

Consultant Psychiatrist General Adult Psychiatry

Job Description

Post and Specialty	2 Consultant Positions General Adult Psychiatry Community Central West
Base	Kath Locke Centre Moss Lane Hulme Manchester
Contract details	Number of programmed activities: 10 Salary £93,666 - £126,281 On call commitment on call 1:27 3% supplement The post is offered on a full-time basis
Professionally Accountable to	Chief Medical Officer: Dr Arasu Kuppuswamy Deputy Chief Medical Officer: Dr Tessa Myatt Associate Medical Director: Dr Nishan Bhandary Lead consultant: Dr Vanessa Craig
Operationally Accountable to:	Head of operations: Astrid Rawlinson
Key working relationships	Director of Operations: Bridget Hughes Chief Medical Officer and RO: Dr Arasu Kuppuswamy Chief Executive: Jan Ditheridge

1. Introduction

Greater Manchester Mental Health NHS Foundation Trust (GMMH) is one of the leading mental health trusts in the UK.

Serving a population of 1.2 million people, the Trust employs around 6,400 people who make a difference across 160 locations. Situated in one of the most exciting and affordable cities in Europe, GMMH provides community and inpatient mental health care, alongside substance misuse services across the North West.

GMMH is one of the most active research trusts in the UK, with one of the highest levels of recruitment to clinical trials for mental health. This puts our staff and service users at the leading edge of new mental health treatments.

We provide inpatient and community-based mental health care for people living in Bolton, the city of Manchester, Salford, Trafford and the borough of Wigan, and a wide range of mental health and substance misuse services across Greater Manchester, the north west of England and beyond. The Trust provides a range of specialist services including prison in reach across the North of England, a specialist centre for mental health and deafness and in patient perinatal mental health care.

Our people enjoy their work, have opportunities to learn and develop their skills and are encouraged to generate new ideas that improve care for our service users.

We are aspiring to ensure our workforce is representative of the diverse communities that we serve, and we are strongly committed to removing barriers to employment for candidates from under-represented groups, for example BAME, Disabled and LGBT+ communities. If you would like to have an informal chat about the recruitment process for this role or would value some additional support, we'd love to hear from you. Please contact Denise Gleave, Recruitment & Retention Advisor 0161 358 1448 or email denise.gleave@gmmh.nhs.uk

Living and working in Greater Manchester

Greater Manchester is one of the world's most innovative, original and exciting places to live and work. From the beauty of the surrounding countryside to the heart of the vibrant inner city with great shopping, entertainment and dining options.

There are great schools, international sports teams and a variety of places for the arts. It is one of the areas spearheading devolution in England. We have easy access to rail, air and road travel including a fast rail service to London and international and domestic flights from Manchester Airport.

Wherever you go you will experience a great northern welcome with people famed for their warmth, humour and generosity.

2. Working Here

- Largest mental health provider in Greater Manchester with focus on delivering excellent mental health care.
- Posts across rural, suburban and urban settings.
- Standard offer of 2.5 SPAs: 7.5 DCCs (pro rata).
- Support for flexible and less than full-time working.

- Opportunities to pursue a special interest.
- The Trust is highly active in research and innovation and has links with a number of local universities; consultants can engage with research from recruitment through to dedicated research time.
- Clear framework for interested colleagues to develop management and leadership skills and take up positions in leadership and management.
- Access to in-house training including a Recovery Academy.
- Structured and supported approach to appraisal and revalidation.
- Agreed process for career breaks.
- Relocation package.

3. Local Area Information

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

The national weighted capitation formula gives a total Mental Health Needs Index for Manchester of 1.69 (where the ratio for England as a whole equals 1.00). On this measure, Manchester PCT ranks as having the fifth highest level of mental health need in England, behind Islington, Liverpool, City and Hackney, and Knowsley.

Manchester is culturally diverse and there are localities across the city with large communities identifying themselves as of African, African Caribbean, Chinese or Indian sub-continent ethnic groups as well as many smaller ethnic and national groups covering most of the main World religions. As a result of this diversity there are thriving communities in many parts of the city with voluntary and community groups playing an active role in providing services.

