

Consultant Psychiatrist Job Description and Person Specification

Consultant Psychiatrist City Central LMHT

| Post and Specialty: | Consultant Psychiatrist in General Adult Psychiatry — City Central Locality Mental Health Team based at Highbury Hospital, Bulwell. Nottingham. NG6 9DR This is a full time (10 sessions) replacement post. The mental health service provision in the community has undergone a recent transformation to move to a model of locality teams. This was to improve care provided to patients, have a smoother transition within the NSF teams as they will be all based within the team. This was to ensure patients got the right care with the required intensity of support relevant to their needs. This is a community post which will involve care of patients from the catchment area. | | | |
|--|---|--|--|--|
| Base: | City Central LMHT – Highbury Hospital, Nottingham | | | |
| Contract: | Number of programmed activities: 10 (DCC 7.5 PA and SPA 2.5 PA) | | | |
| Accountable professionally to: | Medical Director | | | |
| Accountable operationally to: | Clinical Director | | | |
| Key working relationships and lines of responsibility: | Line Manager/Clinical Director: Team Lead: Operational Manager: Responsible Officer: General Manager: Medical Director: Associate Medical Director: Chief Executive: | Dr Karthik Thangavelu / Gareth Foote Dr Stephanie Sommers Tracey Taylor Dr Sue Elcock Andy Latham Dr Sue Elcock Dr Kiran Jeenkeri Ifti Majid | | |

1 Introduction

Nottinghamshire Healthcare is one of the largest mental health trusts in the country, serving a population of over one million people across Nottinghamshire, including the provision of healthcare services from Rampton Hospital, one of the country's three high-secure hospitals. This provides interested trainees with unique training opportunities in forensic psychiatry.

The Trust also has strong academic links with the University of Nottingham and the Institute of Mental Health, home of the Mental Health Research Network hub for East Midlands and South Yorkshire.



The Trust is supporting the Royal College of Psychiatry's campaign to encourage medical students to specialise in psychiatry. You can find out more by visiting the College's website.

2. Trust Details

Nottinghamshire Healthcare provides integrated healthcare services, including mental health, intellectual disability and physical health services. Over 9000 dedicated staff provide these services in a variety of settings, ranging from the community through to acute wards, as well as secure settings. The Trust manages two medium secure units, Arnold Lodge in Leicester and Wathwood Hospital in Rotherham, and the high secure Rampton Hospital near Retford. It also provides healthcare in prisons across the East Midlands. Its budget for 2023/24 is £628.2 million.

The Trust is committed to a sustainable future and works hard to reduce its carbon footprint and environmental impact across all of its many services.

The core local area the Trust covers is Nottingham and Nottinghamshire with a combined population of around 1.1 million people.

There are large variations in the levels of deprivation across our local area. In 2019, Nottingham City was the 11th most deprived district in the country, life expectancy in the City is below the England average, with approximately three years less for men and two years less for women (Nottingham: 77.0 men; 81.1 women. England: 79.5 men; 83.1 women) JSNA Nottingham and JSNA Nottinghamshire.

Healthy life expectancy for both men and women in Nottingham is also significantly lower than the England average with men living 5.9 years less in good health and women 8.8 years less. In Nottinghamshire, deprivation levels are very varied, with some communities having the highest levels of deprivation in England and some with the lowest. Areas with the highest levels are mainly in Ashfield, Mansfield and Newark and Sherwood.

In the Census 2011, the percentage of people for whom their day-to-day activities were limited a lot due to a long-term health problem or disability was significantly higher in Nottinghamshire (9.7%) compared with the East Midlands (8.7%) or England (8.3%) with the highest levels in Ashfield (11.2%), Bassetlaw (10.8%) and Mansfield (12.2%). The most common long-term conditions are hypertension, common mental health disorders, asthma, chronic kidney disease, diabetes and coronary heart disease.

