

JOB DESCRIPTION

<p>Post and specialty</p>	<p>Consultant Psychiatrist for Older adults – Walton Functional Older Adult Inpatient Unit in Chesterfield and North Older adult functional Inreach and home treatment Team (IRHTT)</p> <p>This is a new Consultant post due to the development of a new Older Adult specific functional inpatient ward at Walton Hospital, Chesterfield, and increased funding for North Inreach functional crisis team for Older Adults</p>
<p>Base</p>	<p>Consultant Psychiatrist for Older adults – Walton Hospital</p>
<p>RCPsych approval details:</p>	<p>TRENT-CO-NTH-2023-01423 (Approved)</p> 
<p>Contract</p>	<p>Number of programmed activities – 10</p>
<p>Accountable professionally to</p>	<p>Medical Director: Dr Arun Chidambaram</p>
<p>Accountable operationally to</p>	<p>Deputy Medical Director; Dr Mark Broadhurst</p>
<p>Key working relationships and lines of responsibility</p>	<p>General Manager for Older People’s services; Andrea Hodson</p> <p>Area Service Manager; Sarah Wood</p> <p>Deputy Medical Director; Dr Mark Broadhurst</p> <p>Clinical Director, Dr Paul McCormick</p> <p>Responsible Officer/Medical Director; Dr Arun Chidambaram</p> <p>Chief Executive Mark Powel</p> <p>On a day-to-day basis the consultant psychiatrist will be in a close working relationship with the local management structure, particularly the General manager and the Area Service Manager.</p> <p>S/He will work closely with consultant colleagues within the Older Adult Mental Health Directorate and the clinical services which interface with it.</p> <p>S/He will need to develop close relationships with local GPs and be accessible to them for consultation and advice</p> <p>On a more strategic level they will relate to the Clinical Director and the Director of Operations.</p>

	<p>From an overall professional perspective, they will relate to the Medical Director.</p> <p>In turn all are ultimately responsible within the Trust to the Chief Executive.</p>
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1. Introduction

This attractive consultant post in older people's services in Derbyshire Health care NHS Foundation trust is available due to the development of a new specialist inpatient unit for functional older adults and investment into Older adult crisis teams in the North of the county.

The successful candidate will have Consultant responsibility for the new Older Adult, 12 Bedded, Functional inpatient wards, specifically designed for over 65's based at Walton Hospital Chesterfield. The post also offers the variety of experience dedicated to the Older adult Crisis Inreach team for functional patients in the community in the north of the county. This post will enhance links between the inpatient ward and Inreach team.

It offers 10 PA's and is available due to reconfiguration and investment in services and the development of a new functional old age specific inpatient ward and North Older adults IRHTT (Inreach and home treatment). The post holder will be responsible for 12 bedded inpatient unit at Walton Hospital, Chesterfield and work with a staff grade into the inpatient environment.

We have recently negotiated 2 session medical input from a consultant for medicine of the elderly to the ward.

The post holder will also have sessions into the Crisis Team which include North Inreach team for functional patients.

There is also a well-established Inreach and Home Assessment Service for Functional adults in the south of the county, with a view to admission avoidance and reducing admissions of older adults to the wards. South of the county also has also had a Dementia rapid response and home treatment team that manage complex and higher risk service users with dementia in the community from CMHT referrals.

In the north of the county both crisis teams are split into HP and North Dales Team and North Team. Both these crisis teams also facilitate accelerated discharge from Walton functional older adult ward and have developed close relationships with the ward and community teams to reduce length of stay. The IRHTT team has been a very successful implementation with improved quality of care, patient outcomes and clinical effectiveness. North Teams currently have Consultant input from Dr Nick Long and will continue in post to work alongside the successful candidate. Additional funding has been made available to invest in increased Consultant input into the IRHTT North. The separate south teams have consultant input from Dr Mike Parker.

On call for this post is for the North Derbyshire rota covering working age adult and older adults based on Hartington unit. This runs at approximately 1 in 14. It also offers some on calls with a higher trainee who will be first on call if on the rota. Currently there is a higher trainee covering 2 thirds of the rota.

South of the county have a separate rota from Radbourne unit.

The successful applicant will take a key role in Older Adult mental Health services, providing clinical leadership to the teams with which they will be working and supporting current and future service developments. They will be contracted to Derbyshire Healthcare NHS Foundation Trust and as a consequence will be expected to be aware of policies and procedures and take note of the standing orders and financial instructions of the Trust.

This post offers varied work experience collaborating closely with the multidisciplinary teams in the IRHTT and functional inpatient teams at Walton Hospital.

We put a high emphasis on quality of care, peer support and on clinical engagement in service development and management. We welcome candidates who will bring an enthusiasm for innovation, teaching and development and can work closely with colleagues from different professional backgrounds.

Chesterfield is a mixed urban and rural part of the county with beautiful scenery to be found locally in the nearby Peak District. It is gifted with extremely efficient road network allowing travel around this part of the sector extremely easy. The road network includes main dual carriageways including, A61, A38 and M1.

Derbyshire is a great place to work and live. It is a mixture of urban and rural areas with easy access to the attractive peak district. It has the advantage of being nationally central with access to all parts of the country. Chesterfield is central to an extensive road network with major routes to the north, south, east and west. Chesterfield railway station is a mainline station with regular direct trains to London with only a 1 ½ hour journey time. The railway station offers access to other mainline stations across the country. The peak district is an easy drive away offering amazing scenery and dramatic walks and is a popular destination for holiday makers.

Map of Trust Area



2. Trust details

Derbyshire Healthcare NHS Foundation Trust became a Foundation Trust on 1 February 2011. It was formed on 1 April 2002 as Derbyshire Mental Health Services NHS Trust following a merger between Southern Derbyshire Community Mental Health Services

and the North Derbyshire Mental Health Confederation. The Trust Headquarters are in Derby based at the Kingsway Hospital site.

The Trust is the major provider of mental health services in the local area. We focus on services for those with severe and enduring mental health diagnoses although we also provide IAPT services across much of the County.

We provide a range of services which reflect the wide spectrum of mental health problems. This includes individuals who need support from community staff, through to inpatient and crisis resolution and more specialist services.

Our Equality, diversity and Inclusion (ED&I) mission is to be 'positively inclusive'.

We are committed to ensuring ED&I and human rights are central to the way we deliver healthcare services to our service users and how we support our staff.