The Central West catchment includes the wards of Rusholme, Moss Side, Fallowfield, Chorlton, Hulme, Whalley Range

4. Local Divisional Service

This post sits within the Manchester and Rehab Care Group. The care Group Director is Bridget Hughes, the Associate medical director Dr Nishan Bhandary and the Quality Improvement Lead is Sarah Williamson.

5. Service Details

Community Services (Adult)

Central West CMHT at the Kath Locke Centre, Moss Lane in Hulme, Manchester.

Community Mental Health Teams (CMHTs) provide multi-disciplinary assessment, treatment and care of individuals with severe and enduring mental health problems. They provide a service to individuals from 16 years of age up to 70 years of age with a diagnosed functional mental health problem, unless the service users' needs would be best met by the Later Life CMHT or vice versa.

Typically, these will be patients who are suffering from schizophrenia, severe affective disorder or a complex personality disorder. This could include people with Autism Spectrum Conditions, whose needs can resemble those of a complex personality disorder. They provide a service for people with

a substantial disability as a result of their illness, such as an inability to care for themselves independently, sustain relationships or employment.

There is another CMHT in Central Manchester, Central East. There are also CMHTs in the North and South of the city.

Home Based Treatment Team (HBTT)

In Central Manchester this is based in the Rawnsley Building and also provides a home for the Broomwell ECG and bloods clinic. There is a third sector Crisis Lounge run by Turning Point in Central Manchester and a Trust run Crisis Café both of which provide out of hours alternative crisis provision. There are also HBTTs in North and South Manchester.

Mental Health Liaison Team

The Central Manchester Mental Health Liaison Team provides liaison psychiatry input to the Manchester Royal Infirmary site. This service is led by Dr Vanessa Craig. North Manchester General Hospital and Wythenshawe also have dedicated liaison teams.

Early Intervention in Psychosis (EIS)

Central Manchester EIS is based at Chorlton House, run by Consultant Psychiatrist Dr Jan Klimach and his Team. Two other teams providing Early Intervention in Psychosis are in operation across the city and currently provide care for up to three years for any patient aged 14-65.

Specialist Psychotherapy Services

Based at Gaskell House providing predominately therapeutic approaches to patients with complex presentations and Personality Disorder related difficulties. This forms part of a stepped care approach with IAPT and Step 3 plus (formerly complex case Psychology approaches).

Eating Disorder Services

Based at Gaskell House and led by Dr Michelle Evison and Mr Ian Gill.

ADHD Service

Assessment and treatment of patients with established or suspected ADHD. Referrals currently can only come via GPs due to commissioning arrangements.

Community Services (Elderly)

The Therapy Hub

Based at the Victoria Park Centre, Longsight, Manchester, this multi-disciplinary service provides assessment and time limited treatment for those in Later Life with complex mental health needs requiring intensive assessment or input and therapies across the City. Service will:

- Aid early and safe discharge from inpatient wards and enhance the interface with such.
- Accept urgent referrals from Consultant Psychiatrists who require a timely response to an urgent presentation.
- Deliver short term intensive support to patients who have presented at A&E with crisis relating to mental illness and discharged home.
- Offer an enhanced assessment/treatment for Community Mental Health Team patients.

Memory Assessment and Treatment Service (MATS)

The Trust's Memory Clinics are specialist services which comprehensively assess and diagnose the nature of a person's memory difficulties. The Trust has clinics based at Laureate House at Wythenshawe Hospital and Park House at North Manchester General Hospital.

The Memory Clinics take referrals primarily from General Practitioners (GPs) and aim to meet the needs of people who are concerned they may have a memory problem.

Inpatients

The Trust has ten adult inpatient wards across the city of Manchester at North Manchester General Hospital (Park House) and Wythenshawe Hospital (Laureate House).

