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| **JOB DESCRIPTION AND PERSON SPECIFICATION FOR** | Clinical Psychologist Enhanced rehabilitation and recovery pathway |
| **AGENDA FOR CHANGE BAND** | 8B |
| **HOURS AND DURATION** | As specified in the job advertisement and the Contract of Employment |
| **AGENDA FOR CHANGE REFERENCE NUMBER** | 2952 |
| **DBS LEVEL** | Enhanced DBS with Both Barred Lists Check |
| **REPORTS TO** | Psychology lead for enhanced rehabilitation and recovery pathway |
| **ACCOUNTABLE TO** | Psychology lead for enhanced rehabilitation and recovery pathway |
| **LOCATION** | The post holder will initially be based at the location specified in the job advertisement and the Contract of Employment. However, the Trust reserves the right, with consultation, to relocate post holders to any base within the Trust in line with service requirements. |
| **JOB SUMMARY** |  |
| 1. To provide clinical leadership to the enhanced rehabilitation pathway. 2. To ensure systems are in place and working for the supervision and governance of the clinical practice of rehabilitation clinical psychology. 3. To ensure robust supervision, and clinical support is available to colleagues within the rehabilitation pathway on matters related to the provision of Clinical Psychology. 4. To facilitate training, development and application of agreed models of psychological, psychosocial and psycho-educational interventions as needed. 5. To carry a clinical caseload and work within a multi professional and recovery- oriented framework to actively facilitate psychologically informed ways of working with people requiring clinical psychology. 6. To work with the rehabilitation pathway lead, Directorate Lead – Psychology and Specialist Psychological Therapies and other clinical and operational senior leaders in the rehabilitation pathway and Mental Health Directorate on the Step Up to Great Mental Health Service development plans. | |

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| **MAIN DUTIES AND RESPONSIBILITIES:** |
| 1. To demonstrate the Trust’s values in everything you do in the work environment and live up the LPT Pledge 2. To be responsible in the use and expenditure of the Trust’s resources that you utilise 3. Delivery of Effective Healthcare within the organisation 4. Establishing Effective Leadership and Communication 5. Continuing Education, Professional and Personal Development    1. Undertake the Trust’s corporate and local induction, and maintain your learning and compliance with training requirements for your role    2. Participate in supervision via agreed review and appraisal mechanisms    3. It is mandatory for all professionally qualified staff and clinical support staff to actively participate in clinical supervision as an integral part of their professional development. 6. Clinical Governance, Reduction of Risk, Audit and Research 7. Management and use of Resources and Information    1. All records that the role is responsible for or modifies must be kept up to date and maintained in an accurate and diligent manner 8. Operating with Quality in everything you do and Maintaining a Safe Environment   **Duties and Responsibilities Clinical**   1. To provide specialist psychological assessments of clients referred to the enhanced rehabilitation pathway based upon the appropriate use, interpretation and integration of complex psychological data from a variety of sources including psychological and neuropsychological tests, self-report measures, rating scales, direct and indirect structured observations and semi-structured interviews with clients, family members and others involved in the client’s care. 2. To formulate, implement and recommend plans to colleagues, those in other agencies and carers for the formal psychological treatment and/or management of a client’s mental health problems, based upon an appropriate conceptual framework of the client’s problems, and employing methods based upon evidence of efficacy across the full range of care settings. 3. To be responsible for implementing a range of psychological interventions for individuals, carers, families and groups, within and across teams/services employed individually and in synthesis, adjusting and refining psychological formulations drawing upon different explanatory models and maintaining a number of provisional hypotheses. 4. To evaluate and make decisions about treatment options taking into account both theoretical and therapeutic models; and highly complex factors concerning historical and developmental processes that have shaped the individual, family or group. 5. To exercise autonomous professional responsibility for the assessment, treatment and discharge of clients whose problems are managed by psychologically based standard care plans. 6. To provide specialist psychological advice guidance and consultation to other professionals contributing directly to clients’ formulation, diagnosis and treatment plan. |