This means we all play our part in:

- A caring and progressive organisation that promotes equality values and celebrates diversity. This has created an inclusive and compassionate environment for receiving care and place to work.
- Ensuring our staff provide inclusive services that are equally good to all service users, which meet their needs and are delivered with kindness, dignity and respect.
- Ensuring that all our team members are engaged, valued and treated equally with kindness, dignity and respect.

Working with REGARDS so that no-one gets left behind

(Race, Economic disadvantage, Gender, Age, Religion or belief, Disability & Sexual orientation) in Derbyshire Healthcare NHS Foundation Trust

The Trust employs approximately 2500 staff and during 2015 generated income of £131 million for the provision of clinical services. The Trust has a history of successful financial performance to date with a yearend surplus in excess of that planned in 2015. DHCFT has an active and successful research department that is a centre of excellence in Dementia research and recruitment into research.

3. Service Details

Older Adult Mental health Services

In April 2019 the Trust underwent a major reorganisation of clinical services. There are now separate managerial structures for the Older Adult services within its own directorate. This has allowed the service to concentrate on the needs of older adults more efficiently and has also allowed older people services to make significant improvements in services and exciting developments.

Community Teams and Inpatient areas have dedicated area service managers, Hayley Turner and Sarah Wood respectively, each working closely with General manager Andrea Hodson.

The management team are extremely supportive to all consultants and have an informal and excellent collaborative working relationship. This has allowed improved consultant recruitment and new consultants have feedback that the working relationship with the operational team and consultants was a big factor in them choosing to work in Derby.

The current criteria for new Older adult referrals to the North and South older adult services is patients over the age of 65.

Referrals for patients under the age of 65 can be considered, if appropriate and if it is felt that older adult services will best match their needs, this can be considered after consultant-to-consultant communication.

Older adult mental health services in Derbyshire are focused in two areas: -

Chesterfield services to the north of the county.

Derby providing services to the south of the County.

Services to the South

CMHTs

Derby City CMHT- Consultant input provided by Dr Mike Parker, Dr Mitra Raisi and Dr Anthony Prakash

South Derbyshire CMHT – Consultant input provided by Dr Farrington Due to start in August 2021

Amber Valley CMHT – Consultant input provided by Dr Zarar Ahmed

Erewash CMHT- Locum consultant input by Dr Huda Elnour

South Dales CMHT- Consultant input provided by Dr Mitra Raisi

Older Adult Mental Health liaison Services at RDH - Consultant input by Dr Simon Thacker Old Age Psychiatrist

Inreach Home assessment and treatment South Team – Consultant input provided by Dr Mike Parker

Dementia Rapid Response and Home Treatment Team – Consultant input provided by Dr Mike Parker

Memory assessment service – Consultant input provided by Dr Carol Redstone and Dr Comselescu

Inpatient services South

Tissington Ward - Functional inpatient unit for Older Adults, 18 Beds - Consultant input provided by – Dr Paul McCormick

Cubley Dementia inpatient unit, 18 Male Beds and 18 Female Beds – Consultant input currently provided by Dr Lucy Colwill and Dr kat Farrington.

North Services for Older Adults

CMHTs

Chesterfield Central - Consultant input provided by Dr Cosmulescu.

Killamarsh - Consultant input provided by Dr Saxena

North Dales - Consultant input provided by Dr John Sykes

High Peak – Consultant input provided by Dr John Mayo

Bolsover and Clay Cross - Consultant input provided by Dr Richard Burton

Dementia Rapid Response – Consultant input provided by Dr Nick Long

In Reach Home Treatment Team – Consultant input provided by Dr Nick Long

Successful candidate will offer input into the North Inreach team.

Inpatient Services North

Pleasley ward – 12 beds – Consultant input provided by Dr Sykes *These patients will be transferred to the new ward at Walton under the care of the successful candidate for this post*

Walton Hospital – Walton Unit - Dementia wards 18 beds - Consultant input provided by Dr John Sykes and Dr Saxena

Older Adult Liaison Service – Consultant in put provided by Dr Bushra Azam

Memory assessment service Derby city and County – Consultant input Provided by Dr Madalina Cosmulescu.

Older Peoples mental health pathway

Both North and South have well established nurse led Memory Assessment Service which are Nurse led and MDT staffed and assess all services users referred for diagnosis and follow up.

Each sector has a full set of appropriate resources at its disposal including separate acute admission wards for organic and functional illness, and community mental health teams. There is a close working relationship between the teams in each sector and local Social Services Departments, Voluntary Agencies and residential/nursing homes. Social services staff work in separate teams but there is close cooperation between them and mental health staff.

The South and North services now have a well-established Inreach and Home treatment Team for functional older adult patients.

Both North and South have well established Dementia Rapid Response and Home treatment Teams for organic older adult patients.

Teams work in close association with consultants, the wards and other allied healthcare professionals within the Trust – this allows the consultants access to the services of occupational therapists, physiotherapists, care managers, social workers, psychologists, pharmacists, dieticians and SALT teams. Most team members work as care coordinators in addition to providing specialised input according to their professional background.

The Consultant will be expected to take a leadership role within the team and work closely with the team managers.

4. Services within DHCFT

Adult Acute Care

Inpatient Services

There are 2 Acute Inpatient units: the Hartington Unit at the Chesterfield Royal Hospital Site serving North Derbyshire and the Radbourne Unit on the Royal Derby Hospital site serving South Derby County and the City.

The Hartington Unit has three inpatient wards: Tansley and Morton (for working age adults) and Pleasley ward which is currently a mixed ward for older adults with functional illnesses and a general adult ward. The older adult patient will be transferred to the specifically designed older adult ward at Walton hospital which attracts this new consultant post.

There is an enhanced care ward at the Radbourne unit that Cubley and Tissington wards can have access to if the need arises. There is a standard operating procedure in place for use of this facility by older adult patients.

There are also low secure inpatient services on the Kingsway site in Derby. These wards are run by the forensic teams.

The Trust has a mother and Baby unit and an enhanced care ward in the Radbourne Unit.

There are also low secure inpatient wards on the Kingsway site in Derby run by the forensic consultant staff.

ECT facilities are situated in the Radbourne Unit in Derby and all older adult patients needing ECT are transferred to Tissington ward at Kingsway, which is very close to the Radbourne unit, for treatment. ECT has dedicated consultant input from older age psychiatry from Dr Prakash and Dr Burton

There are current plans being discussed to update the Trust inpatient estate to eradicate dormitory rooms (making room for dignity) to comply with current regulatory and legislative requirements – that mental health wards should be built to consist of single rooms, with an en-suite bathroom where possible, and that no one should need to travel outside of their local area to receive acute mental health care. There are developments planned at the Chesterfield Royal Hospital site, Radbourne Unit and Kingsway sites. These plans provide the opportunity for the post-holder to be actively involved in service development.