The multi-disciplinary teams on each ward specialise in caring for adults of working age, and offer assessment and treatment for a wide range of mental health needs. Inpatients include those who have been detained under the Mental Health Act (MHA) and other voluntary 'informal' patients. There is a strong emphasis on holistic, individualised care, planned and delivered in collaboration with each patient. Ward staff also work closely with community teams to ensure seamless admission and discharge, enabling each person to return to their optimum health.

The adult inpatient care wards admit patients from a variety of backgrounds and with a wide range of mental health needs/ problems. The teams work hard to reduce anxiety about admission and provide a supportive environment where an individual can feel safe and have appropriate quality nursing and medical interventions. There is shared planning towards successful discharge, and a person's sense of dignity, privacy and individuality is respected at all times.

The Trust is investing £105 million in modern facilities with the construction of a new adult mental health inpatient unit to replace Park House on the North Manchester General Hospital site.

Work on the new building is expected to start this year with the new unit anticipated to be built and operational by 2024.

Local Working Arrangements

The Consultant Psychiatrists will be working within the Central West Manchester Community Mental Health Team.

The current vacancies are for full time positions.

The catchment area for these posts are Rusholme, Moss Side, Fallowfield, Chorlton, Hulme, and Whalley Range.

The Central West CMHT is based at the Kath Locke Centre in Hulme about half a mile from the MRI site and is co-located with medical staff and secretaries.

The team is also supported by two full-time Specialty Doctors Dr Oliver Woolf and Dr Paul Suri. Currently there are two Locum Consultants in post: Dr Priya Kollipara and Dr Cipriano Varela.

Traditionally CMHT posts have been available to CT doctors in training, and it is expected that the successful postholder would have or apply for Trainer status.

The total caseload for the team is approximately 775 with 349 on CPA with each care co-ordinator having a caseload of approximately 30 patients. The CMHT patients are split between the two consultants according to the patient's GP with around equivalent case numbers which are reviewed in annual job planning. There are around 27 patients on Community Treatment Orders in this Team.

GPs have had from December 1st, 2018, access to weekly set telephone clinics with consultants to offer advice via job planned weekly availability to discuss and request advice on patients who may not meet threshold for the CMHT. GPs can also refer directly to the CMHT medics for diagnostic requests or medication reviews.

Since 2022 within each PCN there are band 7 Primary Care Mental Health Practitioners who should be involved in the referral or safe discharge of patients back to Primary Care.

A major Community Transformation Programme is underway to provide an Integrated Community Mental health offer in Manchester with CMHTs forming a specialist team in close relationship with new Primary Care Living Well services in each locality.

Details of the exact provision have yet to be agreed but it is hoped this will substantially reduce referrals to the CMHT and provide more accessible sustainable mental health support and treatment for the people of Manchester.

There is enhanced access to Community Forensic opinion and management in Central Manchester in the form of the **FAST team** based at Prestwich Hospital. FAST provide multi-professional forensic formulation, risk management advice and time limited, targeted interventions, with the aim to reduce the need for a future secure hospital admission. In addition, we aim to reduce the length of stay of existing service users in a secure hospital setting and reduce the associated service user stigma of being in secure care when in the community.

Emergency and Urgent Referrals

All such referrals are triaged by the dedicated CMHT Duty workers to either Emergency (same day); Urgent (within 1 to 7 days) or Routine (within 21 days) . Assessments are then carries out by the duty workers.GP Access to Home Based Treatment (HBT) is via this route. After 5pm and at weekends Emergency and Urgent referrals go to the HBT Team for triage and assessment within the indicated time scales i.e. carried out by HBT if Emergency, or some Urgent classifications where indicated. Non emergencies and most Urgent assessments will usually be picked up by CMHT duty the next working day. All City-Wide Community Consultants participate in a weekday on call rota and urgent Mental Health Act assessments will usually be diverted to this Consultant or on call Higher Specialist Trainee (ST Doctor). Advice may be sought from the Team Manager or Consultant if available. There are also two Consultants available in the Central HBT: Dr Faheem Naqvi and Dr Edward Mellor. This team is located at the Rawnsley Building on the same site as this postholders' office and Team.

