Position Description

Position Title: Specialist Psychiatrist 1 FTE

Service Group: Mental Health and Addiction Services
Team: Adult Mental Health and Addiction Services
Bay of Plenty based at Whakatane Hospital

Reports to: Clinical Director, Mental Health and Addiction Services
Direct Reports: Nil
Authority Level: Nil
Issue Date: June 2018

Approved By

The Bay of Plenty District Health Board
The District Health Board’s fundamental purpose is to work within the resources allocated to it, to improve, promote and protect the health of the whole population within its district, and to promote the independence of people with disabilities.

Vision: Healthy, thriving communities.
Mission: Enabling communities to achieve
Our Values: Compassion, All-one-team, Responsive, Excellence

The Bay of Plenty District Health Board (BOPDHB) is committed to the Treaty of Waitangi principles of Partnership, Participation and Protection, and to meaningful engagement in decision-making with Tangata Whenua at strategic, operational and service levels.

Delivering this commitment is through: the implementation of our He Pou Oranga Tangata Whenua Determinants of Health framework: respect for and promotion of our Kawa and Tikanga Māori; ensuring cultural safety; seeking to eliminate disparities in health between Māori and Non Māori.

All staff have a part to play in this commitment.
Primary Purpose

Specialist Psychiatrist: Adult Psychiatry

The appointee will provide specialist input in the area of Adult Mental Health and Addictions, working both in the Acute Inpatient Service and with the designated multi-disciplinary Community Mental Health team.

The Bay of Plenty District Health Board (BOPDHB) provides mental health and addiction services for a population of 220,000. Western BOP DHB Mental Health and Addiction Services are based in Tauranga on the campus of Tauranga Hospital. Eastern BOP DHB Adult Mental Health and Addiction Services are based in the Whakatane CBD, with the inpatient service 3 km away at Whakatane Hospital. The Adult inpatient service has 34 beds of which 10 are located in Whakatane and 24 in Tauranga. Intensive patient care is offered in each unit.

In the Western BOP, Adult Community Mental Health and Addiction Services are delivered by two teams (North and South) based in Tauranga. Three psychiatrists work in each team and provide clinical leadership for the multidisciplinary community teams in partnership with the team leader. The psychiatrists work across the community and inpatient services. The work is distributed by a geographical model. The intention is collaborative practice and continuity of care between inpatient and community settings.

There is one team (East) in the Eastern BOP based in Whakatane and two psychiatrists who also work in a partnership model with the team leader. The psychiatrists in the eastern BOP work with the same model across the community and inpatient service described above and work is allocated in a similar way.

BOP DHB is a branch of the RANZCP (Royal Australian and New Zealand College of Psychiatrists) Upper Central North Island training programme (UCNI). All psychiatry registrar runs are accredited for basic training and many for advanced training. There are eight registrars working in the service, including one non training registrar in Whakatane.

The community mental health and addiction teams are multi-disciplinary teams which comprise of Psychiatrist, Registrar, Clinical Psychologist(s), Registered Nurses, Social Workers, Occupational Therapists and a Team Leader. There is an after hours crisis service based in Tauranga and in Whakatane and centralised afterhours contact.

The BOP adult addiction specialist service (BOPAS) is based in Tauranga and operates a district wide service. In addition there are specialist services for children and young people (CAMHS), older people (MHSOP) and Consultation Liaison Psychiatry (CL). Afterhours the psychiatrist on call may be required to provide assessments and oversight of treatment for patients needing to access these services.

On-call Duties:

This role requires participation in the general psychiatry on-call roster. A separate roster operates for the western and eastern BOP. In the western BOP psychiatrists work a roster which is about 1:8. The on call psychiatrist is supported by an on duty psychiatry registrar until midnight. There is a crisis service that is the second on call for the service after the call centre. Work may then be referred to the psychiatrist from the on duty registrar or the crisis service.
In Whakatane the after hours service has a single tier roster with psychiatrists or other medical officers being on call 0800 - 0800. This roster is supported by a crisis service. A special roster operates for the weekends so that the frequency of weekend on call is the same across Tauranga and Whakatane.

The appointee will be part of the BOP DHB Adult Mental Health and Addiction Service. The management and administrative support for the psychiatrist roles is provided from within this service.

The appointee will have the support of the Clinical Co-ordinators for adult CMH and inpatient services, Team Leaders, a psychiatrist Clinical Director and support roles that include administration, clinical auditor and a quality and safety co-ordinator. The appointee will be encouraged to develop a mentoring relationship with a senior colleague in mental health.

