

## **Pennine Care NHS Foundation Trust**

### **Job description and person specification**

#### **Speciality Doctor in Low Secure Psychiatric Rehabilitation**

|  |   |
|--|---|
| Post and specialty:                                    | Specialty Doctor in Low Secure Rehabilitation Psychiatry (Full time)<br><br>This is an established post within the Rehabilitation & High Support Directorate (RHSD) covering 23 male patients on a 45 bedded Low Secure Unit (LSU).   |
| Base:  | Prospect Place Low Secure Unit, Birch Hill Hospital, Rochdale, OL12 9QB   |
| Contract:  | Number of programmed activities: 10 PAs   |
| Accountable professionally to:                         | Medical Director – Simon Sandhu   |
| Accountable operationally to:                          | Clinical Director– Amar Gupta   |
| Key working relationships and lines of responsibility: | Line Manager – Amar Gupta<br><br>Clinical Service Manager for Low Secure: Francis Ukpebor<br><br>Responsible Officer : Simon Sandhu<br><br>Rehabilitation and High Support Service Manager : leuan Thomas-Cole<br><br>Deputy Medical Director: Nilika Pererra<br><br>Associate Medical Director : Saravana Subbian<br><br>Chief Executive : Anthony Hassall |

## Introduction:

Post Holder will be joining the team at Prospect Place, which is a 45 bedded unit split into 3 separate "pods". The unit is based in Birch Hill Hospital, Rochdale. The medical team consists of 2 WTE Consultant Psychiatrist, alongside a Core trainee and a full-time specialty doctor.

Speciality Doctor post is currently covered by a full-time locum doctor.

You will be part of the middle grade North on-call rota, which is approximately 1 in 30. You are entitled to half a day off work after being on-call.

There is now a partnership collaborative for all secure care in the Manchester area. Greater Manchester Mental Health (GMMH) is the legal provider of the collaborative, and Pennine Care NHS Foundation Trust (PCNFT) is the main partner. The 2 organisations are the gatekeepers for secure care in greater Manchester, though PCNFT will only be responsible for low secure gate keeping.

In addition, later in 2022, a new national service specification for low secure care will be published, which will inform future developments of the service.



## 1. Trust details

Since its formation in 2002, Pennine Care NHS Foundation Trust has grown to become one of the UK's leading providers of mental health services. Pennine Care

NHS Foundation Trust provides a range of mental health, learning disability and substance misuse services for General Adults living in the boroughs of Tameside, Oldham, Bury, Rochdale and Stockport.

Mental Health Needs Index for our CCGs (2018/2019 data):

|   |      |
|---|------|
| • NHS Heywood, Middleton and Rochdale CCG | 1.21 |
| • NHS Tameside And Glossop CCG            | 1.11 |
| • NHS Oldham CCG                          | 1.09 |
| • NHS Bury CCG                            | 1.06 |
| • NHS Stockport CCG                       | 1.05 |

Pennine Care is one of two Mental Health Trusts serving Manchester, the other being Greater Manchester Mental Health (GMMH).

Our vision is for a happier and more hopeful life for everyone in our communities.

We employ over 3500 staff who provide care to 1.3 million people across five boroughs of Greater Manchester