In Nottinghamshire, our population is predicted to continue to age with the number of 65-84 year olds increasing between 2017-2032 by over 30% and 85+ year olds by over 76% (JSNA Nottinghamshire). Older people are more likely to experience disability and long-term illnesses.

According to the 2011 Census, 34.6% of the City's population are from Black and Minority Ethnic (BME) groups, which are defined as everyone who is not White British. This is an increase from 19.0% in 2001.

In the UK, poor access to mental health services is a real barrier to black adults getting the help they need as they are the least likely ethnic group to report getting medication, therapy or counselling. Black people in the UK are also less likely to have the involvement of GPs leading up to a first episode of psychosis than white patients.

Board Level Directors

Chair of the Board Paul Devlin
Chief Executive Ifti Majid
Chief Operating Officer Becky Sutton
Executive Director: Clinical Governance & Medical Affairs Dr Sue Elcock



Executive Director: Finance & Estates
Executive Director: People & Culture
Executive Director: Corporate Governance
Executive Director: Strategy & Partnerships
Executive Director: Deputy Chief Executive

Executive Director: Nursing, AHPs & Quality

Five other Non-executive Directors

Alison Wyld Jen Guiver Nabil Jamshed Jan Sensier

Anne-Maria Newham

Diane Hull

3. Service Details

The trust covers the whole of the county of Nottinghamshire in the provision of mental health services to children, adults and older people.

This is an exciting time to come and join our medical work force and have the opportunity to shape the provision of care to patients within the community transformation.

The city services provision, previously delivered in large city-wide teams, has recently undergone transformation and has divided into 4 locality mental health teams. The teams will be linked to specific GP practices and will serve the population registered within those GP practice catchment areas.

The main focus of this post will be provision of mental health services to the Greater Nottingham area, specifically the City Central Locality Mental Health Team, which covers the relevant practices within the catchment area and includes the associated university populations.

The main focus of the role will include the assessment of new patients referred to the service related to patients resident in the catchment area, GP liaison work, management of patients within the recovery model, Mental Health Act work (Section 12) when required, day on-call duty rota (this will be based on a pro rata and on average 3 to 4 times a month for emergency work only), cover for colleagues when on leave and working within the multidisciplinary team supporting other members of the team. There will be an emphasis on providing leadership and consultancy to the team. This will include support of multidisciplinary team meetings and RAMM meetings (meeting to discuss patients who were not very well and plan interventions).

There will also be support for the consultant's own development, appraisal and continuing professional development.

The grade of junior doctors could include GP trainees, CT trainees, F2 and also ST trainees. The allocation will depend on training needs and allocation form the education department. There are no trust grade doctors and juniors will have consultant support at all times.

The Trust manages two medium secure units, Arnold Lodge in Leicester and Wathwood Hospital in Rotherham as well as the high secure Rampton Hospital near Retford.

The following Psychiatric Services serve the Nottingham and Nottinghamshire area:

- Alcohol & Addiction
- Child and Adolescent Mental Health Services
- Forensic Mental Health Services
- Adult Mental Health
- Mental Health Services for Older People
- Psychotherapy
- Perinatal Psychiatry



- Specialist Eating Disorders Service
- Personality Disorders Network
- Specialist Gender Clinic
- Intellectual and Developmental Disabilities Service
- Integrated Offender Healthcare
- Community Healthcare via Health Partnerships and Bassetlaw Health Partnerships

4. Local Working Arrangements

General

The Trust is seeking a consultant psychiatrist to join the City Central Local Mental Health Team (LMHT). This is a replacement post. The Trust regards this as an opportune moment to develop the functioning of the team.

The post holder will carry no responsibility for inpatients.

Supporting Staff/Services

The locality team will comprise of <u>Service Manager – Sally Ann Summers</u>, <u>Team Leader – Kevin Somerton</u>, Psychiatric Nurses, OT's, Psychologists, peer support workers, Health Care Assistants and there will also be opportunities to supervise both Junior and Senior Trainees.

