



EASTERN-C-S-21-215 (V1)

Job Description

**Consultant Psychiatrist
Community Eating Disorders Service
Hertfordshire Partnership University
NHS Foundation Trust**

Job Description and Person Specification

Post and specialty:	Consultant Psychiatrist for the Community Eating Disorders Service covering the county of Hertfordshire with particular responsibility for the West of the county. This is a fulltime post created in replacement for a part-time Consultant Psychiatrist following the current post holder leaving this post and the recent and planned expansion of the service.
Base:	Rosanne House, Welwyn Garden City with a responsibility to cover bases in the West half of the county
Contract:	10 PAs – Permanent
Accountable professionally to:	Dr Asif Zia, Executive Director of Quality and Medical Leadership
Responsible to:	Dr Champa Balalle, Clinical Director, West Strategic Business Unit (SBU)
Key working relationships and lines of responsibility:	Medical Lead: Dr Mosun Fapohunda Team Manager: Tanya Lovett Service Line Lead: John Murray Managing Director: Sarah Damms Director of Delivery and Service User Experience: Sandra Brooks Chief Executive: Karen Taylor

1. Introduction

Hertfordshire Partnership University NHS Foundation Trust (HPFT) is at the forefront of providing integrated health and social care. The Trust specialises in providing services for people with mental health problems and people with a learning disability including those who require specialist or forensic health care.

2. Trust details

HPFT is one of a handful of mental health trusts in the country to receive a CQC rating of 'Outstanding' and has recently won the Mental Health Trust of the Year Award from the HSJ. The Trust aims "to become the leading provider of Mental Health and Specialist Learning Disability services in the country".

Hertfordshire Partnership University NHS Foundation Trust (HPFT) was established on 1st April 2001 and achieved Foundation Trust status on 1st of August 2007. In January 2013, the University of Hertfordshire awarded the HPFT University Trust status, making it only the third mental health organisation in the country to be awarded this status. The Trust provides mental health and social care services for Adults of Working Age, Older Adults, Children and Adolescents and Specialist Learning Disabilities services across Hertfordshire. HPFT employs approximately 2800 people working from more than 80 sites.

In recent years the trust has also been successful in acquiring the tender for the provision of specialist Learning disability services in Norfolk, North Essex and Buckinghamshire. The Trust covers a mix of rural and urban areas, including the City of St Albans, the large towns of Watford, Welwyn Garden City and Stevenage, and the smaller towns of Hemel Hempstead, Radlett, Berkhamsted, Harpenden, Hertford, Ware, Bishops Stortford, Hitchin and Letchworth.

Hertfordshire Social Services have divided the county into four areas. The county has three Clinical Commissioning Groups (CCGs). West Hertfordshire is served by Herts Valleys CCG and Dacorum and East and North Hertfordshire is served by East and North Herts CCG.

A Single Point of Access was introduced in 2012 to streamline access to mental health and learning disability services in Hertfordshire; the Trust offers self referral for clients and carers..

People of working age from South West Hertfordshire who require an acute psychiatric inpatient admission are currently treated at Kingfisher Court, the 70 bedded Inpatient Unit located near Radlett, if a bed is available .Otherwise they may be admitted to an inpatient bed elsewhere in the Trust. There are two Crisis Rehabilitation Home Treatment Teams (CRHTT) covering the county which act as the gatekeeper to the Acute Care Pathway and provides home treatment for people experiencing acute episodes of mental ill health. The CRHTTs are supported by two Acute Day Treatment Unit (ADTU) based at the Orchards in Hemel Hempstead, which provides a range of nursing and psychological interventions on a day patient basis to an average of 20 patients every day, including weekends, between 9-5.30 pm. There is an 18 bedded Acute Assessment Unit based at Swift Ward in Kingfisher Court where informal patients can be admitted for a period of up to 10 days inpatient assessment prior to admission to a treatment bed or discharge/transfer to another element of the Acute Care Pathway, as appropriate. This Unit has separate consultant cover and is supported by the NW CRHTT Team. There is 10 bedded PICU, Oak Ward, in Kingsley Green providing intensive low secure inpatient care which has separate consultant cover.

Thumbswood Mother and Baby Unit is situated in the Kingfisher Court site.

