

## 8. Introduction to the Post

Post and specialty:	Consultant Child and Adolescent Psychiatrist
Base:	Shaftesbury Road, Poole
Number of programmed activities:	10 PA per week
Accountable professionally to:	Executive Medical Director
Accountable operationally to:	Medical Lead for CAMHS
Start Date:	October 2023

### Context for the role

This is an exciting opportunity to recruit a full time Consultant in Child and Adolescent Psychiatry to work in Poole. The post is based in the coastal town and seaport in the south of Dorset. The post holder will work 10 PA within the Poole core CAMHS team alongside 0.8 WTE Specialist doctor (SASG) and provide comprehensive community-based services to young people up to the age of 18 registered with general practitioners within the area. We will consider applications for less than full time and flexible working. The postholder will be expected to maintain Section 12 (2) and be an Approved Clinician.

### Key working relationships and lines of responsibility

Chief Medical Officer & Responsible Officer:	Dr Faisal Sethi
Deputy Chief Medical Officer/Clinical Director: (CYPF, Mental Health and Learning Disabilities)	Dr Rodi Karadimova/Dr Eman Shweikh
Deputy Chief Medical Officer/Clinical Director: (Community Hospital and Physical Health Care Services)	Dr Andrew Dean/Dr Clare Doherty
Chief Executive Officer	Matthew Bryant
Deputy Chief Executive / Chief Operating Officer	Kris Dominy
Chief Nursing Officer	Prof Dawn Dawson
Deputy Chief Nursing Officer	Cara Southgate
Medical Lead for CAMH Services:	Dr Anu Devanga
Medical Lead for CAMH Provider Collaborative/Acute Services	Dr Stephen Turberville
Medical Lead for AMH services:	TBC
Medical Lead for inpatient services:	Dr Domenico Scala
Director of Medical Education:	Dr Ian Rodin
Revalidation and Medical Appraisal Lead	Dr John Stephens
Service Director/Deputy for Mental Health Services, Children Young People & Families	Rachel Small/Morad Margoum
Head of CAMHS	Helen Duncan-Jordan
CAMHS Clinical & Professional Lead for Psychology and Psychological Therapies	Dr Clare Young

## How to apply

We would welcome the opportunity to meet with any interested candidates prior to the interviews or submission of an application. If you have any role specific questions please email Dr Anu Devanga, Medical Lead for CAMHS Lead - [anu.devanga@nhs.net](mailto:anu.devanga@nhs.net) or Dr Stephen Turberville, Medical lead for Acute CAMHS and CAMHS Provider Collaborative – [Stephen.turberville@nhs.net](mailto:Stephen.turberville@nhs.net).

If you would like a pre application conversation with the Chief Medical Officer, please contact Julie Street (Executive PA to the Chief Medical Officer) on 01202 277011 or via email to [julie.street3@nhs.net](mailto:julie.street3@nhs.net)

If you would like a pre application conversation with the Deputy Chief Medical Officer for CYPF, MH and Learning Disabilities, please contact Liza Ward (PA to the Deputy Chief Medical Officers) on 01202 492876 or via email to [liza.ward2@nhs.net](mailto:liza.ward2@nhs.net)



# Job Description

## CONSULTANT JOB DESCRIPTION

### Child and Adolescent PSYCHIATRY

#### CAMHS - Community

##### 1. INTRODUCTION

- 1.1 Dorset HealthCare University Foundation Trust is an innovative and exciting NHS organisation which was rated Outstanding by the CQC in July 2019. We provide mental health and community services to 775,000 people living in Dorset. There are >7000 staff providing complex services with an emphasis on high quality, holistic, integrated care that is delivered as near the patient's home as possible. Dorset was a trail blazer for the Integrated Care System.
- 1.2 CAMHS in Dorset HealthCare University Foundation Trust (DHC) has a positive relationship with the Dorset Integrated Care Services/Board (NHS Dorset) and both Local Authorities (LA), Dorset Council and Bournemouth, Christchurch, and Poole Council. These relationships support strong clinical engagement in developing and delivering the CAMHS Transformation Plan, in keeping with the National Government's Future in Mind and NHS Long term Plan. Six clinically led work streams lead implementation of the Transformation Plan and the successful candidate will be expected to join one or more of these work streams.
- 1.3 The Service is forward thinking and innovative. CAMH service is undergoing exciting development and change following new investment and there have been numerous developments in the recent years, including:
  - Mental Health in Schools teams (including within one of the Weymouth Catchment secondary schools) – well-established and good results.
  - Plans for a CAMHS PICU
  - A "Gateway," single point of access and brief intervention service
  - NDAC Neurodevelopmental assessment clinic, led by the Clinical Lead for Psychological therapies/ Consultant Clinical Psychologist.
  - CAMHS Psychiatry Liaison/Crisis Support (Enhanced Support and Liaison Team) – Pan Dorset
  - New digital ways of working and with virtual evidence-based interventions for changing the way we work and traditionally deliver services
  - There are opportunities to participate in Service development through the CAMHS work streams where innovation and quality improvement are high on the agenda
- 1.4 Pebble Lodge (CAMHS inpatient unit) has an OUTSTANDING rating from the Care Quality Commission (November 2017), whilst Community CAMHS in Dorset HealthCare has a Good



rating from the Care Quality Commission (July 2016). The onsite Quay school has an OFSTED outstanding rating.