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| 1. To contribute directly and indirectly to a psychologically based framework of understanding and care to the benefit of all clients of the service, across all settings and agencies serving the client group. 2. To undertake risk assessment and risk management for individual clients and to provide advice to other professions on the psychological aspects of risk assessment and risk management. 3. To communicate in a skilled and sensitive manner, information concerning the assessment, formulation, and treatment plans of clients. To monitor progress during the course of uni and multi-disciplinary assessment and intervention. 4. To be responsible with others for facilitating effective multi-disciplinary team working by providing psychological expertise and perspectives to optimise the effectiveness of assessment and treatment for individual clients, their carers and families. 5. To provide expert clinical input to case conferences with referral allocation meetings and meetings held jointly with other agencies. 6. To be responsible for responding to Solicitors for reports and professional witness activities consistent with policies set out by the Clinical Director or General Manager. 7. To be responsible for giving therapeutic/intervention advice to staff from other agencies as part of therapeutic programmes.   **Management**   1. To provide clinical leadership to rehabilitation Clinical Psychology. 2. To work with the rehabilitation pathway lead, Directorate Lead – Psychology and Specialist Psychological Therapies and other clinical and operational senior leaders in the rehabilitation pathway and Mental Health Directorate on the Step Up to Great Mental Health Service development plans in relation to rehabilitation re-design. 3. To manage the workloads of assistant and trainee and qualified clinical psychologists, within the framework of the teams policies and procedures. 4. To be involved, as appropriate, in the short listing and interviewing of assistant and qualified clinical psychologists. 5. To contribute, as a senior clinician in the team, to multidisciplinary meetings and senior management team meetings to ensure the effective operation of the rehabilitation pathway.   **Research**  (a) To utilise theory, evidence-based literature and research to support evidence based practice in individual work and work with other team members. |

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| 1. To be responsible for planning, executing and analysing relevant psychological research independently and/or in co-operation with others within the team. 2. To be responsible for providing doctoral level clinical psychologists in training with research opportunities and acting as a field supervisor in respect of doctoral theses. 3. To co-operate with University and NHS colleagues in the planning as execution of relevant psychological research. 4. To communicate research findings to appropriate meetings, conferences and symposia at local and regional level. 5. When appropriate, to submit research findings for publication in journals and other forms of professional communication. 6. To be responsible for initiating and/or co-operating with MDT audit and service evaluation as well as providing psychological statistical and research methodology expertise. 7. To undertake project management, including complex audit and service evaluation, with colleagues within the service to help develop service provision.   **Teaching**   1. To be responsible for providing training and development at all grade levels in psychological techniques and concepts to members of the rehabilitation pathway and other professional staff in partner agencies. 2. To provide specialist clinical placements for Trainee Clinical Psychologists, ensuring that Trainees acquire the necessary skills, competencies and experience to contribute effectively to good psychological practice and to contribute to the assessment and evaluation of such competencies. 3. To contribute to teaching sessions for doctoral (Clinical Psychologists in Training) at the University of Leicester and other accredited regional courses.   **Supervision**   1. To ensure systems are in place and working for the supervision and governance of the clinical practice of rehabilitation clinical psychology. 2. To provide clinical and professional supervision to qualified Clinical Psychologists and Assistant Psychologists working within the rehabilitation pathway, including conducting annual Appraisal and Personal Development Plan reviews. 3. To be responsible for the clinical supervision of doctoral clinical psychology trainees. 4. To ensure robust supervision, and clinical support is available to colleagues within the rehabilitation pathway on matters related to the provision of Clinical Psychology. |