Development planned at the Chesterfield Royal Hospital site

- A new 54-bedded facility with single rooms, across three wards, with flexibility to support men, women and non-binary patients on the Chesterfield Royal Hospital site.

Development planned at Kingsway Hospital

- Up to eight new beds in an 'acute plus facility for women
- A new PICU (Psychiatric Intensive Care Unit) for 14 men.

Crisis and Home Treatment (CRHT)

There are 4 Crisis and Home Treatment Teams, these are located in Chesterfield, High Peak, Derby City and South County of Derbyshire. These teams gate keep all admissions to the inpatient units and facilitate early discharge. The team is funded to provide the care and treatment of the Crisis Fidelity Model.

The CRHT North team have a gatekeeping role for Inpatient beds mainly in the North of the service.

The CRHT North also provide an In-reach service on to the wards and identify patients suitable for early discharge and home treatment.

The Crisis and Home Treatment teams are also part of the Assessment Service line working across Adult Acute Care. The Assessment Service line also includes Mental Health Liaison Services, The Derbyshire Mental Health Helpline and Support Services and 136 services.

Mental Health Liaison Teams

Our Mental Health Liaison Teams (MHLT) provide comprehensive advice, support and a signposting service to patients over the age of 18, where potential mental health and/or drug and alcohol issues are identified. Following referral from a health professional in Accident and Emergency (A&E) or an inpatient ward within the general hospital, the team will offer a high-quality intervention, assessment and discharge process that covers all aspects of mental health - including drug and alcohol use and self-harming. MHLT can also refer patients for CRHT input if this is needed post assessment.

Residential Rehabilitation Service

The Trust has one rehabilitation unit in South Derbyshire.

Learning Disability Services

These are well developed across the Trust. There is an inpatient unit in the North of the County and a network of community based residential and supported settings. They tend to focus on patients with moderate to severe disability, those with mild disability being cared for within general adult services in conjunction with social care.

Substance Misuse Services

These are well established services with consultants (North Derbyshire, South Derbyshire and City) supported by GPSI's and Nurse prescribers. There are multi-disciplinary specialist drug teams. The teams work closely with general adult colleagues in the care of patients with dual diagnosis.

Child & Adolescent Mental Health Service (CAMHS)

In the North, CAMHS services sit with other children's services within the Acute Hospital. In the South, they are provided by DHCFT in multidisciplinary community-based teams.

Childrens' Services

There are comprehensive Community Children's Services including Health Visiting, School Nursing and Community Paediatrics delivered by the trust in the City and South County.

5. DUTIES OF THE POST

The successful applicant will hold the following specific responsibilities in addition to the general duties of consultants described in section 12 of this job description.

Responsibility to the psychiatry input to 12 functional older adult patients on Walton ward.

Provision of medical/psychiatric support to the Inreach teams in the North.
When necessary, to perform home visits for appropriate patients with members of the crisis teams.

The consultant is the Responsible Clinician for functional inpatients at the Walton unit under the Mental Health Act.

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, being involved with the team manager and service managers in helping to steer the development of the service in line with the strategic direction of the organisation.

In Derbyshire Healthcare NHS Foundation Trust, the consultant provides holistic care with an emphasis on medical assessment and diagnosis, pharmacological treatment and medicines management, support and consultation in the management of complex patients in collaboration with the CMHTs and crisis teams as part of the multidisciplinary care of patients. S/he will be focussed on the most complex and unstable cases but will also be available to provide consultation and advice to other team members.

Support to Post

There have been several recent developments within the Trust that will assist the post holder in this role. These include.

1. North Crisis Inreach Teams have an established WTE non-medical prescriber to clinically assist the consultant.
2. There will be 2 sessions for medical input on the Walton ward provided by a consultant in medicine for the elderly from Chesterfield Royal hospital
3. There will be a 0.8 WTE staff grade based on the Walton functional adult ward
Any input in the Crisis team will be between normal working hours of 9am to 5pm

4. There is an established psychiatric liaison service operating within the Chesterfield Royal Hospital and Royal Deby Hospital which performs assessments and offers advice with regard to the management of older adult inpatients with dementia and associated challenging behaviours.
5. Trainee ACP
6. Newly appointed Speciality Doctor

6. Population and Local Needs

People aged 18-64 predicted to have a mental health problem, projected to 2040	2020	2025	2030	2035	204
Bolsover: People aged 18-64 predicted to have a common mental disorder	9,240	9,437	9,605	9,643	9,69
Bolsover: People aged 18-64 predicted to have a borderline personality disorder	1,173	1,198	1,219	1,224	1,23
Bolsover: People aged 18-64 predicted to have an antisocial personality disorder	1,629	1,659	1,680	1,686	1,69
Bolsover: People aged 18-64 predicted to have psychotic disorder	342	349	354	356	35
Bolsover: People aged 18-64 predicted to have two or more psychiatric disorders	3,515	3,587	3,646	3,661	3,68
Chesterfield: People aged 18-64 predicted to have a common mental disorder	11,857	11,745	11,670	11,519	11,59
Chesterfield: People aged 18-64 predicted to have a borderline personality disorder	1,505	1,491	1,482	1,462	1,47
Chesterfield: People aged 18-64 predicted to have an antisocial personality disorder	2,088	2,057	2,043	2,016	2,03
Chesterfield: People aged 18-64 predicted to have psychotic disorder	438	433	431	425	42
Chesterfield: People aged 18-64 predicted to have two or more psychiatric disorders	4,509	4,460	4,431	4,374	4,40
North Dales: People aged 18-64 predicted to have a common mental disorder	3,769	3,735	3,655	3,553	3,56
North Dales: People aged 18-64 predicted to have a borderline personality disorder	479	475	464	451	45
North Dales: People aged 18-64 predicted to have an antisocial personality disorder	669	661	649	630	63
North Dales: People aged 18-64 predicted to have psychotic disorder	140	139	136	132	13
North Dales: People aged 18-64 predicted to have two or more psychiatric disorders	1,437	1,422	1,393	1,354	1,35
High Peak: People aged 18-64 predicted to have a common mental disorder	10,450	10,420	10,277	10,193	10,23
High Peak: People aged 18-64 predicted to have a borderline personality disorder	1,327	1,323	1,305	1,294	1,29
High Peak: People aged 18-64 predicted to have an antisocial personality disorder	1,843	1,833	1,803	1,793	1,80
High Peak: People aged 18-64 predicted to have psychotic disorder	386	385	379	377	37
High Peak: People aged 18-64 predicted to have two or more psychiatric disorders	3,976	3,962	3,905	3,875	3,89
North East Derbyshire: People aged 18-64 predicted to have a common mental disorder	10,935	10,960	10,882	10,807	10,85
North East Derbyshire: People aged 18-64 predicted to have a borderline personality disorder	1,388	1,391	1,382	1,372	1,37
North East Derbyshire: People aged 18-64 predicted to have an antisocial personality disorder	1,922	1,913	1,911	1,897	1,90
North East Derbyshire: People aged 18-64 predicted to have psychotic disorder	404	404	402	399	40
North East Derbyshire: People aged 18-64 predicted to have two or more psychiatric disorders	4,157	4,158	4,135	4,106	4,12
Total: People aged 18-64 predicted to have a common mental disorder	46,251	46,297	46,089	45,715	45,94
Total: People aged 18-64 predicted to have a borderline personality disorder	5,872	5,878	5,852	5,803	5,83
Total: People aged 18-64 predicted to have an antisocial personality disorder	8,151	8,123	8,086	8,022	8,06
Total: People aged 18-64 predicted to have psychotic disorder	1,710	1,710	1,702	1,689	1,69
Total: People aged 18-64 predicted to have two or more psychiatric disorders	17,594	17,589	17,510	17,370	17,46