The central team consists of approximately 2.5 WTE Consultant Psychiatrists, 17.2 WTE CPNs, 1.6 WTE Occupational Therapists, 3.8 WTE Support Workers, 1.0 WTE Employment Specialist, 1.0 WTE Peer Support Worker, 0.6 WTE Clinical Psychologist and a full time Team Leader. It covers the population of Nottingham City including Wollaton, Radford and Meadows. The team will be the single point of access for the locality, CPA is fully implemented. The team has a total of six care pathways including;

- 1) Recovery from Anxiety and Depression (4-7)
- 2) Support for complex Personality Needs (8)
- 3) Early Intervention in Psychosis (10)
- 4) Recovery from Psychosis (11-15)
- 5) Support and engagement for enduring Psychosis (16-17)
- 6) Living well with Neurodevelopmental conditions (0)

Medical

There will be Consultant colleagues (2.2 WTE) and include Dr Bagalkote and Dr Lankappa.

The team also has a non-medical prescriber who independently manages a caseload in their clinic and working towards becoming an ACP.

The team receives approximately about 20 to 25 referrals per week predominantly from locality GP's but again numbers can vary depending on need and about 80% are seen by services. The initial assessments for the most part are nurse led but there will also be medical assessments (approximately 2 per week, 10%) where such need is identified. The Consultant Psychiatrist is expected to carry a compact caseload of the most complex and unstable cases but will also be available at short notice to provide consultation and advice to other team members, although they are not required to act as care co-ordinator.

The current consultant case load distribution is around 40 to 50 patients per PA, but this number can vary depending on the pathways and complexity of cases.

The Community Teams are supported by the Crisis Teams that are well established within these services. There are inpatient areas at Highbury Hospital Bulwell, Millbrook Unit, Mansfield and Bassetlaw Hospital



for AMH in addition to long term NHS facilities for patients with chronic mental health disorders and high levels of disability; Bracken House Locked Rehabilitation Unit and Thorneywood Mount Open Rehabilitation. The Trust has a contract with Priory Healthcare of 16 acute beds at Calverton Hill and 5 beds at Nottingham Priory Hospital. In addition there is a Crisis House, Haven House which contains 6 beds and a step-down unit, Beacon Lodge which contains 12 beds.

5. Continuing Professional Development (CPD)

Trust support for CPD activities, including study leave arrangements and appropriate funding. The Consultant will be supported to join a peer group as appropriate to their needs. Each Consultant will have a personal development plan for the year, formulated within their peer group. The appointee would be expected to undertake continuing professional development in line with the recommendations of the Royal College of Psychiatrists and the Trust will undertake to allow time and fund such educational activities as required.

The expectation is that the post holder will remain in good standing for CPD with the Royal College of Psychiatrists.

The Trust offers study leave of up to 30 days over a 3 year period. This can be utilised for CPD events, subject to approval by the Associate Medical Director and Clinical Director. There is also a modest fund available of £1200 per year to support these activities.

6. Clinical Leadership and Medical Management

- The Consultant will participate in business planning for the team and, as appropriate, contribution to the broader strategic and planning work of the service and the Trust.
- The Consultant will be expected to lead improvements in the quality of care within the team and contribute to improving quality across the system with the team manager and clinical lead in the teams.

7. Appraisal and Job Planning

- The Trust has committed to the implementation of annual consultant appraisal.
- There is annual job planning with Clinical Directors. In addition to this an initial meeting will take
 place on commencement of the role to agree an indicative job plan which can be informally
 reviewed quarterly prior to the formal job planning meeting if required t ensure positive working
 conditions.
- Trust processes support appraisal, link to revalidation; the Medical Director is the named Responsible Officer. The Appraisal Lead is Dr James Ellison who does regular sessions with Consultants helping with appraisals, revalidation and CPD support.
- There is a new starter Trust induction programme for all staff and a new Consultant induction programme and mentoring scheme/arrangements.
- All new consultants will be offered an induction meeting with the Medical Director at which mentoring will be discussed. Mentoring will also be available for any Consultant in the Trust on request. Those individuals requiring a mentor should contact the Medical Director who will facilitate the appointment of a mentor. The Trust has a policy on Mentoring Consultants.