There is an established Mental Health liaison team based at Watford General Hospital and another at Lister Hospital in Stevenage which are staffed by consultant psychiatrists, clinical psychologists and team of experienced nurses who provide support and advice to clinicians and patients in the general hospitals. Both hospitals are developing MARSIPAN pathways to support people who are severely ill with anorexia nervosa and other disordered eating mental health presentations.

Hertfordshire represents one of the finest areas in the UK in which to live. It is situated north of London within approximately 30 minutes travelling time to London. The population of Hertfordshire is approximately 1.2 million. The area is well known to have some of the best secondary and independent schools in the country. Hertfordshire has two main motorways running through it: the M1 motorway runs north/south through West Hertfordshire and the A1 (M) runs north/south through East Hertfordshire. The towns of Welwyn Garden City and Hemel Hempstead and the City of St Albans are linked by the A414. Watford can be reached by the M1 and the A41. There are good roads and rail links to London about 25 miles to the South. The area has good housing, leisure and educational facilities.

THE TRUST BOARD

Welcome to Hertfordshire Partnership University NHS Foundation Trust

The Board



Non-Executive Directors



HPFT Values and Behaviours

Our values and behaviours have been developed by over 800 service users, carers and members of staff. They describe how we aim to be with service users, carers and each other.

By living our values we will deliver our ambition to be a leading provider for everyone we work with.

- ☐ We are **welcoming** so you feel valued as an individual
- ☐ We are **kind** so you can feel cared for
- ☐ We are **positive** so you can feel supported and included
- ☐ We are **respectful** so you can feel listened to and heard
- ☐ We are **professional** so you can feel safe and confident

Our values set the tone for:

- The way we plan and make decisions.
- The way we behave with service users and each other.
- The kind of colleagues we recruit.
- The way we induct, appraise and develop our staff.

3. Service details

The Community Eating Disorder Service (CEDS) is a dynamic and developing service. It has a vibrant multidisciplinary community team, a day unit, a newly appointed FREED champion, is actively involved in the East of England New Care Models collaborative and is hoping to secure permanent funding for nursing posts to manage medical monitoring, an expansion to the existing team complement to manage the increase in demand and for an intensive community provision. It actively promotes recovery from an eating disorder in the community

which enables the individual to use their existing skills to make progress in their life at the same time as managing their illness. CEDS aims to manage service users with a moderate to severe eating disorder in the community whenever possible, helping them feel empowered and involved in their care.

The Service receives 50 – 60 referrals a month, with about 10-12 service users in Specialist Eating Disorder Units and 5-6 on mental health wards. The service also often have one or two service users in general medical wards either for medical stabilisation or while they are awaiting a SEDU. The active caseload varies from 50-60% of total referrals. Of these, about 55% have Anorexia or atypical anorexia, 24% Bulimia or atypical and 19% EDNOS- Eating Disorder Not Otherwise Specified or ARFID-Avoidant/Restrictive Food Intake Disorder and BED- Binge Eating Disorder.

We have a strong team of highly qualified staff which includes a professional lead, psychologists, psychotherapists of different backgrounds, clinical nurse specialists and nurse practitioners, dieticians, occupational therapists and support workers.

The role of the post holder is complimentary to all these professionals with the intention of providing a comprehensive management of eating disorder. The post holder's focus will be on clinical leadership, and medical management of the eating disorder with a strong respect for and understanding of the psychological drivers and maintainers of the eating disorder.

4. Clinical team

The team comprises of:

Consultant Psychiatrist	2
Speciality doctor	0.7
ST4 - ST6	0.8
Clinical Nurse Specialist band 7 and Nurse Practitioners Band 6	4 (0.4 band 7, 3.6 band 6)
Lead Psychological Therapist Band 8B	1
Psychotherapist Band 8A	0.6
Systemic Psychotherapist 8A	0.5
Assistant Psychologist band 5	1
CBT Therapist/Nurse Specialist band 7	1
Eating Disorder Therapists band 7	0.8
Psychologist band 7	2.6
Psychoanalytic Psychotherapists (band 7)	1.4
Dietician Band 6	1.3
FREED Champion band 6-7	0.5
Professional LeaTea (Team Manager) Band 8A	1
Team Leader Band 7	0.8
Administrator Band 4	1.6
Senior Support worker Band 4	2.6