### Functional Relationships

- Consultation-Liaison Service
- Mental Health Service for Older People
- Child and Adolescent Mental health Specialist Service
- Specialist Addiction Services (BOPAS)
- Regional Maori Health
- Consumer advisors/organisations
- Family/Whanau advisors/organisations
- Community Mental Health Services Tauranga and Whakatane
- Inpatient mental health services Tauranga and Whakatane
- Emergency Department
- Psychiatrist Colleagues
- General Practitioners NGOs/Supported Accommodation providers and community providers of mental health and addiction services
- Agencies e.g. ACC, WINZ, SupportNet
- Senior Medical Officers

### Review of Job Description

The appointee will meet with the Clinical Director on an annual basis for a professional development review. The job description will be reviewed and amended by agreement of all parties.
## SECTION THREE:

### PART 1: General Responsibilities as a Specialist Psychiatrist

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<th>Principal Responsibilities</th>
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A Specialist Psychiatrist is required to undertake their clinical responsibilities and to conduct themselves in all matters relating to their employment, in accordance with best practice and relevant ethical and professional standards and guidelines, as determined from time to time by:

- The New Zealand Medical Council,
- The Royal Australian and New Zealand College of Psychiatrists,
- The policies and protocols of the Bay of Plenty District Health Board,
- The Health and Disability Commission,
- The New Zealand Medical Association.

» To provide specialist psychiatric care in accordance with accepted professional standards regarding conduct, ethics and clinical skills;

» To function as part of a multidisciplinary team in the assessment and management of clients/tangata whaiora referred to the Clinical Service;

» To supervise registrars, trainees and other SMO’s as required;

» To liaise with other agencies or doctors or departments within the Bay of Plenty DHB where appropriate for the assessment and management of patients;

» To appropriately document clinical work;

» To participate in the on-call after hours roster;

» To contribute to quality improvement initiatives and audit within the Mental Health and Addiction services;

» To work in accordance with the policies, protocols and guidelines of the Bay of Plenty DHB;

» To contribute to the development of the knowledge base of the discipline of psychiatry within the wider organisational context.
PART 2: Specific Responsibilities as a Consultant Psychiatrist

**Clinical Responsibilities**

To provide high quality assessment and treatment services within a multidisciplinary team, that are culturally appropriate and in accordance with professional standards and ethics and organisational policy and procedures.

» Provide high quality assessment, formulation and management for clients seen in clinical practice.

» Comprehensive assessments, treatment goals, psychiatric formulations, diagnoses, ongoing measures and progress notes are clearly documented.

» Works from a collaborative model with client and ensure informed consent is evident.

» Encourage involvement of family/whanau of the care of clients/tangata whaiora.

» Progress is evaluated against agreed treatment goals, and care plans are updated.

» To be accessible by and available for clients in accordance with the principles of good clinical management.

» Is available for, and works within a multidisciplinary team to maximise treatment efficiency and sharing of skills.

» To actively liaise with other medical or clinical staff, agencies or organisations involved in the delivery of care to clients.

» To involve appropriate cultural support in the management of tangata whaiora.

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**Cultural Practice**

Work in accordance with the principles of the Treaty of Waitangi (Tiriti o Waitangi), and safe cultural clinical practice and respect.

» To embrace working in partnership with Māori

» Demonstrate sensitivity to Maori cultural values in clinical assessments and interventions, and in dealing with the families/whanau and support workers of Maori clients.

» To practice in keeping with a respect for the cultural values of other ethnicities such as Pacific Island and Asian groups.

» Attends relevant training in relation to Treaty of Waitangi/bi-cultural and other cultural perspectives
**Team Responsibility**

To work as part of the team in the Clinical service, supporting a multidisciplinary approach and environment, and contributing psychiatric/medical expertise to the team.

» To provide a specialist psychiatric perspective in the multi-disciplinary team.

» To be available for members of the Multi-disciplinary team in the management of more complex clinical, legal or social cases, and to offer leadership in this situation when requested.

» To assist and support the general clinical standards in the team.

» To work with other members of the Multi-disciplinary Team in the resolution of identified problems or issues creating an impediment to quality clinical practice or team function.

**To work with other specialist Psychiatrists in the maintenance of clinical services and working environment in the DHB.**

» To offer and provide support, advice or opinion when required or requested by specialist colleagues.

» To contribute to cover for colleagues leave or absence, in a manner that is fair and equitable.

» To provide supervision or oversight or mentoring for colleagues where appropriate.

