Position Description

Position Title: Consultant Psychiatrist/Psychogeriatrician
Service Group: Mental Health and Addiction Services
Team: Mental Health Services for Older People
Reports to: Clinical Director, Mental Health and Addiction Services
Direct Reports: Nil
Authority Level: Nil
Issue Date: March 2019

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

Consultant Psychiatrist: Mental Health Services for Older People

The appointee to this post will provide specialist input in the area of Mental Health for Older People. The appointee will work in the MHSOP with a multi-disciplinary community mental health team.

- The total population of the BOP DHB catchment area is about 200,000. Approximately 15% of the population are aged over 65 (30,000). This is the group in the BOP population with the fastest growth rate.

- Services are provided to the Western Bay of Plenty from Tauranga and for the Eastern Bay of Plenty from Whakatane. Whakatane is 75km and one and a quarter hours drive from Tauranga.

Service Context:

Mental Health Service for Older Person (MHSOP)

The MHSOP is a BOPDHB-wide service with community offices based in Tauranga on the Tauranga Hospital campus, and Whakatane based at the Community Mental Health Service.

The appointee will be based in Tauranga and will provide services across the whole BOPDHB region. There are currently four specialist psychiatrists and one medical officer, as well as a house officer and a registrar, all based in Tauranga.

These positions operate within a large community based MDT consisting of nurses, social workers, occupational therapists and psychologists and also on the MHSOP Inpatient ward, based in Tauranga hospital.

Mental Health Services in the Bay of Plenty

Mental Health services provided out of Tauranga Hospital include:

- Mental health Services for Older People
- Child and Adolescent Mental Health Service (CAMHS)
- Adult Community Mental Health (CMH)
- Adult Inpatient unit (Te Whare Maiangiangi)
- Community Alcohol and Drug Service (CADS)
- Consultation Liaison Services (CL)
- Crisis Services (PACT)
- Mobile Intensive Nursing Service (MINS)

Mental Health Services provided out of the Whakatane Hospital include:

- Community Mental Health
- Acute Inpatient unit – Ward 8
- Voyagers Child and Adolescent services
- Crisis service
Training:

Tauranga Hospital Mental Health Services is part of the RANZCP Upper Central North Island training programme based at Waikato Hospital, Hamilton. Currently there is approval for up to 9 registrars in Bay of Plenty.

Support:

The appointee will have the support of the Clinical Director MHAS, Clinical Lead MHSOP and the Service Manager for MHSOP. The appointee will have further support from a Registrar, the multi-disciplinary team and administration in MHSOP.

On-call Duties:

The role includes participation in the general psychiatry on-call roster at Tauranga Hospital. There are two rosters, with Registrars being first on call after hours (4pm till midnight) and on the weekends. The Consultants provide second-tier roster, and there are 9 consultants on this roster.

FUNCTIONAL RELATIONSHIPS

- Consultation-Liaison Psychiatry, Tauranga Hospital
- Mental Health Service for Older People, Tauranga Hospital
- Community Mental Health, Tauranga
- Community Mental Health Service, Whakatane Hospital
- Ward 8, Inpatient Unit, Whakatane Hospital
- Acute Inpatient Unit (Te Whare Maiangiangi), Tauranga
- General Hospital including Emergency Department and Health in Ageing Tauranga Hospital
- Consultant Psychiatrist Colleagues
- General Practitioners/Primary providers
- Supported Accommodation providers
- Day Programme providers
- Senior Medical Officers group
- District Inspectors and Legal Counsel

REVIEW OF JOB DESCRIPTION

The appointee will meet with the Clinical Director and Clinical Lead on an annual basis to undertake a performance review. As part of this, the job description may be reviewed and amended by agreement of both parties. Amendments may require consultation with the Service Managers, Business Leader and Human Resources.
GENERAL RESPONSIBILITIES AS A CONSULTANT PSYCHIATRIST

1. Principal Responsibilities:

A Consultant 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 high quality 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 e.g. Health and Ageing Wards about the assessment and management of patients;

SPECIFIC RESPONSIBILITIES AS A CONSULTANT PSYCHIATRIST

1. 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.