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| 1. To provide advice, consultation and clinical supervision to multi-disciplinary colleagues within the rehabilitation pathway for their provision of psychologically based interventions to help improve clients’ functioning. 2. To provide advice, consultation and training about the rehabilitation pathway, psychologically based interventions and complex presenting problems to staff working with the client group across a range of agencies and settings, where appropriate. 3. To attend regular continuing professional development training in keeping with agreed PDP. 4. To receive regular clinical supervision from a senior Clinical Psychologist and, where appropriate, other senior professional colleagues. To participate in regular peer supervision forums. 5. To ensure that clinical supervisory skills are updated and that formal training updates are undertaken in line with BPS/HCPC and local university guidelines.   **General**   1. To contribute to the development of professional psychology within the service and Trust and which may involve holding officer posts on relevant committees. 2. To attend as a matter of priority, Speciality Meetings and Training events. 3. To contribute to the development and maintenance of the highest professional standards of practice, through active participation in internal and external CPD training and development programmes, consistent with current recommendations from the HCPC and/or BPS and in consultation with the supervising Psychologist or Team Manager. 4. To contribute to the development and articulation of best practice in psychology across the service, by continuing to develop the skills of a reflexive and reflective scientist practitioner, taking part in regular professional supervision and appraisal and maintaining an active engagement with current developments in the field of clinical psychology and related disciplines. 5. To maintain the highest standards of clinical record keeping including electronic data entry and recording, report writing and the responsible exercise of professional self- governance in accordance with professional codes of practice of the HCPC, British Psychological Society and Trust policies and procedures. 6. To maintain up to date knowledge of legislation, national and local policies and issues in relation to this specific client group. |
| **COMMUNICATION AND WORKING RELATIONSHIPS** |
| Required to communicate complex and sensitive information which necessitates advanced level of empathy and knowledge of common barriers of understanding, both to clients, primary and secondary care staff and non-statutory and social care providers.  Required to converse skilfully with other professionals to help them gain an appreciation of psychological perspectives relevant to rehabilitation psychology. |

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| **ENVIRONMENTAL FACTORS**   1. Physical Effort    1. The post holder will be a frequent requirement to sit at a desk or in a person’s home for long periods of time during the shift.    2. Will be a frequent requirement to sit in a restricted environment such as the need to drive or use another mode of transport several times during the shift to make home or hospital visits.    3. Long periods of time will be required to use a computer.    4. Use of light physical effort is required occasionally for the movement of case notes or clinical equipment. 2. Mental Effort    1. Frequent, intense concentration in client assessment and formulation, both individual and group work with up to 5 hours a day in direct face to face client contact.    2. Being with disturbed clients such as those experiencing trauma, family breakdown or domestic violence and acutely psychotic clients exhibiting extremes of all behaviours, verbal and physical abuse on occasions, all of which can be potentially extremely exhausting and skilled intervention is required to avoid burnout.    3. Liaison with multi agencies at times especially in emergencies requiring mental effort to coordinate possible management of a crisis. Also requiring the ability to multi task and mental adaptation to different unpredictable situations. 3. Emotional Effort    1. Frequent exposure to distressing information, either face to face or via the telephone that is of a sensitive nature which may include issues around child or adult abuse and negative consequences of Mental/physical Ill health.    2. Frequent direct exposure to patient/carer contact via face-to-face or telephone, which could potentially be confrontational or emotionally distressing.    3. Having to impart ‘bad news’ or sensitive information about patient’s prognosis or management.    4. Dealing sensitively with patients, relatives or carers who may be angry, difficult, upset or ill and have a high level of anxiety. This includes supporting staff that are dealing with these patients. 4. Working Conditions (potentially at times may include)    1. The job involves occasional exposure to unpleasant working conditions e.g. a smelly or dirty environment, vomit or urine, fleas or lice in a community setting.    2. Occasional exposure to verbal aggression from patients and carers.    3. Frequent requirement to use VDU equipment on most days.    4. Work in a busy and at times noisy office environment.    5. Personal office space is likely to be shared necessitating some flexibility in working relationships. |
| The job description is not exhaustive and will be reviewed in the light of changing needs and organisational development. Any changes will be discussed with the post holder who may be required to carry out the duties appropriate to the grade and scope of the post. |

# LEADERSHIP BEHAVIOURS: IT STARTS WITH ME

Our leadership behaviours framework set the standards of expectation we aspire to in our daily work. Meeting these standards and developing the capability to exceed them, will not only ensure that we continue to improve and respond flexibly to changing needs as an organisation, but will also help our staff to fulfil their potential, both in terms of personal achievement and career advancement.

The behaviours we expect to see at LPT are:

A diagram of different types of people

Description automatically generated with medium confidence

# ADDITIONAL INFORMATION

The NHS is in a period of continuing change due to developments and rationalisation of services. This will lead to a modification of structures and job descriptions. The post holder will be expected to co-operate with changes, subject to consultation, at any time throughout the duration of their contract.

