

Job description and person specification

Post and specialty:	Consultant Psychiatrist with the Initial Response Service (IRS) Existing Consultant post vacated due to the retirement of the current post holder
Base:	Daisyfield Mill, Appleby Street, Blackburn, BB1 3BL
Contract:	Total number of programmed activities: 10 Direct Clinical Care (DCC): 7.5 Supporting Professional Activities (SPA): 2.5 On-call: 0.5 PA + 3% availability supplement
Accountable professionally to:	The post-holder will be responsible to the Chief Medical Officer through the managerial line of the Pennine Network Medical Director and Associate Medical Director.
Accountable operationally to:	Network Medical Director: Dr Prashant Kukkadapu Network Director of Operations: Jane Munton-Davies
Key working relationships and lines of responsibility:	Line Manager : Dr Euan Robertson, AMD Network Medical Director: Dr Prashant Kukkadapu Network Director of Operations: Jane Munton-Davies Network Nursing Director : Joanne Schofield Chief Medical Officer/Responsible Officer : Dr David Fearnley Director of Medical Education: Dr Venu Duddu Chief Operating Officer: Emma McGuigan Deputy Chief Medical Officer : Dr Gareth Thomas Chief Executive Officer : Chris Oliver

1. Summary of the post

- 1.1 LSCFT is seeking to employ a substantive Consultant Psychiatrist working with Pennine Initial Response Service (IRS). The Consultant will be based primarily at Daisyfield Mill, an LSCFT community Mental Health building on Appleby Street in Blackburn, Lancashire.
- 1.2 The vacancy has arisen as a result of the retirement of the current post holder.
- 1.3 This post is one of 3 IRS HTT Adult consultant psychiatrist posts (3 WTE) within the Pennine Lancs locality. The post holder will carry no responsibility for inpatients.
- 1.4 The Consultant will provide Medical Leadership within the IRS Multi-Disciplinary Team (MDT) and will work with medical and non-medical colleagues as part of MDT working. The IRS is based at The Mount, Accrington. The other iRS Consultants are based at The Mount, Accrington and Pendle house, Nelson. Daisyfeild Mill also hosts other LSCFT services including the Blackburn and Darwen Community Mental Health Teams (CMHT) with 2 wte Consultant posts and Home Treatment Team (HTT) West with 1.5 wte Consultants.
- 1.5 The Multi-disciplinary Team is made up of the IRS Mental Health Practitioners (Mental Health Nurses, Social Workers and Occupational Therapists), Pharmacists, Psychologists and Tea, Leaders.
- 1.6 The post will give opportunities for teaching colleagues including junior doctors, Medical students and other professionals.
- 1.7 The post holder will carry no responsibility for inpatient work.
- 1.8 For further detail see sections 21 and 24 below.

2. The Pennine Lancashire area

- 2.1 Pennine Lancashire Locality serves a catchment area of around 500,000 covering the areas of Burnley, Pendle, Rossendale, Hyndburn and the Ribble Valley and Blackburn with Darwen. It is situated around the M65 motorway and has good road links to Manchester, Liverpool, Yorkshire, Cumbria and the rest of Lancashire.

3. Burnley & Pendle

- 3.1 Burnley has a demographically and geographically diverse catchment area with a population of around 90,000. According to the 2019 index of multiple deprivation Burnley was ranked as the 11th most deprived area out of 317 districts and unitary authorities in England. Burnley and the Burnley district has a large number of employment and support allowance claimants and in comparison to the national average, there is a high percentage of the working age population that is reliant on welfare benefits. The Burnley Health Profile 2019, published by Public Health England, reveals that the health of people in Burnley is significantly worse than the England average. Burnley has a developing student population with part of the UCLAN campus recently moving into the area around the historic Weaver's Triangle in the town.
- 3.2 Pendle is ranked the 36th most deprived area out of 317 districts and unitary authorities in England (The 2019 Indices of Deprivation). Pendle has a rich history and heritage with traditional urban and industrial areas, market towns and rural villages. Part of the Pendle catchment area is classified within the Forest of Bowland, an Area of Outstanding Natural Beauty. Figures for life expectancy reveal that the Pendle district has averages below the national figures and the Pendle Health Profile 2019, published by Public Health England, reveals that the health of people in the area is generally worse than the England average.

