

**Adults of Working Age Buckinghamshire**

**Consultant Psychiatrist Post (1.0 WTE)**

**Chiltern East Community Mental Health Team**

**Job Description and Person Specification**

Post and specialty:	Consultant Psychiatrist Post (1.0 WTE) Chiltern East Community Mental Health Team
Base:	Saffron House, Easton Street, High Wycombe HP11 1NH (office space) Amersham- Health Centre, Chiltern Avenue, Amersham, Buckinghamshire, HP6 5AY (outpatient clinics)
Contract:	10 Consultant programmed activities
Accountable professionally to:	Dr Karl Marlowe (Chief Medical Officer)
Accountable operationally to:	Dr Tina Malhotra (Clinical Director) Donna Clarke (Service Director)
Key working relationships and lines of responsibility:	Line Manager: Dr Owen Curwell-Parry (Associate Medical Director) Team Managers (Band 8a): Phyllis Phillips Service Manager (Band 8b): Tahir Kayani Head of Service (Band 8c): Sarah Hill Responsible Officer: Dr Karl Marlowe Deputy Chief Medical Officers: Dr Kezia Lange and Dr Rosalind Mitchell Executive Managing Director, Mental Health: Grant Macdonald Chief Executive: Dr Nick Broughton
Secretarial support	Named administrative support from team administrators (0.6 per 1WTE consultant)
Terms and conditions	The post is governed by Medical and Dental Terms and Conditions of Service, as amended by local agreement.

## **1. THE POST**

We are looking for a 1.0 WTE consultant psychiatrist. to provide clinical leadership to the Chiltern East CMHT. This post has become available in the CMHT due to a consultant moving to another area. The postholder will work alongside two other consultants (total 2.6 WTE including this post) within the CMHT.

## **2. THE COMMUNITY MENTAL HEALTH TEAMS (CMHT)**

The CMHTs accept routine referrals, while the Crisis and Home Treatment teams deal with all emergency and urgent referrals. Referrals are initially triaged by the Mental Health Gateway (a Single Point of Access) which operates independently from the CMHT providing comprehensive triage (including supporting information) prior to assessment. Staff within the CMHTs work around consultants and catchment areas that correspond as closely as possible to specific geographical areas and GP surgeries (PCNs), to allow maximum familiarity with these patients and better links with the corresponding GPs. Cross cover for leave/absence is arranged first within locality (east and west) and then across the Chiltern CMHT.

Chiltern CMHT covers patients registered with 35 GP practices across the south half of Buckinghamshire, forming 7 PCNs (3 in the west around High Wycombe and 4 in the east part of the county served by the Amersham satellite hub). Consultants work 9-5 Monday to Friday and provide senior leadership to the team alongside the team managers (Band 8a level) and deputy managers (Band 7).

The CMHT provides recovery focused evidence-based treatment for patients with severe and enduring mental illness, (also defined by HoNOS treatment clusters of 4 and above). The model promotes biopsychosocial treatment delivery by a care co-ordinator within the CPA framework of responsibilities, with medical input whenever necessary and appropriate. It also promotes use of recovery-related outcome measures and the active involvement of, or joint work with third sector and support services in the community, and of addictions services for dual diagnosis patients. The services are also delivered within the principles of New Ways of Working. Consultants retain only a small personal caseload, mainly consisting of clozapine and depot patients on long-term annual treatment reviews, or patients on other specific treatments that make it necessary that they remain under consultant-only follow up. The service works closely with the psychological therapies department for patients open to the team, who require individual or group psychotherapeutic intervention and with specialist services across Bucks, including early intervention for psychosis, perinatal, ADHD, and eating disorders services.

Referrals are received by GPs (majority), A&E liaison service (PLS), our local IAPT service (Healthy Minds), our Psychological Services department, our Complex Needs Service (for patients with personality disorders) and the regional addictions service (ORB), along with other CMHTs for patients moving into the area. Referrals are triaged daily by the Mental Health Gateway Single Point of Access. The CMHT undertakes assessments of all the referrals deemed eligible, within time frames dictated by contractual agreement with the CCG and nationally expected standards (currently within four weeks for routine referrals). A plan of management recommendations is agreed jointly with the patient and depending on identified needs, they are signposted to the relevant services for this plan implementation, including primary care, third-sector organisations, IAPT and Psychological Services, the Complex Needs Service, social care and local council, addictions services etc.