Data source: www.pansi.org.uk/

7. INREACH and DRRHT Workload, Population and referral rate

Average New referrals per Month

Referrals per Month	2022										2023		Mean
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly Referrals	
OLDER PEOPLES CARE	19	12	19	27	16	24	31	28	24	20	24	22.2	
OLDER PEOPLES ACUTE CARE	19	12	19	27	16	24	31	28	24	20	24	22.2	
IRHTT HP & DALES	5	4	5	6	6	12	8	10	10	9	10	7.7	
IRHTT OA CHESTERFIELD AND NORTH EAST.	14	8	14	21	10	12	23	18	14	11	14	14.5	

Length of intervention:

Length of stay - 2022/23 discharges	Discharges	Average of Length of Stay (Days)
IRHTT HP & DALES	80	19

IRHTT OA CHESTERFIELD AND NORTH EAST.	154	28
Grand Total	234	25

Activity:

High Peak = 140 community contacts a month

Chesterfield = 268 community contacts a month

IRHTT Referrals & Discharges Chesterfield and North East

Referrals	Apr, 2023	May, 2023	Jun, 2023	Jul, 2023	Aug, 2023	Sep, 2023	YTD
Accepted	21	26	22	11	16	10	106
Rejected	0	0	1	0	0	0	1
Total	21	26	23	11	16	10	107

Day of Week	Apr, 2023	May, 2023	Jun, 2023	Jul, 2023	Aug, 2023	Sep, 2023	YTD
SUN	0	1	0	1	0	0	2
MON	5	2	2	4	2	1	16
TUE	4	7	1	2	4	0	18
WED	5	6	9	0	4	5	29
THU	3	5	4	1	3	4	20
FRI	4	4	6	3	1	0	18
SAT	0	1	0	0	2	0	3
Total	21	26	22	11	16	10	106

Average LOS days based on discharge Apr, 2023	May, 2023	Jun, 2023	Jul, 2023	Aug, 2023	Sep, 2023
32.22	23.20	21.14	25.33	27.63	26.00



	2022									2023		Grand Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
IRHTT OA CHESTERFIELD AND NORTH EAST	222	225	190	346	341	249	212	285	288	308	283	2949
Attended	222	225	190	346	341	249	212	285	288	308	283	2949
Patient	193	196	145	302	297	202	177	247	238	253	236	2486
Administration	19	9	7	26	13	4	3	11	3	3	1	99
Duty.			1		2	1	4	3		3	9	23
Email					1		1					2
Face to face	147	156	111	215	210	140	148	209	205	228	201	1970
Letter	4	8	6	2	5	4	9	9	5	7	4	63
Telephone	23	23	18	59	66	52	10	13	25	12	19	320
Text											1	1
Video Call			2			1	2	2			1	8
Patient Proxy (e.g., Parent, Carer)	3	2	8	9	13	3	1	7	4	9	2	61
Duty.			1		1					2	1	5
Face to face	1	1	6	5	6			1	2	3		25
Telephone	2	1	1	4	6	3	1	6	2	4	1	31
Professional	13	18	21	25	17	19	20	11	12	7	28	191
Administration				1								1
Duty.			3		2	1	2	1		1	6	16
Email						2						2
Face to face	1	6	4	7	1	4	2		1	1		27
Letter	6	5	5	3	1	2	2	2	4	4	8	42
Telephone	5	5	6	11	8	9	8	7	7	1	9	76
Video Call	1	2	3	3	5	1	6	1			5	27
Not recorded	13	9	16	10	14	25	14	20	34	39	17	211

Administration	11	8	16	9	14	8	12	13	13	28	14	146
Duty.						1						1
Face to face	2	1		1		1		2		1		8
Letter									10	3	1	14
Telephone						1						1
Video Call						14	2	5	11	7	2	41

8. Team structure and support

Medical and Nursing staff composition on Walton Ward

Nursing

Band 7 ward Manager x 1
Band 6 RMN x 2
Band 6 OT x 1 working shifts
Band 6 physio x 0.4
Band 6 Dietician x 0.1
Band 6 SALT x 0.1
Band 5 R/N x 8.7
Band 5 OT x 1 working shifts
Band 4 Nurse Associate x3
Band 3 HCA x 8.4
Band 3 OT/Physio Aid / rec worker x 1.5
Band 3 Admin x 1
Band 2 Housekeeper x 1.4

Medic provision

Consultant x 0.5
Staff grade x 0.7

CT 1 x 0.5

ACP x 1 wte

Geriatrician sessions x 0.2

Psychology Provision

Band 8a x 0.5
Band 5 Psychology assistant x 0.5

Composition of North Inreach Team

Band 7 – Clinical lead and NMP– 1 FTE
Band 6 – lead nurse– 5.2 FTE
Band 6 OT – 1 FTE
Band 3 – Support worker – 1 FTE
Band 2 admin – 0.5FTE

Office Space

The primary office base is at Walton Hospital.