- 1.5 Southeast Dorset is a special part of Dorset County/country, with a mixture of coast, countryside and Towns offering a wonderful lifestyle. The area includes the Jurassic Coast (World Heritage Site), coastal settlement of Sandbanks and areas of Outstanding Natural Beauty whilst offering easy access to Exeter, Bournemouth, Weymouth, and direct train line to London Waterloo. Poole is a coastal resort town with areas of high affluence and significant socio-economic deprivation, and it has a diverse population.
- 1.6 The clinical base is at a Community Health Clinic on Shaftesbury Road opposite to Poole General Hospital and less than a 5-minute walk to the bus and train stations.
- 1.7 This is a post for a full time Consultant working in Core Community CAMHS. The postholder will work alongside a 0.8 WTE specialist doctor and a skilled MDT (Team Structure – Page 17 - 18) which provides comprehensive community-based services to young people up to the age of 18 registered with general practitioners within the area. The service also gets cross cover from the Consultant Psychiatrists covering Bournemouth and Christchurch (the other inner city/sub-urban service within the Trust). We will consider job share and less than full time working.
- 1.8 The postholder will have consultant colleagues within CAMHS including peers in community, inpatient, and specialist CAMHS (community team for children and young people with intellectual disabilities and Forensic CAMHS). The teams are based (with some colocation) in Bournemouth, Poole, Blandford, Weymouth, and Dorchester. The inpatient unit is in Westbourne, Bournemouth.
- 1.9 Poole CAMHS has a broad range of disciplines including psychiatry, nursing, non-medical prescribers, psychology, systemic family therapy, child and adolescent psychotherapy, social work, occupational therapy, and neurodevelopmental practitioners. The staff support structure on Page 17 - 18 provides details regarding head count and WTE.
- 1.10 We have good working relationships with our partner agencies in the locality driven by a service wide 'Thrive' model of understanding the needs of families and young people. Partner agencies include social care, education/SEN, voluntary sector, youth justice service, Adult Mental Health, and Paediatrics.

## 2. ORGANISATION OF CLINICAL SERVICES

The Trust's mental health services are organised in the following way: -

- 2.1 **CAMHS Inpatient.** Pebble lodge is a 10-bedded adolescent in-patient unit in Westbourne, Bournemouth. The service is provided by the Trust and nationally commissioned by NHS England and now part of the regional Provider Collaborative. There is a clear pathway for accessing admission to Pebble Lodge; the pathway is supported by a case manager, and by close partnership with neighbouring inpatient units through the Provider Collaborative.



There are close links between the Pebble Lodge team, Closer to Home Team, CAMHS Enhanced Support and Liaison team and the Dorset Community CAMHS teams. Shared clinical and management leadership structures are in place to support these links. There are established arrangements with a network of consultant medical colleagues to cross cover annual and study leave.

**2.2 Proposed CAMHS PICU.** The Trust is planning the building of a new CAMHS In-patient intensive care unit for young people in severe mental health crisis, with needs so significant that they need 24-hour, secure care. In it, we will be treating young people who require inpatient treatment with needs are so complex they can't safely be managed on a general adolescent unit such as one at the adjacent Pebble Lodge. Some of these young people will have an eating disorder where they might need nasogastric feeding. They may be young people at high risk of suicide and self-harm or who have a mental illness which is making them more difficult to manage on an open ward due to their behaviour towards others. All young people on the unit would be detained under the Mental Health Act for their own protection and that of others, and to enable them to get the right care so they can recover from mental health crisis. The proposal is for a new 1,500m<sup>2</sup> modern ward with eight inpatient ensuite bedrooms including one fully accessible bedroom, one seclusion room, one de-escalation room and an extra-care suite. There will be a two-classroom school facility and a tribunal room. In addition there will be a games room, gym, occupational kitchen, central courtyard, art therapy room and sensory room and space for family visits. For those young people with eating disorders there will be nasogastric feeding facilities.