» Provide community and home visits and visits to residential care facilities for the assessment and treatment of MHSOP patients.

» Provide clinics for patients of the service to attend in addition to home-based assessments.

» Manage in-patient care of MHSOP patients, currently provided by one of the existing MHSOP psychiatrists.

» Works from a collaborative model with client and ensure informed consent is evident.
» Ensure care plans are updated.

» Patient assessment and management in accordance with the principles of good clinical practice.

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

» Provides leadership and support for the clinical team.

» Actively liaises with other medical or clinical staff, agencies or organisations involved in the delivery of care to clients.

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

» Provides consultation and advice about consent and competency when requested, in accordance with service inclusion criteria.

» Optional contribution to ECT roster, participation in ECT committee and audit and supervision of Registrar with ECT.

» Contributes to the general on-call after hours roster.

» Participates in the provision of education to the General Hospital, residential care facilities, community organisations such as Alzheimer’s Society and the primary health care providers.

» Participates in regional and national meetings about issues relevant to Old Age Psychiatry.

» Contributes to quality improvement initiatives within the Clinical Service and Mental Health and Addiction Services as a whole.

» Contributes to the functioning of and knowledge base of the discipline of psychiatry within the wider organisational context.

2. Cultural Practice

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

» Works in partnership with Regional Maori Mental Health staff in appropriate cases.

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

» Practices 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 perspectives
3. Team Responsibility

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

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

» To provide consultation to members of the multidisciplinary team about the management of more complex clinical, legal or social cases, and to offer leadership in this situation when requested.

» To support high clinical standards in the team.

» To promote healthy team functioning.

To work with the Consultant Psychiatrists employed by the DHB to maintain high quality clinical services.

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

» To contribute to cover for colleagues leave or absence, in a manner that is equitable and is consistent with employment contracts.

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

Co-operate with other sub-specialty colleagues where appropriate.

» Participate in, and contribute to, regional forums and meetings with Psychiatrist colleagues from the same sub-specialty to further national and regional co-operation and service initiatives, and consider service gaps in the region.

**NON-CLINICAL RESPONSIBILITIES**

The Consultant Psychiatrist appointed to this role will be expected to have a number of non-clinical duties. Non-clinical duties are duties which do not relate to the direct care of an individual patient. These duties will be expected to comprise 0.3 FTE. Examples of these duties include peer review and professional development, audit and quality assurance, Grand Rounds, research, teaching including preparation time, supervision and oversight of others, service development and planning meetings.

The appointee will be required to be eligible as a RANZCP Supervisor in order to fulfill the requirements of the College for Providing Registrar supervision.

Participation in the RANZCP Continuing Professional Development Programme, Senior Medical Officer peer review and Bay of Plenty DHB Credentialling process is mandatory.
1. Administrative Responsibilities

Complies with organisational policies and procedures.

» 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

2. 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 contribute to the education and understanding of other staff in relation to the Mental Health Act, PPPR Act and Health and Disability Act.

» Maintain and protect confidentiality, right of access and sharing of information in keeping with the Privacy Act.

» 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.

3. 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 meet requirements as a supervisor as per RANZCP requirements.

» To provide consultation and education for members of the multi-disciplinary team.

» To participate in and contribute to DHB and non-DHB education programmes.

» To support research initiatives.
4. 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 meet the requirements of the RANZCP Continuing Professional Development on a continuing and annual basis.

» 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 and community restraint training.

5. 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 BOPDHB 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.

| CLINICAL LEADERSHIP |

Consultant Psychiatrists are expected to fulfil a clinical leadership role within the service in which they are working. For those Consultant Psychiatrists working alone in a service, it will automatically fall to that Psychiatrist to fill that role. For part-time Consultants or in those services with more than one Psychiatrist, the role of Clinical Leader will be negotiated, with the Clinical Director and Service Manager for the service.

