TEES, ESK & WEAR VALLEYS NHS FOUNDATION TRUST

JOB DESCRIPTION

POST TITLE:	**Foundation Year 2 Doctor**
DURATION:	**4 months**
LOCATION:	**South West or North East Community Mental Health Team for Older People, York and Selby.** **York and Selby Memory Clinic/Care Homes and Dementia Team.**
SPECIALTY:	**Older Persons Mental Health**
CLINICAL SUPERVISORS:	**Drs Amanda Leigh / Amir Sajjadi / Parthipan Sivaraman.**

Brief description of the clinical service

1. The South, West and North-East Community Mental Health Teams for Older Adults are based at Worsley Court (Selby), Acomb (York) and Huntington House (York) respectively. The team supports older patients in the community with both functional and organic illness.
2. The York and Selby memory service provides assessment, diagnosis and treatment to patients with cognitive impairment in the York and Selby area.
3. Care Homes and Dementia Team (CHADT) is based at Huntington House, York. The team provides assessment, diagnosis and treatment of older people who are residing in the care homes located in York, Selby and Pocklington areas. In addition the team has gate keeping, crisis assessment and management of organic illness in care homes, the York Hospital and in the Community.

As part of our teams, the FY2 doctor will only rotate with one of the above teams for the whole four months. The FY2 doctor will the opportunity to work alongside one of the Consultant Psychiatrists, Core and Higher Psychiatry Trainees, Team Manager, Clinical Psychologists, Advanced Practitioners, Community Psychiatric nurses, Occupational Therapists, Support workers and Administration staff.

The FY2 doctor will have the benefit of weekly supervision sessions with the consultant who they are working with. The FY2 doctor will be expected to participate in relevant Quality Improvement/Audit activities of the local Mental Health services. They are also expected to be involved in the various teaching activities of the local Mental Health services.

F2 doctor will gain experience of out-patient and memory clinics with support and supervision from Consultant Psychiatrist. The F2 doctor will also have opportunity to

join care coordinators in the teams in their assessments/home visits of service users and care plan review meetings. The F2 doctor will become a key member of the multidisciplinary team and will attend huddles and MDT meetings.

There will be a degree of flexibility in terms of working to cater for learning and service needs. F2 doctor will participate in the local on-call rota, with support of on-call Consultant.

Induction

The Trust conducts a structured Induction program at the start of the placement especially if the F2 doctor has not previously worked with our Trust. As part of the induction the F2 doctor will be introduced to the workplace and informed of the requirements of the post, including any call commitments.

In addition, induction for foundation doctors in the Trust comprises:

- Introduction to foundation training posts
- Orientation to psychiatry for doctors new to psychiatry
- IT and electronic record keeping induction
- First response resuscitation training
- Rapid tranquillisation training
- Management of violence and aggression training
- Other mandatory and statutory training

Main duties of the post holder – professional, clinical, administrative

1. To work as part of the multidisciplinary team attending the daily huddles
2. To work as part of the memory clinic under the supervision of senior medical staff.
3. To ensure robust assessment of new patients including the completion of full psychiatric histories, review of previous notes, mental state examinations, physical examinations and care documents where appropriate.
4. To initiate initial management plans, review patients & treatment plans as appropriate & work within framework of CPA.
5. To maintain accurate and clear records including updating care documents using the PARIS system.
6. To communicate with staff, patients and their carers in a timely and effective manner, including liaison with other professional staff and agencies.
7. To ensure the practice of safe medicines management.

Example of Community Foundation Year 2 Doctor timetable ***– Protected time to complete ePortfolio to be agreed with clinical supervisor at the start of the placement***

	AM	PM
Monday	9.15 – 10.00 Team Huddle Worsley Court. Followed by CMHT work (joint community assessments with team or clinic)	CMHT work (joint community assessments with team or clinic)
Tuesday	9.15 – 10.00 Team huddle followed by memory clinic	MDT

Wednesday	Post Graduate Educational programme York District hospital	14.00 – 15.00 Educational supervision Dr Leigh. Huntington House York. 15.00 - 17.00 Admin or CMHT work
Thursday	9.15 – 10.00 Team huddle followed by CMHT work (joint community assessments with team or clinic)	CMHT work (joint community assessments with team)
Friday	Memory clinic Acomb Health Centre	CMHT work

Example of a CMHT clinical supervisor's timetable.