4. Hyndburn, Rossendale and Ribble Valley

- 4.1 Hyndburn which is made up of Accrington and the urban districts of Church, Clayton-le-Moors, Great Harwood, Oswaldtwistle and Rishton, has a population of around 80,000 and was the 18th most deprived area out of 317 districts and unitary authorities in England. Figures for life expectancy at birth reveal that the Hyndburn district had very low male and female averages in comparison to the national figures and the health of people in Hyndburn is generally worse than the England average.[3]
- 4.2 Rossendale has a population of around 70,000 and is made up of small former mill towns and villages centred on the valley of the River Irwell. The borough is linked by the motorway network to Manchester, Burnley and Blackburn. Bordering Greater Manchester southwards, it is 17.4 miles to Manchester city centre via the Edenfield by-pass and the M66. The area ranked 91st most deprived area out of 317 districts and unitary authorities in England. The Health Profile 2019 reveals that the health of people in Rossendale is below the national average.
- 4.3 The Ribble Valley is predominantly rural and is a relatively affluent area with low population density. It is ranked 282nd of 317 districts in the MDI. It contains the market towns of Clitheroe and Longridge and neighbouring villages, includes most of the Forest of Bowland (AONB) and is close the Yorkshire Dales National Park.

5. Blackburn with Darwen

- 5.1. The unitary authority of Blackburn with Darwen has a multicultural population of around 150,000 with the majority of the boroughs residents living in the towns of Blackburn and Darwen with the remaining residents living in the rural villages and hamlets of Hoddlesden, Edgworth, Belmont, Chapel Town and Tockholes. The borough as a whole has a relatively young age profile. It has a higher than average proportion of young people (0-19) compared to the national figure and conversely, a smaller proportion of older people aged 65 and over. In terms of deprivation the Index of Multiple Deprivation indicates that some areas of Blackburn are in the top 10% most deprived in England and the health of residents is below the national average.

6. Pennine Lancashire Locality Services

7. Inpatients

7.2. Whalley Site

- 7.3 Woodview, Whalley is due to open in October 2023 on the site of Merseycare Whalley (formerly Calderstones Hospital). It will comprise two acute 12 bed wards and an 8 bed Psychiatric Intensive Care Unit on the outskirts of the well-known village of Whalley, in the Ribble Valley in Lancashire.

8. Royal Blackburn Hospital

- 8.1 The inpatient mental health units at Royal Blackburn Hospital comprise of five wards providing 24 hour care for patients between the ages of 18-65 years old.
- 8.2 There are 4 acute wards: Ribble (male 14 beds), Darwen (male 19 beds), Edisford (female 14 beds) and Hyndburn (female 20 beds). The acute wards have a mixed assessment and treatment function.
- 8.3 There is one PICU (Calder Ward) which has 6 beds for patients needing psychiatric intensive care.
- 8.4 Hurstwood Ward is an Older Adult advanced care ward for patients with a combination of high level psychiatric and physical care needs.
- 8.5 The Inpatient Restart & Recovery Team work across all wards providing individualised recovery focused treatment plans in collaboration with the patient.

9. Community Services

9.1 IRS

- 9.2 The Initial Response Service was launched in March 2022 as the new access point for Mental Health services in Pennine Locality. This is a 24 hour service accept all Mental Health referrals irrespective of origin. It comprises trained call handlers and Band 6 Clinical Practitioners. IRS is based at the The Mount Accrington where it is co-located with Street Triage – a service comprising MH practitioners and the police to try to divert patients who are being considered for detention under s136 MHA.
- 9.3 The IRS call-handler determines whether each referral should be passed to a Clinical Practitioner to respond within 4 hours of the initial call. The Clinical Practitioner determines next steps according to clinical need with options to manage including sign-posting to a different service, referral to an LSCFT service (HTT, CMHT, MHA assessment for possible inpatient admission) or discussion in next IRS daily MDT meeting.
- 9.4 The daily IRS MDT meeting has senior Medical representation (in person or remotely) to determine whether a Medical review appointment is the appropriate outcome to the referral.

10. Community Mental Health Teams (CMHTs)

- 10.1 There are 6 CMHTs in Pennine Lancashire. The teams covering Burnley and Pendle are based at Pendle House in Nelson (satellite base Gannow Lane, Burnley). The teams covering Hyndburn, Rossendale and Ribble Valley are based at The Mount in Accrington (satellite base Ballden House, Rossendale). The teams covering Blackburn and Darwen are based at Daisyfield Mill in Blackburn (satellite base Darwen Resource Centre).

