**HIGHER SPECIALIST TRAINEE (HST) JOB DESCRIPTION**

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| **Job Title:** | **HST – Intellectual Disability Psychiatry - community** |
| **National Post Number:** | **Will be present on all posts** |
| **Educational / Clinical Supervisor:** | **Dr Mo Eyeoyibo** |
| **Base:** | MHLD, Archery House, Bow Arrow Lane, Dartford, Kent DA2 6PB |
| **Hours of Work:** | 40 hours a week, Monday to Friday, plus on-call commitments  |
| **On-call responsibility** | Middle on-call rota 1:14 |

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| **Job Outline:** | **Psychiatry of Learning Disabilities**The service supports adults with learning disabilities and mental health needs. The HST will be a member of the North Kent Mental Health in Learning Disability (MHLD) team based in Dartford. The team consist of MHLD Specialist Nurse, Consultant Psychologists, trainee psychologists, Consultant Psychiatrist, Specialty Grade Psychiatrist, Core Trainee Psychiatrist and team administrators. The office base is located at Archery House, Dartford, Kent DA2 6PB. The post holder will work closely with the Consultant, team members and other professionals and organisations and carers and families to meet the mental health and wellbeing of adults with a learning disability in the Dartford, Gravesend and Swanley areas. The HST will support the specialist clinics in ID and epilepsy and ID/OPMH joint clinics. There are links to other specialist L.D. services within the Trust, including the forensic LD service. Care is provided either in the outpatient clinic or through domiciliary visits and the post holder is expected to be part of and lead on multi-disciplinary/multi agency review meetings, and be available for emergency assessment as need may arise. The HST will also be involved in service development work and have the opportunity to be involved in management meetings related to the LD directorate including the Clinical Ethics discussions and the Quality Assurance Group. **Education:**The HST will be expected to take an active part in the weekly in-house academic activities (case presentations, journal clubs, and teaching sessions) and junior doctors’ induction programmes.There is also an additional opportunity for providing regular and formal teaching to medical student(s) from Kent and Medway Medical School as well as Overseas Medical students.It is expected that the trainee will lead on a Quality Improvement project and be actively involved in management and service development.**Supervision**: Educational supervision: 1 Hour dedicated weekly as part of educational supervision. Clinical Supervision: Ad hoc clinical supervision is available daily from the post consultant or the other consultants in the team. |
| **Objectives of Placement:** | 1. Develop core skills to an enhanced level in assessment, diagnosis and formulation of common and complex secondary care community mental health presentations, both routine and urgent.
2. Develop skills in the biopsychosocial management of common and complex secondary care community mental health presentations, including further investigations and treatment.
3. Develop skills in risk assessment and management as part of care plan development in collaboration with the patients, families and carers.
4. Liaison with other teams, services, agencies and organisations and make appropriate referrals.
5. Work effectively with other colleagues and team members.
6. Develop skills in drafting reports, summaries and letters.
7. Use effectively the mental health and mental capacity legislation.
8. Develop leadership and management capabilities e.g. through attendance at meetings.
9. Develop teaching skills and support learning of colleagues, core trainees and medical students.
10. Engage in Research, Audit and quality improvement e.g. through completing audits and quality improvement projects and supervising junior colleagues in their projects.
11. To develop a special interest in a relevant clinical specialty (see Special Interest sessions prospectus).
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| **Education and Training:** | Individual supervision will be provided by the approved Clinical Supervisor who will provide clinical supervision for one hour every week. Ad hoc supervision about clinical matters will happen outside of this, for instance discussing a patient.On-call activities provide experience in the assessment and clinical management of psychiatric emergencies.The local academic teaching programme runs on Monday mornings and HSTs are encouraged to contribute by chairing trainee journal club and topic presentations and discussions thereafter.HSTs are also encouraged to contribute to the induction of Foundation and GP doctors on rotation to Psychiatry and assist with the training and development of Core trainees.Other teaching opportunities include participation in the wider HST training programmeand team educational activities. HSTs are encouraged to attend the sector’s Medical Advisory Committee (MAC) and other management meetings.The Psychotherapy Tutor will arrange the prescribed Psychotherapy participation as appropriate to the HST’s future practice as a Consultant.HSTs are required to complete at least one audit in their area of practice and are encouraged to supervise trainees with audit.Study Leave is available within HEKSS Guidelines. |
| **Research and Quality Improvement:** | Research opportunities are available under the supervision of the Trust’s Clinical Director for Research and Development Prof Shergill. Trainees will have the opportunity and will be supported to publish their work in peer reviewed journals and present at national conferences.Trainees are encouraged to undertake a Quality Improvement Project during their post.  |
| **Emergencies:** | The HST accepts that he or she will also perform duties in occasional emergencies and unforeseen circumstances at the request of the appropriate consultant in consultation, where practicable, with his colleagues, both senior and junior. Additional commitments are exceptions and trainees should not be required to undertake work of this kind for prolonged periods on a regular basis. The job description includes cover of normal annual and study leave of colleagues for whom the practitioner is expected to deputise during the normal run of his or her duties. |