	Monday	Tuesday	Wednesday	Thursday	Friday
am	Working hours 10.00 – 14.00 During this time functional clinic (Selby)	Working hours 8.30-17.30 CMHT Huddle (Selby) followed by memory clinic Selby	Working hours 8.30-17.30 SPA including Wed morning educational activities and Consultant meeting	Working hours 8.30-17.30 CMHT Huddle (Selby) followed by memory clinic Selby	Working hours 8.30-17.30 Memory Clinic Acomb Health Centre
pm	Consultant cover for emergencies and advice 9.00 - 10.00 and 14.00 – 17.00 provided by fellow Old Age Consultant working within same hub.	CMHT MDT (Selby) Then home visits/clinical admin	14.00 – 15.00 Trainee Supervision Then SPA	Home visits/ CMHT support	Home visits/ Clinical admin SPA

Example of a CHADT FY2 Timetable:

	AM	PM
Monday	9.00 – 09.45 Team huddle. Followed by CHADT work (joint community assessments with team or clinic) 11.30 to 12.30 - Educational Supervision with Dr Parthipan Sivaraman	CHADT work (joint community assessments with team or clinic)
Tuesday	9.00 – 09.45 Team huddle followed by CHADT ad hoc Work.	13.30 to 15.30 CHADT MDT 15.30 to 17.00 CHADT Ad hoc Work
Wednesday	Post Graduate Educational programme York District hospital	13.00 - 17.00 CHADT ad hoc work/joint visits with team.
Thursday	9.00 – 09.45 Team huddle followed by CHADT work (joint	CHADT work (joint community assessments with team)

	assessments with team). 1st and 3rd Thursdays Memory Clinics supervised consultant.	
Friday	09.00 to 11.00 CHADT Huddle and MDT. 11.00 to 12.30 CHADT ad hoc work	13.30 – 17.00 Clinical Admin/ Clinical Audit

Example of a CHADT clinical supervisor's timetable:

	Monday	Tuesday	Wednesday	Thursday	Friday
am	Working hours 09.00 – 17.00 Clinical Admin/ Trainee Supervision /SPA/ CHADT Support	Working hours 08.00-17.00 CHADT Huddle Followed by ad hoc CHADT clinical Support	Working hours 08.00-17.00 SPA including Wed morning educational activities and Consultant meeting	Working hours 09.00-17.00 CHADT Team meetings/Leadership Huddle 1ST and 3rd Thursdays memory clinic	Working hours 08.00-14.00 CHADT Huddle followed by MDT
pm	CHADT Care Home visits/Clinic	CHADT MDT Followed by care home visits/clinical admin	13.00– 15.00 SPA Then CHADT ad hoc care home Visits/Clinic.	Care Home visits/ CHADT support	Clinical Admin/ad hoc CHADT visits/Clinic till 14.00. Emergency Cover provided by Sector or Duty Consultant after 14.00

Curriculum outcomes expected to be achieved

Curriculum domain		Roles and responsibilities that will allow trainee to achieve this competency
Section 1: Professional behaviour and trust		
1. Acts professionally		
1.1	Professional behaviour	• Acts in accordance with General Medical Council (GMC) guidance in all interactions with patients, relatives/carers and colleagues • Acts as a role model for medical students, other doctors and healthcare workers • Acts as a responsible employee and complies with local and national requirements e.g. • Completing mandatory training • Ensuring immunisation against communicable diseases • Engaging in appraisal and assessment • Taking responsibility for ensuring appropriate cover during leave • Adhering to local sickness and return to work policies

1.2	Personal organisation	• Supervises, supports and organises other team members to ensure appropriate prioritisation, timely delivery of care and completion of work
1.3	Personal responsibility	• Attends on time for all duties, including handovers, clinical commitments and teaching sessions • Organises and prioritises workload as a matter of routine • Delegates or seeks assistance when required to ensure that all tasks are completed •