Physical Health

Each CMHT has a complement of Physical Health Nurses who co-ordinate the physical health checks for patients under the Team, completing the Lester Tool annually. There is a provision of the Broomwell ECG system and phlebotomy based in the Rawnsley Building for both CMHT and Outpatients. This provides same day drop in for patients who require physical health investigations.

All patients receiving depot injections or who were previously under consultant clinic only care now in addition have a Lead Professional who is a physical Health Nurse.

Model of Working for Community Consultants

The post holder will provide Consultant input that will be organised around daily zoning meetings, CPA meetings some structured Medical Review clinics, team meetings and consultation including dedicated telephone consultation and time for home visiting.

Medical review under the Team appointments will be an hour for a new patient with 30 minutes per follow up and each 3 hours of booked clinical face to face time will be accompanied by one hour of dedicated clinical administrative time.

Decisions about which patients require input by medical staff will be taken **following** initial assessment by the Team and discussion with the CMHT at weekly referral assessment outcome meetings.

Where patients are seen by medical staff, it is anticipated that they will either be offered further assessment and advice only, i.e. short-term intervention and discharge to primary care, or will be taken on by the CMHT for longer-term input.

Where patients are under the care of the CMHT, medical review will be included as part of a comprehensive care package and arranged according to individual need. Patients under the Care Programme Approach (CPA) will be seen at an absolute

Consultants will support other team members in assessing patients, and advising on their management.

Consultants will also contribute to the leadership of the teams they work with.

It is expected that all consultants will actively demonstrate leadership in activities which improve the safety and quality of the CMHT offer.

The post-holder will offer a range of opportunities for seeing follow up patients, via direct clinics, home visits organised by community staff, and CPA reviews. Patients who are stable and under the care of the CMHT are booked for yearly CPA review and are otherwise seen at the request of the care co-ordinator as needed. This will allow capacity for more urgent reviews as needed.

The team consists of:

2.0 WTE Consultant Psychiatrists
2.0 WTE Specialty Doctors
1 Core Trainee – currently vacant

Team Manager
Senior Practitioners
Advanced Clinical Practitioner
Pharmacy input
Occupational Therapists
Community psychiatric nurses
Social workers

Physical Health Nurse
Physical Health Support Workers
Support Time and Recovery Workers
Carers Support Worker

2 WTE medical secretaries
1 WTE senior administrator
2 WTE assistant administrators

Consultant Psychiatrist Colleagues:

HBT: Dr Faheem Naqvi (locum)
HBT: Dr Edward Mellor (specialist grade)
Liaison Psychiatry: Dr Vanessa Craig
Liaison Psychiatry: Dr Andrew Smith
Liaison Psychiatry: Dr Fatmi Ergi
Central East CMHT: Dr Muhammed Adnan Hafeez (Locum)
Central East CMHT: Dr Padmaja Chalasani (Locum)
Central West CMHT: Dr Cipriano Varela (Locum)
Central West CMHT: Dr Priya Kollipara (Locum)
Mental Health Homeless Team: Dr Caroline Houlton
Central EIS: Dr Jan Klimach
ADHD: Dr Amanda Poynton
ADHD: Dr Patrick Horgan
Manchester Eating Disorders: Dr Michelle Evison
Salford Eating Disorder: Dr Amy Squire
Specialist Psychotherapy and PD Services: Dr Adam Dierckx
Specialist Psychotherapy and PD Services: Dr Mark Evans

Specialty Doctor Colleagues

Central East CMHT: Dr Lowri Harrison
Central East CMHT: Dr Uzma Masud
Central West CMHT: Dr Oliver Woolf
Central West CMHT: Dr Paul Suri (locum)
Specialty EIS: Dr Yasmin Babiker

There is a fortnightly consultant case discussion group in Central Manchester which provides opportunity to present complex cases to colleagues. There are also monthly city-wide consultant meetings to keep Consultant colleagues up to date with Trust Medical management issues and provides a supportive forum to discuss service concerns, incidents or service improvement proposals.