**2.3 CAMHS Enhanced Support and Liaison Service** The liaison psychiatry service within Dorset was reconfigured in spring 2021 and a separate service was created for CYP. The Team operates as a pan-Dorset service, with staff working across sites, providing more resilience and flexibility in staffing across the county. The liaison service aims to provide a comprehensive service to young people attending the acute hospital sites in the county, Emergency department and Paediatric/medical assessment units requiring a psychiatric opinion or input.

Towards the end of last year (2022), the Pan Dorset crisis support (enhanced support) service was launched. The Enhanced Support and Psychiatric liaison services were combined under effective leadership from Senior Clinicians and Clinical Service Manager. The function of the new team is in line with the NHS Long Term Plan crisis service requirements. The service operates between the hours of 08.00-21.00, 7 days per week. Outside of the service operational hours support is available via the Trust's Connection service and CAMHS OOH's Night Practitioner. The provision of Enhanced Support and Liaison is to offer advice and triage, crisis assessment, brief response, and intervention.

A CAMHS night practitioner is available 7 nights a week for advice and guidance and responding to any S136 assessments relating to CAMHS.

The CAMHS Liaison Team accepts referrals for all service users under the age of 18 where there are mental health concerns. Referrals are received from the Emergency Department and the paediatric wards. The CAMHS Liaison Service covers the hospitals' Emergency



Departments (ED), paediatric wards, and any areas caring for 16- and 17-year-olds. There are close links between the Pebble Lodge team, Closer to Home Team, CAMHS Liaison team and the Dorset Community CAMHS teams, based in throughout Dorset.

The operational leadership to the service is provided by CAMHS Service Manager Band 8a; clinical leadership is offered by Senior Clinical Service Manager (Band 8b Clinical Psychologist) and Consultant Psychiatrist (for the liaison component of the service). The rest of the team will consist of Band 4 Senior Support workers and Band 6 Community Practitioners (we have a team, and more are being recruited), Band 7 Team Leads, Band 7 Enhanced Support & Liaison Senior Practitioners and Band 7 Clinical Psychologist.

The Connections telephone service is an all-age telephone support service and operates 24/7. The team will support young people open to the Enhanced Support and Liaison team outside of the service operational hours (21.00-08.00) should they call in for support. Connection also provides 'Street Triage' telephone support to the police between the hours of 7pm and 3am.

This new crisis and liaison service will sit outside of the remit of the more recently established Closer to Home (C2H) and will provide crisis intervention for those who do not meet the eligibility of the C2H (Closer to Home) team. (Please see below).

**2.4 Closer2Home** is commissioned by the Wessex and Dorset Provider Collaborative and provided by three NHS Trusts working together across Hampshire and Dorset; Dorset Healthcare University Foundation Trust, Southern Health NHS Trust, and Solent NHS Trust. Each Trust has its own Closer2Home Team, and the overall service is coordinated and managed by Sussex Partnership NHS Foundation Trust as part of the Provider Collaborative. Staff work across the Trusts and within the Closer2Home teams to provide the flexibility to meet the needs of the service.

Closer2Home is an intensive home treatment service that supports children and young people with acute mental health problems in their homes by providing intensive input and support up to three times a day. This specialist service helps young people to remain at home who otherwise would have been admitted to an inpatient hospital and operates 365 days a year from 8am-8pm.

The service focuses on providing support to three main patient groups, which includes:

- a) Young people who repeatedly harm themselves and/or make suicidal gestures; and who may also experience emotional lability and distress in relationships,
- b) Young people with complex eating disorders, especially anorexia nervosa, who require intensive treatment,
- c) Young people currently in Tier 4 mental health services who could be discharged or moved closer to home if there were increased support.

Though these groups have been identified as the primary focus, the team has the generic and specialist skills to address a range of emergency psychiatric presentations. This includes young people with affective disorders with suicidal thoughts and behaviour, debilitating anxiety disorders, young people with neurodevelopmental difference and/or intellectual impairment that display behaviour that challenges, and emerging psychosis that may necessitate admission.



The service is made up of several clinical and non-clinical professionals, who have a range of skills and expertise. These include Mental Health Practitioners, Community Adolescent Senior Support Workers, and Peer Support Workers.

- 2.5 **CAMHS Gateway:** In January 2020, a service improvement proposal was developed to create an assessment and brief intervention team as the front door to community CAMHS services. The intention was to ensure that CYP are seen in a timely way for assessment and brief evidence-based interventions. Where need determined it, further specialist multi-disciplinary support would still be available through the community CAMH teams (x6) in the service.

Along with greater access to timely assessments for CYP, Gateway has established close partnership working relationships with the Voluntary Community Social Enterprise (VCSE) services across Dorset, which has enabled access to increased choice for CYP and their families. Whilst demand has continued to be high for specialist mental health provision, there is a greater need to work collaboratively across health, education and social care, and these partnership relationships are continuing to improve with the central point of access that Gateway can provide.