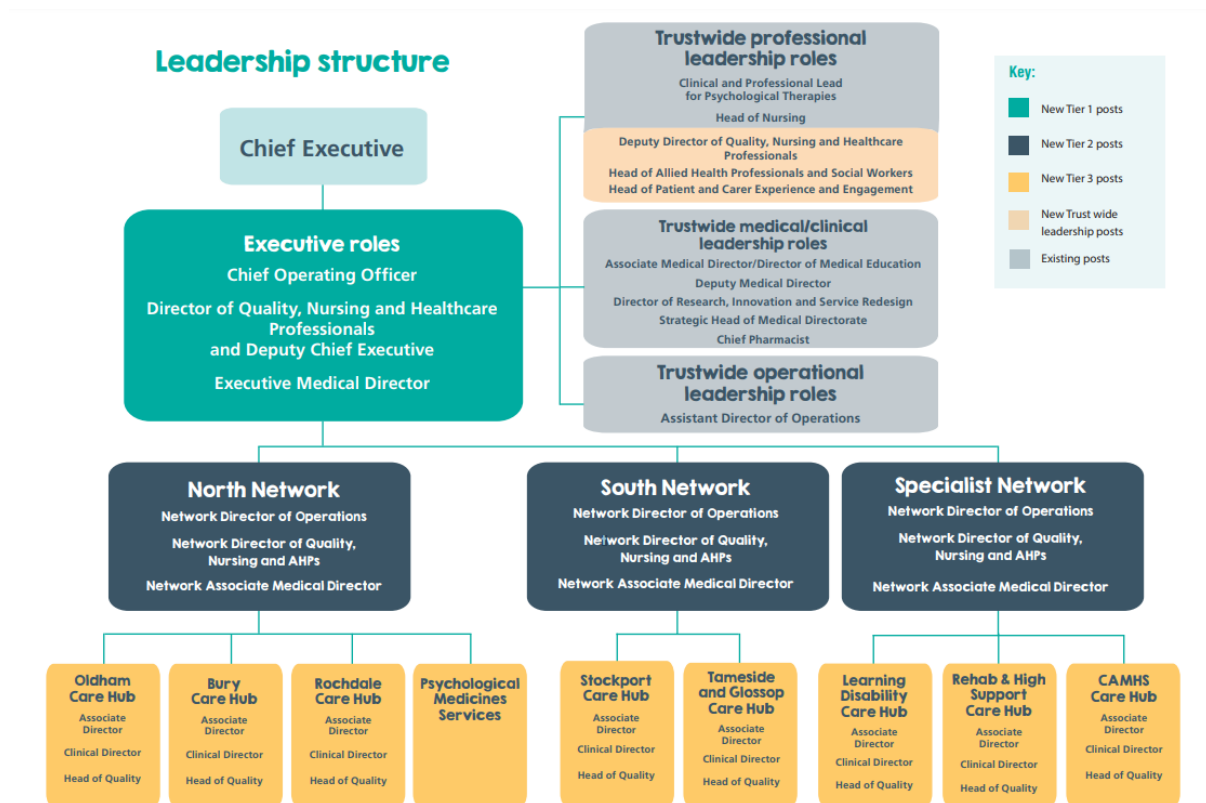
The Trust is passionate and committed to equality, diversity and inclusion (EDI). EDI ensures fair treatment and opportunity for all. It aims to eradicate prejudice and discrimination on the basis of an individual or group of individual's protected characteristics. It is against the law to discriminate against someone because of a protected characteristic. There are 9 protected characteristics which include, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

There are many key priorities of EDI work. Some of these include:

- Challenging poor behaviours, attitudes and the status quo to make a difference
- Becoming an anti-racist organisation, as mentioned in our anti-racist statement
- Improving our recruitment practices to appoint diversity from our local communities
- Educating, supporting and raising awareness of EDI across our service user population
- Supporting our staff networks to continue to develop and thrive and ensure your voices are heard
- Working on advancing mental health equalities across our populations

The management of the Trust is based 3 networks: North, South and Specialist. Services. A new management structure was implemented in 2020, designed to enable front line managers, and increase the influence of medical staff within the organisation.

There are 3 levels of management: Executive, Network and "Care Hub" (the latter were previously called Directorates). Each level has a "Triumvirate" of managers: Medical manager, operational manager and quality manager.



The medical management structure is attached separately.

Our service, the Rehabilitation and High Support Care Hub is part of the Specialist Network alongside the Learning Disability, and CAMHS Care Hubs.

## 2. Service details

The Rehabilitation and High Support Care Hub, consists of:

### Low secure units:

- Prospect Place, 45 beds for men, Birch Hill Hospital, Rochdale.
- Tatton unit, long term low secure, 16 beds for men, Tameside General Hospital.

### Rehabilitation units:

- Beckett Place, 10 beds for women, Tameside General Hospital.
- Hurst Place, 15 beds for men, Tameside General Hospital.
- Rhodes Place, 8 beds for women, Tameside/Oldham border
- Stansfield Place, 12 beds for men, Rochdale
- Heathfield House, 19 beds and 3 semi-independent flats for men, Stockport.
- Bevan Place, 16 beds for men over 50, Stepping Hill Hospital, Stockport.

We are also in the process of developing a Community Rehabilitation Service.

## Military Veterans Service

**Resilience Hub:** providing psychological services, developed following the Manchester bombing incident.

### 3. Local working arrangements

The Trust is seeking a Specialist Doctor to join Prospect Place LSU, to replace a post after the previous incumbent moved. It is currently being covered by a full time locum doctor.