### 3. TEAM STRUCTURE

The Chiltern CMHT (East and West) has 61 Consultant PAs (5 x 10 PA, 1 x 6 PA and 1x 5 PA), each having their own cluster of surgeries. Equitable pro rata allocation of catchment areas among consultants has been based on NHS England normalised mental health need weighted population.

Existing post holders are:

West

Dr Alex Bantick 1.0

Dr David Selwood 1.0

Dr Keelyjo Hindhaugh 1.0

Dr Stephens (locum) 0.5

East

Dr Arif Ahmed 1.0

Dr Evangelos Vassos 0.6

Vacant 1.0 (this post)

Junior doctor posts currently allocated to Chiltern CMHT are:

1 x StR2-3 psychiatry trainee

2.5 x GPVTS trainees

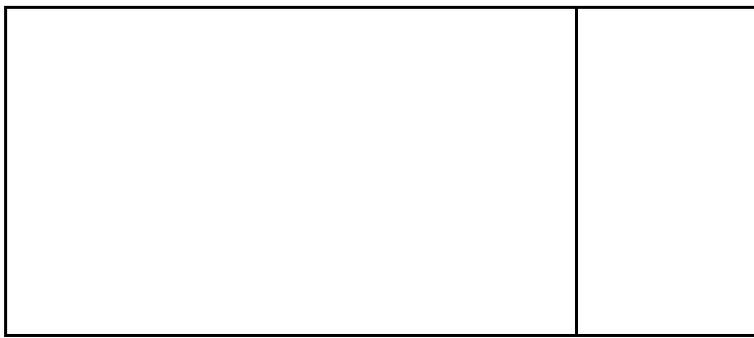
1 x FY2 trainee

2 x StR4-6 psychiatry trainee (supernumerary posts)

Senior trainees currently apply for a choice of placements with approved trainers each year and therefore move flexibly through the service. The directorate will work with college tutors (currently Dr David Welchew for Bucks and Dr Kathleen Kelly for Oxford) and the deanery to ensure that trainees educational needs are met.

The Chiltern East team establishment is as follows:

Banding	WTE
Service Manager 8b (CMHT, Older Adults and Perinatal)	1
Team Manager Band 8a	1.0
Consultant Psychiatrist	2.7
Band 5 Office Manager	1
Band 4 Admin	7.3
Band 3 Admin	1
Band 7	2
Band 6	21
Band 5 CPNs (developmental posts)	2
Band 3 Support Worker	5.8



#### 4. THE TRUST – INTRODUCTION TO OXFORD HEALTH NHS FOUNDATION TRUST



Oxford Health provides a comprehensive range of mental health services to the populations of Oxfordshire and Buckinghamshire and a number of Child & Adolescent and specialised services (e.g. Forensic, Eating Disorders) to adjacent counties and beyond. It also provides community services to the people of Oxfordshire. Section 75 agreements are in place with both County Councils, so that social workers are managed within the Trust's multidisciplinary mental health teams. The Trust was created in April 2011 by the Merger of Community Health Oxfordshire CHO and the Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust.

The Trust's services are now organised and managed on the basis of three directorates: Adult, Children and Young People and Older People Services. Medical staff have contributed significantly to service developments, service redesign and efficiency programmes within the Trust, and to the related development of primary care mental health services. An active programme of organisational and service development is well under way. This supports coherent care pathways through primary care, secondary care and, when necessary, specialist clinical services and services provided by other agencies. Psychiatrists in the Trust are encouraged to contribute to this developmental work.

The total populations served by the Trust are around 550,000 in Buckinghamshire and 680,000 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 High 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 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 High Wycombe.

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.

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.

Benefits of working for Oxford Health NHS Foundation Trust include:

- Excellent opportunities for career progression
- 33 days annual leave, plus bank holidays, with an increase to 35 days with continuous service
- Study leave allowances
- Free staff parking permits across OHFT sites
- NHS Discount across a wide range of shops, restaurants and retailers
- Staff accommodation
- Competitive pension scheme
- Lease car scheme
- Cycle to work scheme
- Employee Assistance Programme and dedicated Health and Wellbeing Team

## **5. KEY SITES**

### **The Whiteleaf Centre, Aylesbury**

This is a modern psychiatric hospital opened in 2014, offering both inpatient and outpatient facilities. It currently houses the Aylesbury General and Older Adult CMHTs, Memory Clinic, Crisis Resolution and Home Treatment and Psychological Services teams, along with the county's Early Intervention in Psychosis, Perinatal, Eating Disorders and Neuromodulation services, along with an ADHD and ASD diagnostic service and pharmacy.