Day Unit team	
Team Leader and OT Lead band 7	1.6
Day Unit Nurses Band 6	2
Health Care Assistants	1.33
OT assistant band 4	0.67
Adinistrator band 4	0.5
Housekeeper band 2	1

The team has one central base – Rosanne House in Welwyn Garden City and works from other hubs in Stevenage, Watford, Bishops Stortford, Cheshunt, Hemel Hempsted and St Albans etc. The post holder will be one of the medical staff of the team who would work across the entire county thereby providing input to both parts of the team. In addition, the service works on a principal of outreach, hence home visits, and patient review at GP surgeries are actively promoted. Other Trust bases may also be used depending upon the need of the client. CEDS works closely with other services in the Trust especially with the specialist CAMHS Eating disorders team and with the Adult Community Mental Health Services and the Mental Health Liaison services

In-patient admission, when necessary, will be arranged at In-patient units across the East of England and if necessary elsewhere in the country depending upon the availability of beds. There is no Eating disorder in-patient unit in Hertfordshire so there is no expectation that the postholder will work within an inpatient setting. When patients are in general hospital beds while waiting for Eating disorder beds, the post holder is expected to maintain close communication with the liaison team consultant and when necessary the gastroenterologists to ensure appropriate assessment and treatment for the service user. The post holder is expected to support with close liaison and advice to acute psychiatry ward consultants when a patient with and eating disorder is admitted to an acute bed as needed. CEDS support some patients in long term rehabilitation placements. The post holder will be expected to provide input to these service users if they are on this post holder's caseload

5. Referral Protocol to CEDS

The team receives 450-500 referrals a year. Most of the referrals are from General Practitioners. Other sources of referral include other mental health services within the Trust, CAMHS ED service, self-referrals, and service users from other parts of the country when a patient moves to Hertfordshire... All these referrals are triaged by the Trust's Single point of Access service (SPA) before being passed to CEDS. The initial triage checks the suitability of the referral for CEDS and encourages the GP to provide baseline bloods and other physical health parameters. SPA also assess the urgency and severity of the condition and a member of the CEDS team confirms this assessment once the referral is received in the service. The following criteria are followed:

Severe Eating Disorder

- AN (e.g.):
 - BMI<15kg/m²
 - Rapid weight loss
 - Evidence of system failure
- BN / BD (e.g.):

- Purging with significant electrolyte imbalance
- Some medical consequences e.g. chest pains, dizziness

CEDS Process:

- Assessment within 96 hours

Moderate Eating Disorder

- AN (e.g.):
 - BMI 15-17kg/m²
 - Slower weight loss
 - No evidence of system failure
- OR AN (e.g.):
 - BMI >18kg/m²
 - No additional co-morbidity
- BN (e.g.):
 - Regular and frequent (>2xwk) binge eating and/or purging but no significant electrolyte imbalance.

BED

Complex Binge Eating Disorder that has not improved with previous treatment or where the service user has comorbidities

CEDS Process:

- Assessment within 28 days

Milder Eating Disorder

- BN (e.g.):
 - Sub-diagnostic frequency of bingeing and/or vomiting
 - No significant medical complications.

BED – binge eating disorder or atypical BN with no comorbidities

CEDS Process:

- Usually refer to Wellbeing
- If CEDS, assessment within 28 days

Criteria for access to CEDS

Patients with moderate/severe eating disorders (e.g. Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Atypical Eating Disorders or –Other Specified Feeding and Eating Disorder (OSFED)) which significantly impacts on their social, occupational and other areas of functioning, and/or physical health could access CEDS based on the following criteria:

- Assessments of patients with eating disorders referred by ACMHS, Wellbeing and GPs
- People with eating disorders that affect their physical health and/or affect their mental and social functioning
- People with severe and intractable eating disorders with high clinical risk.
- In cases where staff in primary and secondary care lack the knowledge and expertise to treat the patient (despite possible supervision and guidance from, and joint working with the CEDS).

- All patients with a diagnosis of Anorexia Nervosa as there is little evidence for the treatment of this disorder in primary care.
- Patients who fail to respond to evidence based psychological therapies provided over an appropriate period of time in primary and secondary care.
- In cases of 17-18 year olds where the CEDS should liaise and where appropriate offer advice and consultation to child/ adolescent eating disorder services with planned transitions.
- Patients with recurrent and severe eating disorders with complex needs requiring continuing care from multiple agencies (including CEDS).
- Patients requiring emergency admissions and patients that have been sectioned through provisions of the Mental Health Act (i.e. the CEDS fulfilling its gatekeeper role and facilitating appropriate use of inpatient bed allocation).