**Co-operate with other sub-specialty colleagues from across the Midland Region.**

» To contribute to regional forums and meetings with psychiatrist colleagues from the same sub-specialty to further regional co-operation and service initiatives, and consider service gaps in the Midland region.
SECTION FOUR:

NON-CLINICAL RESPONSIBILITIES:

The Specialist Psychiatrist appointed to the post will have a number of non-clinical duties. Non-clinical activities include a number of different responsibilities which are essential tasks but not direct patient care. Non clinical duties may comprise up to 30% of the time available. At least 20% of this time is to be completed in regular work hours and on site.

Supervision of a registrar involves at least one hour face-to-face supervision/teaching per week and further clinical supervision in accordance with the training requirements of the registrar, as advised by the RANZCP. Consultants have an important role in providing teaching and education sessions for the registrar training programme, for medical staff and other clinical staff in the DHB.

Every medical specialist is required to maintain their professional standards by participation in continuing medical education, peer review and attendance at conferences or meetings. All senior medical staff need to have credentialing by the Bay of Plenty DHB Credentialing Committee in order to confirm their scope of practice. This needs to before an appointment is confirmed and then approximately every five years.

Specialist Psychiatrists have a critical role in promoting quality of service delivery to those clients served by the service.

Non clinical duties may include the following:
» Supervision and oversight of others, in particular a Registrar
» Continuing Medical Education and professional self development
» Quality assurance activities
» Teaching and Grand Round presentations
» Credentialling
» Participation in service development
» Contribution to Sentinel event investigations

<table>
<thead>
<tr>
<th>Administrative Responsibilities</th>
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<tr>
<td>Complies with organisational policies and procedures.</td>
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</table>
» Ensure that record keeping, and the record keeping of others working under the employee’s general direction meets required legal and policy standards.
» To participate in professional development on an annual basis, and other reviews of practice where necessary.
» Maintain records of supervision and oversight where necessary for RANZCP or NZ Medical Council.
» Maintain accurate records of CME |
## Legal Responsibilities

**To work within the requirements of all relevant legislation.**

- To act as a Responsible Clinician as defined by the Mental Health Act.
- To have an excellent understanding of the Mental Health (Compulsory Assessment and Treatment) Act 1992.
- To contribute to the education and understanding of other staff in relation to the Mental Health Act.
- Maintain and protect confidentiality, right of access and sharing of information in keeping with the Privacy Act.
- To have excellent knowledge of PPPR and EPoA.
- Provide appropriate medical reports to the courts, coroner, Police, Ministry of Transport, LTSA and lawyers as required by law, in keeping with the principles of the Privacy Act.
- To meet the requirements of practice and conduct consistent with the provisions of the Health Practitioners Competence Assurance Act.

## Teaching/Education Responsibilities

**To contribute to the development of staff skills and training through provision of education and supervision**

- To undertake direct, and informal, registrar supervision and teaching.
- To maintain and ensure eligibility and competence as a supervisor as per RANZCP requirements.
- To provide advice and education for other members of the multi-disciplinary team.
- To participate in and contribute to DHB and non-DHB education programmes.
- To support research initiatives.
### Professional Standards

**To regularly review, and ensure the maintenance of personal professional and clinical standards of practice.**

- To participate in peer review activities consistent with RANZCP Continuing Professional Development Programme guidelines.

- To ensure an appropriate level of personal continuing medical education through reading, participating in meetings and attending conferences.

- To provide evidence of continuing education activities as part of the annual performance review.

- To meet and adhere to DHB policies regarding required core competencies such as CPR.

### Quality Assurance Activities

**To actively participate in quality improvement initiatives (within the team, within your own discipline and within the wider service/organisation) as is reasonable and within negotiated timeframes.**

- To support the quality assurance activities of the team and actively contribute to the identification of needed improvements in current service provision, and strategies for introducing these.

- To work towards ensuring that personal practice and service provision meet the requirements of the National Mental Health Sector Standards.

- To actively contribute to risk minimisation activities within the service.

- To contribute to the clinical committees of the BOP DHB and any national/regional/local projects which are relevant according to expertise, interest and availability.

- To participate in audit and monitoring of quality in clinical service delivery.

- To co-operate with the investigation of and implementation of recommendations from any complaint or similar process.
SECTION FIVE:

Clinical Leadership:

Specialist Psychiatrists are expected to fulfil a clinical leadership role within the service in which they are working.

The role involves providing leadership within the multi-disciplinary team in a clinical sense, but also includes a role in service planning, recruitment (where appropriate) and liaising with management and other services.