There are four inpatient wards – acute working-age adult (one male, one female), older adult (mixed) and inpatient rehabilitation. The acute inpatient wards are AIMS accredited and the ECT suite has ECTAS accreditation with multiple commendations.

Recent developments have included the opening of a Clinical Research Facility for research done in collaboration with the University of Oxford Department of Psychiatry and other partner universities, and an rTMS service.

This centralisation of services promotes efficient communication and integrated working across different teams.

### **Saffron House, High Wycombe**

The move to Saffron House in June 2021 brought together mental health services across the age range, including CAMHS, CMHT, older adult CMHT, Crisis Team and Psychological Therapies, along with Continuing Healthcare under one roof along with space for cross-country services including Perinatal and Early Intervention in Psychosis. The hub was co-created with people who use mental health services and staff in South Buckinghamshire and sustainability was placed at the heart of the building's redesign.

### **Amersham Health Centre, Amersham**

To allow proximity and ease of access to service users and families, the Chiltern East CMHT has a satellite site in Amersham, which is more central to the team's catchment area. The care coordinators, duty service, administrators, junior doctors, and managers are based on this site. Outpatient clinics take place in Amersham Health Centre or in the community.

## **1. ADULT MENTAL HEALTH SERVICE IN BUCKINGHAMSHIRE**

The Adult Mental Health service in Buckinghamshire serves a population of 550,000; approximately 340,000 aged 18 to 65 (by GP registrations).

### **Community Pathway and Specialist Services**

- i. All referrals to the community pathway are triaged by the **Mental Health Gateway** which is a single point of access. Gateway will be fully operational by summer 2023. Gateway will also work with Primary Care Mental Health Hubs.
- ii. Three **Community Mental Health Teams** serving Buckinghamshire. The CMHTs provide all routine assessments and treatment of patients with severe and enduring mental illness.
- iii. County wide **Early Intervention for Psychosis (BEIS)** service providing developmental, supportive and therapeutic interventions to individuals aged 14-65, experiencing a first episode of psychosis, for a duration of up to three years.
- iv. County wide **Perinatal Service**, for patients requiring psychiatric support in pregnancy and for up to one year after the birth of their child. Pre-conceptual counselling is also offered.
- v. 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.
- vi. **Bucks Psychological Therapies** service providing a range of individual and group therapy interventions for patients who require longer and specialist types of psychological therapy.
- vii. **Adult ADHD clinic**, for the assessment and treatment initiation of adult patients with ADHD. Long-term prescribing is provided from primary care.
- viii. **Adult ASD assessment service**, for the assessment of patients who have not previously received a diagnosis in childhood. The service provides brief group psychoeducation sessions for patients who have received a new diagnosis, but not longer-term follow-up.

- ix. **Bucks 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).
- x. Links with the third sector, through **MIND** workers embedded in the community teams, and through links with the **Recovery College**.

### **Urgent Care Pathway/ Inpatient & Neuromodulation**

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. Established **crisis teams** for Aylesbury and South Bucks which carry out inpatient gatekeeping, discharge facilitation and management of all urgent and emergency referrals, in addition to providing treatment at home or at our online Day Hospitals.
- ii. **Psychiatric Liaison Service (PLS)**, based at the nearby Stoke Mandeville Hospital
- iii. **Street triage service**, embedded within local Thames Valley Police services
- iv. **Neuromodulation service:** There is a modern **ECT suite** based at the Whiteleaf Centre, designed and equipped according to RCPsych ECTAS guidelines, which has recently successfully completed its fourth consecutive cycle of ECTAS accreditation. The ECT suite also can provide ECT for patients in the community. There is an **rTMS service** which was commissioned in 2021 and is available to treat patients with treatment-resistant depression.
- v. **Inpatient pathway** – this includes two acute wards – a 20-bedded female acute ward (Ruby Ward) and 20-bedded male acute ward (Sapphire Ward), one mixed-gender rehabilitation ward (Opal Ward), and an Older Adult ward (Amber ward). A male PICU for the whole service (Oxfordshire and Buckinghamshire) is located at the Littlemore Mental Health Centre, Oxford.