# MOBILITY

The person specification for the role will detail the mobility requirements of the post. However, employees may be required to work at any of the other sites within the organisation subject to consultation.

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| **POLICIES AND PROCEDURES**  All staff should comply with the Trust’s Policies and Procedures. It is the employee’s responsibility to ensure that they are aware of the relevant Policies and Procedures for their area of work. Key Policies and Procedures will be explained as part of local induction arrangements |
| **SAFEGUARDING CHILDREN AND ADULTS**  The Trust takes the issues of Safeguarding Children and Adults, and addressing domestic violence very seriously. All employees have a responsibility to support the Trust in its duties by adhering to all relevant national and local policies, procedures, practice guidance and professional codes; promptly reporting any concerns to the appropriate authority in line with safeguarding policy and guidance; attending mandatory training on Safeguarding children and adults; being familiar with individual and the Trust’s requirements under relevant legislation. |
| **MENTAL CAPACITY ACT**  All clinical staff will be aware of their responsibilities under the Mental capacity Act and will ensure that assessment for Deprivation of Liberty Safeguards is in place for any patient that is deemed to lack capacity to consent to their care and treatment. |
| **MAKING EVERY CONTACT COUNT**  All staff are positively encouraged to contribute to improving health for themselves, their patients, service users and colleagues. This happens when, in everyday contact, the opportunity is taken to raise the subject of choosing better health by stopping smoking, reducing alcohol intake, eating more healthily and becoming more active. The Trust’s Making Every Contact Count programme has further information. |
| **HEALTH AND SAFETY**  It is the duty of all employees of the Trust to ensure that a safe working environment and safe working practices are maintained at all times. Any specific duties you are required to fulfil as part of the job you are employed to undertake will be detailed as part of your job description.  All employees must comply with the duties imposed on them by the Health and Safety at Work Act 1974, i.e.   * To take responsibility for the Health and Safety of themselves and of other persons who may be affected by their acts or omissions at work. * To co-operate with their employer as far as is necessary to meet the requirement of the legislation. * Not to intentionally or recklessly interfere with or misuse anything provided in the interest of health and safety or welfare   These duties apply to all staff whenever and wherever they are engaged on Trust business. |

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| **DATA PROTECTION**  In line with national legislation, and the Trust’s policies, you must process all personal data fairly and lawfully and in a transparent way, for the specific, explicit and legitimate purpose(s) it was obtained and not disclosed in any way incompatible with such purpose(s) or to any unauthorised persons or organisations, unless a lawful exemption applies.  The post holder must be familiar with and comply with the all Trust Policies on Data Protection, Confidentiality and Information Security and requests for personal information.  The post holder must be familiar with and comply with the General Data Protection Regulation and Data Protection Act 2018.  Personal Data must be:   * Processed lawfully, fairly and in a transparent manner * Collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes * Adequate, relevant and limited to what is necessary * Accurate and where necessary, kept up-to-date * Kept in a form which permits identification of data subjects for no longer that is necessary for the purposes which it is processed * Processed in manner that ensures appropriate security, including protection against unauthorised or unlawful processing and accidental loss, destruction or damage |
| **CONFIDENTIALITY**  The Trust attaches the greatest importance to patient confidentiality and to the confidentiality of personal health data, personal data and other data held and processed by the Trust. All data should be treated as confidential and should only be disclosed on a need-to-know basis.  Some data may be especially sensitive and is the subject of a specific organisation policy, including information relating to the diagnosis, treatment and/or care of patients and service users, as well as individual staff records. Under no circumstances should any data be divulged or passed on to any third party who is not specifically authorised to receive such data. In addition, staff must not access personal information unless authorised to do so as part of their role.  Due to the importance that the organisation attaches to confidentiality, disciplinary action will be considered for any breach of confidentiality. All members of staff are expected to comply with national legislation and local policy in respect of confidentiality and data protection.  With the increased use of information technology and e-communications, staff should also be aware that safe guards are in place to protect the privacy of individuals when using these mechanism, both inside and outside of work. This includes the use of social media i.e. Facebook, Twitter, Snapchat etc. Where privacy is breached disciplinary action will be considered.  All employees should be mindful of the seven Caldicott principles when dealing with person identifiable information.   1. Justify the purposes of using confidential information 2. Only use it when absolutely necessary 3. Use the minimum that is required 4. Access should be on a strict need to know basis 5. Everyone must understand his or her responsibilities 6. Understand and comply with the law |

