

ST1+2 Job Description

Job Description - GPST in Psychiatry

Job Title: GPST2

Duration of post: 6 months as part of the GP Specialist training programme.

Base: Manchester Mental Health Trust
(Wythenshawe via aircall)

Responsible to: Dr Hamid Zamani.

Working Hours: 48 hours

On-Call: Full shift

Posts available:

- Community Rehabilitation/In-patient
- Outpatient only Central Manchester Health Trust
- 2 x In-patient with one day clinic per week

Educational Aspects of the Post

Purpose of Post

The post will provide them will skills and knowledge in psychiatry that are relevant to primary care, and which will enable them to provide better quality care for their patients. It also aims to give them some enthusiasm for the specialty which is an important part of primary care.

The overall aims will be:

- To learn about and how to manage important/or common conditions in psychiatry
- Develop practical skills for examination, assessment, screening and treatment.
- Develop patient centred consulting skills particularly helpful in psychiatry.

The curriculum will be based on the new General Practice curriculum where clear learning outcomes are stated. The areas covered are from the curriculum statements:

- 13 – Care of people with Mental Health Problems
- 14 – Care of people with learning Disability
- 15 – Drug and Alcohol problems

Educational Content

The post holder will have a named clinical supervisor who is accountable for the overall educational experience of the job.

The post holder will also attend the weekly GP training educational sessions organised by the General Practice Primary Care Medical Educator.

The post holder will participate in a continuing programme of education in mental health within the hospital department. This will be encouraged by various educational methods including self directed learning, tutorials, random case analysis, project work, audit, case studies, computer based learning and clinical practice.

We will endeavour to make the post relevant to mental health. For example, the post holder will attend psychiatric clinics and have exposure to drug, alcohol and learning disability services.

The post holder will be entitled to study leave in accordance with national and local guidelines.

The post holder should record progress in a learning log/training record.

Duties of the Post

The Specialist Trainee is responsible to the Consultants and the Trust for:

- Care of patients in psychiatry wards
- Attending psychiatric clinics
- Dealing with both routine and emergency admissions
- Participation in duty rota.
- A face-to-face handover of care must take place at every change of shifts, with communication of details about all problem patients.
- The trainee must carry out a daily ward round of all psychiatric patients on their firm, in time to allow discharge prescriptions to be obtained; and write in the notes daily, where appropriate.
- At weekends and Bank Holidays every psychiatric patient in the hospital must be seen, and the notes written in, where appropriate.
- Discharge summaries are to be dictated on psychiatric patients.
- Results relating to their firm must be seen and signed daily

Clinical Governance

Undertake induction and mandatory training, including completion of the Educational Agreement

In accordance with the Educational Contract, take part in audit.

Teaching & Training

The post holder will be expected to attend the weekly GP teaching programme on Wednesday afternoons at the Postgraduate Centre at UHSM. This teaching is organised by the Primary Care Medical Educator for South Manchester. The post holder will participate in teaching run by the Psychiatry department A&E to complement the experience gained in the department. The post holder will be entitled to study leave in accordance with national and local guidelines. The post holder should record progress in their GP e-portfolio.

Appraisal

In line with the RCGP training programme, the post holder will be assigned an Educational supervisor in General Practice and a Clinical Supervisor in Psychiatry. The clinical supervisor will have regular meetings to assess his/her progress and perform the mandatory Work Base Placed Assessments (WPBA). The Educational Supervisor will meet at least 6 monthly and undertake the educational review.

Learning Objectives

Area of the curriculum to be covered:

1. Acquiring knowledge of the signs, symptoms, treatment or appropriate referral of common or important mental health presentations and conditions. Including first presentation of psychosis in young adults (as listed in “Knowledge base” curriculum statement 13)
2. Acquire knowledge of the management of people experiencing mental health problems at extrapolate this into continuing care within primary care, bearing in mind that several interventions may be effective for each mental health condition, including different forms of talking therapy, medication.
3. To be able to develop communication skills that enables the doctor to consult in a patient-centred, sensitive way those with mental illness. Establishing rapport, obtaining a detailed history, and working in partnership with the patient to achieve concordance with treatment.
4. Learn skills to undertake:
 - Mental state assessment.
 - Suicide risk assessment
5. Demonstrate knowledge of effective and reliable instruments to screen, and diagnose, people experiencing mental health problems.
6. Describe how to deal with the associated physical health problems of people with mental health problems
7. Learn about the team approach to mental health care in Primary and Secondary Care. Including the nature and role of health and social care organisations, both voluntary and statutory in Primary and Secondary care that are an essential component of managing people with mental health problems. Learn how these services can be accessed in Primary Care.
8. Describe when it is appropriate in Primary Care to refer to and collaborate with the specialist mental health services.
9. Consider inappropriate use of medication:
 - Describe the importance of avoiding medicalising some mental distresses.
 - Describe the ethical dilemma of the use of psychotropic drugs to sedate people for social reasons.
10. Understand about somatisation and that a model of mental illness that creates an artificial separation between mind and body is often unhelpful. Learn diagnostic and management skills for these conditions.

11. Demonstrate an understanding that mental illness is culturally determined and depends on assumptions that may not be universal.
 - Demonstrate cultural sensitivity.
12. Demonstrate sufficient knowledge of the current Mental Health Act to undertake the responsibilities that this requires of GPs.
13. Understand that their own attitudes and feelings are important determinants of how they react to:
 - people who self-harm
 - people who misuse drugs or alcohol
 - people who know more about their illnesses than their doctors do
 - people who engender strong emotions in us for many reasons.
14. Become familiar with evidence based literature e.g. NICE & SIGN Guidelines. Adopt a critical and research-based approach to practice. Recognise the use of value judgements in psychiatric diagnosis
15. Drug and alcohol abuse-become familiar with:
 - Drug use, including type of drugs, quantity and frequency of use, pattern of use, route of administration, source of drug
 - Alcohol use, including quantity & frequency of use, pattern of use, whether above 'safe' level, alcohol dependence symptoms.
16. Learn the Symptoms and signs of alcohol and Drug abuse and the common complication. Become familiar with management including service provision with particular reference to access to services from Primary care (listed in "Knowledge base" curriculum statement 15)
17. Learning Disability: Be aware of challenges of providing care, social and medical for those with learning disabilities and associated conditions (listed in "Knowledge base" curriculum statement 14)
18. To be able to develop communication skills that enables the doctor to consult in a patient-centred, sensitive way those with patients with learning disabilities. Establishing rapport, obtaining a detailed history, and working in partnership taking into consideration their level of understanding Demonstrate respect for the patient's autonomy, which may be limited, and an awareness of how communicating via carers may skew the doctor-patient relationship.
19. Gain awareness of the Mental Capacity act and its application in those with learning disabilities.
20. Demonstrate an awareness of residential situations, and attendance at day centres for patients with learning disabilities.