

Role Profile:

Clinical Lead



WHAT I AM ACCOUNTABLE FOR:

- Leading on the provision of support and medical treatment for people with the most severe and complex needs, including planning and delivering support and medical treatment towards their recovery
- Provision of expert advice to other clinicians or colleagues on diagnosis and assessment, for example of complex drug interactions, comorbid drug-related physical and mental health issues, and integration of psychosocial and medical treatment
- Understanding of psychosocial support models and offering specialist contribution where appropriate
- To offer case formulation and consultation with identified clients and lead on developing effective pathways with secondary mental health services
- Introducing innovative interventions to improve outcomes and quality of provision
- Complex prescribing, for example injectable opioid substitution treatments, and oversight of medicine management processes
- Lead on coroner's court submissions. Providing expert advice to courts, accountable officers and responsible officers.
- Taking responsibility for leading on all aspects of clinical governance and quality assurance including clinical effectiveness, patient safety and safeguarding
- Leading on clinical audit processes
- Leading on service management of significant events / incident reporting, local clinical governance and morbidity & mortality meetings and processes
- Acting as advisor on commissioning and implementation of policy through input into local structures
- Liaison with CQC and other relevant stakeholders, including leading on preparation for CQC visits
- Championing and leading research and innovation to develop new clinical guidance and service protocols, both at local and national level
- Providing supervision, support, appraisal and training as appropriate
- Supporting service provision and development locally; leading on local pathway development, interpretation and dissemination of national organisational policies and procedures (e.g. content of Clinical Brief) to local clinical team
- Championing service user involvement and providing advocacy for service users

HOW I OPERATE:

Values Led Leadership

- Visible and inspiring leadership style
- Role modelling our values
- Work collaboratively with operations colleagues to ensure that clinical best practice is achieved
- Maintain a good understanding of the sector and adopt best practice as appropriate
- Build and maintain effective relationships with internal stakeholders, commissioners, regulatory bodies and local influencers – being open and listening to improve
- Share learning, feedback, coach and support other Managers to deliver successful services
- Take a collaborative approach to building relationships with people at all levels across all areas of the business
- Effective and timely horizon scanning, planning for the future and assessing risks/opportunities

WHAT I NEED:

Skills & Knowledge

- Be listed on the GMC's Specialist Register as a psychiatrist with an endorsement in substance misuse psychiatry, with the supervision and CPD requirements this entails; **OR**
- Have training, experience and supervision equivalent to this, as certified by the GMC through an appropriate Certificate of Eligibility for Specialist Registration (CESR); **OR**
- Be listed on the GMC's GP Register and have the following additional training and experience: all the relevant RCGP certificates, or equivalent CPD approved by the RCGP; and if possible, a Masters degree or Diploma in addictions; **OR**
- If have equivalent overseas qualifications (e.g. Australian addictions medicine specialists) or are UK-qualified doctors from other medical backgrounds (e.g. public health) who have developed specialist expertise, then demonstrate equivalent qualifications, training and experience (ratified via Turning Point's 'Roles & Responsibilities' accreditation process; **AND**
- Relevant and appropriate experience of front-line specialist work at a senior level and for a substantial length of time, including managing complex cases, working autonomously where necessary and in line with up-to-date best practice;



PEOPLE:

- Strategic leadership and management of other medical and prescribing staff
- Provide training and supervision for medical trainees and staff in other disciplines in treating substance use disorders and supporting people using drugs and alcohol
- Provide support, advice, supervision, mentoring and appraisal to intermediate and generalist doctors in treating substance use disorders and supporting people using drugs and alcohol
- Provide supervision for non-medical prescribers
- Provide general training in treating substance use disorders and supporting people using drug and alcohol to generalist doctors and other staff
- Provide training for medical undergraduates and postgraduates in treating substance use disorders and supporting people using drug and alcohol
- Advise responsible officers on competency issues arising for doctors working with people using drugs and alcohol in the context of revalidation
- Advise accountable officers on appropriate uses of relevant controlled drugs
- Carry out specialist assessment of fitness to practise for the General Medical Council and other professional organisations, and expert assessment of people using drugs and alcohol in childcare or criminal proceedings
- Providing expert advice to other doctors on diagnosis and assessment, for example of complex drug interactions, comorbid drug-related physical and mental health issues, and integration of psychosocial and medical treatment
- Providing expert advice to accountable officers and responsible officers.
- The clinical lead will be the named controlled drug nominated person (CDNP) for the service. The CDNP oversees the management of controlled drugs within the service and is the internal and external contact point for management of controlled drugs.

PROCESS:

- Medicine management
- Clinical audit submission
- Input into and sign-off of SBAR reports
- Safeguarding / liaison with social services and relevant stakeholders through Safeguarding Lead and operational managers
- Liaison with commissioners or other colleagues
- CQC preparation
- Input and work related to significant event analyses / DATIX (all medical and clinical incidents) – feed into local clinical governance and business meetings
- SBARS – completed and overseen by CL in relation to Service User Deaths – feed in CCG/Incident Reporting
- Coroners Reports to be led by Clinical Lead with PSI input from Psychologists, additional medical input from medical colleagues and service input from SOM; CL to attend Coroners Court hearings as appropriate
- CCG – current RCA's - CL to support SOM
- Clinical Support in relation to Equipment, Monitoring, Recording and Policies/Procedures
- Appropriate clinical supervision (in addition to individual supervision stated above), local pathway development, interpretation and dissemination of national TP policies and procedures (e.g. content of Clinical Brief) to clinical team in service
- Attendance at service leadership or other relevant in-house meetings
- This may involve working alone / with colleagues or arranging meetings with team members or external professionals
- local policy and guideline development, audit, risk and incident review; and appropriate CPD relevant to this
- Appropriate input into service delivery and performance – including monitoring of clinical indicators and data – plus appropriate liaison with operational colleagues; take accountability for how this work can lead to clinical quality improvement of the service