

Clinical Fellow and Honorary Consultant Psychiatrist (Newcastle University) NEC2011.24 (Final)

Further Particulars, Clinical Role and Job Plan

Working Age Adult Psychiatry Research

Clinical academics in adult psychiatry in the Faculty of Medical Science are in the Institute of Neuroscience (IoN), while those in old age psychiatry are in the Institute of Ageing and Health. The main location for both groups of clinical academic psychiatrists is on the Campus for Aging and Vitality which allows for collaboration between the groups.

Within working age adult academic psychiatry, there is a particular focus on the psychopharmacology and affective disorders. Dr. Hamish McAllister-Williams, Reader in Psychopharmacology, has research interests in the use of electrophysiological mapping techniques to elucidate the role of serotonin and cortisol in affective disorders and memory. Professor Nicol Ferrier's research interests include the treatment of severe affective disorders and an understanding of the role of cortisol in the neuropsychological abnormalities in unipolar and bipolar disorder. Professor Heinz Grunze's particular expertise is in Bipolar Disorder with a particular interest in clinical trials and proof of principle studies. Clinical research is supported by two Honorary Senior Lecturers:- Dr. Adrian Lloyd (with interests in neuroimaging) and Dr. Stuart Watson (HEFCE SL Fellowship whose research interests are in bipolar disorder and its neurobiology). In addition to these Principle Investigators there are a number of Academic Clinical Fellows and other grant funded clinically trained staff at a training grade level, postgraduate students and research assistants.

There are close ties between the clinical academics within IoN with an interest in psychopharmacology and basic scientists within the Institute of Neuroscience. In particular, Professor Colin Ingram (Director of the Institute of Neuroscience) whose research interests are in the understanding of endocrine dysregulation in health and disease, Dr. Sasha Gartside (Lecturer in Psychopharmacology) with interests in the neurochemistry of depression and the control of 5-HT serotonin turnover, Dr. Richard McQuade (Lecturer) whose research interests are in the neurochemistry of mood stabilisers, and Dr. Mohammed Shoaib (Senior Lecturer) with interests in the behavioural pharmacology of addiction.

In addition to the academics with an interest in psychopharmacology there are clinical research interests in cognitive behaviour therapy and affective processing in affective disorders (Prof J Scott and Dr T Meyer), schizophrenia (Prof D Turkington) and in obsessional disorder (Prof M Freeston) and research into sexual offending (Prof D Grubin), the latter of which is based at the recently opened medium secure unit at St. Nicholas's Hospital.

Clinical research is carried out in alliance with the NTW NHS Foundation Trust Research and Development Department, particularly in the effectiveness and safety of psychopharmacological agents and a number of research assistants in the group are funded by that Department. In addition the Academic Psychiatry houses the North-East Hub of the UK Mental Health Research Network (MHRN) which funds a number of Clinical Support Officers who are involved in recruiting patients for trials adopted by the MHRN.

The working age adult academic psychiatrists are housed in "Academic Psychiatry" on the Campus for Aging and Vitality with facilities for clinical and neuropsychological testing, an electrophysiology suite and facilities for neuroendocrine testing. The basic researchers with an interest in psychopharmacology are housed in newly refurbished laboratories on the ground floor of the Medical School where biochemical, neurochemical and electrophysiological facilities are available, and there is a close alliance with the Comparative Biology Centre for animal research. The group run regular academic meetings with internal and external speakers.

In respect of the proposed post, every support will be given to ensure active and satisfactory collaboration with basic scientists and clinical scientists both within the Institute and across other Institutes.

Regional Affective Disorders Service

The post holder will hold an Honorary Consultant Psychiatrist contract within the Regional Affective Disorders Service (RADS). This provides a busy tertiary clinical service for the assessment and management of patients with refractory and/or complex affective disorders from the region and also takes referrals from all over the UK. Referrals are received from secondary care consultant psychiatrists. The service is funded via regional Specialists Commissioning arrangements to provide in-patient, partial and out-patient services (see below). In addition the clinicians within RADS provide ad hoc support around psychopharmacological issues to clinicians and pharmacy within the NTW NHS Foundation Trust.

Apart from when patients are admitted to the RADS in-patient unit, clinical responsibility for all patients remains with local secondary care services. RADS role is provision of advice to these services. This entails close co-operation with a range of services across the region. Opportunities are also available for input from other services from the Specialist Services Group or the wider Trust for the assessment and management of patients, for example the Regional Psychotherapy Service, Cognitive Behavioural Therapy and the Regional Mother and Baby Unit. Patients are managed in accordance with Trust policies for Care Co-ordination, often co-working with generic services as described above.