11. Home Treatment Teams (HTT)

- 11.1 There are 2 HTTs in Pennine Lancashire. HTT East are based at Pendle House in Nelson and HTT West at Daisyfield Mill in Blackburn. Each team has 2 Consultant Psychiatrists working within an MDT supporting patients who need acute intensive treatment in the community.

12. Mental Health Liaison Team (MHLT)

- 12.1 The MHLT is based at Royal Blackburn Hospital and provides cover to Burnley General Hospital to provide rapid assessment for patients on the acute site whether via the Emergency Department or if an inpatient on the wards. The MHLT has a dedicated Consultant and senior doctors working alongside a well established MH nursing team.

- 12.2 There is a specific team working with patients detained under section 136 MHA with Consultant Psychiatry support.

13. Other services

- 13.1 Older Adult Mental Health Services provide similar services to Adult Psychiatry for their patient group including CMHT, HTT (RITT – Rapid Intervention and treatment Team) and MHLT.
- 13.2 The Early Intervention Service (EIS) has a dedicated team for Pennine Lancashire based at The Mount in Accrington.

14. Continuing professional development (CPD)

- 14.1 Consultants are expected to maintain personal portfolios in accordance with the requirements of the Royal College of Psychiatrists; to participate in a CPD peer group; and to obtain an annual certificate of “good professional standing for CPD” from the College. There are established local CPD peer groups which the new post holder would be able to join
- 14.2 Study leave arrangements for consultant medical staff are in accordance with the new consultant’s contract within Lancashire and South Cumbria NHS Foundation Trust.
- 14.3 Regular clinical supervision is an important part of professional development and it is the post holder’s responsibility to access the appropriate levels of supervision and locality peer review group to support and further develop their clinical practice.
- 14.4 All doctors are encouraged and expected to join a peer group for their annual CPD submission and medical appraisal. This can be externally if the doctor is already part of a peer group prior to joining the Trust, or internally within the Trust. There are opportunities to join any of the existing Trust groups. In case there is a number of doctors recruited at one time, colleagues in the medical education can facilitate communication to form a new peer group as necessary.
- 14.5 For all new consultant appointments supervision arrangements are available through the Associate Medical Director (AMD).
- 14.6 In addition to possible academic input into the University, consultants are also expected to contribute to postgraduate psychiatric training as required and to other training initiatives within Lancashire and South Cumbria NHS Foundation Trust.
- 14.7 There is an active local programme of case conferences and journal clubs in the locality. The post holder will be expected to participate in appropriate local programmes as agreed with the Associate Medical Director. An active research interest would also be encouraged.

15. Clinical leadership and medical management

- 15.1 The Trust is committed to the full involvement of clinical staff in the management and development of the service. In the current arrangement a consultant Locality Medical

Director (LMD) and Associate Medical Director (AMD) and clinical manager support each part of the service.

- 15.2 The AMD liaises closely with medical colleagues, the LMD/Locality Clinical Director and Chief Medical Officer to provide clinical leadership and direction to the service.
- 15.3 The core management role of this post is to provide leadership in co-production with the team manager, including:
- 15.4 Patient Charter Standards, implementation of relevant legislation and amendments to The Mental Health Act 1983 and Mental Capacity Act 2007 and management of clinical outcome measures.
- 15.5 Participation in planning, steering and working groups and subjects relevant to special interests or general area of work and contributing in a positive and constructive manner to the development of services and new innovations for the whole adult community service.
- 15.6 Participation in network and Trust professional groups with responsibility for managing service delivery.
- 15.7 Participation in relevant management training courses as part of personal development and to ensure effective delivery of services.
- 15.8 Developing and maintaining a healthy working relationship with all medical, non-medical, clinical and managerial colleagues in the interest of best outcomes for patients and Trust services.
- 15.9 Participation in and the preparation of reports for serious incident investigations and investigations of poor performance.
- 15.10 The Trust would encourage the post holder to participate in regional and national groups, activities of the Royal College, GMC, DOH and similar bodies. Such activities have to be discussed and agreed with the Associate Medical Director and have to be approved by the Medical Director in accordance with the relevant Trust policies.
- 15.11 The Trust has an active audit programme and the post holder will be expected to participate in and lead local and Trust-wide audit activity and to be involved in audit training for medical and other disciplines.