As a service, Gateway has evolved since it launched in September 2020, and it became a Pan-Dorset service in January 2021. Gateway provides advice and guidance, as well as assessment and some discrete interventions where this is indicated. Interventions are primarily provided by Wellbeing Practitioners and Band 6 CAMHS practitioners. Examples of interventions include:


- Psychoeducation
- Support and guidance for parents and carers
- Decider Skills (DBT based intervention)
- Earlier identification of neurodevelopmental assessment needs (and signposting to relevant services)
- DNA-V group (ACT based intervention)

- 2.6 **Community CAMHS** There are five locality CAMHS teams across the county: Poole, Bournemouth & Christchurch, East & North Dorset, West Dorset and Weymouth & Portland. North and East Dorset CAMHS were historically 2 smaller rural teams, which have recently been merged to create a larger team with the hope and plan that this will create more resilience in the teams, ensure a strong and varied skill mix amongst the MDT. However, each team has input from an individual Consultant Psychiatrist who cross cover each other on NWD and leave. Generally, referrals to community CAMHS are screened and assessed by the Gateway team before being passed on to Specialist CAMHS if appropriate.

- 2.7 **Community Adult Mental Health Teams** There are five large locality community mental health teams within East Dorset: Poole, Bournemouth West, Bournemouth East, Christchurch & Southbourne, Wimborne, and Purbeck. Within these large multi-consultant teams, there are individual consultant led sector teams but more specialist care, for example emergency care and care for some patient groups, can be provided team wide as



appropriate. In West Dorset there are three locality community mental health teams: North Dorset, Dorchester & Bridport and Weymouth and Portland.

- 2.8 **Adult Inpatient Care** The service is planned such that all new admissions are admitted first to one of the acute admissions units. The Home Treatment service functions as the gatekeeper for inpatient care. Patients are either discharged from the Acute Assessment Unit back to their CMHT or to the Home Treatment Team or if their illness requires a longer period of care, they will move to one of the treatment wards.
- 2.9 **Inpatient Rehabilitation** There is an inpatient rehabilitation and recovery service with inpatient beds at Nightingale House, Alumhurst Road, Bournemouth and in the West of the county at the Glendenning Unit. The rehabilitation service works closely with the Assertive Outreach teams to facilitate discharge when appropriate for those patients with the most severe and enduring mental illnesses.
- 2.10 **Home Treatment Team.** There are two Home Treatment Teams (HTT) for East Dorset and for West Dorset. They provide alternative to hospital admission for people over the age of 18 years across the county and accept referrals from CMHTs, Psychiatric Liaison Services, The Connexions Service and from inpatient units.
- 2.11 **Specialist Teams.** There are specialist inpatient and community teams in place covering the subspecialties which include: -
- Early Intervention in Psychosis Service
  - Assertive Outreach Teams
  - Forensic Team (including inpatient Low Secure Unit and a Community Forensic team)
  - Perinatal Service
  - Eating Disorders Service
  - Liaison Services at Royal Bournemouth Hospital, Poole Hospital and Dorset County Hospital, Dorchester
  - Community Adult Asperger's service
  - CAMHS Intellectual Disabilities service - There is a single county wide CAMHS team for children and young people with intellectual disability (ID).
  - Forensic CAMHS – Community FCAMH services offer a range of services including clinical consultation and specialist assessment and advice on interventions for young people with very complex needs across a variety of community, residential, secure, and custodial settings. It comprises of 0.4 WTE Consultant Psychiatrist, 0.5 WTE Band 8b Clinical Psychologist and 0.2 WTE Occupational therapist.
  - Adult Learning Disabilities service
  - Access Mental Health – Connections, The Retreats and Front Rooms
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### 3. CLINICAL DUTIES