**INDICATIVE TRAINEE TIMETABLE**

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|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| a.m. | Clinic | Team Meeting | CPA / Network Meetings | Research | **Urgent Reviews** |
| p.m. | Patient AdminAnd 1 hour weekly clinical/ educational supervision | Clinic | Patient AdminOnce Per month Specialist ID Academic Program | Specialist interest | Patient Admin |

**INDICATIVE CONSULTANT TIMETABLE**

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|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| a.m. | Clinic | Team meeting | Management meetings | CPD | **Management meeting** |
| p.m. | Patient relatedadminWeekly supervision | Clinic | Management meeting | Management meeting | Emergency assessment |

*\*As LTFT trainees may be interested to know* ***the key days*** *of the week, please note for this placement they are:* ***Mondays.***

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| **Supervisors’ Roles and Responsibilities:** | A named **clinical supervisor** oversees the trainee’s clinical work throughout a placement. He or she gives feedback during the placement and leads in providing a review of the trainee’s performance which contributes to the educational supervisor's report on determining if the trainee progresses to the next stage of their training.A named **educational supervisor** is responsible for the overall supervision and management of a trainee’s development during a placement or series of placements. He or she helps the trainee to plan their training, achieve agreed learning outcomes and brings together all relevant evidence to determine if the trainee progresses to the next stage of their training. Although these two roles are distinct, they may be the same person. HSTs usually have an educational supervisor who is also their clinical supervisor. **Expectations for supervision:**This job description briefly describes the training placement and outlines a timetable which includes an identified time for supervision. This should be one hour per week and is protected teaching time. This should be one-to-one with your supervisor but may be delivered in a group with other trainees that your supervisor is responsible for. Ad hoc supervision about clinical matters will happen outside of this, for instance discussing a patient, but is not a substitute for protected teaching time.Please contact your locality tutor if supervision is not happening as per the guidelines above. |

**HST Intellectual Disability curriculum 2022 - Placement Matrix**

The following table provides an indication as to what extent the HST syllabus areas may be met during a specific placement.

**Key:**

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|  | None of the syllabus areas should be expected to be met in this placement |
|  | To some extent/limited opportunity (please note that this may be positive or negative e.g. positive in that you may be able to experience this outcome) |
|  | To a great extent/ample opportunity |