### **6. RESPONSIBILITIES OF THE POST:**

- a) The Consultant will provide senior medical input and clinical leadership to the CMHT. 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.
- b) The post holder will assess new routine referrals from other agencies alongside other clinicians, provide consultations to non-medical clinicians and offer ongoing management for patients requiring longer term care.
- c) The post holder will work alongside the team manager and the other Consultant Psychiatrists in the team to ensure the effective functioning and development of the service.
- d) The consultant will provide direct clinical supervision to any trainees and speciality doctors placed with the team who are seeing their patients, and psychiatric supervision and line management to any trainee or specialty doctor allocated specifically to them.

This will include one hour per week psychiatric 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 and will be reflected in the job planning process.

- e) The consultant will be expected to provide direct clinical care and ensure medical involvement in the CPA process.
- f) Providing timely written correspondence to relevant professionals documenting assessments, on-going management, progress, and eventual discharge using Trust IT and clinical records system – training will be provided where needed. Completion of CPA documentation when necessary.
- g) Work collaboratively with other agencies. In particular liaison with staff from other teams to manage smooth and timely transfer into and out of the CMHT.
- h) The consultant 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.
- i) The consultant will be expected to attend most regular directorate managerial meetings as necessary, particularly the Medical Advisory Committee (every four months) and monthly Directorate/Managerial liaison meetings.
- j) The consultant will be expected to participate in and attend the local training programme for junior doctors.
- k) The consultant would be expected to participate in both a CPD peer group and a clinical peer supervision group with fellow consultants. A monthly consultant Balint group is also available.
- l) The consultant would be expected to maintain their own programme of training and CPD accreditation with the support of their Associate Medical Director/Clinical Director and peer group.
- m) The consultants will normally cross-cover for each other for annual leave, study leave and brief periods of sickness absence.
- n) There is a daytime Monday-Friday cover rota (currently approximately 1 in 10) for the Whiteleaf Centre in the event of any issues with usual cross-cover arrangements.
- o) The consultants take part the Buckinghamshire Adults of Working Age out-of-hours rota. This is a 1 in 17.6 non-resident on-call rota, with 3%, band A intensity. There is a junior doctor (StR1-3, GPVTS or FY2) on shift out of hours, and StR4-6 trainees take part in a supernumerary non-resident on-call rota (1:18 with 4-6 trainees).

## **7. LEAVE**

**Annual leave:** The post-holder is entitled to 33 days annual leave per annum pro-rata on appointment to the grade increasing to 35 days after seven years seniority and 30 days study leave over three years.

**Study Leave:** The appointee will be entitled to study leave (up to 30 days over 3 years) and expenses (currently £1800 over 3 years), in line with national Terms and Conditions of Service.

**Sick leave:** The trust's sickness policy and the consultant Terms and Conditions of Service should be consulted for the full information relating to sickness absence. A consultant absent from work will be entitled to paid sick leave which is determined by their length of service with the trust as follows:

During the first year of service	One month's full pay and (after completing four months' service) two months' half pay
During the second year of service	Two months' full pay and two months' half pay
During the third year of service	Four months' full pay and four months' half pay
During the fourth and fifth years of service	Five months' full pay and five months' half pay
After completing five years of service	Six months' full pay and six months' half pay

**Other leave:** The full details of compassionate and other types of special leave are held within the Trust's "other leave policy". The full policy is available on the Trust intranet. Consultants provide cross-cover for each other for annual leave, study leave and brief periods of sickness absence.

## 8. APPRAISAL AND REVALIDATION

The Trust Appraisal and Revalidation Manager is Joanne Thomas. Upon commencement the Consultant Psychiatrist will be allocated an appraiser and allocated to one quarter of the year during which he/she will organise an appraisal. The post holder will be enrolled in a multisource feedback at the appropriate time, so that the results of a 360-degree assessment can be provided for the purposes of revalidation. The post holder will have an annual job plan review with the Associate Medical Director for the county. The Responsible Officer is Dr. Karl Marlowe and the Trust has comprehensive guidance and support for the revalidation process.

