

Trainee Job Description

Job Title	Core Trainee (CT) / GPVTS in Psychiatry					
Supervisor	Dr Peter KELSALL					
Hospital Address	Birch Hill Hospital, Rochdale, OL12 9QB					
Trust	Pennine Care NHS Foundation Trust					
Speciality	Psychiatry		Sub Speciality			
Year of Trainee	1	2	3			

Description of Placement

This is a combined community and inpatient job covers Moorside ward, a 24-bedded adult general psychiatry ward in Birch Hill Hospital Rochdale and Rochdale west community team. The post provides opportunities for a wide range of experience in general adult psychiatry. The post is predominantly hospital based, but there may be the opportunity for community experience through existing close clinical links with the community mental health teams. The medical team on Moorside ward also includes an FY1, an Advanced Practitioner and usually also a ST4-6 / Speciality doctor and inpatient consultant (The community team include community consultant, LAS doctor and part time Speciality Doctor.

The Psychiatric department includes the John Elliott Unit, which has two wards: Moorside ward (24 beds) and Hollingworth ward (18 beds). That building also contains the ECT suite/clozapine clinic. Lawrence House, situated opposite, houses the Crisis Resolution & Home Treatment team.

The psychiatric outpatients unit is situated on top of the refurbished ward for Elderly patients, Beech ward, and the Watergrove assessment & memory clinic. The outpatient department contains all the offices for the consultants and their junior staff, the psychiatric records, the departmental library, photocopier, computers and video equipment. There is also a Child & Adolescent Unit on the Birch Hill site. There is also a male rehabilitation ward, Prospect Place, on the Birch Hill site, and a 12-bedded intensive rehabilitation unit (Stansfield Place) on Marshall Street, Rochdale. The department also makes use of Sudden Resource Centre, near the centre of Rochdale, which is the base for three of the Community Mental Health Teams, and Hanson Corner in Middleton, the base for the Heywood and Middleton Community Mental Health Team.

Multi-disciplinary work includes liaison with community mental health nurses, social workers, clinical psychologists, a pharmacist and an occupational therapist.

You will be required to comply with Trust policy and Management instruction with regard to Health and Safety and to Fire Prevention and, in particular, not to do anything that endangers yourself or others.

The trainee has access to a mobile phone for on-call duties. A pin-point alarm system is in use in both the out-patient clinic and on the wards in the John Elliot Unit.

Breakaway (conflict resolution and disengagement) training is undertaken within 4 weeks of commencing the post; protected time is available for attending this.

In addition to the Trust's own Health and Safety policies, staff should follow School of Psychiatry guidance on safety which is based on the Royal College of Psychiatrists' recommendations. Trainees have teaching on personal safety.

DEPARTMENT STRUCTURE

Consultants

Drs E Etuk, A Odelola, S Moghazy, P Kellsall (general adults in the community)

Dr S Datta & Dr A Ravishankar; (Psychiatry for Older People)

Dr S Pandaraparambil (early intervention)

Drs , A Orok & S Ginjupali (general adult in-patients)

Dr s Khan (part-time, Psychiatry of Learning Disabilities)

Dr Etuk is the clinical lead

Dr Moghazy in the borough tutor.

A variable number of ST 4-6 Specialist Registrars

4 Staff Grades (2 in old age psychiatry, 1 in rehab/general psychiatry, 1 in general adult psychiatry)

8 Basic Trainees (two GPVTS post, 6 psychiatry rotation CT 1-3): 5 general adult, 2 old age, 1 learning disability

2 Foundation Trainees (general adult): 1 FY1, 1 FY2

Roles and Responsibilities of the Trainee

- (1) Basic trainees are responsible for the day to day care of the patients in their charge. A basic review of Dr Ginjubali's patients should be carried out by the trainee or the FY1 each day, with more in-depth reviews of every patient each week. The trainee is also expected to contribute to multidisciplinary Formulation and care planning meetings on the ward as appropriate.
- (2) The trainee should undertake the examination of all newly admitted patients and out patients including a complete case history, examination of their mental state and a full physical examination, with the recording of this data in the case notes in that order. Subsequent to this at least twice weekly, progress notes will be entered chronologically. A diagnosis phrased in terms of the Glossary of Mental Disorders (ICD 10) should be recorded as soon as this is determined.
- (3) Patients referred to the department should be examined and admitted on the instruction of a consultant, higher trainee, or staff grade. The post holder is responsible for working with the other doctors in the General Adults teams between the hours of 9:00am and 5:00pm, Monday to Friday.
- (4) The post holder will contribute to the departmental daytime core trainee on-call rota and the shift system for out-of-hours work.
- (5) At discharge a note stating the current treatment regime of the patient should be done within 24hrs, which the ward clerk faxes to the General Practitioner. A full discharge summary should be prepared and sent to the GP as soon as possible.
- (6) This post includes prospective cover of duties of the other basic trainees and staff grades to cover annual leave and study leave. The staff grades do not share the on-call rota, but with the basic trainees will mutually cover daytime duties in accordance with the needs of the service. The junior doctor accepts that s/he will also perform duties in occasional emergencies and unforeseen circumstances at the request of the appropriate consultant in conjunction, where practicable, with his/her colleagues both senior and junior. It has been agreed between the professions and the department that while juniors accept that they will perform such duties, the Secretary of State stresses that additional commitments arising under this sub-section are exceptional and in particular that juniors should not be required to undertake work of this kind for prolonged periods or on a regular basis.
- (7) Other responsibilities and duties are those referred to in the department's "Notes for Guidance of Junior Medical Staff".

