



Scott's View, Scottish Borders

Job Description and particulars for the posts:

Physician Associate in Mental Health

Three posts attached to:

- 1. Huntlyburn Ward, acute adult in-patient unit, Community Mental Health Teams (CMHT);**
- 2. East Brig Ward, Community Rehabilitation Team (CRT); and**
- 3. Lindean Ward and Borders Specialist Dementia Unit (BSDU), Mental Health for Older Adults Service (MHOAS).**

Permanent

Grade	Physician Associate (Band 7 AfC)		
Location	Main Base at Huntlyburn House, Melrose; CRT based at West Brig, Galashiels and MHOAS Based at Melburn Lodge, Borders General Hospital, Melrose TD6 9BS.		
Hours	Full Time 37:50 hours per week(part time applications also welcome).Initial working pattern is Monday to Friday within normal working hours. It may be that in future you may participate in out of hours working including weekends.		
Closing Date	23 rd June 2023		
Do you need help with the application?			
Contact Details	Telephone	01896 826167	
	Email	Medical.staffing@borders.scot.nhs.uk	
Application Process	<p>To apply: If you are an existing NHS Scotland employee please log onto https://apply.jobs.scot.nhs.uk/internal/vacancies.aspx</p> <p>or if you are external to NHS Scotland please log onto https://apply.jobs.scot.nhs.uk/vacancies.aspx.</p>		
Visits and Enquiries	Informal visits can be arranged and informal enquiries regarding this post will be welcomed by:-		
	Dr A Cotton	Associate Medical Director & Consultant Psychiatrist	01896 827155 (secretary)
NHS Borders Website	For further information regarding NHS Borders, please visit our website:- www.nhsborders.org.uk		

<u>Job Purpose</u>	
<p>The function of the Physician Associate (PA) post is to provide high quality, safe and effective patient care as part of a multidisciplinary clinical team. The posts are based in the mental health service.</p> <p>You will undertake physical assessment, mental state examination and history taking of patients and provide immediate care and/ or initiate treatment as per clinical pathways/ protocols. You will be required to provide cross cover to your PA colleagues. You will be supervised by a named Consultant.</p> <p>You will work under supervision to develop skills in adult or older adult psychiatry as well as generic skills which will be transferable across clinical areas. Your primary responsibility will be for the inpatient mental health service. Over time you will be supported to develop additional areas of expertise and responsibility eg physical health improvement, Liaison Psychiatry or outpatient work depending on the needs of the service and clinical priorities. Some sub specialty experience is also possible outwith core duties (e.g. Addictions) or in other specialties eg General Medicine to support your achievement of competencies.</p> <p>The posts are currently Monday to Friday within normal working hours. It may be that in future you are required to participate in out of hours working including weekends.</p> <p>You will need to have obtained current and valid certification or re-certification by the UK Physician Associate National Examination or National Commission on Certification for Physician Assistants (NCCPA). You will require to be a Member of the Faculty of Physician Associates at the RCP, which includes registration on the PA Managed Voluntary Register.</p>	
The Department	<p><u>Description of Community Mental Health Teams</u></p> <p>The Scottish Borders General Adult Psychiatry service provides specialist care for people suffering from mental illness with associated needs and disabilities. The aim of the service is to provide multidisciplinary assessment, care and treatment of those with mental health problems who do not have a learning disability, and are aged 18-</p>

69 years old.

The service currently consists of three multidisciplinary adult Community Mental Health Teams with access to 19 inpatient beds at Huntlyburn House adjacent to the Borders General Hospital in Melrose.

The East Community Team cares for people throughout eastern part of the Borders, covering GP practices in Melrose, Duns, Newton St Boswells, Earliston, Greenlaw, Eyemouth and Kelso.

The West Community Team cares for people throughout Tweeddale part of the Borders, covering GP practices in Peebles, Innerleithen and Galashiels.

The South Community Team cares for people throughout Teviotdale and Eskdale part of South Borders, covering GP practices in Selkirk, Hawick, Newcastleton and Jedburgh.