- 3.1 The post holder will provide leadership to a multidisciplinary team, alongside a clinical service manager (CSM) (Band 8a), team lead (Band 7) and a consultant colleague. Medical leadership is valued within the team and there is recognition that effective leadership improves all aspects of a service. The clinical aspects of the post arise from an overall role to lead the team in the provision of effective assessment and treatment services for patients aged up to 18 years. The role includes a focus on supporting improvements in the process of transition to the adult mental health services as and when appropriate. All referrals to community CAMHS are screened and assessed by the Gateway team before being passed on to Specialist CAMHS if appropriate.
- 3.2 The postholder will be expected to work as part of an outreach focused multi-disciplinary mental health team and work jointly and flexibly with colleagues from Social Services, Education, and health colleagues in other Trusts. The postholder will take part in multi-disciplinary case conferences and reviews as required by the clients' clinical needs and the Trusts operational policies.
- 3.3 As a senior professional, your role will naturally include activities supporting both direct clinical contacts, and service delivery. Examples of these activities include policy development, quality improvement initiatives, teaching, appraising colleagues, line management or other nominated roles. A job plan will be developed by the Medical Lead for CAMHS with the post holder and reviewed annually.
- 3.4 The post holder will be expected to work with the Poole core CAMHS to cover emergency work and to keep waiting lists within the Trust agreed limits.
- 3.5 The post holder is expected take part in the On-call rota unless an exemption is made following discussion with Medical Director /Deputy Medical Director. The On-call rota is Dorset wide on weekdays (1:26). The postholder will be expected to cover the West of the county on weekends (1:12 to 1:14). The on call is paid at 3% on call availability supplement plus 0.75 APA per week. This is a joint general adult, learning disability, child psychiatry and old age psychiatry senior On-call rota supported by core trainees, higher trainees (Specialist Registrars) and SASG or ANP.  
  
It is a 3-tier support system in the East over the weekdays and 2 tier system when covering the West. There is also a non-resident junior doctor On-call. When On-call the postholder is expected to provide advice and support to junior colleagues' On-call, out of hours nursing and social work colleagues. When necessary, it is expected that the On-call consultant will review patients personally. At weekends and on bank holidays there is a consultant led inpatient review to see patients in longer term seclusions and newly admitted patients to ensure that they are seen within 24 hours of admission.
- 3.6 The postholder will have cross cover arrangements for annual, study and emergency sick leave with the other Consultants for Bournemouth and Christchurch CAMHS in the first instance with back up from Poole CAMHS. These cover arrangements will take account of the other medical staff in the locality team.



#### 4. CONTINUING PROFESSIONAL DEVELOPMENT

- 4.1 There will be one programmed activity (SPA) per week for Revalidation activity (CPD and audit).
- 4.2 The postholder will participate in a Peer Review Group in line with Royal College of Psychiatrists recommendations to both review CPD development and consider clinical issues.
- 4.3 The postholder will be expected to contribute to and attend the Trust Journal Clubs and Multidisciplinary Audit Meetings.
- 4.4 The postholder will be expected to maintain Section 12 (2) and be an Approved Clinician.
- 4.5 The postholder will be expected to comply with continuing professional development and revalidation requirements set by the GMC and the Royal College of Psychiatrists and remain in good standing for CPD with the Royal College of Psychiatrists.
- 4.6 The postholder will have 30 days study leave in a 3 year period (staff are encouraged to take 10 days per year where possible to ensure services are covered and also there is a study budget of up to £1000 per year/£3000 for a three year cycle (staff are encouraged to utilise the funds allocated to each financial year, however, special requests are accepted depending on the nature and utility of the event).
- 4.7 The Trust supports research and development. The postholder will be encouraged, if they wish, to develop academic links with Bournemouth and Southampton Universities.
- 4.8 It is desirable that the postholder will identify a mentor. The postholder will be given time for this activity.

#### 5. SUPPORTING CLINICAL STAFF

JOB ROLE	WTE	HEAD COUNT
Team Leader (Also Acting CSM)	0.5 Band 7	1
Enhanced Clinical Practitioner (Management) (ECP) (One is also Acting CSM)	1.1 Band 7	2
Clinical Service Manager (Job share between TL and one ECP)	1.0 (2 x 0.5 WTE) Band 8a	2
Team Administrator	3.78 Band 3	6
Senior Team Administrator	0.6 Band 4	1
Family Therapist (currently off long-term sick)	0.6 Band 8a	1
Medical Secretary to Consultants & NMP (Job share)	1.61 Band 4	3



<b>Non-Medical Prescriber</b>	0.5 Band 8a (Monday & Tuesday) 0.2 Band 7	2
<b>Enhanced Clinical Practitioner (Fixed term)</b>	0.6 Band 7	1
<b>Social Worker</b>	1.8 Band 6	2
<b>Neurodevelopmental Practitioner</b>	1.89 Band 6	2
<b>Psychotherapist</b>	0.8 Band 8a	1
<b>Trainee Psychotherapist</b>	2.0 – works in clinic for 3 days, 2 days training Band 6	2
<b>Principal Clinical Psychologist</b>	1.0 Band 8a	1
<b>Clinical Psychologist</b>	1x 0.6 Band 7 0.4 CiC Psychologist Band 7	2
<b>Assistant Psychologist</b>	2.0 Band 4	2
<b>Family Practitioner (Fixed term maternity cover)</b>	1.53 Band 4	2
<b>Community Practitioner VACANCY – to be recruited</b>	1.0 Band 6	1
<b>Community Practitioner (currently off long-term sick)</b>	1.0 Band 7 (Nurse)	1
<b>Registered Degree Nurse Apprentice</b>	1.0 Band 3	1
<b>CBT Therapist</b>	1.0 Band 7	1
<b>Peripatetic CBT Therapist</b>	0.6 Band 7	1
<b>Specialist doctor VACANCY – caseload currently being managed by 0.2 WTE Consultant time</b>	0.8	1
<b>Consultant Psychiatrist VACANCY - Currently being filled by a long-term Locum Consultant</b>	1.0 WTE (Mon – Fri)	1
<b>Agency staff – Duty worker (Up to the end of March 2024)</b>	1.0	1