8. Teaching and Training

The Trust delivers training as part of the North School of Psychiatry, East Midlands Healthcare Workforce Deanery. The Head of School for Health Education East Midlands is Dr Debasis Das. The Trust's Director



of Medical Education is Dr Kehinde Junaid, responsible for the delivery of education to doctors at all levels.

There will be an expectation in terms of teaching and training. This will be to junior trainees, medical students and also members of the MDT. There is a weekly case conference/journal club every Wednesday morning and there are also opportunities with the medical education department to take up undergraduate teaching roles, which potentially are renumerated.

For allocated trainees there will be opportunities for clinical supervision (CS) and also educational supervisor (ES) roles which are renumerated.

It will also be expected that you keep in good standing with the college and keep up the required CPD activity for each year as per college guidelines.

9. Research



We have close links with the Institute of Mental Health (IMH) and the University of Nottingham. Since its formation in 2006, the Institute has established a track record of success, with achievements in pioneering education provision and innovative, service-facing, inter-disciplinary research.

The IMH currently receives approximately £46 million in external research grants and is one of the UK's prime locations for interdisciplinary research in mental health with 33 full time and associate professors.

Particular strengths of the Institute are reflected in its eight Centres of Excellence:

- ADHD and neurodevelopmental disorders across the lifespan advancing the translation of research into practice;
- Dementia tackling one of the biggest health challenges facing the population;
- Education providing accredited and non-accredited training delivered by experts in their field;
- Health and Justice improving the understanding of and provision for mentally disordered offenders;
- Mental Health and Human Rights officially launched in 2018;
- Mood Disorders advancing leading edge research into conditions such as depression and bipolar disorder;
- Social Futures transforming how service users, carers and professionals work together in a new community of understanding;
- Translational Neuroimaging building on recent advances in neuroscience, diagnosis and treatment.

The Institute also hosts:

- The Cochrane Schizophrenia Group for the evaluation of the prevention, treatment and rehabilitation of people with psychotic illnesses;
- MindTech a National Institute for Health Research (NIHR) Healthcare Technology Co-operative focused on the development of new technology for mental healthcare;
- The NIHR Collaboration for Leadership in Applied Health Research and Care East Midlands (CLAHRC-EM).



There are a number of clinical lecturer posts for those wishing to pursue a career in academic psychiatry.

10. Mental Health Act and Responsible Clinician Approval

The post holder would be expected to be approved as a Responsible Clinician or be willing to undertake training to obtain Section 12(2) MHA and will be expected to renew this approval according to agreed procedures

11. Secretarial Support and Office Facilities

- The Consultant would have a named Secretary to support their clinical and administrative work.
- The Consultant will have designated office space to take into account the need for confidentiality, security of information and supervision requirements of the post.
- The Consultant will have access to the appropriate electronic devices including desktop, laptop, mobile and any necessary software.

Tip s

- Specific consultant secretarial support arrangements, including arrangements for other team members; please refer to College <u>guidance on accommodation and administrative support</u>, revised in November 2016
- Other administrative support (detail)

Office arrangements for consultant, taking into account the need for confidentiality, security of information and supervision requirements of post

12. Clinical Duties of Post Holder

- The number of new medical assessment does vary. The locality team will receive up to 25 referrals
 per week, most taken on by service and most seen by service unless there was a specific medical
 need as the first assessment. For community posts, numbers of referrals, team meetings,
 supervision of team members.
- Management of complex cases.
- Clinical leadership of team, engagement with MDT and RAMM.
- Role in assessment of referrals/admissions.
- Care plan and treatment formulation, guidance on evidence-based treatment and effectiveness.
- Liaison and collaborative working with other services/agencies/colleagues.
- Mental Health Act implementation.
- Multi-disciplinary, multi-agency and partnership working.
- Day duty on call rota.