Prospect Place provides psychiatric rehabilitation for 45 males under low secure conditions. The unit is a purpose built 45-bedded LSU on the Birch Hill Site in Rochdale.

The catchment area of the LSU covers Stockport, Tameside, Oldham, Rochdale, South and Central Manchester. However, infrequently this is flexible depending on individual patient need.

The unit is for patients having predominantly intractable severe and enduring mental illnesses, and who require a low-secure environment for an extended period of treatment and rehabilitation. Whilst many of the patients have a history of risk to others, the predominant need at the time of admission is for rehabilitation and the management of their psychosis.

Prospect Place is peer reviewed on an annual basis by the RCPsych Quality Network of Forensic Mental Health Services through the Centre for Quality Improvement. At the most recent review it was found to have improved compliance such that it fully met 84 percent of standards for forensic mental health services.

The successful applicant will be providing speciality doctor cover for up to 25 male patients under Consultant Psychiatrist's supervision. The average length of stay for patients is two years.

There is no expectation to provide community follow-ups.

Seclusion and extra-care facilities are available on the unit.

The teams are composed as follows:

- Consultant Psychiatrist 2
- Specialty Doctor 1
- Core Trainee 1
- Psychologists 1
- Psychology Assistant 1
- Occupational Therapist 3
- Technical Instructor 3
- Social Worker 1
- Ward Manager 2
- Nurses 28 (6 x CN, 21 x SN, 1x dual diagnosis nurse)
- Healthcare Assistants 34
- Medical secretary 2
- Ward administrator 3

- Security

3

The LSU beds are split as follows:

- Engagement & Assessment, 10 beds, for newly admitted patients and those in the first 6 months of admission. This also includes Enhanced care, 5 beds; management of patients during particularly difficult stages of their recovery
- Recovery/ Intervention, 15 beds; following identification of needs, patients will have tailored rehabilitation and treatment
- Social Inclusion, 15 bed; identification of suitable discharge packages and graded discharge. Consolidation of treatment. Includes 4 Independent Living Area beds.

The LSU receives approximately three referrals per month which are allocated at the RHS referrals meeting. Speciality Doctor will be encouraged and supported to participate in these assessments.

All referrals to the LSU are managed through the Care Pathways Team (CPT - two wte band 7 specialist nurses) and the Capacity and Flow Manager. Referrals to the Low Secure Service are presented at a fortnightly referrals meeting and allocated for assessment. Current time frame to complete the assessment is within two weeks of referral being accepted. All patients referred are assessed by a medic and a senior nurse.

### **Clinical Governance**

This is conducted through the Specialist Services Directorate and is led by a dedicated Quality Manager, Hazel Almond.

### **Additional information**

While primarily responsible for delivering a quality clinical service, the speciality doctor is also expected to be actively involved in the assessment of patients referred to LSU.

The appointee will be encouraged to attain Section 12(2) status and maintain that status

## **4. Continuing professional development (CPD)**

- The post holder will maintain good standing with the Royal College of Psychiatrists for CPD, and accordingly keep medical knowledge up to date, and participate in the annual Personal Development Plan/Appraisal process, which is in line with the Royal College of Psychiatrists policy on CPD (copy available on request).
- The appointee would be expected to join the peer group for CPD

- The Trust fully supports CPD, and accordingly will grant study leave to enable the appointee to maintain their CPD registration with the Royal College. This is approved by the Lead Consultant. Full time speciality doctors are eligible for 30 days study leave over three years, with approximately £1000 available per year (depending on agreement and service needs).
- There will be the opportunity for the successful applicant to develop a portfolio of evidence in order to attain Approved Clinician status. This can be built upon for submission for a Certificate of Eligibility for Specialist Registration (CESR). Special Interest sessions can be provided and research opportunities are available. Career guidance will be provided by the supervising consultants.

## **5. Clinical leadership and medical management**

- The Lead Consultant manages the consultants and conduct their job planning. They also organise the completion of appraisal and are responsible for performance management and support of individual consultants.
- The Medical Director has managerial responsibility for the Lead Consultants.
- The Specialty Doctor will have Job Planning and Appraisals on at least an annual basis in preparation for revalidation. Named Supervising Consultant will conduct this with the appointee. Any proposed changes to the job will only be implemented following bilateral consultation and negotiation between the Supervising Consultant and appointee.

