous consultant experience relevant to this post</li> <li>CCT in Psychiatry; OR Inclusion on the GMC Specialist Register in psychiatry; OR within six months of achieving CCT at the time of interview</li> </ul>	Sub-speciality or other specialist clinical training relevant to post
<b>Clinical Experience</b>	<ul style="list-style-type: none"> <li>Experience of the full range of clinical responsibilities expected of a consultant in this specialty</li> <li>Experience of close collaborative work with social care and other agencies</li> </ul>	<ul style="list-style-type: none"> <li>Application of evidence-based practice and interest in clinical and policy developments for this care group</li> <li>Development of close collaboration with primary care services</li> </ul>
<b>Ability</b>	Ability to undertake full range of consultant responsibilities	
<b>Skills and Knowledge</b>		
b) Leadership skills	<ul style="list-style-type: none"> <li>Ability to work within a collaborative multidisciplinary framework, and to share leadership responsibilities with senior colleagues of other professions</li> </ul>	

c) Organisation and management skills	<ul style="list-style-type: none"> <li>• Ability to understand how organisations work most effectively</li> <li>• Commitment to active clinical governance</li> <li>• Ability to promote effective team working</li> <li>• Capacity to prioritise workload</li> <li>• Active participation in clinical audit</li> <li>• Commitment to interagency partnership working</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant experience of the administrative, management and leadership roles of senior medical staff</li> </ul> <p>Inter-agency partnership working and development</p>
d) Communication skills	Must have good skills in communication with patients, relatives, colleagues and staff of other organisations. Good spoken and written English.	
e) Professional approach	Work collaboratively and effectively with a range of professionals.	
f) Personal skills	Must have interest in and commitment to people with mental health problems, and their carers.	
g) Teaching experience	<ul style="list-style-type: none"> <li>• Experience in supervising and teaching core psychiatric trainees</li> <li>• Application of research evidence to clinical practice</li> </ul>	<ul style="list-style-type: none"> <li>• Undergraduate and postgraduate medical teaching.</li> <li>• Supervision of advanced level trainees</li> <li>• Research experience and skills</li> </ul>
<b>Other requirements</b>		
a) GMC registration	Full	
b) Transport	Mobility as required for the post	
c) Professional attributes	Meet specifications set out in GMC Guidance: Duties of doctor	Driving licence and own transport
d) IT skills	Good IT skills including typing	