13. Training Duties

An integral part of the post holder's duties will be consultation to medical colleagues and teaching and supervision of junior medical staff both within the service and from the training scheme. There are also medical students place in the department.

There are also opportunities for:

- Trust-wide teaching.
- Participation in undergraduate and postgraduate clinical teaching.
- Participation in the training of other disciplines.
- Providing educational supervision of trainees and other disciplines.
- Taking part in continuing medical education within statutory limits.
- Supervising the ST doctor if one allocated.



14. Clinical Governance and Quality Assurance

The consultant would be expected to contribute to effective clinical governance within the team and alongside the team manager and service leads to take responsibility for setting and monitoring standards.

All consultants are expected to participation in clinical audit and quality improvement activities within the team and to engage in service/team evaluation and the planning of future service developments.

Line management is provided by Clinical Directors in collaboration with the team leads who can support with day to day issues and caseload queries.

There is opportunity to participate in incident and complaint investigations, support can be offered with this and there is a Clinical Governance lead for the division who leads on these.

15. Quality Improvement

The consultant would be expected to contribute to effective clinical governance within the team and alongside the team manager and service leads to take responsibility for setting and monitoring standards.

All consultants are expected to participate in clinical audit and quality improvement activities within the team and to engage in service/team evaluation and the planning of future service developments.

16. General Duties

- To manage, appraise and give professional supervision to junior medical staff as agreed between 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, 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.



17. 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.

18. 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.

19. Work Programme

It is envisaged that the post holder will work 10 programmed activities over 5 days per week. 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.

20. On-call and Cover Arrangements

- The post holder will be involved in providing cover for consultant colleagues within the team and also participate in the 24-hour out of hours duty consultant rota. The frequency for the 24 hour duty consultant rota will be approximately 1 in 25.
- There is middle grade cover for 24hour duty rota (higher trainees at ST level or associate specialist)
- On-call supplement.
- Cover arrangements for post holder and responsibilities for covering colleagues during leave.

21. Wellbeing

Wellbeing support and 1-1s are available and encouraged with the Clinical Directors and with team leads. The trust has a staff wellbeing team and a robust occupational health and staff counselling offer. These services are confidential and are accessible via self-referral or referral from line managers.

The service promotes a positive, open and engaging culture that is supportive and facilitative, there are clear communication channels and escalation processes should support be needed that is not felt to be forthcoming. If workload changes in relation to Job Plans this can be discussed and scheduled job planning meetings can be brought forwards to support these discussions. We recognise the importance of ensuring a healthy work/ life balance in supporting positive well-being and where appropriate to service need flexibility around working hours/ clinic times can be negotiated. Where these changes happen when there isn't a job planning meeting scheduled we are able to bring these meetings forwards as needed.

There are monthly Consultant group meetings for peer support, supervision and learning.

The trust offer regular mindfulness courses to staff and have regular wellbeing 'pop up' events offering a range of holistic therapies. The trust also operate a trauma informed way of working and as such offer diffusion and debriefing to staff involved in critical incidents.



The trust is committed to supporting the development of staff and if requested development mechanisms such as mentoring and coaching can be facilitated in addition to the supportive measures mentioned above.

22. Contract Agreement

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.

Safeguarding

All employees are responsible for taking all reasonable measures to ensure that the risks of harm to children and vulnerable adults are minimised. They should take all appropriate actions to address concerns, working to agreed local policies and procedures including the guidance on Safeguarding, in partnership with other relevant agencies. This includes accessing appropriate training, advice, and support

Disclosure and Barring Services

Where this post relates to the types of work, activity, employment or profession as set out in The Exceptions Order made under the Rehabilitation of Offender Act 1974; the post will be subject to a DBS Disclosure check at the point of recruitment and thereafter, as the Trust determines appropriate. The level of the check will be determined by the type of activities undertaken and the level of contact the post holder will have with children and/or adults in receipt of health services