There are three Academic Consultant posts within RADS: Dr Hamish McAllister-Williams (The Lead Clinician for the service), Prof H Grunze and the advertised post. The clinical team are supported by two SpRs, one of which is designated as an Academic Specialist Registrar and works to a five clinical/five academic job description. The others SpR post is a standard higher training post. Both posts are on the regional training scheme. These posts are educationally supervised by Dr McAllister-Williams and Prof Grunze. The post holders provide support to the out-patient clinics as well as middle grade support for the in-patient unit. There is also an CT2/CT3 post on the local Core Training scheme. The main duties of the Core trainee is supporting the in-patient unit. This trainee is currently educationally supervised by Dr McAllister-Williams, but it is anticipated that the post holder of this advertised Honorary Consultant position will take over this role in due course. Out patients are currently seen within the Academic Psychiatry facilities. The in-patient unit is housed in RADS@Gibside on the Campus for Aging and Vitality. It is an eight-bedded recently refurbished unit (all in single rooms) for patients with severe and/or complex affective disorders. Admissions are planned and from a managed waiting list. A number of patients also attend the in-patient unit on a day-time basis (partial hospitalisation). It is anticipated this latter service will expand with additional assessments being performed on patients including neuropsychology, metabolic assessments and psychoeducation. The clinical group is supported by 1½ secretaries. The in-patient and partial hospitalisation service are staffed by a number of highly skilled and dedicated nurses. There is a regular Affective Disorder meeting where cases and issues of clinical and academic interest are discussed. New patient allocations also occur at this meeting. There is an active Case Conference program on the Campus to which RADS clinicians contribute in addition to Old Age and Working Age Adult Psychiatrists from the site. Once a month there is a city wide Journal Club held at St Nicholas Hospital. There are third and final year medical students attached to RADS and a small amount of clinical teaching of them is required from the postholder. Postgraduate teaching takes place on the MRC Psych course but the number of hours of this teaching required annually is low. It is anticipated the postholder will apply to become a trainer for the Core Training post.

Trust Management Arrangements:

The Trust is organised into the following clinical Groups (within which Directorates are managed):

- **Specialist Services Group (Specialist Adult Services Directorate, this post;** Children and Young People's Services Directorate)
- Planned Care
- Urgent Care

Group Management

Medical staff members are ultimately professionally responsible to the Executive Medical Director – Dr. Suresh Joseph. Gail Bayes is Director of this Group and she works in a Triumvirate with Carole Kaplan (Group Medical Director) and Anne Moore (Group Nursing Director). This Directorate is managed by a Triumvirate of Clinical Director (Dr Eilish Gilvarry), Directorate Manager (currently vacant) and Senior Clinical Nurse (Gill Gallagher).

Lead Consultant, providing medical advice and support to the Directorate and to whom the post holder directly reports is Dr Steve Moorhead. The post holder is responsible to the Service Manager, Elaine Fletcher (reporting to the Directorate Triumvirate) for operational issues.

Executive and Group Directors

Chief Executive	Gillian Fairfield
Medical Director	Suresh Joseph
Director of Finance	James Duncan
Director of Nursing and Operations	Gary O'Hare
Director of Workforce	Elizabeth Latham
Acting Director of Performance and Assurance	Lisa Quinn
Specialist Services Group	
Group Medical Director	Carol Kaplan
Group Director	Gail Bayes
Group Nursing Director	Anne Moore
Planned Care Group	
Group Medical Director	Steve Brown
Group Director	Tim Docking
Group Nursing Director	Vacant
Urgent Care Group	
Group Medical Director	Damian Robinson
Group Director	Russell Patton
Group Nursing Director	Elizabeth Moody

More information is on the Trust's web site: www.nrw.nhs.uk, where the annual report can be found giving further details of the organisation.

Clinical Role of the Postholder

The post holder will be responsible for contributing consultant psychiatric support in the assessment, treatment and follow-up of patients referred to and supported by the Regional Affective Disorders Service. Specifically they will take responsibility for provision of in-patient and partial hospital care of patients.

Principle Duties

Clinical

1. To provide Consultant psychiatric input to the inpatient and partial hospital service and contributing to the established clinical programme detailed in job planning.