Core Clinical Work include details of where this will be carried out, type of assessments and therapies for which the doctor in training will be responsible (all experience must be appropriate to the level of training provided)

The post holder will be expected to be responsible for the day to day care of patients in the team who are admitted to hospital and outpatients in the community under the West CMHT. They will be closely supervised by the consultant and other senior medical members of the team.

On Call Please state frequency of on-call and nature of duties plus arrangements for clinical supervision

General adult & old age psychiatry is a single joint service outside normal working hours. The shifts are resident, 1 in 9 until 9-30 pm in Rochdale. From 9pm it is 1 in 18, a shared rota with the trainees from Fairfield Hospital, Bury, and covering the wards and A&E at Fairfield. There are appropriate compensatory rest days after night & weekend work.

There is always a consultant available on-call and part of the time there is also available on call the additional intermediate tier of another Mental Health Act section 12 approved doctor: either a specialist registrar or a staff grade.

If the Dr on call is asked to see a child, they should phone the trust's consultant on call for Children & Adolescents for discussion.

Academic Activities (These should include case conferences/Journal Clubs/Lectures etc)

Wednesday afternoon is dedicated for trainees' educational activity in accordance with the departmental teaching programme; they will also attend joint borough teachings for the LEP course, and involves case presentations, journal clubs, expert-led sessions, interview skills training and departmental audit. The Trust's Audit Department can provide help with audit projects.

CT1 attend Balint-type (case consultation group) sessions facilitated by a psychotherapist at Oldham on Thursday mornings, which GP trainees may also attend. CT2&3 trainees generally have a psychotherapy patient allocated to them.

This post offers good experience of District General Hospital psychiatry, with many aspects of psychiatric specialties also covered in the academic meetings and by the peer group, with the opportunity to shadow members of the multi-disciplinary team. A psychiatry rotational trainee is expected to attend the MRCPsych course facilitated locally; and GP trainees also attend their own local training.

When medical students are attached to the department, the trainee is encouraged to take an active part in their training, including being 'shadowed' by the student, discussion of particular patients and participation in ward rounds with the students.

Specific teaching within the department varies according to the trainee's needs. For example, a trainee may wish to attend the Elderly Medicine Out-patient Clinic or the Memory Clinic.

During the weekly supervision sessions, the trainee's educational needs will be discussed and reviewed. If the trainee wishes to be involved in managerial activities, opportunities are available to be involved, consistent with the trainee's development and educational level.

Facilities

The trainees have access to a shared office with a telephone, another computer and lockable drawers.

Secretarial support is provided by the educational supervisor's secretary.

On Moorside ward the trainee has a small office shared with the FY1 Dr and advanced practitioner for that ward, with a computer.

The psychiatric department has its own small on-site library with books and journals and facilities for making and viewing recordings of interviews. Additional library facilities are provided through the Trust.

PCs with internet access are available for the exclusive use of all the basic trainees in the department. All the wards have PCs with internet access to which the trainees have access.

Supervision Arrangements

One hour educational supervision per week is timetabled, although more is available on an informal basis. Clinical supervision occurs throughout, but is incorporated in the organisation of clinics and ward rounds. Workplace based assessments are conducted through the 6 months.

The trainee and educational supervisor will discuss the educational contract at the beginning of the job. Progress towards meeting it, and other training issues, can be reviewed during the weekly educational supervision sessions.

Teaching/Academic Experience

See above.

Audit/Research Opportunities

Dr Odelola supervises the junior doctors regarding audit projects. If the trainee wishes to conduct their own audit, advice and supervision is available from Dr Odelola, Dr Moghazy, or any consultant with an interest in their chosen subject. Past topics have included the use of ECT; the organisation of outpatient clinics; the Mental Health Act; medication, its monitoring and side effects; the use of the designated 'safe' interview room in A&E, etc. Advice and statistical support is available from the audit department.

Departmental audit meetings occur on average once a month, although the frequency is adjusted to reflect the search for an audit project and practical advice in the earlier months of the job, with more frequent meetings permitting presentation of completed topics later during the attachment. It is expected that each trainee will complete one audit during their 6 month attachment.

Management Opportunities

During the weekly supervision sessions, the trainee's educational needs will be discussed and reviewed. If the trainee wishes to be involved in managerial activities, opportunities are available to be involved either at a Directorate or Trust-Wide level, consistent with the trainee's development and educational level.