Secretarial Support

The consultant will be supported by x1 WTE admin support

Junior Doctor Support

There is a 0.8 WTE speciality Doctor attached to the Walton functional inpatient unit.
0.5 WTE CT Dr

As this is a new unit and post it is uncertain as to whether there will be any foundation, higher trainees attached to the post. It is envisaged there will be 0.5 CT input. However, this would be an attractive post for a trainee so we will support the candidate in achieving a supervisory role and liaising with the medical education department to promote this post as a CT or HST post.

9. Templated timetable and activities.

These are flexible and negotiable according candidates' preferences and workload / work life balance and to be agreed at job planning meeting

1. Planned activities

* Direct Clinical Care (DCC)

Work	Hours per week	PAs
Ward Round/MDT	8 hours	2.0
MHA work/admin inpatient	4 hours	1.0
Crisis Team visits and associated admin	4 hours	1.0
Crisis team MDT	8 hours	2.0
Flexible inpatient work/ crisis teamwork	4 hours	1.0
Clinical supervision	1 hour	0.5
Total	30 hours	7.5PAs

* Supporting PA s (SPA)

Activity	Other	Total hours*	Pas Weekly
CPD and preparation for appraisal		4.0 hours	1.0
Non-clinical admin		2 hours	0.5
Teaching preparation/Ad Hoc supervision		2 Hours	0.5
Clinical Leadership, strategic development and/or QI work		2 Hours	0.5
Additional Responsibilities (below)			
Total		10 hours	2.5PAs

Additional Responsibilities: To be discussed at 6 Month Job Plan review.

10. Timetable

This timetable is a template and can be adapted by the post holder in negotiation with relevant teams to fit with work life balance

Day	Time	Location	Work	Categorization	No. of PAs
Monday	0900 – 1300	Walton Inpatients	Multi-disciplinary meeting/ward round	DCC	1.0
	1300-1700	Walton Inpatients	Flexible ward work/MHA	DCC	1.0
Tuesday	0900-1300	Inreach Team	CPN support+/MDT	DCC	1.0
	1300-1700	Inreach Team	CPN support+/MDT	DCC	1.0
Wednesday	0900 – 1300	Walton Inpatients	Multi-disciplinary meeting/ward round	DCC	1.0
	1300 – 1500	Walton Inpatients	Flexible ward work/MHA	DCC	0.5
	1500 - 1700	Flexible	Clinical Leadership, strategic development and/or QI work	SPA	0.5
Thursday	0900-1300	Teaching/CPD On Teams	Education/CPD/Appraisal	SPA	1.0
	1300-1700	Microsoft Teams	TMAC/Staff committee meeting/OA Consultant meeting Non-clinical admin	SPA	1.0
Friday	0900-1100	Walton Ward	Junior Dr supervision NMP/ACP supervision	DCC	0.5
	1100-1300	Walton Ward	Flexible ward work	DCC	0.5
	1300-1700	Inreach Team	Flexible crisis teamwork	DCC	1.0

Additional agreed activity to be worked flexibly					None
Predictable emergency on-call work	1 in 14	Chesterfield			3% Supplement
TOTAL PAs		10			
Supporting professional activities	2.5				
Other NHS responsibilities				None	
Annual Leave				33 rising to 35 after 7 years	
External duties				None	

11. Local working arrangements

The post holder will be the responsible clinician for functional patients on Walton Ward.

The post holder will also have consultant clinical responsibilities for some patients in the North Inreach teams working alongside Dr Nick Long. This is mainly a consultative role but will involve supporting members of the team and to arrange visits in the community. It may also involve MHA reviews for patients not already known to CMHTs.

All other consultants manage Mental Health Act referrals for patients within his/her catchment population 9am to 5pm and is the Responsible Clinician for occasional patients subjected to CTOs.

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, being involved with the team manager and service managers in helping to steer the development of the service in line with the strategic direction of the organisation.

In Derbyshire Healthcare NHS Foundation Trust, the consultant provides holistic care with an emphasis on medical assessment and diagnosis, pharmacological treatment and medicines management, support and consultation in the management of complex patients in collaboration with the CMHT and inpatient team as part of the multidisciplinary care of patients. The CAS (Clinical Assessment Service) system ensures appropriate case allocation with CMHT members taking the majority of cases referred.

12. Admin Support

The post offers a full-time secretarial support with additional admin support within the CMHT as described above.

The post holder will have their own office space and be provided with mobile telephone (email enabled) and laptop computer. There is a responsive IT support service

13. Job Planning

Following appointment there will be a meeting at no later than six months with the clinical manager to review and revise the job plan and objectives of the post holder.

It is envisaged that the post holder will work 10 programmed activities over 5 days. The post consists of 7.5 PA for direct clinical care and 2.5PA for supporting professional activities such as Supporting professional activities, CPD, QI activity, supervision, appraisal and job planning.

The SPAs allocated in the timetable apart from Thursday morning are not fixed sessions. There exists flexibility within this timetable to take into account new Trust developments/working arrangements and the preferences of the post holder.

TRUST WIDE CONSULTANT NETWORK

Within the Trust, the consultant establishment is as follows:

20 consultants in 8 CMHT based recovery teams, six consultants based in the City of Derby and 14 in Derbyshire County.

4 consultants in Crisis and Home Treatment: one working in Derby City and one in the South County and 2 in North County.

0.3 WTE MAS consultant.

10 Inpatient consultants 3 in general adult wards on the Radbourne Unit, One on the Enhanced Care Ward on the Radbourne Unit and 3 on the Hartington Unit. There are 2 consultants covering Cubley ward and one covering Tissington ward for older adult inpatients.

1 consultant in perinatal psychiatry working across the community and a small inpatient mother and baby unit on the Radbourne Unit

2 Early Intervention consultants

2 part time Rehabilitation consultants with speciality doctor and CT3 support

12 Older Adult consultants with trainees and speciality doctor support.

3 consultants in substance misuse

2 forensic consultants based in Derby but providing advice and support to colleagues across the county

2.5 Consultants in MHLT south (1 WTE older adult) and 2 consultants in MHLT north (1 WTE older adult)

14. Continuing professional development (CPD)

Peer Group

All consultants are expected to maintain themselves in good standing for CPD as evidenced by an annual Royal College of Psychiatrists Certificate of Good Standing. There are several active consultant peer groups. The post holder will be invited to join a well-established older adult consultant peer group that meets monthly on Microsoft teams.

Academic teaching Programme

There is a well organised in-house education and CPD timetable which occurs every Thursday Morning and is now on Teams. There is also a well-established medical education centre on the Kingsway site with weekly academic teaching sessions covering all aspects of psychiatry with occasional guest speakers, case presentation and case-based discussion. There is also a regular Balint group and Swartz rounds.