6. Duties of the Post

Clinical role

- Undertake assessments of referrals/ admissions to the service
- Diagnose and formulate management plans in complex presentations.
- Provide management in treatment resistant and complex presentations
- Assessment and management of risk including of vulnerability, suicide risk, risks to health and safety and risk of harm to others.

- Preparation of Mental Health Review Tribunal and Managers' Hearings reports and attendance at subsequent hearings.
- Work in a collaborative way with multidisciplinary teams including external partners.
- Work in partnership with psychiatrists from partner providers such as Forensic and Rehabilitation Psychiatrists.

Leadership role

- Lead clinical decision making in the multidisciplinary team to ensure the delivery of high quality care
- Develop service clinical priorities in line with national and professional guidance and standards
- Engage with service transformation programmes including attendance at Consultant meetings for their service and directorate.

Educational role

- Provide clinical supervision for trainees in gaining core psychiatric experience
- Provide clinical supervision for psychiatric trainees in achieving competencies in core general psychiatry

7. Secretarial Support and Office Facilities

The consultant will have a shared medical secretary and in accordance with the guidance published by the Royal College of Psychiatrists (revised in November 2016).

Each consultant will have their own office and be provided with a desk top or lap top computer for their use. Remote access to the hospital computer system will be supported to enable on-call access to records and e-mails.

8. Clinical Governance and Quality Improvement

Each consultant is expected to take an active part in audit and other quality improvement activities. They are expected to actively contribute to monitoring standards, service and team evaluation and to the development of their service.

Consultants are expected from time to time to support the investigation of clinical issues that may arise in other services in the trust.

9. General Duties

It is expected that all consultants will:

- Manage, appraise and give professional supervision to junior medical staff as agreed between consultant colleagues and the associate medical director and in accordance with the Trust's personnel policies and procedures. This may include assessing competences under the Modernising Medical Careers framework.
- Ensure that junior medical staff working with the post holder operate within the parameters of the New Deal and are Working Time Directive compliant.
- Undertake the administrative duties associated with the care of patients.

- Record clinical activity accurately and comprehensively, and submit this promptly to the Information Department.
- Participate in service and business planning activity for the locality and, as appropriate, for the whole mental health service.
- Participate in annual appraisal for consultants.
- Attend and participate in the academic programme of the Trust, including lectures and seminars as part of the internal CPD programme.
- Maintain professional registration with the General Medical Council, Mental Health Act Section 12(2) approval process, and to abide by professional codes of conduct.
- Participate annually in a job plan review with the clinical manager, which will include consultation with a relevant manager in order to ensure that the post is developed to take into account changes in service configuration and delivery associated with modernisation.
- Work with local managers (their lead consultant, associate medical director, deputy operational director and other operational managers) and professional colleagues in ensuring the efficient running of services, and share with consultant colleagues in the medical contribution to management.
- Comply with the Trust's agreed policies, procedures, standing orders and financial instructions, and to take an active role in the financial management of the service and support the medical director and other managers in preparing plans for services.
- Participate in investigations both when clinical care of one of their patients is being investigated or as a clinical investigator when issues arise in other services within the trust.

The Trust is committed to providing safe and effective care for patients and all staff have a responsibility to contribute to the high standards of care. They must work in partnership to achieve service objectives and promote a culture of working together through good communication, openness and honesty in accordance with NHS duty of candour. They need to:-

- Take a proactive role in identifying risk and acting on the results to resolve problems at source wherever possible bearing in mind resources and priorities and liaising with line management.
- Take part in risk management practices both clinical and non-clinical in line with the Trust's Risk Management Strategy.
- Be open and honest and report actual and potential incidents and participate in developing systems to identify and record respond to near misses.