## 6. LEADERSHIP STRUCTURES

- 6.1.1 This post and service sits within the wider CAMHS portfolio of services, which is part of the CYPF, Mental Health and Learning Disabilities Directorate.



- 6.1.2 The postholder will be a member of the Medical Advisory Committee which is the professional group for career grade doctors within the Trust. This committee meets bi-monthly and provides medical advice and support to management.
- 6.1.3 The Trust has close relationships with the CCG and the Local Authorities to which we relate (Bournemouth, Christchurch and Poole Council and Dorset Council).
- 6.1.4 The Senior Leadership Team is led by the Chief Medical officer Dr Faisal Sethi and supported by Dr Rodi Karadimova, Deputy Chief Medical Officer and Dr Eman Shweikh, Clinical Director in CYPF, Mental Health and Learning Disabilities as well as Medical Leads in Community General Adult Psychiatry, Acute Mental Health care, Old Age Psychiatry, Community services and Child & Adolescent Psychiatry.
- 6.1.5 The postholder will be encouraged and supported in developing the appropriate management and leadership skills to fully participate in service developments.

## **7. CLINICAL GOVERNANCE**

- 7.1 Strong clinical governance arrangements are in place across the organisation involving all clinical disciplines.
- 7.2 It is expected that the postholder will play a full part in clinical governance arrangements which will include working within his / her team to ensure high quality standards for patient care are set and monitored and the personal participation in audit.
- 7.3 There is a system of annual appraisal of consultants linked to the requirement for Revalidation. All consultants receive an annual appraisal in line with Department of Health Guidelines from which a personal development plan will be produced.

## **8. TEACHING AND TRAINING**

- 8.1 It will be expected that the postholder will provide training and support to their junior doctors in line with Royal College and Health Education Wessex standards.
- 8.2 The Trust has long, well established links with Southampton University School of Medicine and Bournemouth University. The postholder will be expected to participate in the teaching of medical students. Medical students are regularly attached to the psychiatric teams. One of the Consultants within the service is the TPD (Training Programme Director) for CAMHS and GOSW (Guardian of Safe Working) for trainees.

## **9. SECRETARIAL SUPPORT**

- 9.1 The post holder will have secretarial support and adequate administrative time available to facilitate timely circulation of written communication with clinicians, referrers, and patients. The postholder will have a designated office at the base (Shaftesbury Road, Poole)

## **10. POSTGRADUATE FACILITIES**



10.1 There are Post-graduate Medical Centres at Poole and Bournemouth Hospitals.

## 11. TERMS AND CONDITIONS

- 11.1 The contract will be based on the Terms and Conditions of Service 2003 agreed between the BMA and the Department of Health for consultants in England. The Trust will also implement the Code of Conduct for Private Practice and the Consultant/Job Planning Standards agreed in September 2003
- 11.2 The post holder must be Mental Health Act Section 12 approved at appointment and be registered with the General Medical Council. The applicant must be eligible for inclusion on the Specialist Register in Psychiatry. The successful candidate must hold a current driving licence.
- 11.3 As a doctor the postholder is professionally responsible for their own clinical actions within GMC and Royal College of Psychiatrists guidelines and codes of practice and is managerially accountable to the Chief Executive.

## 12. JOB PLAN

- 12.1 A job plan will be drawn up in agreement with the successful candidate and will be reviewed each year at the job planning meeting.
- 12.2 A provisional timetable is given below:

	AM / PM	Duties
Monday	AM	Outpatient clinic <b>1.0 DCC</b>
	PM	Outpatient clinic/community visits <b>1.0 DCC</b>
Tuesday	AM	Outpatient clinic/community visits/Team Consultation/clinical admin <b>1.0 DCC</b>
	PM	Specialist clinic/Neurodevelopmental disorders/Clinical admin <b>0.5 DCC</b>  Service development, transformation, workstreams (3 <sup>rd</sup> Tuesday CAMHS Faculty Meeting/MAC meeting 4 <sup>th</sup> Tuesday) <b>0.5 SPA</b>
Wednesday	AM	Multidisciplinary meeting and Formulation meetings Supervision/Reflective practice <b>1.0 DCC</b>
	PM	CPD – Appraisal & Revalidation <b>1.0 SPA</b>
Thursday	AM	Outpatient clinic/community visits <b>1.0 DCC</b>
	PM	Outpatient clinic/community visits <b>1.0 DCC</b>
Friday	AM	Team Case Management reviews/Outpatients Clinic/clinical admin <b>1.0 DCC</b>
	PM	Quality Improvement/ Supervision of trainees and NMP/Service development <b>1.0 SPA</b>