Exclusion criteria for access to CEDS

This specification does not cover:

- Mild eating disorders which do not cause significant distress, considerable physical risk or impairment in the patient's social, occupational and other important areas of functioning.
- Individuals with loss of appetite, psychogenic disturbance of appetite or other conditions that involve significant weight loss but which are due to physical illness.
- Morbid obesity (i.e. in the absence of an additional diagnosis of an eating disorder such as Binge Eating Disorder or Bulimia Nervosa)

Patients who do not meet the criteria for access to CEDS and who might benefit from treatment in primary care will be referred back to their GP or IAPT with recommendations for management in primary care (e.g. NICE suggests evidence-based self-help programmes or anti-depressants such as Fluoxetine as a first step for the treatment of bulimia nervosa). Where appropriate CEDS will also make suggestions regarding potential self-help materials.

Duties of the post

Roles and Responsibilities of the Consultant Psychiatrist and Core Clinical Work

1. Assessment of new patients who are initially triaged for the clinical urgency and relevance to CEDS.
2. Ongoing review of co-morbid psychiatric conditions, physical monitoring and review of psychotropic medications.

3. Liaison with appropriate professionals e.g. GP, A&E regarding patient's blood investigations and referring to appropriate services for further management of complications, if any.
4. Management of service users in the day unit and clinical function of the day unit (currently working virtually)
5. Actively involved in treatment of patients who are admitted in medical/ psychiatric wards whose primary diagnosis is an Eating Disorder and the patient is open to CEDS.
6. Closely working with the other mental health teams from the Trust for those service users who require joint care.
7. Participating and leading, where necessary, MDT and CPA meetings.
8. Active participation in the team's Leadership and Management Group helping to guide the service to excellence and enabling it to continually develop
9. Participation in weekly in house teaching and reflection programme and the MDT weekly service meeting.
10. Participation in safeguarding meetings.
11. Participation in audits, clinical governance activities, and on-going research.
12. Supervision and management of junior doctors and trainees
13. Participation in the learning and development of other team members and trainees

Administration

Responsibility is expected for the usual administrative duties for all service users including the dictation of clinical letters within a week and letters about new service users within three days. The Trust currently uses a computerised patient record called PARIS. The post holder will have to use this system, as well as dictation, as a means of making clinical notes and to record certain clinical and demographic details required by the commissioning bodies. Training is available in the use of PARIS.

Medical Colleagues with in the service:

Dr Waafa Gadelkarim	Consultant Psychiatrist (1 WTE)
Advertised (This Post)	Consultant Psychiatrist (1.0 WTE)
Dr Ranji Sivakumar	Specialty Doctor (0.4 WTE)
Dr Luca Pellegrini	Speciality Doctor (0.3WTE)
CT1-3 Trainee (0.5 WTE)	
ST4-6 Trainee (0.5 WTE)	

Other Responsibilities

6. Continuing professional development (CPD)

The post holder must be registered with the GMC with a Licence to Practice. The Trust expects all HPFT doctors to be in good standing for CPD with the RCPsych and supports them to

develop their Personal Development Plans through their Peer Group and the appraisal process.

The Trust provides up to 30 days of study leave over a 3 year period to facilitate the achievement of agreed external educational objectives and expenses of up to £800 annually. In addition the Trust provides several opportunities for CPD internally including a monthly CPD course which is held before the Medical Staff Committee and a monthly Medicines Management Training Course. If the post holder agrees to on take extra responsibilities (not currently expected in this job), the Trust will support relevant training if required. The post holder will have the opportunity to join a Peer Group of colleagues of the same grade in the Trust.

7. Clinical leadership and medical management

The post holder must participate actively in professional, clinical and managerial supervision, and undertake relevant training aligned with the post holder's personal development plan and other relevant professional bodies' guidelines regarding continuing professional development.

The post holder will also be expected to provide elements of management supervision to medical staff, including a role in managing absence, sick leave, and conduct. This management supervision role will be conducted with support from the Medical Lead. The post holder is responsible for supervising a SAS doctor and psychiatric trainees. Any changes to requirements will be negotiated with the post holder when the job plan is reviewed. The post holder will also be expected to liaise and provide guidance to other members of the multi-disciplinary teams.