<table>
<thead>
<tr>
<th>Clinical Leadership</th>
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<tbody>
<tr>
<td>Contribute as leader of the Clinical team, in partnership with the Team Leaders/Clinical Coordinator/CD for Adult Mental Health, to the development of the service and to safe and high quality mental health and addiction services.</td>
</tr>
<tr>
<td>» To participate and contribute in the development and implementation of strategic and service planning for Adult sub-specialty mental health and addictions, and to provide clinical direction in planning for these services.</td>
</tr>
<tr>
<td>» To assist develop, in partnership with the Team leaders/Clinical Coordinator/CD, a shared vision and to provide clinical leadership, guidance, and support to other clinicians and managers within Mental Health Services, and to internal/external key stakeholders.</td>
</tr>
<tr>
<td>» To work with Adult Mental Health Services Clinical Co-ordinator and Team Leaders, and with the Clinical Director and Business Leader, Mental Health and Addictions, to ensure clinical staffing is appropriately skilled, selected, and retained.</td>
</tr>
<tr>
<td>» To contribute to protocols and guidelines operating in the two services to allow for clear definition of the service role and the interactions with other services within Mental Health and Addictions.</td>
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SECTION SIX:

Average Weekly Timetable:

The following applies to a full-time 1.0FTE position

Ordinary hours of work will fall between the hours of 0800 and 1700 on week days. The appointee is expected to work eight hours a day and be on duty from 0800. The job sizing is 80 hours a fortnight.
A suggested timetable is as follows:

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<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>Morning</td>
<td>Ward work</td>
<td>Ward work</td>
<td>Ward work</td>
<td>Ward work</td>
<td>Non clinical time and admin</td>
</tr>
<tr>
<td></td>
<td>MDT meeting</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Clinic</td>
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<tr>
<td>Lunch</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Grand Round</td>
</tr>
<tr>
<td>Afternoon</td>
<td>Clinic</td>
<td>Peer review, SMO meeting, admin</td>
<td>Judicial hearings fortnightly alternating with non clinical time</td>
<td>Clinic</td>
<td>Ward work Non clinical time</td>
</tr>
</tbody>
</table>

The timetable is flexible as is necessary to schedule a mix of acute and ongoing care work plus other demands such as supervision. For a full time psychiatrist working across inpatients and CMH there are generally three set clinics with the capacity to see urgent cases built into the work schedule. The ward prefers that inpatients are reviewed in the morning as discharges are requested to be arranged before lunchtime. Regular education meetings are timetabled and some administration time is included. Judicial hearings are fortnightly and the psychiatrist is required to attend. On Tuesday afternoons peer review meetings alternate with SMO business meetings, the meetings averaging 1.5 to 2 hours. This timetable is likely to be altered by the post-holder depending on the commitments of other staff and the evolution of the services.
SECTION SEVEN:

**Credentials:**

**Essential:**
- Vocational Registration by the New Zealand Medical Council in the specialty of Psychiatry
- Fellowship of RANZCP or equivalent.
- Current Medical indemnity Insurance
- Current and clean driver’s licence

**Training and Experience:**

**Essential:**
- Expert clinical experience and knowledge.

**Desirable:**
- Commitment to Clinical Governance
- Demonstrated leadership.
- Research and teaching skills.

**Competencies:**

**Essential:**
- Commitment to high quality and safe clinical service delivery.
- Able to function effectively within a multidisciplinary team.
- Integrity
- Effective relationship management
- Efficient time management skills.
- Accountable for own decisions and results.
- Goal oriented and outcome focused.
- Effective communicator.
- Understands clinical case management and values multidisciplinary team models
- Problem solver.
- Conflict resolution skills.
- Computing skills

**Desirable:**
- Skills in leading and managing service provision

**Values:**
- Demonstrates behaviours consistent with the BOPDHB values.

You agree to demonstrate flexibility and a willingness to perform a variety of tasks to promote and support BOPDHB initiatives.

You are required to meet the Health and Safety at Work Act 2015 requirements as set out in the BOPDHB health and safety policies and protocols. This includes completing successfully any health and safety training provided by the BOPDHB.

You are required to maintain a standard of health which will allow for the performance of all duties and functions of the position.
Health Practitioners Competence Assurance Act 2003

1. You are required to maintain your current competency based practicing certificate.
2. You must notify Manager of any changes to scope or conditions on practice (determined by Regulatory Authority).
3. You must complete the requirements of any competency programme.
4. You must notify employer of concerns relating to the risk of harm to the public of another health practitioner practicing below the required standard of competence.
5. Know the provisions of the HPCAA as the governing legislation.

Vulnerable Children Act 2014

Due to this position having contact with children and BOPDHB’s commitment to child protection, you will be subject to ‘safety checks’ under the Vulnerable Children Act at the time of hire and thereafter as per the relevant legislation.

Position Holders Declaration
I certify that I have read, understand, and agree to this position description.