Leadership, Service Development, Administrative and Management

2. Medical leadership to work with other members of the medical and non-medical team to ensure that arrangements are in place for the organisation of medical staff and that they are allocated duties in accordance with the work of the speciality and with the level of their competence.
3. Medical supervision to the core team and support staff within the service.
4. Co-operate with local management to ensure smooth functioning of the service and to share with consultant colleagues in the medical contribution to management.
5. Active participation in wider managerial spheres is welcomed e.g. within the Royal College of Psychiatrists etc.
6. The post holder will be expected to comply with Trust and national employment and personnel policies and procedures, taking particular account of the Lone Worker Policy and be aware of all other Health and Safety Policies whilst visiting other establishments.
7. The post holder will follow Trust policies in maintaining good records utilising, as appropriate, the Trust's existing information technology and manual systems and communicate effectively with colleagues and shared care partners.
8. Work within the financial and other constraints decided upon by the Trust. Additional expenses of any kind must not be committed without the approval of the appropriate manager/budget holder.
9. This job description and proposed weekly timetable will form a composite part of a Job Plan, which will be subject to annual review.
10. Arrangements for job planning are well established. Group Directorate objectives are formulated jointly by the Group Director and Group Medical Director. More local service objectives are sometimes refined as a team exercise with all consultants from the Regional Affective Disorders

Service. Group and service objectives, together with key issues from appraisal, are used to negotiate the consultant's personal objectives for the year ahead. These are usually reviewed with the Group Medical Director or deputy after 6 months and will be jointly performed with the University.

11. Arrangements for appraisal are well established. Most appraisees make use of the on line appraisal toolkit (<http://www.appraisals.nhs.uk>) and the Trust funds the use of a supporting online 360° multi-source and patient feedback tool (<http://www.res360.net/>) which is provided by the Trust. The Follett process is followed for this post with joint appraisal with the Trust and University involving the Director of the Institute of Neuroscience (or deputy) and the Group Medical Director(or deputy).
12. The post holder would be expected to be approved, or be willing to undertake training to be so approved, under section 12(2) of the MHA (1983)

Teaching, Research and Clinical Governance

13. To contribute to teaching of junior doctors and medical students as well as other health care professionals and patient/carer groups.
14. Responsible for carrying out teaching, examination and accreditation duties as required and for contributing and participating in postgraduate and continuing medical education activity.
15. The Trust strongly supports participation in the CPD programme of the Royal College of Physicians and the post holder will be expected to remain in good standing for CPD, through active participation in a CPD Peer Group. There is an Associate Medical Director for Training and Development (Dr Alan Swann). Consultants are encouraged to take study leave entitlement in line with learning objectives identified in Personal Development Plans (PDP).
16. The post holder will contribute to the Trust and departmental programmes of quality improvement and engage in clinical audit.

Supervision of trainees

17. Contribute to clinical line management and educational supervision of the ST and Core trainees.

It is anticipated the postholder will go on the day-time RVI Consultant rota (currently 1 in 6) and the Newcastle out of hours On-call rota (currently 1 in 13). It is expected that the post holder will seek Section 12 approval under the Mental Health Act.

The consultants within the Regional Affective Disorders Service operate a cross cover arrangement with regard to annual and study leave.

JOB PLAN
Job Plan of Clinical Professor

A job plan will be developed with the successful candidate but will be based on the following template:

Clinical

Direct Clinical Care (3.5 PAs)

- Ward round
- Individual inpatient contact
- Paper work related to direct patient care
- Support/supervision of ward staff in relation to direct patient care

- On-call (level B) 1 in 13.

Supporting Professional Activities (SPAs: 1.5 PAs)

- Clinical supervision of core trainee
- CPD (including attendance at case conferences)
- Clinical management
- Audit and clinical governance (monthly meetings)
- Appraisal and job planning

Total 5 clinical PAs (including 1.5 SPAs)

Academic

Academic PAs to encompass:

- initiation of new clinical research programmes
- supervision of clinical and laboratory research projects
- attendance at laboratory and research group meetings
- supervision of research fellows
- writing research proposals and manuscripts

Total: 5 academic PAs (Including 0.5 of these PAs counting as an SPA)

To assist in these activities the successful appointee will be provided with an office with PC and Internet access. In addition to clinical clerical support, administrative support is provided via the IoN offices. The Head of the Clinical Service is Dr R H McAllister-Williams to whom the post holder initially reports for clinical issues. For full line management arrangements see above.

Programmed activities will be awarded based on the new consultant contract and will be reviewed annually in a structured job planning session described above. The Trust has a strong commitment to audit and clinical governance, as well as to reasonable, paid study leave. Appropriate Mentorship arrangements will be made following discussions with the Director of the Institute and Group Medical Director.

Indicative Job Plan

	Monday	Tuesday	Wednesday	Thursday	Friday
Am	University	Ward Round	Ward work	RADS Team meeting Clinical Supervision of Core Trainee	University
LUNCH		Case conference			
Pm	University/ Research meeting	CPD, Audit and clinical management	University	Ward work	University