The Trust is committed to supporting consultants to achieve good quality CPD. The standard job plan sets aside a full PA for CPD allowing for attendance at the active in-house teaching programme which consists of invited external speakers alternating with internal events.

Study Leave and Budget

The Trust seeks to provide opportunities for the personal development of all consultant's medical staff and requires consultants to undertake continuing professional development. Each consultant has a study leave budget of £1000 per year which equates to £850 personal budget and £150 contribution to internal CPD events and 10 days study leave. There are opportunities to be granted extra funding if appropriate on application to the Director of Medical Education and Medical Director.

The personal study leave budget is effectively augmented by high quality arranged in house CPD. This consists of a quarterly consultant CPD half days with external or internal specialist speakers whom we arrange to meet whatever consultants raise as their current educational needs. The Trust is currently developing an in-house Section 12/Approved Clinician refresher course. In addition, the local weekly education programme has regular external invited speakers, about 10 times a year, often focussing on physical health issues and also regular local consultant presentations. None of these are industry sponsored. The trust provides an institutional subscription to online CPD with RCpsych and British Association of Psychopharmacology.

We feel that this combination of locally facilitated high quality educational provision with a modest individual budget gives the best value in terms of ensuring all consultants can access adequate CPD.

There is a locally provided basic in-house leadership programme for all senior staff involved in management and new consultants are encouraged to participate in this. In addition, there is an ongoing Trust wide monthly leadership session and consultants are involved in planning this and all consultants are invited to attend. There is also an in-house leadership course open to consultants as well as other staff in leadership positions.

Education centre and Library

There is a medical education department based at the Hartington unit, Chesterfield.

In Derby there is a purpose-built Psychiatric Education Centre including a well-stocked and staffed Psychiatric Library at the Ashbourne Centre on the Kingsway site. In addition, there is online access to a wide range of Journals and other resources from many sites in the district. The Mental Health Intranet provides access to a range of eLearning resources.

The Director of Medical Education coordinates medical education across the Trust. In addition, there are Associate Directors of Medical Education both in the North and the South. All consultants belong to local peer groups which meet monthly.

Education Peer group

There is a separate peer meeting run by the DME for consultants more involved in medical education and training. The successful candidate would be welcome if medical education was of a specific interest.

Old Age Psychiatry Consultant Meeting

There are also a regular Consultants meeting for old Age Psychiatry Consultants specifically which runs every month on Teams.

MSC/TMAC

The consultant body provides advice via the Trust Medical Advisory Committee and through the Medical Director and Clinical Directors. Medical staff are represented by the Medical Staffing Committee and the Local Negotiating Committee.

15. Clinical Leadership and Medical Management

There is a locally provided basic in-house leadership programme for all senior staff involved in management and new consultants are encouraged to go onto this. In addition, there are ongoing Trust wide leadership sessions and consultants, and all consultants are invited to attend.

The Trust has updated its Management Structure to emphasise the importance of medical input into Trust strategy and decision making. The Trust is committed to good clinical engagement in management and are working towards a triumvirate model of consultant/senior nurse/operational manager working as a unit at all levels which will make and be responsible for joint clinical/operational decisions.

The post holder will be asked to undertake and participate in management activities which will include:

- To participate in developing overall strategy particularly working through Derbyshire Healthcare NHS Foundation Trust Medical Advisory mechanisms
- To collaborate with commissioners (health and social care), key stakeholders and partner organisations in developing and managing good quality clinical services by taking part in clinical governance committees
- Wider participation will be welcomed if the post holder wishes in line with job planning and professional development.
- Specific additional management responsibilities relevant to their position within Adult Acute Care will be agreed on an individual basis in the context of job planning.

The medical staff are represented in negotiation of terms and conditions by the Medical Staffing Committee and the Local Negotiating Committee. The Trust and staff representatives aim to develop partnership working and have developed fora to promote this. The trust has been recognised nationally for its work in developing a system of shared values which guide our attitudes to each other and our service users.

Older People’s services Management Structure

In Older adults the consultants are supported by 2 area service managers, Hayley Turner for community and Sarah Wood for inpatient areas and Andrea Hodson as General Manager. Dr Paul McCormick is Clinical Director for Older Adult Services.

General Manager –	Andrea Turner
Acute service Manager inpatient and Crisis -	Sarah Wood
Acute service Manager-	Hayley Turner
Clinical Director-	Dr Paul McCormick

All older adult Consultant are offered individual monthly management supervision which we find extremely supportive and valuable.

The post holder will have an induction arranged on starting and will be offered a mentor for the first year

Medical Management Structure

The Trust medical management structure consists of

- The Medical Director, Dr Arun Chidambaram
- Deputy Medical Director: Dr Mark Broadhurst
- 8 Clinical Directors
- Medical Education management consisting of a Director of Medical Education and 4 Associate Directors of Medical Education.

The medical and clinical director roles are primarily strategic although they also provide support to local service line managers who provide operational management to consultant staff.

The clinical directors support the service line managers in the management of doctors and will provide clinical governance assurance in the work and development within the service line areas.

16. Appraisal and job planning

The Trust was a pilot site for the electronic appraisal toolkit in 2010/11 and therefore has a robust team of appraisers. The Medical Director is the responsible officer and there are processes in place to ensure all medical staff participate in strengthened appraisal on a yearly basis and this is part of a process to ensure all consultants are participating in the revalidation process.

Job planning takes place on an annual basis and is aligned with the appraisal process in seeking to bring together the consultant's interests and skills and the Trust objectives. The Trust supports consultants in undertaking external duties within the College, University or Deanery. There are also opportunities for additional externally funded PAs in research or medical education for interested consultants.

17. Teaching and Training

Trainees

The appointed consultant will be responsible for the clinical supervision of the Core Psychiatric Trainee, this will include 1-hour weekly face to face supervision per doctor. They will be expected to be trained in the assessment of trainees Workplace Based Assessments (WPBAs).

The successful candidate will be invited to train as an educational supervisor and to teach on the in-house teaching programme.

There will be opportunities to train Higher Specialist Trainees as Special Interest sessions or apply to be approved as a Recognised Higher Specialist Trainer.

Under-graduate Training

The Trust provides Undergraduate Training for Nottingham and Derby Medical Students. The post holder will have assigned medical students on a regular timetabled basis. The post holder will be expected to be involved in the teaching support and offering clinical experience to medical students that are assigned as part of the Job plan as described above. There will be further opportunities for undergraduate teaching within this post. Undergraduate teaching is run by Dr John Mayo.