Programmed activity	Number
Direct Clinical Care	7.5
Supporting Professional Activities	2.5
Other NHS responsibilities (to be discussed with the clinical director)	-
External duties (to be discussed with the clinical director)	-
<b>Total Programmed Activities</b>	<b>10.0</b>

- 12.3 The postholder will be line managed by the Medical lead for CAMHS who will keep the job plan under review.

### 13. COMMENCEMENT OF DUTIES

- 13.1 The post is available to start in October 2023
- 13.2 The post is subject to an Exemption Order under the provisions of Section 4(2) of the Rehabilitation of Offenders Act.

### 14. REMUNERATION & BENEFITS

- 14.1 Following is a summary of the main terms and conditions together with the benefits of joining Dorset HealthCare University NHS Foundation Trust. 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.

#### 14.2 Salary

The appointment is at consultant grade with salary thresholds from £88,364 - £119,133 per annum for a full-time post of 10 Programmed Activities (PAs). Part Time employees will receive payment pro rata to the above full time salary range. The starting point on the salary scale will depend on the date on which the doctor was first appointed as an NHS Consultant and may take account of other consultant level experience or factors which have lengthened consultant training, in accordance with the Terms and Conditions – Consultants (England) 2003. This post is also subject to nationally determined terms and conditions of service. If candidates are in receipt of Discretionary Points or Clinical Excellence Awards these will be honoured.

#### 14.3 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. For consultants contracted to work less than 10 PAs per week, annual leave, including Public/Bank Holidays will be calculated pro rata. For LTFT staff, annual leave is calculated in hours.

#### 14.4 Sick Pay

Entitlements are outlined in paragraph 225 – 240 of the TCS.

#### 14.5 Pension

The NHS offers a superannuation scheme which provides a variety of benefits based on service and final salary. Their pay will be subject to the deductions of contributions in accordance with the scheme's regulations. Membership of the scheme is via automatic enrolment; further details are available on appointment.



**14.6 Equal Opportunity & Diversity**

Dorset HealthCare University NHS Foundation Trust is committed to the fair treatment of all people, regardless of their gender, gender re-assignment, race, colour, ethnicity, ethnic or national origin, citizenship, religion, beliefs, disability, mental health needs, age, domestic circumstances, social class, sexual orientation, ex-offender status, political allegiance, or trades union membership.

**14.7 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 including some remote working, hybrid working considering the impact on colleagues and the service.

**14.8 Maternity, Paternity and Special Leave**

The Trust offers generous maternity leave, after qualifying service, with extended maternity pay together with up to a year's leave with the right to return to your role within the Trust. Paid Partner Leave of two weeks following the birth of a child is also available. Additional Paternity Leave (APL) is also available subject to eligibility. In addition, Special Leave is available when staff are experiencing difficulties for domestic, personal or family reasons. We also offer up to 5 days compassionate leave to all employees.

**14.9 Relocation Expenses**

The successful candidate may be eligible to apply for assistance with removal and associated expenses of up to £10,000 in accordance with the Trust's Relocation Policy.

**14.10 Recruitment & Retention Bonus Premium**

The successful candidate would be offered a recruitment and retention premium of £10,000, in accordance with the Trust's RRB policy. The candidate is expected to remain in post for at least 24 months and the RRP will be paid in instalments over the first 12 months. Please refer to Trust policy.

**14.12 Travel Expenses**

Travel expenses will be in accordance with paragraphs 277 – 308 of the TCS for journeys incurred in performing your duties.

**14.11 Two Ticks Disability Symbol**

The Trust is committed to the employment and career development of disabled people. To demonstrate our commitment we use the Two Ticks Disability Symbol awarded by the Employment Service. We guarantee an interview to anyone with a disability who meets the minimum criteria for the post. You do not have to be registered disabled but consider yourself to have a disability.

**14.12 Policies and Procedures**

Trust employees are expected to follow Trust policies, procedures and guidance as well as professional standards and guidelines. Copies of Trust policies can be accessed via the staff intranet, Doris, or from your manager. Attention is drawn to the Trust's arrangements in relation to safeguarding children and vulnerable adults as well as infection prevention and control. All employees are expected to be familiar with the Trust's approach to risk management, take a risk management approach to their own work and take responsibility for the management of the risks they own.