2. Delivers patient centred care and maintains trust		
2.1	Patient centred care	• Works with patients and colleagues to develop individual care plans • Respects patients' right to refuse treatment and/or to decline involvement in research projects
2.2	Trust	• Works with patients and colleagues to develop individual care plans • Respects patients' right to refuse treatment and/or to decline involvement in research projects
2.3	Consent	• Works with patients and colleagues to develop individual care plans • Respects patients' right to refuse treatment and/or to decline involvement in research projects
3. Behaves in accordance with ethical and legal requirements		
3.1	Ethical and legal requirements	• Practises in accordance with guidance from the GMC, relevant legislation and national and local guidelines • Demonstrates understanding of the risks of legal and disciplinary action if a doctor fails to achieve the necessary standards of practice and care
3.2	Confidentiality	• Describes and applies the principles of confidentiality in accordance with GMC guidance • Ensures the patient's rights of confidentiality when clinical details are discussed, recorded in notes or stored electronically • Complies with information governance standards regarding confidential personal information • Follows GMC guidance on the use of social media • Describes when confidential information may be shared with appropriate third parties e.g. police and DVLA
3.3	Statutory documentation	• Completes statutory documentation correctly e.g. • Death certificates • Statement for fitness to work • Cremation forms
3.4	Mental capacity	• Performs mental state examination and assessment of cognition and capacity • Uses and documents the 'best interests checklist' when an individual lacks capacity for a specific decision • Demonstrates awareness of the principles of capacity and incapacity as set out in the Mental Capacity Act 2005 (or Adults with Incapacity (Scotland) Act 2000)

		• Demonstrates understanding that there are situations when it is appropriate for others to make decisions on behalf of patients (e.g. lasting power of attorney, and guardianship) • Demonstrates understanding that treatment may be provided against a patient's expressed wishes in certain defined circumstances
3.5	Protection of vulnerable groups	• Works with patients and colleagues to develop individual care plans • Respects patients' right to refuse treatment and/or to decline involvement in research projects
4. Keeps practice up to date through learning and teaching		
4.1	Self-directed learning	• Acts to keep abreast of educational / training requirements • Maintains a contemporaneous e-portfolio which meets training programme requirements • Demonstrates change and improvement in practice as a result of reflection on personal experience, multi-source feedback (MSF) and feedback from supervised learning events (SLEs). • Identifies and addresses personal learning needs
4.2	Teaching and assessment	• Works with patients and colleagues to develop individual care plans • Respects patients' right to refuse treatment and/or to decline involvement in research projects
5. Demonstrates engagement in career planning		
5.1	Demonstrates engagement in career planning	• Discusses how to achieve career ambitions with educational supervisor • Maintains an e-portfolio record of evidence demonstrating realistic career goals based on • career guidance, self-awareness, information gathering, selection processes and discussion with colleagues • Maintains an e-portfolio record of activities demonstrating exploration of possible specialty career options e.g. completion of taster period and reflection on the experience
Section 2: Communication, team-working and leadership		
6. Communicates clearly in a variety of settings		
6.1	Communication with patients/relatives/carers	• Provides the necessary / desired information • Communicates increasingly complex information • Checks patients' understanding of options and supports patients in interpreting information and evidence relevant to their condition

		• Ensures that patients are able to express concerns and preferences, ask questions and make personal choices • Responds to patients' queries or concerns • Teaches communication skills to students and colleagues
6.2	Communication in challenging circumstances	• Provides the necessary / desired information • Communicates increasingly complex information • Checks patients' understanding of options and supports patients in interpreting information and evidence relevant to their condition • Ensures that patients are able to express concerns and preferences, ask questions and make personal choices • Responds to patients' queries or concerns • Teaches communication skills to students and colleagues
6.3	Complaints	• Provides the necessary / desired information • Communicates increasingly complex information • Checks patients' understanding of options and supports patients in interpreting information and evidence relevant to their condition • Ensures that patients are able to express concerns and preferences, ask questions and make personal choices • Responds to patients' queries or concerns • Teaches communication skills to students and colleagues
6.4	Patient records	• Maintains accurate, legible and contemporaneous patient records and ensures that entries are signed and dated in compliance with "Standards for the structure and content of patient records Health and Social Care Information Centre / Academy of Medical Royal Colleges (AoMRC) 2013"
6.5	Interface with other healthcare professionals	• Demonstrates ability to make referrals across boundaries / through networks of care (primary, secondary, tertiary) • Writes accurate, timely, succinct and structured clinic letters and clinical summaries
7. Works effectively as a team member		
7.1	Continuity of care	• Demonstrates ability to make referrals across boundaries / through networks of care (primary, secondary, tertiary) • Writes accurate, timely, succinct and structured clinic letters and clinical summaries