16. Appraisal and job planning

- 16.1 The Trust has a leadership program for all Consultants. The post holder will be encouraged to develop her/his leadership skills by participating in one of these programs.
- 16.2 There is a well-developed programme of annual appraisal and job plan reviews. The first job planning meeting will be within 3 months of starting in post.
- 16.3 The posts are subject to the Trust annual appraisal process leading to revalidation.
- 16.4 There is a Trust policy relating to medical staff appraisals.

17. Teaching and training

- 17.1 The post holder will be expected to provide supervision to the junior medical staff working with their team and generally participate in the academic and teaching programmes and teaching the medical students and other mental health professionals if they are attached to the clinical team.
- 17.2 The post holder will have access to the library facilities in The Lantern Centre which is 13 miles from base.
- 17.3 The Trust has a special study leave policy for medical staffing and various in-house training activities takes place both at locality and Trust level, the Trust encourages all consultants to attend and if possible organise similar events according to their interests.
- 17.4 The Trust has started rolling out a leadership programme for all its senior managers. The post holder will be encouraged to develop her/his leadership skills by participating in one of these programmes.
- 17.5 The Trust has a range of training events developed 'in-house' to improve management skills.
- 17.6 Audit: as well as supervising their trainee in audits, the consultant is expected to conduct or participate in audits aiming to improve the services locally as well as actively participate in the Trust high priority audits and any regional or national audits that the Trust participates in.

18. Research

- 18.1 LSCFT is committed to developing and undertaking research studies that enable us to deliver high quality evidence-based care and services to people in our local community.
- 18.2 The Trust has a well-staffed Research & Development Department and provides extensive support for staff undertaking commercial trials and non-commercial studies, including developing grant proposals and partner engagement.
- 18.3 LSCFT has strong collaborations with regional and national academic partners including the Universities of Manchester, Central Lancashire and Lancaster. The Trust is part of the National Institute for Health Research's Clinical Research Network: North West Coast (CRN: NWC), the North West Coast Collaboration for Leadership in Applied Health Research and Care (NWC CLAHRC) and hosts the Innovation Agency in the region. The Trust's strategic research plan involves continuing to develop its reputation for quality research that benefits local services and local people.
- 18.4 We have a number of consultants who are Chief Investigators for studies and grant-holders. LSCFT has a unique partnership with the neighbouring Lancashire Teaching Hospitals Foundation Trust in a dedicated Clinical Research Facility. This enables both Trusts to work

together in delivering complex clinical trials for the benefit of our patients. The post holder will be strongly encouraged to take an active part in some of the many ongoing research projects within the Trust and/or develop their own research projects.

19 Mental Health Act and Responsible Clinician approval

- 19.1 The post holder would be expected to be approved as a Responsible Clinician and to have approval under Section 12(2) MHA and will be expected to renew this approval according to agreed procedures.

20. Secretarial support and office facilities

- 20.1 There is a designated private office at Daisyfield Mill, Appleby Street, Blackburn equipped with a laptop, mobile and desk phone. IT support is available from the IT Helpdesk.
- 20.2 Dedicated secretarial support is provided by a full time Band 4 Medical Secretary based at Daisyfield Mill.

21. Local working arrangements

- 21.1 The Trust is seeking a Consultant Psychiatrist to join the Initial Response Service Multi-Disciplinary Team. The IRS is based at The Mount, Accrington. This post is to work with patients from Blackburn with Darwen as is based at Daisyfield Mill, Blackburn. The vacancy arose as a result of the retirement of the previous post holder. The post holder will carry no responsibility for inpatients.
- 21.2 The 3 Pennine IRS Consultants work closely together along with the MDT. The Consultant also usually works with a doctor in training (currently a GP ST trainee). Junior Doctors working with other IRS Consultants would also join the MDT which is considered an important part of their training and experience.
- 21.3 Each IRS shift is overseen by a Senior Practitioner. The IRS have clinical and operational support from a Team Manager and Service Manager and Associate Director of Operations.

23. Supervision Arrangements

- 23.1 The Consultant Psychiatrist would be expected to provide and be given time in their Job Plan to supervise other doctors working with them (Clinical Supervisor role).
- 23.2 MDT supervision is undertaken by the IRS Service Manager for the Team Manager. The Team Manager provides supervision for Mental Health Practitioners.