Research and audit

The Consultant is expected to participate in the monthly Multidisciplinary Audit meetings. Time is allowed within the 2.5 Programmed Activities for audit. Consultants are asked to supervise their junior doctors in carrying out audits and also to participate and lead in audits commissioned by the local clinical governance groups or as a result of Trust participation in national audits. Support is available from the Audit Department as needed.

NMPs and ACPs

The trust is committed to the recruitment and training of non-medical prescribers and associate clinical practitioner. Many whom we have trained are now in post within the Trust. Clinical Supervision for NMPs and ACPs is allocated in the job plan of the supervising Consultant.

Nursing and AHPS

The trust is keen to develop and train nursing and allied healthcare professionals and it would be expected that consultants are involved in providing training for non-medical members of the team including consideration of providing supervisory roles in higher skills development (e.g., non-medical prescribing).

18. Research and Audit

UK Mental Health Research Network and Mental Health Research Unit

The Trust belongs to the UK Mental Health Research Network. There are opportunities for interested consultants to take principal investigator roles in research projects within the Network programme. Several consultants across the Trust are actively involved with this programme and have time provided within their job plans for this. The Trust has been very successful in recruiting patients for different regional and national projects adopted by the local UK Mental Health Research Network Hub. Clinical Studies Officers (CSOs) assess feasibility, promote, facilitate and support these studies within the Trust in collaboration with clinicians. There is a strong collaboration between the Nottingham and Derby locality of the hub.

Interested consultants are supported by an active Mental Health Research Unit which is part of the Trust.

The Trust is also supportive of a variety of multidisciplinary research projects initiated by individuals and teams within the Trust. As well as undertaking research into compassion and shame, the MHRU is responsible for coordinating and supporting researchers across the Trust and other organisations. This is overseen by the Research Manager who is responsible for ensuring the Trust fulfils its research governance responsibilities. All clinical research is supervised by the multidisciplinary Clinical Research Committee.

The new consultant would be welcome to be active in research.

19. Mental Health Act and Responsible Clinician Approval

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

Mental Health Act implementation is supported by a dedicated team of mental health act administrators who ensure governance, provide support to clinicians and organise tribunals etc.

There is an MCA/MHA Consultant lead in Dr Kopal Tandon

20. Training duties

The Trust provides Undergraduate Training for Sheffield, Nottingham and Derby Medical Students.

A number of consultants with special interest are involved in delivering the teaching and assessment for the students in addition to the clinical experience they gain in their clinical

placements. There are 2 Consultants/Clinical Teaching Fellows with 5 sessions each devoted to undergraduate teaching.

All consultants are expected to offer placements to and participate in the teaching of medical students. The successful candidate will be invited to participate in the teaching on the RCpsych course on the rotation and to train as an educational supervisor

21. Well, Being

The post holder will have access to the Occupational Health (OH) department, (OH Department, London Road Community Hospital, London Road, Derby DE1 2QY, 01332 254747, uhdb.occhealth@nhs.net). The OH team has access to a psychologist and the post holder may self-refer or be referred through their manager. Information regarding OH services is given at induction and regularly during the post.

The post holder will have access to the Resolve Staff Support Service which is an on-site counselling service which offering free, 1-1, completely confidential talking therapies to support with all challenges both at work and at home.

To ensure the doctor's well-being in case of any serious untoward incidents involving their patients, there are support arrangements available via medical line managers i.e., Clinical Director, Deputy Medical Director, Medical Director and Acute care senior operational management team. Additionally, team and individual debrief are organised at request by the Trust Psychology department. Resolve staff support service can also be approached to provide Individual and group support following any such incidents.

The Trust's employee assistance program, run by Confidential Care, offers debt and financial management support. Confidential Care is available 24 hours a day, seven days a week.

There are many local, system-wide and national mechanisms in place to support health and wellbeing. There is a dedicated Trust Well-being page on the Trust intranet with relevant information. This includes health advice and support, counselling, wellbeing support helplines, resilience support and free mindfulness apps amongst much more. The Trust also has several initiatives to support wellbeing that the post holder is encouraged to participate in. These currently include flexible working, flexible retirement, lease vehicle and cycle schemes.

The post holder will form part of a consultant peer group which meets regularly. The new Consultant will be supported within the Trust according to the college's sure start document. The successful applicant will be given an allocated mentor for the first 12 months of starting. As well as access to OH and wellbeing support the Trust has a freedom to speak up guardian, runs various staff forums inc. BAME and LGBTQ+ and Schwartz rounds. The Trust also operates to a "Just Culture" and family friendly working time directives.

22. Clinical governance

All consultants are expected to take an active part in the management process, especially in clinical governance.

Consultants chair clinical committees such as Drugs and Therapeutics, Physical Healthcare and take responsibility for the review of clinical policies.

A team of consultant's form part of the team who review Untoward Incidents and participate in the thematic review of these.

As in many Trusts, we have been facing service reconfiguration in the quest to improve efficiency and consultants are expected to be very involved in that process.

All consultants are expected to undertake or facilitate at least 2 audits a year. The Trust participates in a range of national audits and a regular cycle of local audits scrutinising basic standards of practice and consultants are expected to participate in these.

24. General Duties of Consultants employed by Derbyshire Healthcare NHS Foundation Trust

To manage, appraise and give professional supervision to junior medical staff as agreed between consultant colleagues and the medical director and in accordance with the Trust's personnel policies and procedures.

To ensure that junior medical staff, working with the post holder, operate within the parameters of the 2016 contract and are working time directive compliant.

To undertake the administrative duties associated with the care of patients.

To record clinical activity accurately and comprehensively and submit this promptly to the Information Department.

To participate in service and business planning activity for the locality and, as appropriate, for the whole mental health service.

To participate in annual appraisal for consultants.

To attend and participate in the academic programme of the Trust, including lectures and seminars as part of the internal CPD programme.