7.2	Interaction with colleagues	• Demonstrates ability to make referrals across boundaries / through networks of care (primary, secondary, tertiary) • Writes accurate, timely, succinct and structured clinic letters and clinical summaries
8. Demonstrates leadership skills		
8.1	Leadership	• Demonstrates ability to make referrals across boundaries / through networks of care (primary, secondary, tertiary) • Writes accurate, timely, succinct and structured clinic letters and clinical summaries
Section 3: Clinical Care		
9. Recognises, assesses and initiates management of the acutely ill patient		
9.1	Recognition of acute illness	• Responds promptly to notification of deterioration or concern regarding a patient's condition e.g. change in National Early Warning Score (NEWS) • Prioritises tasks according to clinical urgency and reviews patients in a timely manner • Recognises, manages and reports transfusion reactions, according to local and national guidelines
9.2	Assessment of the acutely unwell patient	• Performs rapid, focused assessment of illness severity including physiological monitoring and also considering mental health aspects • Performs prompt, rapid, focused assessment of the patient who presents an acute risk to themselves or to others in the context of mental disorder, incapacity or incompetence
9.3	Immediate management of the acutely unwell patient	• Reassesses acutely ill patients to monitor efficacy of interventions, including those aimed at managing acute mental illness and maintaining patient safety and the safety of others • Recognises when a patient should be moved to a higher level of care and seeks appropriate assistance with review and management • Communicates with relatives/friends/carers in acute situations and offers support
10. Recognises, assesses and manages patients with long term conditions		
10.1	Management of long term conditions in the acutely unwell patient	• Performs primary review of new referrals within the hospital or outpatient clinic • Cares for patients with long-term diseases during their in-patient stay, as outpatients and in the community • Reviews long-term drug regime and, with senior advice, considers modifying dosage, timing and

		treatment. • Assesses and manages the impact of long term mental disorder on the presentation and course of acute physical illness, and vice versa
10.2	The frail patient	• Prescribes with an understanding of the impact of increasing age, weight loss and frailty on drug pharmacokinetics and pharmacodynamics • Performs a comprehensive geriatric assessment (CGA) including consideration of dementia • Describes the impact of activities of daily living on long-term conditions (e.g. impact of a notifiable condition on driving) and provides information / discusses these with the patients and carers
10.3	Support for patients with long term conditions	• Prescribes with an understanding of the impact of increasing age, weight loss and frailty on drug pharmacokinetics and pharmacodynamics • Performs a comprehensive geriatric assessment (CGA) including consideration of dementia • Describes the impact of activities of daily living on long-term conditions (e.g. impact of a notifiable condition on driving) and provides information / discusses these with the patients and carers
10.4	Nutrition	• Works with other healthcare professionals to address nutritional needs and communicate these during care planning • Recognises eating disorders, seeks senior input and refers to local specialist service • Formulates a plan for investigation and management of weight loss or weight gain
11. Obtains history, performs clinical examination, formulates differential diagnosis and management plan		
11.1	History	• Obtains relevant history, including mental health and collateral history, in time limited and sometimes difficult circumstances
11.2	Physical and mental state examination	• Performs focused physical/mental state examination in time limited environments e.g. outpatients/ general practice/emergency department
11.3	Diagnosis	• Performs primary review of new referrals within the hospital or outpatient clinic • Reviews initial diagnoses and plans appropriate strategies for further investigation
11.4	Clinical management	• Refines problem lists and management plans and develops appropriate strategies for further investigation and management
11.5	Clinical review	• Reprioritises problems and refines strategies for investigation and management and leads regular review of treatment response to oversee patients' progress