10. External Duties, Roles and Responsibilities

The Trust actively supports the involvement of consultants in regional and national groups subject to discussion and approval with the medical director and, as necessary, the chief executive officer.

11. Other Duties

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

12. On Call, Leave and Cover Arrangements

This is three-tier on call, with a core trainee and higher trainee or specialty doctor as first and second on call respectively. The candidate will be expected to participate in the rota with other consultants.

On-call covers old age and general adult psychiatry. There are alternative arrangements for CAMHS, LD, Addictions and Forensic Psychiatry.

Cover for leave is provided by local colleagues.

13. Clinical Leadership and Medical Management

Chief Medical Officer	Dr Arasu Kuppaswamy
Director of Medical Education	Dr Taseer Kazmi
Deputy Chief Medical Officer	Dr Tessa Myatt
Associate Medical Director	Dr Kishen Neelam (Bolton and Wigan)
Interim Associate Medical Director	Dr Neeti Singh (Salford and Trafford)
Associate Medical Director	Dr Nishan Bhandary (Manchester)
Associate Medical Director	Dr Sandeep Mathews (Specialist Services)
Associate Director of Research	Prof Damien Longson

Each of the Associate Medical Directors is supported by a number of lead consultants who are the line managers for the consultants in their service. As part of line management, the post holder will be offered monthly supervision with their lead consultant.

Associate Medical Directors jointly manage the service with their operational colleagues, the associate operational directors. The management ethos is that of a clinically led, operationally partnered, academically informed service.

The medical managers and leaders take an active part in leading quality improvement. They are active partners in developing services and in business planning of their network and service.

Consultants are expected to lead clinical decision making in the multidisciplinary team to ensure the delivery of high quality care, to develop service clinical priorities in line with national and professional guidance and standards and to engage with service transformation programmes including attendance at Consultant meetings for their service and directorate.

Consultants are expected to undertake delegated management responsibility within the directorate, the nature of which can be negotiated following appointment relative to the aspirations / experience of the appointee and needs of the directorate e.g. audit lead.

There will be participation in the general administration of the directorate including attendance at appropriate medical committee meetings and meetings relevant to areas of specific management responsibility.

14. Appraisal and Job Planning

There is a robust system of appraisal and revalidation which has been quality assured by NHS England and it is firmly embedded in the consultants' annual cycle. All appraisals are undertaken by trained appraisers and there is ample support for appraisees in setting out their portfolio. The Associate Medical Director for Medical Education is responsible for appraisal and is the Responsible Officer for the purposes of revalidation. The trust Responsible Office is Dr Arasu Kuppaswamy who with their team manage appraisal and revalidation in the trust.

All Consultants are expected to undergo annual appraisal and job planning. Job planning is usually conducted annually (or more frequent if required) by the Lead Consultant, and appraisers are chosen from a Trust pool of suitably trained consultants. It is expected that a job review will take place within six months of the appointment of a successful candidate. The appointment is subject to satisfactory medical clearance.

It is expected that appraisal will occur prior to job planning to which it will be linked.

If you are at the beginning of your consultant career, there are some specific features of jobs in GMMH Trust. A mentor from elsewhere in the service will help you with the transition from specialty trainee to consultant. Additional flexibility can be made available for you to complete research already started, or support you to develop new research ideas. You will be supported to gain the skills to become a consultant trainer

If you are an established consultant looking for a post in a new area, we offer a different range of opportunities: Good support for continuing career development in an active research and teaching environment, opportunities to develop management expertise, excellent support for CPD and an exceptionally wide range of specialist sessional experience

If you are looking for job flexibility we have significant experience in designing part-time and flexible posts. All job plans can be tailored to meet individual needs, but also have a consistent design across the service and across specialties. Therefore, a general consultant model job plan can be adapted pro rata for flexible posts, and can be applied across specialties.