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| 7. The duty to share information can be as important as the duty to protect patient confidentiality  If there is any doubt whether or not someone has legitimate access to information, always check before you disclose. |
| **EQUALITY AND DIVERSITY**  We aim to design and provide services and employment practices that meet the diverse needs of our service users and staff, ensuring that none are placed at a disadvantage over others. You will be expected to take into account the provisions of the Equality Act 2010 to advancing equal opportunity. You must to act in your role to ensure that no one receives less favourable treatment due to their protected characteristics i.e. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.  In carrying out its functions, you must have due regard to the different needs of different protected equality groups in their area. |
| **INFECTION CONTROL**  All employees have a responsibility to protect from infection themselves and other people, whether they be patients, other staff or visitors, as well as making all reasonable effort to reduce or prevent the risk of infection in their working environment. All staff have a duty to make themselves familiar with and comply with Infection Prevention and Control Policies and Procedures, carry out duties required by legislation such as the Health and social care Act 2008 (updated 2015) (and subsequent legislation), and to attend mandatory training relating to infection prevention and control. |
| **COUNTER FRAUD**  Staff are expected to report any incidences of potential fraud to the Counter Fraud Helpline on 0800 028 40 60. |
| **SMOKING AT WORK**  The Trust has a “Smoke Free Policy”, which applies to:   * All persons present in or on any of the Trust grounds and premises * All persons travelling in Trust owned vehicles (including lease cars) whilst on official business. * Privately owned vehicles parked on Trust grounds or when transporting Service Users, Visitors on official Trust business. * When wearing an NHS uniform. |
| **ELECTRONIC ROSTERING**  ‘Our Electronic Rostering system is key to ensuring staff are in the right place with the right skills at the right time, to ensure we carry out this responsibility effectively; all LPT staff must  adhere to the rostering standards and guidelines set out in the Electronic Rostering Policy, pertaining to their role’. |

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| **Person Specification Selection Criteria**: | **3. Essential/ Minimum**  **1. Desirable** | **Stage measured at. You must**  **demonstrate the required criteria at all stages indicated** | | | |
| **Appli- cation form** | **Intervi- ew** | **Test** | **Prese- ntation** |
| **Demonstrates a commitment to** |  |  |  |  |  |
| **the Trust’s Behaviours** |  |  |
| **1.1** Valuing one another | 3 | x |
| **1.2** Recognising and valuing | 3 | x |
| people’s differences |  |  |
| **1.3** Working together | 3 | x |
| **1.4** Taking personal responsibility | 3 | x |
| **1.5** Always learning and | 3 | x |
| improving |  |  |
| **Qualifications (Equivalent** |  |  |  |  |  |
| **qualifications will be** |  |  |
| **considered where their** |  |  |
| **equivalency can be** |  |  |
| **demonstrated)** |  |  |
| 2.1 DClinPsych or postgraduate | 3 | x |
| equivalent in Clinical Psychology |  |  |
| including specific models of |  |  |
| psychopathology, clinical |  |  |
| psychometrics and |  |  |
| neuropsychology, two or more |  |  |
| distinct psychological therapies |  |  |
| and lifespan developmental |  |  |
| psychology, as accredited by the |  |  |
| BPS/HPC |  |  |
| 2.2 Further specialist accredited | 3 | x |
| training in a relevant aspect of |  |  |
| psychology e.g. CBT or Systemic |  |  |
| Family Therapy. |  |  |
| 2.3 Computer, I.T. and internet | 1 | x |
| skills |  |  |
| 2.4 Pre-qualification training and | 1 | x |
| qualifications in research |  |  |
| methodology, staff training and/or |  |  |
| other fields of applied psychology. |  |  |
| 2.5 Formal training in supervision |  |  |
| of other psychologists. | 1 | x |