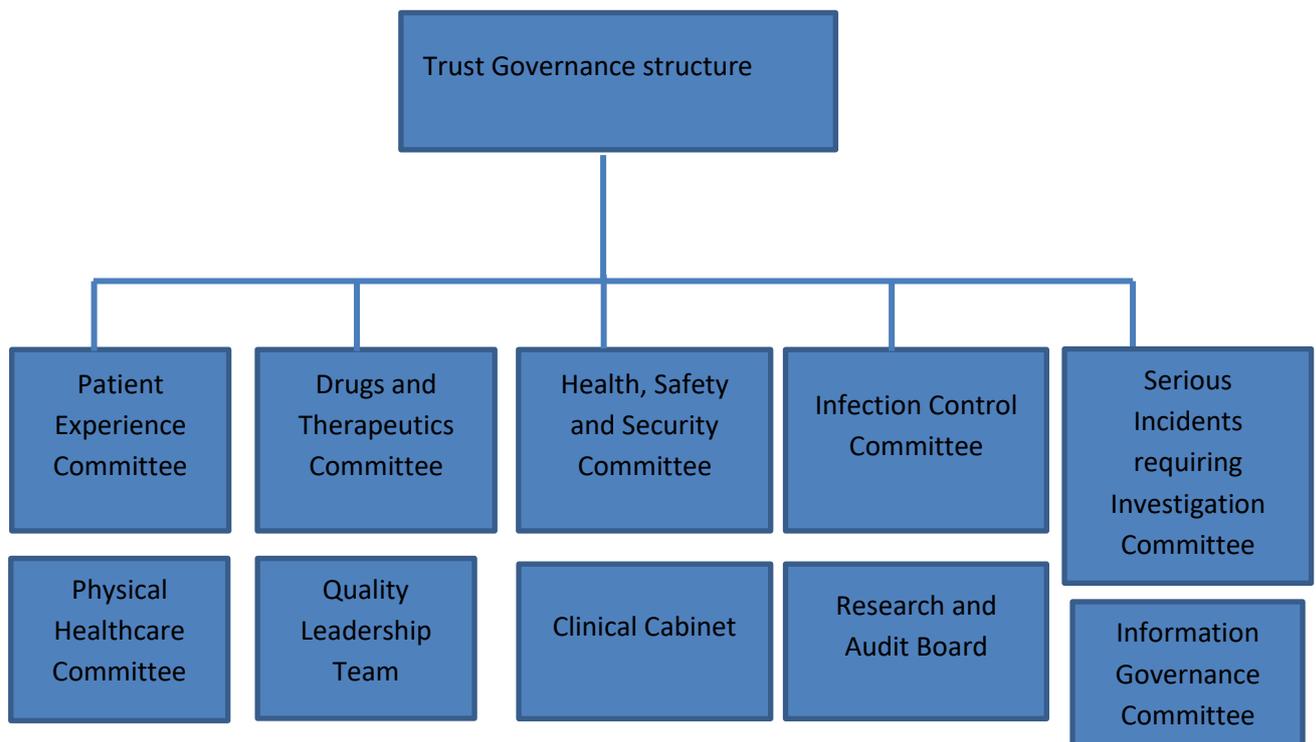
To maintain professional registration with the General Medical Council, Mental Health Act Section 12(2) and Approved Clinician Approval, and to abide by professional codes of conduct.

To participate annually in a job plan review with the clinical manager, which will include consultation with a relevant manager in order to ensure that the post is developed to take into account changes in service configuration and delivery associated with modernisation.

To work with local managers and professional colleagues in ensuring the efficient running of services and share, with consultant colleagues in the medical contribution to management.

To comply with the Trust's agreed policies, procedures, standing orders and financial instructions, and to take an active role in the financial management of the service and support the medical director and other managers in preparing plans for services.

To be involved in working with clinical and managerial colleagues in completing investigations into serious incidents and complaints



25. External duties, roles and responsibilities

The Trust supports consultant involvement in appropriate and relevant external duties; these will include participation in regional and national groups within the College, Medical Education or other professional activities. These will be subject to discussion and approval with the medical director and chief executive

26. 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

27. On-call and cover arrangements

The successful candidate will operate on the North Derbyshire Rota which covers working age and older adult referrals. This is a fairly quiet on call with occasional Higher Trainee Cover dependant on the number of higher trainees in post. It runs at a 1 in 14 rota. This carries a 3% supplement.

At the time of writing there is a higher trainee as first on call in 2/3 of rota

Consultants try to arrange reciprocal cover with a teamed colleague. However, this is not always possible, so consultant colleagues are extremely supportive in covering other colleagues whenever possible and this arrangement works very well.

28. 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

29. Leave

The post-holder is entitled to 33 days' annual leave per year pro rata in accordance with NHS service entitlement which rises to 35 days after 7 years service in the grade and 10 days' study leave.

Cover for leave is well supported by all consultants in Chesterfield. Although arranging reciprocal cover arrangements can be beneficial this is not mandatory, and all consultants support their colleagues well to ensure leave whenever possible.

For a full time, consultant, a standard week of 10 programmed activities entitlement to study/professional leave is 10 days per annum which may be counted as 20 programmed activities.

30. Visiting arrangements (key contact numbers, Trust website etc.)

Prospective candidates are invited to visit the hospitals concerned by arrangements with the Dr McCormick Clinical Director or Andrea Hodson General manager for older people's service who will ensure that candidates meet the appropriate colleagues of all disciplines:

Paul.mccormick3@nhs.net

Andrea.hodson@nhs.net

31. Contact Details

Dr Arum Chidambaram
Medical Director
Walton Hospital
Chesterfield
S40 3HW

Tel 01332 623700

Andrea Hodson
General Manager Older adult services
Kingsway Hospital
Derby
DE2 3LZ
Tel 01332 623700

Dr M Broadhurst
Assistant Medical Director
The Hartington Unit
Chesterfield Royal Hospital
S44 5BL

Tel: 01629 761600

Dr Paul McCormick
Clinical Director OPS
Kingsway Hospital
Derby
DE2 3LZ
Tel: 07342 063 220

In addition, prospective candidates are welcome to access further information on the Trust Website <http://www.derbyshirehealthcareft.nhs.uk/>

Appendix: 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	MRCPsych OR MRCPsych equivalent approved by the Royal College of Psychiatrists	A
			Qualification or higher degree in medical education, clinical research or management. Additional clinical qualifications.	A
ELIGIBILITY	Fully registered with the GMC with a licence to practise at the time of appointment.	S		
	Eligible for inclusion on the GMC Specialist Register OR within six months of gaining CCT in old age psychiatry	S	Dual accreditation or additional Endorsements	A
	Approved clinician status OR able to achieve within 3 months of appointment	S		
	Approved under S12 OR able to achieve with 3 months of appointment	S		
	In good standing with GMC with respect to warnings and conditions on practice			
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 of the specialty	A F R	Evidence of 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	Evidence of additional experience or expertise in risk and suicidal behaviours	A
	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	Evidence of being 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

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
	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