The basic elements of each job plan are:

- all whole-time posts have 10 Programmed Activities (PAs) (four-hour time slots) agreed as part of a job plan under the new contract plus an agreed level of on-call availability commitment
- a broad design of 2.5 SPAs and 7.5 DCCs. Some consultants may work more than 2.5 SPAs as part of an agreed research or service development program or alternatively some of these duties may be classed as Additional NHS Responsibilities depending on their nature.
- Each consultant will have 1 SPA for CPD, audit, appraisal and revalidation activity.
- Other SPAs may include: research; management; education and training; other supporting activities agreed within the job plan
- The DCCs typically consist of the clinical commitments as agreed between the Trust and the post holder based on indicative job plans provided with each post. The Trust is increasingly moving to more specialist posts.

By agreement, post holders can either include elements of the job which normally attract a fee within programmed activities (when any fees are payable to the Trust) or, by agreement, payments can be made to individual consultants for domiciliary visit fees and Mental Health Act assessments by agreed time-shifting arrangements as long as the disruption to ordinary working commitments is minimal ie up to a maximum of 1 PA per week. Similar arrangements for private work are in place by agreement.

15. Teaching and Training

The Trust is a leading provider of both undergraduate and post graduate training. There will be opportunities for regular participation in postgraduate and undergraduate teaching. Greater

Manchester Mental Health NHS Foundation Trust has full accreditation by the Royal College of Psychiatrists.

The post holder should participate in both undergraduate and postgraduate teaching, and contribute to inter-disciplinary training and development.

Medical students are attached to the Trust throughout the year, for clinical, research and special study modules and all consultants are expected to contribute to the undergraduate teaching programme. Medical students do a 4-week attachment in Psychiatry in the 4th year and there are options for special study and research modules. The 4th year students are attached to some consultants and many look for some additional clinical experience in psychiatry. Consultants are expected to provide teaching during their attachment.

The Trust has a higher than average number of psychiatry training posts both at core and higher training levels, and most of the consultants are supported in acting as educational and/or clinical supervisors. The post holder will be encouraged to apply to become a trainer, when this is appropriate. In addition, there is the expectation that ST4-6 trainees pursuing a special interest will be attached where an applicant is eligible for this.

The Trust currently hosts Health Education North West previously known as the NW School of Psychiatry and several of the key training posts across the Region are held by consultants working in the Trust. The current Head of School is Dr Raghupathy Paranthaman.

Consultants are expected to provide one hour of dedicated timetabled clinical supervision per week to support each of their trainees in achieving the competencies required from their placement. (Clinical supervision form part of Direct Clinical Care PAs).

Consultants are expected to attend the weekly academic meeting.

Educational supervision is provided by site tutors.

Some posts take on an active leadership role in education (Site Tutors, Associate Medical Director for Medical Education etc.) and there will be specific programmed activities. allocated for these roles.

16. Research

There are excellent opportunities for clinical research in the Trust and in conjunction with the University. There are close links with the University of Manchester, the University of Central Lancashire and with the University of Salford. The Trust supports research and there are a number of academic appointments within the Trust.

Research is an increasing priority in the Trust. The Trust's strategy is to support high quality research in line with Trust objective to give our service users high quality and effective care, empower service users and carers to be involved in their own care and recovery and encourage excellent and new ideas.

There may be opportunities, subject to qualifications and training and following negotiations with Associate Medical Director and Lead Consultant, for programmed activities to be set aside for research if, these complement and support the developments and direction of the Directorate.

The Trust is one of six key players in the Manchester Academic Health Science Centre. This is a formal relationship between the University and the Greater Manchester Teaching Hospitals to produce innovations in health research. Manchester University has a large research programme with strong links to GMMH Trust. There are many research programmes of international importance and there is a commitment locally to using research to strengthen local services.

17. Supervision and Wellbeing

The successful candidate will be offered monthly supervision with their lead consultant. Mentorship outside the division but within the trust is also possible if desired by the successful applicant. It is expected that the successful candidate will be an individually practicing clinician, but clinical supervision will always be available on an ad hoc basis by from the lead consultants within the division.