11.6	Discharge planning	• Anticipates clinical evolution and starts planning discharge and on-going care from the time of admission • Liaises and communicates with the patient, family and carers and supporting teams to arrange appropriate follow up • Recognises and records when patients are medically, including mentally, fit for discharge
11.7	Discharge summaries	• Anticipates and ensures patients are prepared for discharge taking medical and social factors into account • Makes early referral within the multidisciplinary team and to community agencies • Communicates with primary care and other agencies
12. Requests relevant investigations and acts upon results		
12.1	Investigations	• Minimises wasteful or inappropriate use of resources by helping and directing colleagues to order appropriate tests and investigations • Explains to patients the risks, possible outcomes and implications of investigation results and obtains informed consent
12.2	Interpretation of investigations	• Increases the range and complexity of investigations which they can interpret and helps colleagues to interpret appropriate tests and investigations
13. Prescribes safely		
13.1	Correct prescription	• Prescribes medicines, blood products and fluids correctly, accurately and unambiguously in accordance with GMC and other guidance using correct documentation to ensure that patients receive the correct drug via the correct route at the correct frequency and at the correct time • Demonstrates understanding of responsibilities and restrictions with regard to prescribing high risk medicines including anticoagulation, insulin, chemotherapy and immunotherapy • Performs dosage calculations accurately and verifies that the dose calculated is of the right order • Reviews previous prescriptions and transfers/ transcribes accurately and appropriately • Describes the potential hazards related to different routes of drug administration (e.g. oral, intramuscular, intravenous, intrathecal) • Follows the guidance in Good Medical Practice in relation to self-prescribing and prescribing for friends and family • Within the hospital, prescribes controlled drugs using appropriate legal framework and describes the management and prescribing of controlled drugs

		in the community • Describes the importance of security issues in respect of prescriptions
13.2	Clinically effective prescription	• Prescribes and administers for common important indications including medicines required urgently in the management of medical emergencies e.g. sepsis, exacerbation of chronic obstructive pulmonary disease, pulmonary oedema, congestive cardiac failure, pain, thromboprophylaxis • Prescribes safely for different patient groups including frail elderly, children, women of child-bearing potential, pregnant women and those with hepato-renal dysfunction • Prescribes and administers oxygen, fluids and antimicrobials as appropriate e.g. in accordance with NICE guidance on antimicrobial and intravenous fluid therapy • Chooses appropriate intravenous fluids as vehicles for intravenous drugs and calculates the correct volume and flow rate • Assesses the need for fluid replacement therapy and chooses and prescribes appropriate intravenous fluids and calculates the correct volume and flow rates • Prescribes and administers blood products safely in accordance with guidelines/protocols on safe cross matching and the use of blood and blood products
13.3	Discussion of medication with patients	• Discusses drug treatment and administration with patients/carers, including duration of treatment, unwanted effects and interactions • Obtains an accurate drug history, including allergy, self-medication, use of complementary healthcare products and enquiry about allergic and other adverse reactions
13.4	Guidance on prescription	• Prescribes using all available support including local and national formularies, pharmacists and more experienced prescribers to ensure accurate, safe and effective error-free prescribing, whilst recognising that legal responsibility remains with the prescriber • Prescribes according to relevant national and local guidance on antimicrobial therapy, recognising the link between antimicrobial prescribing and the development of antimicrobial resistance.
13.5	Review of prescriptions	• Reviews prescriptions regularly for effectiveness and safety taking account of patient response, adverse reactions and drug level monitoring • Recognises and initiates action for common adverse effects of drugs and communicates these to patients, including potential effects on work and