The post holder will be a member of HPFT Medical Staff Committee which is held monthly in The Colonnades, Hatfield. The Committee plays an important role in exchanging information about Trust strategy and operations and represents the views of consultants to the Chief Executive and members of the Trust Board. It is also a forum to discuss major developments and challenges in the Trust and to network with colleagues.

The choice of an experienced colleague as mentor is offered to all new consultants to the Trust.

8. Appraisal and job planning

An annual appraisal will be arranged with one of the trained medical appraisers, usually the relevant Medical Lead. The Trust uses an electronic appraisal system to support revalidation. The Medical Director is the Responsible Officer for the post holder.

The post holder will agree their job plan with the West SBU SW Community Medical Lead before completing their annual appraisal. The Job Plan will be reviewed on an annual basis, or more frequently if changes are required because of service reconfiguration. The views of the post holder are very important to the Trust and will be taken into account where possible if they do not compromise service provision.

There are no external, additional duties or special responsibilities attached to this post. Any proposed special interest sessions or external duties which may be added to this job plan in the future will be subject to mutual agreement in the job planning process.

9. Teaching and training

The Trust obtained University status in 2012 and has links to the University of Hertfordshire, although is not currently attached to a medical school. Professor Kunle Ashaye, Director of Medical Education, is responsible for co-ordinating the HPFT psychiatric training. The Tutors are Dr V Asamoah (East Herts), Dr H Pathmanandam (S.E. Herts), Dr S Bhandari (E. Herts) and Dr S Cohen (W. Herts).

There is a locally co-ordinated MRCPsych Course and the post holder will have the opportunity to teach on that. There are many opportunities for the post holder to contribute to multidisciplinary teaching, including the established monthly Medicines Management Training Course, which is available to all clinical HPFT staff. The post holder is expected to teach trainees in psychiatry. There is a Post Graduate Centre with a Library at the Colonnades in Hatfield which has administrative support for literature search if required. There is also a strong recommendation that GPs are trained to identify the signs and symptoms of an eating disorder and to refer appropriately so it is likely that the postholder will need to offer training to General Practitioners.

10. Secretarial support and office facilities

The post holder has the support of an admin team who also support the service as a whole. The administrators are based at Rosanne House, Welwyn Garden City. The Trust is moving to flexible working but the post holder will have access to private (and lockable) dedicated office space. The post holder has allocated storage space at Rosanne House and has access to bookable office space and shared areas with docking stations for their laptop computer. The post-holder will be provided with an encrypted laptop computer, docking station and vpn access to facilitate mobile computing, including Wi-Fi around the trust and internet capability in non Trust locations.

The Trust uses the electronic record system (EPR) PARIS and the post holder will be expected to use the EPR as the primary clinical record and become proficient in using it. Training is provided. IT support is provided 24 hours a day by the ICT Service Desk which supports other NHS organisations in Hertfordshire.

11. Clinical governance and Research

Dr Asif Zia is the Executive Director for Quality and Medical Leadership. There are two Associate Medical Directors, one for Clinical Governance, Dr Joanne Farrow. The other one is for the development of primary care mental health services, Dr Rakesh Magon. The Trust has established systems to ensure that quality and risk are managed in the organisation.

The post holder must ensure the relevant professional registration is maintained, including Section 12, Approved Clinician, and Responsible Clinician status.

As a minimum the post holder would be expected to complete two audit cycles on clinically important topics over a five year period. This is in keeping with the Royal College of Psychiatrists' standards for revalidation. All audits must be registered with the Practice Audit and Clinical Effectiveness (PACE) Department, which actively supports clinicians to complete relevant service led audits. HPFT participates in all relevant national clinical audits, including

the POMH-UK audits of prescribing and the National Audit of Schizophrenia. The post holder must remain in good standing with the college for CPD and would be encouraged to pursue CPD topics of relevance to both the consultant and the service. In addition mandatory training must be attended in relation to such topics as Safeguarding, Risk Assessment, Equality and Diversity and Customer care.

The post holder will contribute with other Professional, Medical and Service Leads in the development and implementation of best practice in mental health, and comply with all the relevant professional codes of conduct.