Name: ______________________________________________________

Signature: __________________________________________________

Date: ________________________________________________________
### Compassion

- Cares about other people. Has empathy and understanding. Is calm and reassuring. Protects people’s dignity.
- Treats everyone with respect regardless of their views, role or background. Value differences. Culturally competent.
- Notices, acknowledges and appreciates people’s efforts and achievements, gives praise, making people feel valued.

<table>
<thead>
<tr>
<th>Attitudes and behaviours</th>
<th>Outcome</th>
<th>Attitudes and behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>We want to see</strong></td>
<td><strong>Everyone we come into contact with will feel</strong>...</td>
<td><strong>We don’t want to see</strong></td>
</tr>
<tr>
<td>Compassion</td>
<td>Cared for and respected</td>
<td>Is rude, bullies, intimidates or humiliates. Creates anxiety. Doesn’t act if someone’s dignity is suffering.</td>
</tr>
<tr>
<td></td>
<td>Treated with respect and cultural sensitivity</td>
<td>Disrespectful, judgmental, makes assumptions about people. Gossips or talks behind people’s backs. Rough behaviour.</td>
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<tr>
<td></td>
<td>Valued and engaged</td>
<td>Criticises people’s efforts, takes people for granted, makes people feel undervalued, belittled or inadequate.</td>
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### All-one-team

- Shares knowledge and information openly and honestly, clearly explains and updates people on what’s happening.
- Takes time to listen to others, is interested in their views. Invites people to ask questions and share concerns or ideas.
- Involves patients, whānau and colleagues as equal partners. Builds teams and relationships to achieve the best outcomes.

<table>
<thead>
<tr>
<th>Attitudes and behaviours</th>
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<tbody>
<tr>
<td><strong>Clear about what’s happening</strong></td>
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<tr>
<td><strong>Listened to</strong></td>
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<tr>
<td><strong>Involved in a partnership model</strong></td>
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<thead>
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<tbody>
<tr>
<td>Withholds knowledge and information, leaves people confused or in the dark.</td>
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<tr>
<td>Doesn’t listen, talks over people, dismisses or puts people down, makes decisions without consultation.</td>
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<tr>
<td>Doesn’t trust or involve people in things that affect them. Excludes, overrides, micro manages.</td>
</tr>
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</table>

### Responsive

- Friendly, polite, approachable, warm. Introduces themselves. Creates a happy environment. Smiles when appropriate.
- Shows kindness. Is attentive to people’s needs, supportive, helpful and willing. Often goes the extra mile for people.
- Respects people’s time. Plans ahead and co-operates so things run smoothly. Looks for efficient ways of doing things.

<table>
<thead>
<tr>
<th>Attitudes and behaviours</th>
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<tbody>
<tr>
<td>Positively welcomed</td>
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<tr>
<td>Supported, so they would want to be cared for or work here</td>
</tr>
<tr>
<td>We are flexible and efficient, and use resources wisely</td>
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</table>

<table>
<thead>
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<th>Attitudes and behaviours</th>
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</thead>
</table>
| Ignores people, snappy or aggressive tone of voice or behaviours, ‘rushing’ and saying “I’m too busy”.
| Passes the buck, says “it’s not my job”, unsupportive, does not take responsibility and leaves work for others. |
| Often late. Leaves people waiting unnecessarily or puts people under pressure with unrealistic timeframes. |

### Excellence

- Chooses to take a positive, will-do attitude. Looks for solutions. Uses positive words and actions to good effect.
- Aims for the best results, always learning, developing skills, knowledge, and ways of doing things, and helping others to.
- Consistently follows agreed, safe, best-practice.
- Seeks, welcomes and gives constructive feedback, speaks up when they have a concern, coaches others’ behaviour.

<table>
<thead>
<tr>
<th>Attitudes and behaviours</th>
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</thead>
<tbody>
<tr>
<td>Part of a positive culture of high achievement</td>
</tr>
<tr>
<td>Things are always improving</td>
</tr>
<tr>
<td>Safe</td>
</tr>
<tr>
<td>We are role models who are open to feedback</td>
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</tbody>
</table>

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>A negative attitude, often moaning, complaining or grumpy. Focuses on problems.</td>
</tr>
<tr>
<td>Assumes they know best, resists change, not interested in learning or developing. Happy with ‘good enough’.</td>
</tr>
<tr>
<td>Inconsistent, cuts corners, closed to new evidence.</td>
</tr>
<tr>
<td>Blames. Closed to feedback. By not speaking up about poor behaviour or unsafe practice they condone it.</td>
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</tbody>
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