		driving
14. Performs procedures safely (Core procedures are mandated by the General Medical Council (GMC) and trainees must be signed off a competent to perform them. Trainees may have the opportunity to perform many other procedures according to their clinical placements. Trainees should only perform procedures independently or teach medical students core procedures when they have been sanctioned to do this by their supervisor)		
14.1	Core procedures	• Maintains and improves skills in the core procedures and develops skills in more challenging circumstances e.g. reliably able to perform venous cannulation in the majority of patients including during resuscitation
14.2	Other procedures	• Teaches other healthcare workers procedures when skilled and sanctioned to do this • Increases the range of procedures they can perform relevant to specific clinical placements
15. Is trained and manages cardiac and respiratory arrest		
15.1	Is trained and manages cardiac and respiratory arrest	• Demonstrates the initiation and performance of advanced life support including cardiopulmonary resuscitation, manual defibrillation and management of life threatening arrhythmias and is able to lead the resuscitation team where necessary • Demonstrates understanding of the ethics of transplantation and identifies potential donors to senior medical staff
15.2	Do not attempt cardiopulmonary resuscitation orders	• Discusses DNACPR with the multidisciplinary team, the patient, long-term carers (both medical and non-medical) and relatives and then records the outcome of that discussion
16. Demonstrates understanding of the principles of health promotion and illness prevention		
16.1	Demonstrates understanding of the principles of health promotion and illness prevention	• Explains to patients the possible effects of lifestyle, including the effects of diet, nutrition, inactivity, smoking, alcohol and substance abuse • Recognises the impact of wider determinants of health and advises on preventative measures with reference to local and national guidelines including: o Smoking cessation and supportive measures o Appropriate alcohol intake levels or drinking cessation o Illicit drug use and referral to support services o Biohazards o Risks of UV and ionising radiation especially

		the harmful effects of sunlight ○ Lack of exercise and physical/mental activity ○ Weight management ○ Employment ○ Vaccination programmes ○ Cancer screening e.g. breast, cervical, bowel • Recommends well man/women clinics
17. Manages palliative and end of life care ***It is highly likely that this outcome will not be achievable within a Psychiatry placement****		
17.1	End of Life Care	• Participates in discussions regarding personalised care planning including symptom management and advance care plans with patients, family and carers • Discusses the patients' needs and preferences regarding care in the last days of life, including preferred place of care and death, treatment escalation plans, do not attempt cardiopulmonary resuscitation (DNACPR) decisions,
17.2	Care after death	• Confirms death by conducting appropriate physical examination, documenting findings in the patient record • Behaves professionally and compassionately when confirming and pronouncing death • Follows the law and statutory codes of practice governing completion of Medical Certificate of Cause of Death (MCCD) and cremation certificates. • Completes MCCD when trained to do so and notes details reported on the MCCD in the patient record • Demonstrates understanding of circumstances requiring reporting death to coroner/procurator fiscal. • Reports death to coroner/procurator fiscal after discussion with a senior colleague • Discusses the benefits of post mortem examination and explains the process to relatives/carers • Completes relevant sections of cremation forms when trained to do this
Section 4: Safety & Quality		
18. Recognises and works within limits of personal competence		
18.1	Personal competence	• Recognises and works within limits of competency • Calls for senior help and advice in a timely manner and communicates concerns/expected response clearly. • Uses clinical guidelines and protocols, care pathways and bundles • Takes part in activities to maintain and develop competence e.g. seeking opportunities to do SLES and attending simulation training

		• Demonstrates evidence of reflection on practice and how this has led to personal development
19. Makes patient safety a priority in clinical practice		

19.1	Patient safety	• Describes the mechanisms to report:
		  ○ Device related adverse events
		  ○ Adverse drug reactions
		• to appropriate national centre and completes reports as required
		• Participates in/undertakes a project related to a patient safety issue (e.g. Quality Improvement), with recommendations for improving the reliability of care and, with senior support, takes steps to institute these
		• Discusses risk reduction strategies and principles of significant event analysis and contributes to the discussion/ analysis of adverse events, including potential to identify and prevent systematic error

19.2	Causes of impaired performance, error or suboptimal patient care	• Describes the role of human factors in medical errors and takes steps to minimise these • Describes ways of identifying poor performance in colleagues and how to support them

19.3	Patient identification	F1 and F2
		• Ensures patient safety by positive identification of the patient:
		  ○ At each encounter
		  ○ In case notes
		  ○ When prescribing/administering drugs
		  ○ On collecting specimens and when requesting and reviewing investigations
		  ○ Before consent for surgery/procedures
		• Uses appropriate 2 or 3 point checks (e.g.name, date of birth, hospital number, address) in accordance with local protocols and national guidance
		• Crosschecks identification immediately before procedures/administration of blood products/IV drugs