There is a Research and Development Department which supports consultants who are interested in research. Any research or academic work sessions will be subject to agreement and review by the Clinical Lead and Clinical Director and should not interfere with the clinical work. Programmed activities may be available for such work, which will be subject to annual job planning and appraisal.

12. General duties

To manage, appraise and give professional supervision to junior medical staff as agreed by consultant colleagues and the medical director and in accordance with the Trust's personnel policies and procedures. This may include assessing competences under the Modernising Medical Careers framework.

To ensure that junior medical staff working with the post holder operate within the parameters of the New Deal and are Working Time Directive compliant.

To undertake the administrative duties associated with the care of patients.

To record clinical activity accurately and comprehensively, and submit this promptly to the Information Department.

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 and the team including lectures and seminars as part of the internal CPD programme.

To maintain professional registration 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 modernisation.

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.

13. 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.

14. Other duties

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

15. Work programme

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

16. On-call Rota and cover arrangements

The post holder will be expected to participate in the county On call Rota which is currently running on the frequency of 1:53. The on call is non-residential and the post holder is mainly expected to offer telephone support. At times, due to unforeseen circumstances, the post holder may be expected to step down to cover the on call higher trainee (second oncall) doctor's role.

The post holder will be responsible for arranging cross cover of their clinical duties during their study and annual leave. This is normally a reciprocal arrangement with their consultant colleague within the trust. It is the consultant's responsibility to ensure that there is adequate medical cover for their service users during planned periods of leave.

The current on-call supplement is 1%. Regular workload monitoring is being conducted to check the compliancy of the banding.

17. Suggested draft timetable:

Day	Time	Location	Work	Category	No. of PAs
Monday	AM	Hemel/St Albans	Out-patient clinic CPAs	DCC	1
	PM	Rosanne House	Clinical Administration	DCC	1
Tuesday	AM	Rosanne House	Out-patient Clinic - New patient assessment	DCC	1
	PM	Rosanne House	MDT	DCC	1

Wednesday	AM	Rosanne House/ St Albans	Out-patient clinic/ CPAs	DCC	1
	PM	Rosanne House	Audit/Clinical Governance/ QI	SPA	1
	PM	Colonnades	Monthly Trust CPD/ MSC		
Thursday	AM	Rosanne House	Clinical Administration	DCC	1
	PM	Rosanne House	Audit/ CPD	SPA	1
Friday	AM	Rosanne House	CPD	SPA	0.5
	AM	Rosanne House	Out-patient clinic/ CPAs	DCC	0.5
	PM	Rosanne House	Supervision/Emergency Clinical Work	DCC	1
Unpredictable / emergency on-call work					
Total PAs	Direct clinical care				7.5
	Supporting activities				2.5

18. Academic Background

Candidates for this role must be a current Member of the Royal College of Psychiatrists (or equivalent) and hold CCT in general adult psychiatry, or be within three months of obtaining it. Candidates will be expected to have Approved Clinician status.

19. Relevant Experience

It is essential that candidates have a good working understanding of the full range of treatment approaches applied to the breadth of presentations in Eating Disorders. They should be able to assess and manage the risks advising on further management of service users' mental ill health and physical illness. Candidates will need to display an ability to apply a full range of pharmacological, psychological and physical treatment skills and have gained extensive experience in the differing needs of individual ethnic minorities.

An enthusiasm coupled with some experience of working within a multi-racial and multi-agency environment would be valuable. Previous experience of developing services in a constantly changing environment and to tight budgetary constraints would be highly regarded. Previous experience of workforce development would also be useful.

20. Personal Qualities

This role calls for a team-player who has the ability to communicate and relate well at all levels, to service users, carers and relatives. An ability to work closely with and build relationships with other agencies and departments is regarded as essential. With all the new service developments the candidate will need to be flexible and willing to contribute their skills to service development. The successful candidate will be expected to have a high degree of both written and verbal communication skills.

21. Wellbeing

The post holder will have access to Occupational health support and details shared as part of the Trust induction. The post-holder can self-refer to the Occupational Health Software Cohort v10 or can be referred by the line manager with consent. Details of the support available from occupational health specialist are available on the trust website and will be discussed with the line manager as needed. Occupational health specialists can review the post-holder face to face or remotely as appropriate. Explanatory videos are available on the trust website. In case of involvement in serious incidents, the post-holder will be encouraged to attend local debriefing meetings and use the trust support line. Spiritual support and bereavement counselling is available from the trust on self-referral using the telephone number provided by the line manager. The Employee Assistance Programme is available 24 hours to all staff by calling 01438 286514.