24. Team Information

- 24.1 The IRS received about 200 calls/referrals each day, the average time to answer a call is 20 seconds. On average the Consultant would have 9-10 patient review appointments (figures based on June and July 2023). Patients are recommended to be seen within 4 weeks of referral and this is achieved in most cases. Figures are for guidance and the post holder is expected to show a high degree of flexibility in team working.
- 24.2 Following MDT discussion, the Consultant Psychiatrist may offer a planned Medical reviews e.g. for diagnostic assessment including for more complex patients and for treatment planning and referral on to other services is appropriate. The Consultant would have capacity to arrange follow-up reviews where indicated if ongoing referral was not thought appropriate. Any follow-up would be anticipated to be short-term e.g. up to 3 months. Patients who require longer-term follow-up would be referred.
- 24.3 New patient assessments would be undertaken face-to-face unless the patient was clear that they preferred an alternative form of contact (video review or telephone). Follow-up contact can be arranged according to clinical need.
- 24.5 The Trust operates an electronic patient record (RiO) for all patients and all staff must ensure these records are maintained accurately and securely. There is electronic access to pathology lab reports via this system.
- 24.6 Inpatient services are predominantly provided at Royal Blackburn Hospital which is 3 miles from base.
- 24.7 While primarily responsible for delivering a quality clinical service, the consultant psychiatrist is also expected to be actively involved in the strategic development of the team and broader services, working with the team manager and locality manager in helping to steer the development of the service in line with the strategic direction of the organisation.

25. Training duties

- 25.1 The post-holder will be expected to engage in both formal and informal education of multidisciplinary colleagues. More specifically, fulfilling responsibilities for clinical and education supervision should be supplemented by participation in the weekly local education and postgraduate training programme.
- 25.2 The post-holder will be encouraged to get approved as a specialist trainee trainer.
- 25.3 The post-holder will be expected to provide supervision to trainees and medical students (if placed with the team).
- 25.4 The post-holder will be encouraged to participate in the academic and teaching programmes, teaching the medical students and other mental health professionals if they are attached to the clinical team.
- 25.5 The post-holder will have access to the library facilities in the Lantern Centre.

- 25.6 Medical undergraduate students: the Trust provides training for undergraduate students from Manchester and Lancaster Universities and the post-holder is expected to actively participate in their training program.

26. Clinical governance and audit

- 26.1 Consultants are expected to be aware of the principles of clinical governance and to work towards achieving continuing improvement in all aspects of service delivery in line with the aims of Lancashire & South Cumbria NHS Foundation Trust. Consultants have the opportunity to contribute to development of guidelines, clinical policies, monitoring and reviewing procedures through membership of the Medical Advisory Committee, Drugs & Therapeutic Committee and Local Negotiating Committee.
- 26.2 The post holders will be expected to ensure, together with other professionals in the service, that clinical audits are carried out as required and that the work is regularly evaluated and reviewed.
- 26.3 The Trust supports the view that whilst Clinical Audit is fundamentally a quality improvement process, it also plays an important role in providing assurances about the quality of services.
- 26.4 The Trust considers that the prime responsibility for auditing clinical care lies with the clinicians who provide that care.

27. General duties

- 27.1 To manage, appraise and give professional supervision to junior medical staff as agreed with 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.
- 27.2 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.
- 27.3 To undertake the administrative duties associated with the care of patients.
- 27.4 To record clinical activity accurately and comprehensively and submit this promptly to the Information Department.
- 27.5 To participate in service and business planning activity for the locality and as appropriate for the whole mental health service.
- 27.6 To participate in annual appraisal for consultants.
- 27.7 To attend and participate in the academic programme of the Trust, including lectures and seminars as part of the internal CPD programme.
- 27.8 To maintain professional registration with the General Medical Council, Mental Health Act Section 12(2) approval, and to abide by professional codes of conduct.

- 27.9 To participate annually in a job plan review with the clinical manager, this 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.
- 27.10 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.
- 27.11 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.

28. External duties, roles and responsibilities

- 28.1 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.

29. Other duties

- 29.1 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.

30. Work programme

- 30.1 It is envisaged that the post holder will work 10 programmed activities over 5 days. Following appointment there will be a meeting at no later than three months with the clinical manager to review and revise the job plan and objectives of the post holder.
- 30.2 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).
- 30.3 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.