19.4	Usage of medical devices and information technology (IT) (n.b. this excludes implantable devices)	• Demonstrates ability to operate common medical devices and interpret non-invasive monitoring correctly and safely after appropriate training • Accesses and uses IT systems including local computing systems appropriately • Demonstrates good information governance in use of electronic records
19.5	Infection control	• Demonstrates consistently high standard of practice in infection control techniques in patient contact and treatment including hand hygiene and use of personal protective equipment (PPE)

		• Demonstrates safe aseptic technique and correctly disposes of sharps and clinical waste • Demonstrates adherence to local guidelines/protocols for antibiotic prescribing • Requests screening for any disorder which could put other patients or staff at risk by cross contamination, e.g. Clostridium.Difficile • Takes an active role in outbreak management within healthcare settings (e.g. diarrhoea on a ward) and complies with procedures instituted by the infection control team • Informs the competent authority of notifiable diseases • Challenges and corrects poor practice in others who are not observing best practice in infection control • Recognises the need for immunisations and ensures own are up to date in accordance with local/national policy • Takes appropriate microbiological specimens in a timely fashion with safe technique • Recognises the risks to patients from transmission of blood-borne infection
20. Contributes to quality improvement		
20.1	Quality Improvement	• Contributes significantly to at least one quality improvement project including: o Data collection o Analysis and/or presentation of findings o Implementation of recommendations • Makes quality improvement link to learning/professional development in e-portfolio
20.2	Healthcare resource management	• Demonstrates understanding of the organisational structure of the NHS and independent sector and their role in the wider health and social care landscape • Describes hospital and departmental management structure • Describes the processes of commissioning and funding, and that all healthcare professionals have a responsibility for stewardship of healthcare resources • Describes accountability of the NHS in its context as a publicly funded body, and the need to ensure the most effective and sustainable use of finite resources • Recognises the resource implications of personal actions and minimises unnecessary/wasteful use of resources e.g. repeat investigations, delayed discharge • Describes cost implications of common treatments in terms of money, equipment and human resources (e.g. generic prescribing, intravenous v oral antibiotics).

20.3	Information management	• Seeks, finds, appraises and acts on information related to medical practice including primary research evidence, reviews, guidelines and care bundles • Critically reviews research and, where appropriate, presents finding (e.g. journal club).

Local teaching programme
There is an expectation that the post-holder will attend the weekly postgraduate teaching programme and the foundation programme taught course. Monitoring processes are put in place and 70% overall attendance to the above programmes are expected. The Trust provides other training which may be appropriate and study leave is available as per Deanery and Trust guidelines.

Additional opportunities

There is an expectation that the post-holder will participate in the clinical audit activities of the service. There is the opportunity to conduct and participate in audit projects which can be presented to the local postgraduate meeting at the end of the placement.

Study leave and annual leave
The study leave entitlement is per the Health Education North East policy. You will be entitled to 9 days annual leave throughout this 4 month rotation.

On-Call work

The post holder will take part in on call shifts (days, evenings, nights & some weekends) on the acute psychiatric rota. They cover acute psychiatric wards and emergency assessments at York Hospital (emergency department and wards). They are based with, and are supported by, the Crisis and Assessment teams, including the EDLS (Emergency Department Liaison service) and the HBT (Home Based treatment) teams. For details of the on call rota frequency and shift structure please see TEWV induction and Scheme Programme Director guidance. The rota covers both acute and community units.

Cover is provided for other junior doctors based at Huntington house. Clinics should be cancelled when on call in advance. You may also be asked to provide occasional 3rd line cover for the adult inpatient unit at Peppermill Court.

The rota is a resident rota (ie waking rota). The shifts are 8am – 8.30pm and 8pm – 8.30am daily including bank holidays. Shifts are worked in blocks of 3 or 4 depending on the time of the week. There is also an additional shift on Saturday and Sunday from 12 noon – 6pm.

Cover is provided to all Trust AMH, MHSOP and LD in-patient units in York & Selby as well as forensic and CYPS in-patient units managed by a neighbouring Trust. Trainees are required to travel between sites when on call.