The trust provides Schwartz Rounds to support the post-holder with stress from the clinical work. Regular sessions of wellbeing are available and attendance is encouraged for the post-holder. The sessions typically include mindfulness sessions and a Schwartz round. This is happening every month and the post-holder can use supportive programmed activity sessions to attend. Wellbeing sessions include group exercise available on remote video conference of Yoga, Pilates and other forms of physical exercise.

22. Terms and Conditions of Service

- The post is covered by the Terms and Conditions of Service of Hertfordshire Partnership University NHS Foundation Trust (a copy of the Trust's contract of employment for Consultants is available from Medical Staffing Department).
- The post holder will be indemnified by the Trust for all NHS work undertaken as part of the Contract of Employment but is encouraged to take out adequate indemnity cover as appropriate to cover any work which does not fall within the scope of the indemnity scheme (contract of employment). Personal medical indemnity should be retained for all activity undertaken outside NHS premises; this is not covered by insurance for Category 2 work, i.e. medical reports and "Good Samaritan" acts.
- Please note: Terms and Conditions may alter depending on the outcome of negotiations on the Consultant Contract.

Knowledge and Skills Framework:

The post holder will be expected to meet the requirements of the NHS Knowledge and Skills Framework (KSF) appropriate outline for the post.

Special Requirements

The successful candidate will be expected to have a current clean driving licence and live within 45 minutes travelling distance from their base unit.

Remuneration and benefits

Any formal offer of employment will be accompanied by a full statement of terms and conditions. Our Human Resources team will be happy to discuss any of the points raised here.

Salary: Basic pay is £88,364 per annum and, subject to satisfactory job planning and review, will rise through annual threshold increases to £119,133 per annum.

Annual Leave: Entitlement will be 32 days per annum for full time working, increasing to 34 days on completion of 7 years' service as a Consultant. In addition there is entitlement to 8 Public/Bank Holidays.

Pension: The NHS offers a superannuation scheme which provides a variety of benefits based on service and final salary. The employers' contribution covers about two thirds of the cost of benefits paid to NHS Pension Scheme members' scheme and employee contributions are on a sliding scale. Membership of the scheme is optional and further details are available on appointment.

Infection Control:

All Trust staff will:

- Act as a role model and champion for the highest standard of all aspects of infection prevention and control and implementation of all Infection Prevention and Control Trust policies and guidelines.
- Demonstrate respect for the roles and endeavours of others, in implementing good standards of hand hygiene.
- Value and recognise the ideas and contributions of colleagues in their endeavours to reduce the incidence of healthcare associated infection.

Health and Safety

The post holder has a duty of care to themselves and to others with whom they come into contact in the course of their work as laid down in the Health and Safety at Work Act 1974 and any subsequent amendment or legislation.

Equality and Diversity

Hertfordshire Partnership Trust is committed to providing an environment where all staff, service users and carers enjoy equality of opportunities. This includes recognising diversity of staff, service users & carers and not treating anyone less favourably on grounds of age, ethnic origin, religion or belief, gender, gender reassignment, culture, health status, relationship status, disability, sexuality, social background, trade union affiliation or any other unreasonable grounds.

The Trust will strive to eliminate all forms of discrimination. We recognise that this requires not only a commitment to remove discrimination, but also action through positive policies to redress the inequalities produced by past discrimination.

Safeguarding Children

The post holder will be expected to carry out responsibilities in such a way as to minimise risk of harm to children and young people and promote their welfare in accordance with the

Children Act (1989) and (2004) and Working Together to Safeguard Children (HM Government 2006).

Confidentiality

All staff must be aware of the Data Protection Act 1984, which is now in force. This means that protection of data about individuals is a requirement of the law and if any employee is found to have permitted unauthorised disclosure, the Trust and the individual may be prosecuted.

Asylum and Immigration Act 1996

In order to comply with the Asylum and Immigration Act 1996, it is Trust policy to check documentation of all applicants in respect of proper immigration status to work in the UK. Employment will not be offered to any applicant or employee who does not have valid leave to remain in the UK or is subject to conditions, which prevent the individual from taking up employment.