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| **Person Specification Selection Criteria**: | **3. Essential/ Minimum**  **1. Desirable** | **Stage measured at. You must demonstrate the required criteria**  **at all stages indicated** | | | |
| **Appli- cation form** | **Intervi- ew** | **Test** | **Prese- ntation** |
| **Knowledge and Skills** |  |  |  |  |  |
| **3.1** Skills in the use of complex methods of psychological assessment intervention and management frequently requiring sustained and intense concentration. | 3 |  | x |
| 3.2 High-level knowledge of the theory and practice of at least two specialised psychological therapies. | 3 |  | x |
| 3.3 Knowledge of the theory and practice of specialised psychological therapies in specific difficult to treat groups (e.g. conduct disorder, eating disorders etc). | 1 | x |  |
| **Experience (both work and ‘life’ related)** |  |  |  |  |  |
| 4.1 Experience of the specialist psychological assessment and treatment across a range of care settings, including outpatient, community, primary care and in or day patient units. | 3 | x | x |
| 4.2 Demonstrates understanding and practical application of skills and knowledge involving a minimum of 50 hours clinical supervision of working as a specialist clinical psychologist, or an alternative agreed by the Head of Speciality | 3 | x | x |
| 4.3 Experience of working with a wide variety of client groups, across the whole life course presenting problems that reflect the full range of clinical severity including maintaining a high degree of professionalism in the | 3 | x | x |

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| **Person Specification Selection Criteria**: | **3. Essential/ Minimum**  **1. Desirable** | **Stage measured at. You must demonstrate the required criteria**  **at all stages indicated** | | | |
| **Appli- cation form** | **Intervi- ew** | **Test** | **Prese- ntation** |
| face of highly emotive and distressing problems, verbal abuse and the threat of physical abuse. |  |  |  |  |  |
| 4.4 Experience of working in a multi-disciplinary and multi- agency setting | 3 | x | x |
| 4.5 Experience of teaching, training and/or supervision. | 1 | x | x |
| 4.6 Experience of the application of clinical psychology in different cultural contexts. | 1 | x | x |
| **Personal Attributes** |  |  |  |  |  |
| 5.1 Able to work independently | 3 | x |
| and using own initiative yet willing |  |  |
| and able to profit from consulting |  |  |
| the designated |  |  |
| manager/supervisor when |  |  |
| appropriate. |  |  |
| 5.2 Warm facilitating style with | 3 | x |
| other professional staff and ability |  |  |
| to work co-operatively for the |  |  |
| benefit of service users. |  |  |
| 5.3 Ability to cope with waiting list | 3 | x |
| pressures, and multiple demands |  |  |
| on time. |  |  |
| 5.4 Ability to cope with stress of | 3 | x |
| other staff and behavioural |  |  |
| consequences of their stress. |  |  |
| 5.5 Ability to communicate with | 3 | x |
| patients effectively and |  |  |
| empathically. |  |  |
| 5.6 Able to communicate to | 3 | x |
| referrers and other professional |  |  |
| staff effectively. |  |  |

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| **Person Specification Selection Criteria**: | **3. Essential/ Minimum**  **1. Desirable** | **Stage measured at. You must demonstrate the required criteria**  **at all stages indicated** | | | |
| **Appli- cation form** | **Intervi- ew** | **Test** | **Prese- ntation** |
| 5.7 Able to cope with less than optimum work settings including other institutions and domiciliary settings. | 1 |  | x |  |  |
| **Standard Requirements** |  |  |  |  |  |
| Commitment to Equality & Valuing Diversity Principles | 3 | x | x |
| Understanding of Confidentiality & Data Protection | 3 | x | x |
| Understanding of the service users of the Trust (which could include lived experience of conditions the Trust deals with or of receiving services relevant to those the Trust provides) | 3 | x | x |
| **Mobility** |  |  | | | |
| Own transport or suitable | You must demonstrate how you | | | |
| alternative. Dependence on public | would meet the stated mobility | | | |
| transport is not suitable for this | requirement on your application form | | | |
| role. |  | | | |