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, for example in the negotiating of Memoranda of Understanding.
Clinical Leadership

Contribute as leader of the Clinical team, in partnership with the Team Leaders/Clinical Coordinator/CD for Mental Health Service for Older People to the future development of the service, the maintenance of standards within the service, recruitment and definition of the place of the service within the overall Mental Health and Addiction Services.

» To participate and contribute in the development and implementation of strategic and service planning and to provide clinical direction in planning for these services.

» To provide, 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 and Addiction Services, and to internal/external key stakeholders.

» To work with the Mental Health Services for Older People Service Manager 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.

» To contribute to protocols and guidelines operating in the MHSOP to allow for clear definition of the service role and the interactions with other services within Mental Health and Addictions.

Hours of work:

The appointee will work 80 hours a fortnight. The regular hours are 0800 to 1600. The appointee would be expected to contribute to the on-call roster.

CREDENTIASL

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: Demonstrated leadership.

Research and training skills.

Commitment to ongoing professional development.

RANZCP Certificate of Advanced Training in Psychiatry of Old Age.
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. All BOPDHB sites are smokefree environments.

**Health Practitioners Competence Assurance Act 2003**
1. You are required to maintain your current competency based practicing certificate.
2. You must notify your 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 your 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 the 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>We want to see</td>
<td></td>
<td>We don’t want to see</td>
</tr>
<tr>
<td>Compassion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cared for and respected</td>
<td></td>
<td>Is rude, bullies, intimidates or humiliates. Creates anxiety. Doesn’t act if someone’s dignity is suffering.</td>
</tr>
<tr>
<td>Treated with respect</td>
<td></td>
<td>Disrespectful, judgmental, makes assumptions about people. Gossips or talks behind people’s backs. Rough behaviour.</td>
</tr>
<tr>
<td>and cultural sensitivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valued and engaged</td>
<td></td>
<td>Criticises people’s efforts, takes people for granted, makes people feel undervalued, belittled or inadequate.</td>
</tr>
</tbody>
</table>

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

## Responsive


<table>
<thead>
<tr>
<th>Attitudes and behaviours</th>
<th>Outcome</th>
<th>Attitudes and behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>We want to see</td>
<td></td>
<td>We don’t want to see</td>
</tr>
<tr>
<td>Responsive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positively welcomed</td>
<td></td>
<td>Ignores people, snappy or aggressive tone of voice or behaviours, ‘rushing’ and saying “I’m too busy”.</td>
</tr>
<tr>
<td>Supported, so they would</td>
<td></td>
<td>Passes the buck, says “it’s not my job”, unsupportive, does not take responsibility and leaves work for others.</td>
</tr>
<tr>
<td>want to be cared for or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>work here</td>
<td></td>
<td>Often late. Leaves people waiting unnecessarily or puts people under pressure with unrealistic timeframes.</td>
</tr>
<tr>
<td>We are flexible and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>efficient, and use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>resources wisely</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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>
<th>Outcome</th>
<th>Attitudes and behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>We want to see</td>
<td></td>
<td>We don’t want to see</td>
</tr>
<tr>
<td>Excellence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part of a positive culture of high achievement</td>
<td></td>
<td>A negative attitude, often moaning, complaining or grumpy. Focuses on problems.</td>
</tr>
<tr>
<td>Things are always improving</td>
<td></td>
<td>Assumes they know best, resists change, not interested in learning or developing. Happy with ‘good enough’.</td>
</tr>
<tr>
<td>Safe</td>
<td></td>
<td>Inconsistent, cuts corners, closed to new evidence.</td>
</tr>
<tr>
<td>We are role models who are open to feedback</td>
<td></td>
<td>Blames. Closed to feedback. By not speaking up about poor behaviour or unsafe practice they condone it.</td>
</tr>
</tbody>
</table>