## **6. Appraisal and job planning**

- Appraisal is organised via a Trust-wide system, where a pool of appraisers undertake appraisals. The Trust has invested in an Appraisal Information System (Strengthened Appraisal & Revalidation Database - SARD) and the Medical Appraisal Policy is available on request.
- A trained appraiser, appointed through a fair allocation system will be responsible for appraising the post-holder. This process will be in line with needs for revalidation and licensing.
- Job Planning will be undertaken on at least an annual basis with the Supervising Consultant. Appraisal will be linked to job planning. All job plans are submitted using an electronic system (SARD).

- All new staff are expected to attend the Trust induction and the successful applicant would also need to attend the local RHS induction.
- The Appointee would be encouraged to seek out a mentor if this was deemed appropriate.

## **7. Teaching and training**

- The post holder would be expected to contribute to the teaching and CPD events locally, attending weekly case conferences, audit meetings, and seminars (Wednesday pm in Rochdale/currently held trust wide via MST). Time will be available for the post holder to undertake teaching outside these sessions if required.
- Opportunities are available for participation in undergraduate and postgraduate clinical teaching, depending on the successful applicant's interests. There is an active Local Educational Programme.
- Dr Shahid Quraishi, Consultant at Prospect Place supervises the SAS doctor. The Trust education lead is Dr Adeola Akinola.
- RHS has a dedicated training session for all doctors once in two months. Here consultants/Speciality Doctors have the opportunity for peer review and Case Based Discussions with their colleagues.
- Pennine Care supports training of Medical Students from Manchester University.
- The post holder will take part in continuing medical education within statutory limits. There will be the opportunity for the successful applicant to develop a portfolio of evidence in order to attain Approved Clinician status. This can be built upon for submission for a Certificate of Eligibility for Specialist Registration (CESR). Career guidance will be provided by the supervising consultants.

## **8. Research**

- The Trust has an active research department and the post holder can pursue interests following agreement in the job planning process. Pennine Care NHS FT has links with Manchester Metropolitan University.

## **9. Mental Health Act and Responsible Clinician approval**

- The post holder will be expected to have sec 12 (2) approval. They will supported in maintaining this status.
- Speciality Doctor will be expected to prepare reports for mental health act Tribunals and/or Hospital Manager Hearings under Consultant's supervision.



- As part of their progression, they will be encouraged and expected to present evidence at Tribunals and Managers' hearings depending on their experience.

## **10. Secretarial support and office facilities**

- The Specialty Doctor will have access to the equivalent of 1 wte of secretarial support for the Team who is based in the Administrative Unit (Lawrence House) that serves the LSU.
- An office will be available for use by the appointee in Lawrence House, Rochdale (shared with 2 other doctors in training). The office is fully equipped with appropriate furniture and a PC that is connected to the Trust network, the Trust Intranet, and the Trust email system. There will be access to photocopying and fax facilities.
- Library facilities are available for all Trust Employees via an outsourced service based at Prestwich Hospital provided by Greater Manchester West NHS Foundation Trust.
- The appointee will be provided with a mobile telephone for work commitments only.
- There is a full health informatics team to support the consultant.

## **11. Clinical duties of post holder**

- Provide the routine medical and psychiatric care to up to 24 inpatients on the LSU. This will involve taking the initial histories, regularly reviewing the patients' mental state and physical health, writing prescriptions, collecting and compiling information from other sources re: previous psychiatric history, medication history, and risk events, writing admission summaries within 2 weeks of admission, and discharge summaries no less than 2 weeks following discharge, writing reports for CPA reviews, and letters.
- The appointee must participate in multi-disciplinary team working and be comfortable with this kind of working environment. It is policy that all treatment decisions, apart from emergencies, are decided in the Clinical Team Meetings (CTM), where the various treatment protocols and parameters are set, and contingency plans are put in place to enable the different disciplines to operate with a consistent approach but with sufficient flexibility to respond according to the patient's needs. As far as possible the whole care plan is reached by consensus.
- Assess a proportion of the patients referred to the service (including the other units) in the setting from where they are referred, including prisons, independent hospitals and other NHS providers. Assessments will be reported back to the multi-disciplinary referrals meeting for discussion, before a final decision is conveyed to the referrer. Providing advice to referrers. These duties will be under supervision and will not be undertaken at the detriment to the routine care provided to the LSU.
- Regularly assess the clinical state of the patients, and be involved in psychological and/or family-based therapies, depending on the appointee's agreement, training and interests.