JOB PLAN

Example draft timetable, details to be confirmed (subject to job planning)

Day	Time	Work	Category	No. of PAs
Monday	9am -10am	MDT Meeting	DCC	0.25 (1 hour)
	10am – 1pm	Clinical work/admin	DCC	0.75 (3 hours)
	1pm – 4pm	Clinical work/admin	DCC	0.75 (3 hours)
	4pm – 5pm	CPD activity	SPA	0.25 (1 hour)
Tuesday	9am – 10am	MDT Meeting	DCC	0.25 (1 hour)
	10am – 1pm	Clinical work/admin	DCC	0.75 (3 hours)
Wednesday	1pm – 5pm	CPD/appraisal activity	SPA	1 (4 hours)
	9am – 10am	MDT Meeting	DCC	0.25 (1 hour)
	10am – 1pm	Clinical work/admin	DCC	0.75 (3 hours)
Thursday	1pm- 5pm	Academic Teaching Programme	SPA	1 (4 hours)
	9am – 10am	MDT Meeting	DCC	0.25 (1 hour)
Friday	10am – 1pm	Clinical work/admin	DCC	0.75 (3 hours)
	1pm – 5pm	Clinical work/admin	DCC	1 (4 hours)
	9am – 10am	MDT Meeting	DCC	0.25 (1 hours)
Friday	10am – 12am	Audit/research	SPA	0.5 (2 hours)
	12am- 1pm	Trainee supervision	SPA	0.25 (1 hour)
	1pm – 5pm	Clinical work/admin	DCC	1 (4 hours)
Total PAs	7.5	(30 hours)		
	2.5	(10 hours)		

31 On-call and cover arrangements

- 31.1 The post holder will be expected to take part on the on-call rota out of hours and weekends. This will be remunerated appropriately. The rota covers the general adult psychiatry and older adult psychiatry specialities within the Pennine Lancashire locality (ages 16 and above). There are separate on-call arrangements for CAMHS. The current Consultant rota is a minimum of 1:18 and attracts a 3% availability supplement and 0.5 PA.
- 31.2 The post holder will be treated at par with existing consultants for on-call remuneration.
- 31.3 There is no requirement to be resident on call. You will be supported by a 1st tier rota (comprising doctors in the CT grade, GPST, FY2 trainees and equivalent Trust grades) and a 2nd tier (Specialty Doctors). These doctors cover the Pennine locality and provide cover to

other sites as well. You will also be supported by the middle tier cover which comprises of the Specialty Doctors and STs in North Western Deanery.

- 31.4 It is accepted that the consultant will be asked with other colleagues to provide emergency cover in case of sudden or short-term sickness or emergencies. This is not a reciprocal arrangement and it is aimed to provide continuity of care. Any long-term sickness will normally be covered by separate arrangements as per the Trust policy.

32. Contract agreement

- 32.1 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

33. Leave

- 33.1 Annual leave is in accordance with that detailed in the Consultant Contract Terms and Conditions (2003). Leave cover is provided on a reciprocal basis with colleagues.
- 33.2 The post holder is entitled to 10 days study leave per annum. An allowance which can be utilised over a period of three years with prior approval of the Associate Medical Director and Director of Medical Education. The Trust has an allocated budget for Consultant training that can be utilised by following the appropriated procedures in the study leave policy.

34. Visiting arrangements

Applicants or prospective applicants are strongly encouraged to visit the Trust and to meet prospective colleagues. Informal discussions to discuss the job or arrangements for visiting may be made with:

Chief Medical Officer:	Dr David Fearnley (01772 773513)
Network Medical Director:	Dr Prashant Kukkadapu (01282 657786)
Associate Medical Director:	Dr Euan Robertson (01282 657339)
LSCFT IRS Medical Lead:	Dr Chris Ubawuchi (01282 657 920)

Lancashire & South Cumbria NHS Foundation Trust
Sceptre Point, Sceptre Way
Walton Summit, Bamber Bridge
Preston, PR5 6AW

GENERAL TERMS AND CONDITIONS

All terms and conditions of service are in accordance with those detailed in the Consultant Contract Terms and Conditions (2003), Hospital Medical and Dental Staff (England and Wales), General Whitley Council and where applicable those of the Trust. These may vary from time to time.

The appointee will be expected to work with local managers and professional colleagues in the efficient running of services, and will share with consultant colleagues in the medical contribution to management. Subject to the provision of the Terms and Conditions of Service, he/she is expected to observe the Trust's agreed policies and procedures drawn up in consultation with the profession on clinical matters, and to follow the standing orders and financial instructions of the Trust. The appointee will be expected to follow the local and national employment and personnel policies and procedures. He/she will be expected to make sure that there are adequate arrangements for hospital staff involved in the care of their patients, to be able to contact a Consultant when necessary.