The wellbeing of the staff in the division is a priority as set out in the divisions business plans each year. Occupational health support is available via line management and self-referral if required. Details of how to access OH is disseminated at induction to the trust. A Schwartz round has been developed to support the staff in the emotional challenges of supporting patients. A post incident debrief can be arranged via trust psychology in the event of a serious incident.

The trust actively supports initiatives that promote wellbeing, including local mindfulness classes and team events such as meals and away days. Occupational therapy support is available through self-referral or via referral from management. Staff will always be proactively supported after any serious incidents by senior clinicians and the Post Incident Debrief Service.

18. Contract Agreement

The post will be covered by the Consultant Terms and Conditions of Service (2003).

The starting incremental point will be decided by agreement based on prior experience at consultant level. Experience in other countries or in locum posts will be taken into account wherever possible.

Progression through the thresholds will be dependent upon satisfactory performance, as assessed through the job planning and appraisal mechanisms.

A satisfactory medical examination and health assessment is a condition of employment for medical and dental staff within the NHS. The appointment will be subject to medical clearance by the Trust Occupational Health Department and Disclosure and Barring Service (DBS) check.

19. Leave

Full timers are entitled up to 32 days (34 days for those with more than seven years' service in the consultant grade) annual leave, plus bank holidays, and up to 10 days of study leave per year. Part timers have pro rata leave. Study is calculated over a three year cycle.

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

20. Work Programme

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

A formal job plan will be agreed between the post holder and Associate Medical Director three months after commencing the post and at least annually thereafter.

21. Indicative Job Plan

Day	Time	Location	Work	Category	No. of PAs
Monday	AM	Kath Locke	Zoning Booked reviews	DCC	1
	PM	Variable	Home visits/urgent reviews/advice and professionals' meetings	DCC	1
Tuesday	AM	Kath Locke	Zoning Booked reviews	DCC	1
	PM	Variable	Booked reviews/CPA Consultant meetings	DCC / SPA	0.75 0.25
Wednesday	AM	Variable	Zoning Journal club/CPD and appraisal related activity, including audit	DCC / SPA	0.25/0.75
	PM	Kath Locke	GP advice line 2hours Service development	DCC / SPA	0.5/0.5
Thursday	AM	Kath Locke	Zoning Team meeting and consultations	DCC	1
	PM	Variable	Clinical supervision of junior staff MHA work	DCC	1
Friday	AM	Kath Locke	Zoning Senior management team meeting	DCC / SPA	0.25/ 0.75
	PM	Variable	Teaching Clinical admin Reports; depot cards	SPA / DCC	0.25 / 0.75
Total PAs	Direct clinical care				7.5
	Supporting Professional Activities				2.5
	Total				10.0

22. Person Specification

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
QUALIFICATIONS	MB BS or equivalent medical qualification.	Scr	Qualification or higher degree in medical education, clinical research or management.	SL
			MRCPsych OR MRCPsych equivalent approved by the Royal College of Psychiatrists.	Scr
			Additional clinical qualifications.	SL
ELIGIBILITY	Fully registered with the GMC with a licence to practise at the time of appointment.	Scr	In good standing with GMC with respect to warning and conditions on practice	Scr
	Included on the GMC Specialist Register OR within six months.	Scr		
	Approved clinician status OR able to achieve within 3 months of appointment	Scr		
	Approved under S12 OR able to achieve with 3 months of appointment	Scr		
TRANSPORT			Holds and will use valid UK driving licence OR provides evidence of proposed alternative.	Scr
CLINICAL SKILLS, KNOWLEDGE AND EXPERIENCE	Excellent knowledge in specialty	SL, AAC, Ref	Wide range of specialist and sub-specialist experience relevant to post within NHS or comparable service	SL, AAC
	Excellent clinical skills using bio-psycho-social perspective and wide medical knowledge	SL, AAC, Ref		
	Excellent oral and written communication skills in English	SL, AAC, Ref		
	Able to manage clinical complexity and uncertainty	AAC		

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

Abbreviations for assessment

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