- Undertake yearly physical health assessments/ examinations/ investigations, in keeping with guidance on the physical monitoring of long-stay inpatients.
- Attend regular detailed Care Programme Approach meetings along with the consultant to review progress to date and set longer term goals, in consultation with family/carers and Care Coordinators.
- Attend monthly Clinical Team Meetings, contribute to the multi-disciplinary review of the patients, take notes and document on the electronic recording system PARIS . The aim is to review progress and to set short-term goals in keeping with the longer term goals set by the CPA review.
- Under supervision prepare psychiatric reports for Hospital Managers' Hearings and Tribunals. Depending on experience the post holder can expect to represent the Responsible Clinician at Hospital Managers' Hearings and less frequently Tribunals.
- Attend Clinical Governance meetings, and contribute to the clinical governance of the unit. Consequently the appointee will be expected to be involved in audit, according to the Trust policy on Audit (available on request), adhere to the various Trust policies on complaints, risk assessment and management, confidentiality etc.
- Adhere to an annual appraisal process (or more frequently if required) in line with national guidance.
- Maintain good standing with the Royal College of Psychiatrists for CPD, and accordingly keep medical knowledge up to date, and participate in the annual Personal Development Plan/Appraisal process, which is in line with the Royal College of Psychiatrists policy on CPD (copy available on request). Maintain registration and a licence with the GMC. The Trust fully supports CPD, and accordingly will grant study leave to enable the appointee to maintain their CPD registration with the Royal College.
- Participate in the middle grade on-call rota for North Sector (covering Bury, Rochdale & Oldham) [currently 1:9]. During on-call the appointee may be called upon to advise junior doctors, or assess patients in the community, A&E departments, police stations etc at the request of GPs, police surgeons, junior doctors, or other consultants in other specialties, and provide the services of a Section 12 approved doctor.

## **12. Training duties**

- Participation in undergraduate and postgraduate clinical teaching.
- Participation inhouse teaching sessions for RHS.
- Service permitting, appointee will be supported with any outside Trust training utilising study leave

- The post holder will take part in continuing medical education within statutory limits. There will be the opportunity for the successful applicant to develop a portfolio of evidence in order to attain Approved Clinician status. This can be built upon for submission for a Certificate of Eligibility for Specialist Registration (CESR).

### **13. Clinical governance, quality assurance and quality improvement**

- Expected contribution to clinical governance and responsibility for setting and monitoring standards.
- Participation in clinical audit and other local assurance processes.
- Participation in service/team evaluation and the planning of future service developments
- Utilises a quality improvement approach to think systemically about complex problems, develop potential change ideas and test these in practice using a systematic QI methodology.
- Empowers the team to resolve local issues on a daily basis using the tools and method of quality improvement without staff having to seek permission.
- Promotes awareness and understanding of quality improvement, and shares learning and successes from quality improvement work.

### **14. General duties**

- In the event of the post holder being absent from work, the LSU Trainee doctors will provide urgent cover. In the event of their unavailability, cover will be provided via the 'on-call' system. The post holder will be expected to provide absence cover for a Specialty doctor working at Birch Hill Hospital, Rochdale in a reciprocal arrangement.
- Travelling expenses are in line with National Terms and Conditions.
- For non-drivers alternative transport for essential journeys will be arranged through the hospital taxi service. This will exclude commuting from home to work.
- 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 annual appraisal.

- 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 Approved Clinician Status, and to abide by professional codes of conduct.
- To participate annually in a job plan review with the clinical supervisor.
- To work with local managers and professional colleagues in ensuring the efficient running of services.
- To comply with the Trust's agreed policies, procedures, standing orders and financial instructions.

### **15.External duties, roles and responsibilities**

The Trust actively supports the involvement of doctors in regional and national groups subject to discussion and approval with the Medical Director and, as necessary, the Chief Executive Officer.

### **16.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.

### **17.Work programme**

It is envisaged that the post holder will work ten programmed activities over five days. Following appointment there will be a meeting at no later than three months with the Clinical Supervisor 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 clinical supervisor or Clinical director three months after commencing the post and at least annually thereafter.