## 9. TEACHING AND TRAINING

The Oxford Health Foundation Trust is committed to high quality teaching and training for medical students, postgraduate trainees in psychiatry, specialty doctors, and students and staff of other professions. The current college tutor for Bucks is Dr David Welchew. Dr Alastair Reid

is currently the Director of Medical Education. The posts of Training Programme Director for Core and Advanced Trainees within HEE-Thames Valley are currently open for application. Prof Kate Saunders organises medical student attachments. The appointee will be expected to provide:

- a) Educational and Psychiatric supervision to trainees - to be eligible to provide this, consultants will need to complete specific online training and be approved by the Deanery. The College Tutors will support new consultants through this process.
- b) Teaching of Oxford University medical students placed within the CMHT.
- c) The facilitation of learning opportunities for colleagues or students of other disciplines who are working within the service.
- d) Contribution by agreement to the provision of training and support to staff of other relevant agencies, including primary health care teams, education services and the voluntary sector.

## **10. ADMINISTRATION AND MANAGEMENT**

- a) The appointee will attend all relevant Trust and local inductions and mandatory training.
- b) Provide timely written correspondence to relevant professionals, documenting initial assessments, ongoing management, progress, and eventual discharge.
- c) Complete CPA documentation when necessary.

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

**Mentorship:** All new consultants are required to access mentorship. The Clinical Director/AMD will approve the mentorship arrangements and can recommend a mentor if necessary.

**CPD:** 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.

**Supervision:** 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.

**External duties, roles and responsibilities:** The Trust actively supports the involvement of the consultant body in regional and national groups, subject to discussion and approval with the medical director and, as necessary, the chief executive officer.

**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.

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

**Research:** All consultants are expected to contribute to the Trust's research and development programme (Director of R&D Dr Vanessa Raymont) 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.

The Trust hosts or collaborates with a wide range of research infrastructure:

### **NIHR Oxford Health Biomedical Research Centre**

In September 2016, a partnership between Oxford Health NHS Foundation Trust and the University of Oxford was awarded £12.8M to support a new NIHR Biomedical Research Centre (BRC; Director Prof John Geddes) focused on mental health and dementia.

The BRC builds on the existing excellence of the two partner organisations. The University of Oxford has been rated as the world's best university for clinical, pre-clinical and health subjects for the past 5 years (2011-2016 THE World University Rankings), top ranked in the Research Excellence Framework 2014 for research quality in Psychology, Psychiatry and Neuroscience and third highest University in the areas of mental health and dementia in the RAND report commissioned by NIHR in 2015. Oxford Health NHS Foundation Trust was the top ranked mental health Trust in the Mental Health Highlight Area in the NIHR RAND report

The new BRC provides the infrastructure required to translate cutting-edge scientific developments into real benefit for patients. The BRC will be launched in April 2017 and will run for five years. It will work closely with its established sister BRC, a partnership between the University and Oxford University Hospitals NHS Foundation Trust.

The NIHR Oxford Health BRC is structured into themes that build on the University and Trust's existing strengths. There are three research themes: Adult Mental Health (led by Prof Paul Harrison), Older Adults and Dementia (led by Prof Clare Mackay), and Precision Psychological Treatments (led by Prof Anke Ehlers). These research themes are supported by three cross-cutting themes, which reflect common research approaches. These are Neuroimaging and Cognitive Neuroscience (led by Prof Kia Nobre), Informatics and Digital Health (led by Prof Simon Lovestone), and Experimental Medicine (led by Prof Catherine Harmer). The BRC funding will allow us to strengthen and expand these existing links and to ensure that they are well-integrated with the Trust's clinical services. Ultimately, the goal is to align and co-locate research and clinical services on the Warneford site within a Brain Health Centre. By doing this, we can ensure that patients and their families are maximally engaged with research, and that basic science findings are translated into patient benefit as quickly and efficiently as possible.

In addition to the main research and cross-cutting themes, the BRC funding also provides substantial support to allow us to enhance our training (led by Assoc Prof Liz Tunbridge) and public-patient involvement - PPI - (led by Prof Ilina Singh).

The NIHR Oxford Health BRC provides the Trust with a great opportunity to speed the translation of our excellent basic science into meaningful benefits for patients and the wider public, and to ensure that research is fully embedded within the Trust's clinical services.