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| **Higher Level Outcome** | **Specific opportunities in this post** | **RAG rating for gaining those opportunities**  |  |  |
| **Demonstrate the professional values and behaviours required of a Consultant Psychiatrist with reference to Good Medical Practice, Core Values for Psychiatrists (CR204) and other relevant faculty guidance.**  | Outpatient clinics and reviewsTeam MeetingClinical Ethics meetingAssessed by WPBA including CBD and ACE |  |  |  |
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| **Demonstrate advanced communication and interpersonal skills when engaging with patients, their families, carers of all ages, their wider community, colleagues and other professionals.** | *Outpatient clinics**Team Meeting**On call**Assessed WPBA including ACE and Supervisions* |  |  |
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| **Demonstrate advanced skills in the psychiatric assessment, formulation, diagnosis and person-centred holistic\* management of an appropriate range of presentations in a variety of clinical and non-clinical settings within Psychiatry of Learning (Intellectual) Disability.**  | *Outpatient clinics**Team meetings**On call* *Assessed by WPBA including CBD* |  |  |
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| **Apply advanced management skills within Psychiatry of Learning (Intellectual) Disability in situations of uncertainty, conflict and complexity across a wide range of clinical and non-clinical contexts.** | *Outpatient clinics**Team meetings**On call* *Assessed by WPBA including CBD* |  |  |
| **Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients and safely manage risk within Psychiatry of Learning (Intellectual) Disability.** | *CPA reviews**Clinical Ethics meetings**On call and MHA assessments**Assessed by WPBA including CBD* |  |  |
| **Work effectively within the structure and organisation of the NHS, and the wider health and social care landscape.** | *Clinical Ethics and QAG**Other Governance and service development meeting**Assessed through WPA assessments and Supervision* |  |  |
| **Demonstrate leadership and advocacy in mental and physical health promotion and illness prevention for patients within Psychiatry of Learning (Intellectual) Disability and the wider community.** | *Service Audit and QI project**Assessed through project completion and MSF* |  |  |
| **Demonstrate effective team working and leadership skills to work constructively and collaboratively within the complex health and social care systems that support people with mental disorder.** | Clinical Team meetingsCPA meetingsClinical Ethical Meeting Assessed via Supervision and MSF |  |  |  |  |
| **Identify, promote and lead activity to improve the safety and quality of patient care and clinical outcomes of a person with mental disorder.** | Involvement in Clinical Audit and QIProject completion and review I supervision |  |  |  |  |
| **Lead on the provision of psychiatric assessment and treatment of those who are identified as being vulnerable within Psychiatry of Learning (Intellectual) Disability.** | Outpatient clinicCPA meetingsMHS assessmentsAssessed through WPBA such as CBD |  |  |  |  |
| **Demonstrate advocacy, leadership and collaborative working around vulnerability and safeguarding in patients, their families and their wider community.** | Outpatient clinicClinical team meetingsAssessed by WPBA such as CBD |  |  |  |  |
| **Promote and lead on the provision of effective education and training in clinical, academic and relevant multi-disciplinary settings.** | Medical student teachingCT Trainee supervisionCases presentation at Academic programAssessed via WPBA |  |  |  |  |
| **Demonstrate effective supervision and mentoring skills as essential aspects of education to promote safe and effective learning environments.** | Medical student teachingCT Trainee supervisionCases presentation at Academic programAssessed via WPBA |  |  |  |  |
| **Apply an up-to-date advanced knowledge of research methodology, critical appraisal and best practice guidance to clinical practice, following ethical and good governance principles.** | Engage in directorate research projectsRead JournalsPublish paper based on work completedAssessed through research output and supervision |  |  |  |  |
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Valuable references

1. RCPsych College Report (CR203) – Management of Epilepsy in Adults with Intellectual Disability (May 2017) (PDF)

2. Facing the Facts, Shaping the Future – Health and Care Workforce Strategy for England to 2027 (PDF)

3. The commission to review the provision of acute inpatient psychiatric care for Adults in England, Wales and Northern Ireland

4. The State of Care in Mental Health Services, 2014 – 2017, CQC (2014)

5. Learning disability and mental health – Mencap 2019

6. Cooper SA, Smiley E, Morrison J, Williamson A, Allan L. Mental ill-health in adults with intellectual disabilities: prevalence and associated factors. British Journal of Psychiatry (2007); 190: 27-35 (PDF)

7. NHS England: National Plan – Building the right support (October 2015)

8. Mental Health problems in people with learning disabilities: prevention, assessment and management (NICE guideline, NG54) (September 2016)

9. Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales (PDF)

10. Learning Disability – Improving Lives Programme (June 2018), Wales (PDF)

11. Scottish Mental Health Strategy, 2017 – 2027 (March 2017)

12. Mental Health Quality Indicator Profile, ISD Scotland (February 2019)

13. Making life better: A whole system strategic framework for public health (PDF)

14. Evaluation of the 2009-2011 Bamford Action Plan (December 2011). Department of Health, Social Services and Public Safety, Northern Ireland. (PDF)

15. GMC Approved Dual Training Programmes in Psychiatry

16. Health matters: reducing health inequalities in mental illness (December 2018)

17. NHS Long term plan - 2019

18. Learning Disabilities Observatory – People with learning disabilities in England 2015: Main report (PDF)

19. Transforming Care for People with Learning Disabilities – Next Steps (January 2015) (PDF)

20. Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. NHS England, ADASS and LGA joint report (October 2015)

21. Autism spectrum disorder in adults: diagnosis and management (CG142). NICE (June 2012)

22. The Learning Disability Mortality Review (LeDeR) Programme: Annual Report 2018. NHS England. (PDF)

23. The five year forward view for mental health: A report from the independent Mental Health Taskforce to the NHS in England (February 2016) (PDF)

24. Making change possible: A Transformation Fund for the NHS

25. Mental Health Under Pressure: Briefing. The Kings Fund (PDF)

26. Transforming care: A national response to Winterbourne View Hospital. Department of Health (December 2012) (PDF)

27. Winterbourne View – Time for Change: Transforming the commissioning of services for people with learning disabilities and/or autism (2014) (PDF)

**October 2022**