Infection Control

All employees of Nottinghamshire Healthcare NHS Foundation Trust have an individual responsibility to have knowledge of and employ the basic principles of infection prevention and control practice. All employees must comply with Infection Prevention and control mandatory training requirements specific to their role

Equality and Diversity

All employees of Nottinghamshire Healthcare NHS Foundation Trust have an individual responsibility to have knowledge of and employ the basic principles of infection prevention and control practice. All employees must comply with Infection Prevention and control mandatory training requirements specific to their role

Sustainability

It is the responsibility of all staff to minimise the Trust's environmental impact wherever possible. This will include recycling, switching off lights, computers, monitors and equipment when not in use. Helping to reduce paper waste by minimising printing/copying and reducing water usage, reporting faults and heating/cooling concerns promptly and minimising travel. Where the role includes the ordering and use of supplies or equipment the post holder will consider the environmental impact of purchases.

23. Leave

The post-holder is entitled to 32 days of annual leave per year rising to 34 days after seven years' service. There is an allowance of 30 days study leave over three years for approved courses for which appropriate expenses up to £1200 a year are paid.



24. Visiting Arrangements

For informal visits please contact Dr Stephanie Sommers (Consultant Psychiatrist & Medical Lead)

2 0115 9691300 stephanie.sommers@nottshc.nhs.uk

Alternative Contacts:

Dr Karthik Thangavelu (Clinical Director) <u>Karthik.thangavelu@nottshc.nhs.uk</u>

Dr Kiran Jeenkeri (Associate Medical Director) <u>kiran.jeenkeri@nottshc.nhs.uk</u>
Dr Sue Elcock (Executive Medical Director) <u>susan.elcock2@nottshc.nhs.uk</u>

25. Draft Timetable

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|---|---|---|--|--|
| Morning | RAM, Junior Doctor Supervision (Highbury Hospital) DCC 0.5/SPA 0.5 | RAM, MDT (Highbury Hospital) DCC 1.0 | SPA, directorate and divisional meetings, CPD, audit, governance, case conference etc (Highbury Hospital/DMH) SPA 1.0 | RAM, Flexible clinical time, admin (Highbury Hospital) | RAM, OP Clinical (Highbury Hospital) |
| Afternoon | OP Clinic / Day duty rota (Highbury Hospital) | OP Clinic, GP Liaison (Highbury Hospital) DCC 1.0 | SPA, directorate and divisional meetings, CPD, audit, governance etc (Highbury Hospital/DMH) SPA 1.0 | New Assessments (Highbury Hospital) | Flexible Clinical time, admin / day duty rota (Highbury Hospital) DCC 1.0 |

26. Approval of this Job Description by the Royal College of Psychiatrists

This job description and person specification was approved by the Royal College of Psychiatrists' Regional Advisor on 25.03.2021



Appendix 1: Person specification/selection criteria for consultant

Abbreviations for when assessed: Scr: Screening prior to short-listing SL: Short-listing from application form

AAC: Advisory Appointments Committee Ref: References Pres: Presentation to AAC panel

As an Equal Opportunities employer, the Trust welcomes applications from candidates with lived experience of mental health issues.

| | 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 | 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 | | |



| | ESSENTIAL | WHEN ASSESSED | DESIRABLE | WHEN ASSESSED |
|---|--|------------------|---|------------------|
| CLINICAL SKILLS, KNOWLEDGE & 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 & 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 | | |
| | Demonstrate commitment to shared leadership & collaborative working to deliver improvement | SL, AAC | Reflected on purpose of CPD undertaken | SL, AAC |
| | Participated in continuous professional development | SL, AAC | | |
| | Participated in research or service evaluation | SL, AAC | Experienced in clinical research and / or service evaluation | SL, AAC |
| | Able to use and appraise clinical evidence | SL, AAC, Pres | Evidence of achievement in education, research, audit and service improvement: awards, prizes, presentations and publications | SL |
| | Has actively participated in clinical audit and quality improvement programmes | SL, AAC, Pres | Has led clinical audits leading to service change or improved outcomes to patients | SL, AAC |