The successful candidate will be expected to maintain existing service commitments and comply with Trust performance targets.

Residence/Removal Expenses

The appointee will be required to live within 10 miles or 30 minutes of their clinical base unless the Medical Director and Chief Executive agree to a greater distance. If the appointee is required to move house to meet the residential clause of the contract, removal expenses may be payable. Terms and Conditions of service state that the "removal expenses shall be reimbursed and grants paid only when the employing authority is satisfied that the removal of the practitioner's home is required and that the arrangements proposed are reasonable". Therefore, successful candidates are advised not to enter into contractual agreement until such time as the formal approval of the Trust is confirmed in writing.

Health & Safety

The Trust recognises its duties under the relevant Health and Safety at Work legislation and to ensure, as far as reasonably practicable, the health, safety and welfare at work of all its employees. All medical and dental staff under contract to the Trust will be expected to be familiar with and adhere to the Health and Safety Policies of the Trust.

Rehabilitation of Offenders Act 1974

Due to the nature of this work, the post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975.

Applications for the post are not entitled to withhold information about convictions which for other purposes are 'spent' under the provision of the Act, and in the event of employment, any failure to disclose such convictions could result in disciplinary action or dismissal by the Trust. Any information given will be treated in the strictest confidence and will be considered only in relation to an application for a position to which the order applies.

Professional Standards

The AMD is managerially responsible for all activity in which the consultant works. The Medical Director, has overall responsibility for the professional performance of consultants, employed by the Trust. All consultants are expected to comply with management arrangements in place, to follow the guidelines on practice laid down by the General Medical Council's "Maintaining Good Medical Practice", and to be accountable to the Trust for their actions and the quality of their work.

Maintaining medical excellence/Responding to Concerns

The LSCFT is committed to provide safe and effective care for patients. To ensure this, there is an agreed procedure for medical staff that enables them to report quickly and confidentially, concerns about conduct, performance or health of medical colleagues (Chief Medical Officer 1996). All medical staff practicing in the Trust should ensure that they are familiar with the procedure and should apply it.

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 DD/MM/YYYY.

Appendix 1: Sample person specification/selection criteria for consultant

Abbreviations for when assessed: S: Screening prior to short-listing A: Short-listing from application form P: Presentation to formal panel

F: Formal Appointments Committee Interview R: References

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
QUALIFICATIONS	MB BS or equivalent medical qualification.	S	Qualification or higher degree in medical education, clinical research or management. MRCPsych OR MRCPsych equivalent approved by the Royal College of Psychiatrists. Additional clinical qualifications.	A S A
ELIGIBILITY	Fully registered with the GMC with a licence to practise at the time of appointment. Included on the GMC Specialist Register OR within six months. Approved clinician status OR able to achieve within 3 months of appointment Approved under S12 OR able to achieve with 3 months of appointment	S S S S	In good standing with GMC with respect to warning and conditions on practice	S S
TRANSPORT	Holds and will use valid UK driving licence OR provides evidence of proposed alternative.	S		

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
CLINICAL SKILLS, KNOWLEDGE & EXPERIENCE	Excellent knowledge in specialty	A F R	Wide range of specialist and sub-specialist experience relevant to post within NHS or comparable service	A F
	Excellent clinical skills using bio-psycho-social perspective and wide medical knowledge	A F R		
	Excellent oral and written communication skills in English	A F R		
	Able to manage clinical complexity and uncertainty	F		
	Makes decisions based on evidence and experience including the contribution of others	F		
	Able to meet duties under MHA and MCA	F		
ACADEMIC SKILLS & LIFELONG LEARNING	Able to deliver undergraduate or postgraduate teaching and training	A P F	Able to plan and deliver undergraduate and postgraduate teaching and training relevant to this post	A F
	Participated in continuous professional development	A F	Reflected on purpose of CPD undertaken	A F
	Participated in research or service evaluation.	A F	Experienced in clinical research and / or service evaluation.	A F

	Able to use and appraise clinical evidence.	A P F	Evidence of achievement in education, research, audit and service improvement: awards, prizes, presentations and publications.	A
	Has actively participated in clinical audit.	A F	Has led clinical audits leading to service change.	A F