### **18.On-call and cover arrangements**

- The post holder with sec 12 (2) approval will participate in the middle grade on-call Rota for North (Bury, Rochdale & Oldham) rota, currently 1 in 9 for general adult, older people and learning disability.
- If the appointee does not hold S12 status, they will join the 1<sup>st</sup> on call rota full shift, currently 1 in 11, residential, with a day off prior to and after the weekend of nights.

- Covering on-call sickness absences is detailed in the guidelines for managing medical vacancies and absences (copy available on request).
- There will always be a consultant available during the on-calls
- Cross cover for the LSU is provided by LSU trainee doctor in a reciprocal manner. Thus taking leave at the same time is to be avoided. However this may be permitted if an alternative arrangement can be ensured. This will need to be approved by the Supervising Consultant and the Lead Consultant.

## **19.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.

## **20.Wellbeing**

- Post holder will be provided with a personal safety alarm and there are safe interviewing facilities on the LSU. During induction training they will receive training in the security arrangements for the LSU, including a 'key-induction'. Risk Management is covered in the Induction Course. During your post you will be encouraged to attend a course on basic management of Violence and Aggression.
- All incidents of violence must be reported both on the Trusts incident reporting form
- Occupational health support is provided through the PAM OHIO system, either through self-referral or by referral by the line manager.
- The Trust holds regular Schwartz meetings where staff and present cases for peer review and reflective safe space discussions.
- When teams are involved in Untoward Incidents, debriefing and reflective safe-space discussions are encouraged. The Trust patient safety service is active in supporting teams following incidents.
- Our RHS psychologists are active in providing mindfulness and well-being sessions for all staff
- The Trust is engaged in the 'Just Culture' approach to managing serious incidents, in order to fully support doctor's wellbeing following serious incidents

- There are timely job planning reviews when there are changes in regard to the pre-agreed workload
- The trust is committed to flexible working, subsidised lease vehicle scheme, cycle-to-work scheme, retail and restaurant discounts, coaching/mentoring and peer group support.

## **21. Leave**

- Doctors in their first two years as a specialty doctor role will be entitled to 25 days annual leave plus 2 statutory days per year. All other doctors will be entitled to 30 days annual leave plus 2 statutory days.
- Professional/ study leave will be up to 30 days per 3 years consistent with maintaining essential services
- The Trust has a policy for special leave (available on request) to cover arrangements for carer/ bereavement/ emergency/ parental/ paternity/ maternity/ adoption and leave for essential public and civic duties.
- Cover for leave will usually be provided by the trainee doctor in the LSU. For longer term sick leave (e.g. 4 days +) etc, locum cover will be sought.

## **22. Additional Information**

Less than full time role can be discussed with the candidate

Parking is free at Birch Hill Hospital, site.

All employees can benefit from a subsidised 'salary sacrifice' car leasing scheme reducing tax and pension liabilities.

## **23. Visiting arrangements**

For discussions about the post and to arrange visits contact:-

Dr Amar Gupta  
Clinical Director and Consultant Rehabilitation Psychiatrist  
Pennine Care NHS Foundation Trust  
Buckton Building  
Tameside General Hospital  
Ashton-u-Lyne  
OL6 9RW

Tel: 07517580940

Email: [amar.gupta@nhs.net](mailto:amar.gupta@nhs.net)

Dr Saravana Subbian  
Associate Medical Director, Specialist Network

Email: [Saravana.subbian@nhs.net](mailto:Saravana.subbian@nhs.net)

Dr Simon Sandhu  
Medical Director  
Pennine Care NHS Foundation Trust  
Trust Headquarters  
225 Old Street  
Ashton-under-Lyne  
Lancashire  
OL6 7SR  
Email: [simon.sandhu@nhs.net](mailto:simon.sandhu@nhs.net)