**14.12 Confidentiality**



Much of the work is of a confidential nature. This means that no discussion should take place about the care, needs, or activities of any service user, except in the clear interest of that service user or other members of staff. Staff are reminded that personal information concerning colleagues is also confidential.

**14.13 References**

Candidates are required to submit the names and addresses of three referees, one of whom must be their current or most recent employer. Any offer of employment will be subject to the receipt of three satisfactory references. Please note that this must cover the last three-year period.

**14.14 Occupational Health**

Any offer of appointment will be subject to satisfactory medical clearance by an external Occupational Health provider. This is usually by health questionnaire but may involve a medical examination.

**14.15 DBS Checks**

The appointment will be subject to enhanced clearance from the Disclosure and Baring Service.

**14.16 Smoking**

Smoking by Trust Staff is not permitted whilst on duty whether that be on Trust premises or grounds or out in the community.

**14.17 Period of Notice**

The employment is subject to six months' notice on either side.

**15. WELLBEING**

15.1 As a member of #TeamDorsetHealthCare you matter to us. We care about each person's emotional wellbeing and there is a host of support which can be access via the trust intranet <https://doris.dhc.nhs.uk/hr/health-wellbeing>

15.2 Details about OH are disseminated at induction and regularly when in post

15.3 Local organisational systems in place to support doctors' wellbeing following serious incidents that involve their patients (e.g. nominated senior colleague support, Balint Groups for Consultants, etc.)

15.4 Timely job plan review with the line manager when there is proposed workload changes to support safe working and identify the need for any additional support (e.g. unexpected request to cover a unit/ward/service in addition to current workload)

## Person Specification

### CONSULTANT IN CHILD AND ADOLESCENT PSYCHIATRY

REQUIREMENTS	ESSENTIAL	DESIRABLE
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<b>Qualifications/Training</b>	<p>General medical Qualification e.g. MBBS, or equivalent and hold a Licence to Practise.</p> <p>MRCPsych or recognised equivalent, e.g. membership of a psychiatry college in another country.</p>	<p>Qualification or higher degree in medical education, clinical research, or management.</p> <p>Additional clinical qualification</p>
<b>Eligibility</b>	<p>Must be in possession or within 6 months of possession of a CCT in Psychiatry or on Specialist Register in Psychiatry.</p> <p>On Specialist Register in enter specialism Psychiatry.</p> <p>Section 12(2) approval and Approved Clinician approval or ability to obtain approval before starting post</p>	<p>Experience of medicine outside psychiatry e.g. general practice, medicine.</p>
<b>Clinical Skills, Knowledge &amp; Experience</b>	<p>Excellent knowledge in specialty</p> <p>Evidence of effective multidisciplinary team involvement.</p> <p>Excellent clinical skills using bio-psycho-social perspective and wider medical knowledge.</p> <p>Able to meet duties under MHA and MCA</p> <p>Make decisions based on evidence and experience including contribution of others.</p> <p>Excellent written and oral communication skills.</p>	<p>Teaching Experience</p> <p>Wide range of specialist and sub-specialist experience relevant to post within the NHS or comparable service.</p>
<b>Dorset HealthCare Values</b>	<p>Proactive, respectful, supportive, reliable, and trustworthy, and positive</p>	



<b>Management Skills</b>	<p>Understand the importance of working with managers in the interest of good patient care</p> <p>Able to manage priorities</p> <p>Evidence of management/Leadership skills training</p>	Previous management experience including that of other junior medical staff
<b>Leadership Skills</b>	<p>Understand principles of leadership and give examples of leadership in own practice.</p> <p>Able to provide clinical leadership to a multi-disciplinary team.</p>	
<b>Clinical Governance</b>	<p>An understanding of the importance of Clinical Governance in the NHS organisations and importance in patient care.</p> <p>Awareness of current issues in mental health service provision, policy, and legislation</p>	
<b>Self-Awareness</b>	<p>To understand own strengths and weaknesses and how these attributes affect professional functioning.</p> <p>To understand the stresses involved in being a consultant psychiatrist and how to manage these appropriately.</p>	
<b>Supervision of Junior medical Staff</b>	<p>Knowledge of requirements for supervision and appraisal of junior medical staff.</p> <p>Approved educational supervisor training</p>	



<b>Research and Audit</b>	<p>Experience of carrying out an audit project</p> <p>Experience or involvement in a research project and publication</p> <p>Ability to supervisor junior medical staff undertaking research projects</p>	<p>Published audit project</p> <p>Ability to critically appraise published research</p>



# Medical Leadership Team

## MEDICAL LEADERSHIP TEAM