The multi-disciplinary team consists of:-

Consultant Psychiatrist,

GP Specialty Trainee

Band 7 CPN, Team Manager

CPNs

Support Worker

Occupational Therapist

team secretaries

Close working with Clinical Psychologist and CAAP Therapist colleagues

Close working with Social Work Colleagues

The team accepts referrals from primary care services and assessments take place either in the community or in in-patient setting.

Inpatient facility: Huntlyburn Ward is a 19 bedded ward that provides planned and emergency inpatient services for adults with a variety of mental disorders.

Mental Health for Older Adults Service (MHOAS)

The Mental Health for Older Adults Service (MHOAS) is a Borders-wide multi-disciplinary service, which operates around two community team bases: The West / Central Team in Melburn Lodge, and the East / South Team based at Poynder View in Kelso. . The CHAT (Community Hospital/Care Home Assessment and Treatment team offers specialist nursing intervention in these settings with the aim of preventing acute admissions and reducing stress and distress. The Post Diagnostic Support Team offers a minimum of one year follow up to those with a new dementia diagnosis.

Referral

MHOAS provides a Borders-wide specialist Mental Health Service for all people aged over 70, and for those of any age with progressive dementia. MHOAS provides community assessment, often in the patient's own home, with treatment and ongoing support for those with complex needs. Approximately four fifths of referrals are for dementia assessment, and one fifth for functional psychiatric illness. The teams work closely with Primary Care Services, Social Work and the voluntary sector. The team receives approximately 600 new referrals per year.

Inpatient facilities include: A 12-bed continuing complex needs ward for dementia patients requiring 24-hour NHS care (BSDU) and 6 beds for functionally ill older people (Lindean).