**Further information can be obtained on the Trust website:**

<https://www.penninecare.nhs.uk/>

#### 24. Suggested draft timetable:

| Day              | Time | Location             | Work   | Category   | No. of PAs            |
|------------------|------|----------------------|--|------------|-----------------------|
| <b>Monday</b>    | AM   | Prospect             | Handover<br>Clinical Team Meeting / Admin  | DCC        | 1 DCC                 |
|                  | PM   | Prospect             | Assessments, MHRTs, Managers, Admin  | DCC        | 1 DCC                 |
| <b>Tuesday</b>   | AM   | Prospect             | Clinical Team Meeting  |            | 1 DCC                 |
|                  | PM   | Prospect             | 13.00 CT Supervision<br>CPA review on LSU  |            | 0.25 SPA<br>0.625 DCC |
| <b>Wednesday</b> | AM   | Prospect             | Ward in-patient reviews  | DCC        | 1 DCC                 |
|                  | PM   | Prospect             | Journal Club/ Case Conference/Teaching. CPD Clinical Governance, Audit, Research, Appraisal, | SPA        | 1 SPA                 |
| <b>Thursday</b>  | AM   | Prospect             | Clinical Team Meeting/CPA  | DCC        | 1 DCC                 |
|                  | PM   | Heathfield House/MST | Fortnightly referral meeting<br>RHSD Consultant Meeting<br>RHSD teaching/ Admin              | DCC<br>SPA | 0.75 DCC<br>0.25 SPA  |
| <b>Friday</b>    | AM   | Prospect             | Handover/Admin<br>Assessments/ MHRTs/ Managers Hearings                                      | DCC        | 1 DCC                 |
|                  | PM   | Prospect             | Audit, clinical governance, teaching, research etc.  | SPA        | 1 SPA                 |

|   |                                    |  |  |  |           |
|---|------------------------------------|--|--|--|-----------|
| <b>Unpredictable/emergency on-call work</b> |                                    |  |  |  | 0.125 DCC |
| <b>Total PAs</b>                            | Direct clinical care               |  |  |  | 7.5       |
|   | Supporting professional activities |  |  |  | 2.5       |

## 25. 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 .....



## 26. Person specification/selection criteria for consultant

### Abbreviations for when assessed:

A: Short-listing from application form

F: Formal Appointments Committee Interview

S: Screening prior to short-listing

P: Presentation to formal panel

R: References

|                | ESSENTIAL  | WHEN ASSESSED | DESIRABLE  | WHEN ASSESSED                       |
|----------------|--|---------------|--|-------------------------------------|
| QUALIFICATIONS | MB BS or equivalent medical qualification.   | S             | <p>Qualification or higher degree in medical education, clinical research or management.</p> <p>Additional clinical qualifications.</p> <p>Endorsement in Rehabilitation Psychiatry</p> <p>MRCPsych OR MRCPsych equivalent approved by the Royal College of Psychiatrists.</p> | <p>A</p> <p>A</p> <p>A</p> <p>A</p> |
| ELIGIBILITY    | Fully registered with the GMC with a licence to practise at the time of appointment. | S             | <p>In good standing with GMC with respect to warning and conditions on practice</p> <p>Approved under S12 OR able to achieve with 3 months of appointment</p>  | <p>S</p> <p>S</p>                   |

|   |   |  |   |                                  |
|---|---|--|---|----------------------------------|
| TRANSPORT                               | Holds and will use valid UK driving licence<br>OR provides evidence of proposed alternative.  | S                                      |   |                                  |
|   | ESSENTIAL   | WHEN ASSESSED                          | DESIRABLE   | WHEN ASSESSED                    |
| CLINICAL SKILLS, KNOWLEDGE & EXPERIENCE | <p>Minimum 3 years experience in post graduate training in the UK or equivalent</p> <p>Working extensively in multi-disciplinary teams in general adult psychiatry at basic trainee level.</p> <p>Experience of doing general on-call duties in general adult psychiatry.</p> | <p>A F R</p> <p>A F R</p> <p>A F R</p> | experience working in secure hospital or rehabilitation, relevant to post within NHS or comparable service  | A F                              |
| ACADEMIC SKILLS & LIFELONG LEARNING     | <p>Evidence of participation in annual appraisals</p> <p>Participated in continuous professional development</p>  | <p>A P F</p> <p>A F</p> <p>A F</p>     | <p>Able to plan and deliver undergraduate and postgraduate teaching and training relevant to this post</p> <p>Reflected on purpose of CPD undertaken</p> <p>Experienced in clinical research and / or service evaluation.</p> | <p>A F</p> <p>A F</p> <p>A F</p> |

|  |  |       |  |        |
|--|--|-------|--|--------|
|  | 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, P,F |
|  | Has actively participated in clinical audit. | A F   |  |        |