**NIHR Oxford CLAHRC**, hosted by Oxford Health NHS FT 2014-2019 has a strong emphasis on mental health and primary care. Across 2015 it has funded 32 projects, 8 Academic Clinical Fellows in Psychiatry and Primary Care and 4 DPhils. It has achieved 30 impact publications, including 4 in The Lancet, and had 2 case studies published in NIHR annual report 2014/15, including economic evaluation of Early Intervention in Psychosis services.

**NIHR Clinical Research Network: Thames Valley and South Midlands.** We work very closely with CRN - the Director is Belinda Lennox, based in Psychiatry. The LCRN is a highly performing network recruiting 41,891 participants into portfolio research 2015/16. The LCRN is currently the 2nd highest recruiting network in terms of recruitment per head of population (2nd of 15 Trusts) and OH is the 2nd highest recruiting Mental Health Trust in England with 2,475 recruits (2nd of 52 Trusts). The proportion of commercial contract studies recruiting to time and target is 68% (5th nationally). Currently Division 4 (MH) is achieving 75% time to target achievement for closed commercial studies February 2016. 1365 participants were recruited into Dementia studies 2015/16, including 92 (6.7% ) via Join Dementia Research. LCRN provide cross infrastructure training to support clinical research, including: training in GCP, Fundamentals of Clinical Research Nursing, Let's Talk trials, valid informed consent, DeNDRON rater training, PANSS rater training.

The Trust welcomes applications from appropriately qualified clinicians who would like to work with the BRC, CLAHRC or CRN as part of their agreed job plan.

Trust has recently set up a Centre for Patient Safety and Quality. There will be opportunities for medical input into this Centre.

Because Oxford Health NHS Foundation Trust is a teaching Trust, the consultant appointed to this post will play an active role in teaching medical undergraduates and postgraduate trainees in psychiatry, the latter through both didactic teaching in the Oxford University OPPC (preparation for MRCPsych) courses and, through educational supervision of psychiatric trainees. The consultant may also contribute, directly and indirectly, to the training of students and qualified staff in other mental health professions.

## **12. BASE AND SUPPORT**

The post will be based at the Saffron House, Easton Street, High Wycombe. The consultant will have access to office space (in accordance with the Guidance for office accommodation and administrative support for consultant posts Position Statement PS01/2015) and a networked computer, tablet and mobile phone. The consultant will have named secretarial support from the team administrators. This will be prorated to 0.6 medical secretarial support for 1.0 WTE consultant.

### 13. JOB PLAN

A provisional plan for the distribution of Direct Clinical Care and Supporting Professional Activity sessions is made with the AMD at the start of the job. In view of the unparalleled opportunities provided by the Oxford Academic Health Sciences Centre, successful candidates with strong academic track records can take up opportunity do research in their SPA time or 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.

Due to Covid, the working arrangements for all staff are risk assessed and staff continue to work remotely when appropriate. The situation is ever changing and staff are working in response to trust advice and guidance as all times.

#### **Example – to be negotiated:**

Job plan consists of 7.5 DCC and 2.5 SPA

	Morning (09.00 - 1.00)	Afternoon (1.00 - 5.00)	DCC	SPA
Monday	Outpatient Clinic	Clinical Administration	2	
Tuesday	Outpatient Clinic	Team meeting/ Clinical Administration	2	
Wednesday	Junior doctor supervision, CPD time /Service development	Teach junior doctors consultant meeting/ CPD	0.5	1.5
Thursday	Special Interest	Urgent Assessments/ CPAs	1	1
Friday	Outpatient Clinic	Clinical Administration	2	

The post-holder's job plan and personal development plan will be reviewed on an annual basis with the AMD. The consultant will provide clinical leadership to the team. The team has psychiatric trainees at StR1-3 and GPVTS level, and as consultants develop experience in the psychiatric supervisor role they can apply to HEE-TV to become advanced trainers for StR4-6 trainees. Visiting psychiatric trainees from UK and abroad may also be placed in the team at times. Consultant will provide support to non-medical staff in emergencies, provide medical input into routine CPA reviews as well as holding a small caseload of clients not requiring CPA.