Flexible Working: The Trust is committed to assisting employees to achieve a healthy work/life balance and will consider sympathetically requests for flexible working arrangements, taking into account the impact on colleagues and the service.

Training and Development: The Trust is committed to training and development as it is recognised that trained and motivated staffs are crucial to our success. Whether we are inducting new employees to the Trust or meeting new challenges we recognise the importance of training and continuous professional development. There is a study leave allowance for Consultants of 30 days (pro rata) over 3 years.

Simulation Training Facility:

In our continuous drive to improve quality of care we want to be at the forefront of offering innovative learning and development opportunities for our medical workforce and all our staff.

HPFT has developed a pioneering Simulation Training Facility within the Trust to provide innovative mental health simulation training. Simulation is a fantastic experiential learning modality offering participants the chance both to engage in high fidelity scenarios and reflect as a group on the challenges and issues raised.

People learn most effectively when training is interactive, immersive and replicates real life. It makes sense to practice what to do when things go wrong, but how do we do this in a safe environment without increasing risk for patients? This is where simulation comes in. Simulation replicates a real-life scenario, but in a safe and controlled environment. The simulation environment offered via this training will help teach practical skills, for example risk assessment and management, core psychiatry and physical health skills and will teach teams of staff how to work well and communicate effectively together.

The delivery of the innovative Simulation training will lead to positive outcomes for our staff and service users:

- Staff will practice skills in a real life scenario and benefit from learning whilst doing in a safe learning environment
- Increasing staff ability to appropriately and confidently respond to service user need
- The debriefing of scenarios allows for reflective learning working as a team about how human factors, alongside technical skills, can influence clinical care.
- Staff will feel more engaged and motivated to deliver great care and great outcomes to service users and carers
- Staff will be supported to generate ideas and test new improvement ideas and approaches to solving problems

- Improved quality of care for our service users
- Improved service user and carer satisfaction

Interview Expenses: Second-class travelling expenses will be reimbursed to short listed candidates for costs associated with making a pre-interview visit. Subject to the prior agreement of the Trust, short listed candidates who make a second visit may be granted expenses on this occasion also. For candidates travelling from abroad, expenses are payable only from the point of entry into the UK.

References: Any offer of appointment will be subject to the receipt of (three) satisfactory references.

Occupational Health & Disclosure Baring Service Checks: The appointment will be subject to clearance from the Occupational Health Department and the DBS.

Period of Notice: To terminate employment a notice period of 3 months will be required.

For expressions of interest:

For further information, please contact our medical staffing team on 07971639386 or email hpft.medicalstaffing@nhs.net,

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. MRCPsych OR MRCPsych equivalent approved by the Royal College of Psychiatrists.	S S	Qualification or higher degree in medical education, clinical research or management. Relevant higher degree, eg MD, PhD, MSc or other additional clinical qualifications	A A 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 3 months. Possession or within 3 months of CCT or equivalent in general adult psychiatry.	S S S	In good standing with GMC with respect to warning and conditions on practice. Section 12/Approved clinician approval.	S S
TRANSPORT	Holds and will use valid UK driving licence OR provides evidence of proposed alternative.	S		

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
CLINICAL SKILLS, KNOWLEDGE & EXPERIENCE	Excellent knowledge in specialty.	A F R	Experience of working in the Liaison Psychiatry.	A F
	Experience of working with people requiring care through Eating Disorders services, including people with personality disorders and other complex needs.	A F R	Expertise in at least one principal form of psychotherapy alongside a working familiarity with others.	F
	Excellent clinical skills using bio-psycho-social perspective and wide medical knowledge	A F R	Wide range of specialist and sub-specialist experience relevant to post within NHS or comparable service	A F R
	Excellent oral and written communication skills	A F R		
	Able to manage clinical complexity and uncertainty	F	Excellent degree of medical knowledge in relation to Eating Disorders	A F R
	Makes decisions based on evidence and experience including the contribution of others	F		
	Able to meet duties under MHA and MCA	A F R		

ACADEMIC SKILLS LIFELONG LEARNING	&	Able to deliver undergraduate or postgraduate teaching and training	A P 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 P 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. Experience of organising and overseeing psychotherapy training program for psychiatry trainees.	A F A F