### 14. CLINICAL LEADERSHIP AND MEDICAL MANAGEMENT

The Trust's Chief Executive is Dr Nick Broughton, Dr Karl Marlowe is Chief Medical Officer and Dr Kezia Lange and Dr Ros Mitchell are Deputy Chief Medical Officers. The Buckinghamshire All Age Mental Health Directorate is managed jointly by the Service

Director, Donna Clarke and Dr Tina Malhotra who is the Clinical Director for Adults of Working Age in the Directorate. There is a Head of Service with Service Managers supporting them.

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.

The Trust regularly sets up working groups and welcomes consultant participation in service development in key clinical areas.

Consultants are expected 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.

## **15. GENERAL**

- a) 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.
- b) 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).
- c) Doctors can claim travel expenses for work and educational commitments (as agreed) off base.
- d) The successful applicant will be expected to live within ready access of their clinical base.
- e) The Consultant will be ultimately responsible operationally to the Chief Executive and accountable professionally to the Chief Medical Officer of the Oxford Health NHS Trust.
- f) 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

## **16. WELLBEING**

The post holder will have access to the Occupational Health (OH) Department, based at Littlemore Mental Health Centre, Oxford:

Phone: 01865 90 2504

Email: occupational.health@oxfordhealth.nhs.uk

The post holder may self-refer or be referred through their manager. Information about Occupational Health will be disseminated at the induction and regularly when in post to ensure the post holder has timely access to the details if help seeking is necessary.

Proactive local organisational systems to support doctors' wellbeing following Serious Incidents: Supporting the wellbeing of the post holder after serious incidents that involve patients in their care (e.g. homicide or suicide) is paramount. The AMD and Clinical Director will provide support and advice as needed after the incident. There is also a monthly support group for consultants affected by the suicide of their patients, facilitated by medical psychotherapists in the Trust. The Trust legal team is supportive in writing coroner's reports and supporting clinicians through inquests if needed.

The Trust has a dedicated Post Incident Psychological support (PIPS) team that offers both team-based and 1:1 support following incidents or ongoing reflective practice sessions.

Timely job planning reviews when there are changes in regard to the pre-agreed workload e.g. 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.

Additional resources to promote well-being that are available in the Trust are opportunity for flexible working, lease vehicle scheme, cycle scheme, retail and restaurant discounts, eye test scheme, free health check clinics (CALM clinic), Wellbeing events, Mindfulness courses and retreats.

The post holder will form part of a consultant peer group who meet regularly. There is also a Balint group facilitated by medical psychotherapist for consultants and SAS doctors.

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

The post will be covered by the terms and conditions of service for Hospital Medical and Dental staff (England and Wales) as amended from time to time. Contracts have been agreed with the BMA local negotiators, but individuals may wish to discuss this further before acceptance

## **18. 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.

## 19. CONTACT

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018645 901 138

### PERSON SPECIFICATION

#### OXFORD HEALTH NHS FOUNDATION TRUST

#### PERSON SPECIFICATION SELECTION CRITERIA

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>Approved clinician Status and section 12( MHA) Approval are essential. Candidates who are in the process of getting AC approval will be considered .</li></ul> Eligibility for Section 12 (Mental Health Act)	<ul style="list-style-type: none"><li>Higher degree or equivalent in relevant field of medical, psychological or other studies or postgraduate teaching qualification</li></ul>
<b>Training</b>	<ul style="list-style-type: none"><li>Higher specialist training in general adult or child and adolescent 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; OR CESR</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> <li>• Experience of early intervention in psychosis services and knowledge prodromal states for psychosis</li> </ul>
<b>Ability</b>	Ability to undertake full range of consultant responsibilities	

<b>Skills and Knowledge</b>		
a) 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>	
b) 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 Inter-agency partnership working and development</li> </ul>
c) Communication skills	<p>Must have good skills in communication with patients, relatives, colleagues and staff of other organisations. Good spoken and written English.</p> <p>Work collaboratively and effectively with a range of professionals.</p>	
d) Professional approach	<p>Must have interest in and commitment to people with mental health problems, and their carers.</p>	
e) Personal skills	<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>	
f) Teaching experience		<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>

<p><b>Other requirements</b></p> <p>a) GMC registration</p> <p>b) Transport</p> <p>c) Professional attributes</p> <p>d) IT skills</p>	<p>Full</p> <p>Mobility as required for the post</p> <p>Meet specifications set out in GMC Guidance: Duties of doctor</p> <p>Good IT skills including typing</p>	<p>Driving licence and own transport</p>
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