Community Rehabilitation Team

	<p>The Community Rehabilitation Team follows a Functional Assertive Community Treatment model and provides a service for adults with severe and enduring mental illness associated with complex needs and complex risks. The community team operates during the hours of 9am to 5pm, Monday to Friday. The Team is based at West Brig, Galashiels, adjacent to our inpatient unit, East Brig. We work with patients largely in their own homes. We work closely with 3rd sector support providers and also have a supported accommodation project.</p> <p>The team is multidisciplinary and integrated and is comprised of medical, nursing, occupational therapy, support worker, peer support worker, social worker, psychology, administration, physician associate and physiotherapy staff.</p> <p>Inpatient facility: East Brig ward is a 10 bedded ward that provides psychiatric rehabilitation and treatment of acute relapse.</p> <p>Referral: referrals are accepted from other mental health teams.</p>																																				
<p>Medical Staff</p>	<p>The Consultant staff establishment within the Mental Health and Learning Disability Network is as follows:</p> <table border="0"> <tr> <td>Dr Amanda Cotton</td> <td>Associate Medical Director (0.5) and Consultant Psychiatrist (South; 0.5)</td> </tr> <tr> <td>Vacancy</td> <td>South Community Mental Health Team</td> </tr> <tr> <td>Dr Jamie Tidder</td> <td>BAS</td> </tr> <tr> <td>Dr Bindhu Abraham</td> <td>East Community Mental Health Team</td> </tr> <tr> <td>Dr Joanna Bredski</td> <td>Rehabilitation Team</td> </tr> <tr> <td>Dr Jenny Bryden</td> <td>Rehabilitation Team</td> </tr> <tr> <td>Dr Jess Sussman</td> <td>West Community Mental Health Team</td> </tr> <tr> <td>Dr Jennie Higgs</td> <td>West Community Mental Health Team</td> </tr> <tr> <td>Dr Lucy Calvert</td> <td>Mental Health for Older Adults Service</td> </tr> <tr> <td>Dr Gregory Green</td> <td>Mental Health for Older Adults Service</td> </tr> <tr> <td>Vacancy</td> <td>Mental Health for Older Adults Service</td> </tr> <tr> <td>Vacancy</td> <td>Child & Adolescent Mental Health Service</td> </tr> <tr> <td>Dr Ruth Ashman</td> <td>Child & Adolescent Mental Health Service</td> </tr> <tr> <td>Dr Leonie Boeing</td> <td>Child & Adolescent Mental Health Service</td> </tr> <tr> <td>Dr Laura Kean</td> <td>Child & Adolescent Mental Health Service</td> </tr> <tr> <td>Dr Lucy Russell</td> <td>C&AMHS Neurodevelopmental Paediatrician</td> </tr> <tr> <td>Dr Niall Campbell</td> <td>Liaison Psychiatry</td> </tr> <tr> <td>Dr Mark Hughes</td> <td>Learning Disability Service</td> </tr> </table> <p>There are Associate Specialist and Specialty Doctor / Salaried GPs attached to community mental health teams, Borders Addictions Services (BAS), CAMH, Mental Health for Older Adults and Learning Disabilities.</p> <p>StRs/FY2: 6 in total, comprising 3 GP Specialty Trainees from Borders rotation, 1 FY2 post and 2 Psychiatry Specialty Trainees from South East Scotland Deanery</p>	Dr Amanda Cotton	Associate Medical Director (0.5) and Consultant Psychiatrist (South; 0.5)	Vacancy	South Community Mental Health Team	Dr Jamie Tidder	BAS	Dr Bindhu Abraham	East Community Mental Health Team	Dr Joanna Bredski	Rehabilitation Team	Dr Jenny Bryden	Rehabilitation Team	Dr Jess Sussman	West Community Mental Health Team	Dr Jennie Higgs	West Community Mental Health Team	Dr Lucy Calvert	Mental Health for Older Adults Service	Dr Gregory Green	Mental Health for Older Adults Service	Vacancy	Mental Health for Older Adults Service	Vacancy	Child & Adolescent Mental Health Service	Dr Ruth Ashman	Child & Adolescent Mental Health Service	Dr Leonie Boeing	Child & Adolescent Mental Health Service	Dr Laura Kean	Child & Adolescent Mental Health Service	Dr Lucy Russell	C&AMHS Neurodevelopmental Paediatrician	Dr Niall Campbell	Liaison Psychiatry	Dr Mark Hughes	Learning Disability Service
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The generic Job Description for a Physician Associate in the South East of Scotland appears on Appendix A

Here is some information on your day to day duties

You will be placed on Huntlyburn Ward, East Brig Ward or Lindean and BSDU Mental Health Older Adults Service in-patient wards. An outline of the duties of the post:

1. Communication and relationship skills

Providing and receiving complex or sensitive information

Take a history from patients and perform appropriate physical examinations, order and interpret appropriate diagnostic tests within relevant applicable guidelines and make an appropriate assessment and diagnosis in discussion with supervising consultant.

Assimilate clinical information from various sources, including patient history, physical examination, diagnostic tests and present initial findings to the supervising consultant.

Inform and counsel patients and relatives/carers regarding explanation of procedures, diagnosis, treatment and management of conditions, once management/treatment plans have been determined in association with supervising consultant. This will include long term management consistent with life circumstances.

Treatment/management information will have to be presented with empathy and reassurance. In some circumstances to ensure adherence with treatment plans, persuasion and motivational skills will be required during communication with patients.

Effective communication with the referring doctor and the patients General Practitioner/Consultant by promptly issuing a clinical letter (paper or electronically) indicating patient findings and treatment/management plan with conditions for review either by the Consultant, General Practitioner, member of clinical team, Physician Associate or Nurse Practitioner.

Conduct telephone consultations which may involve discussing the result and implications of laboratory investigations.

There will be a requirement to liaise with, and refer to, (where appropriate) other clinical specialities. There will also be a requirement to follow up patients whilst under the care of other specialities within the system.

The Physician Associate will be required to work with, refer to and take referrals from other healthcare professionals such as nursing staff and Allied Health Professionals.

Effective negotiation with patients to manage conflict and de-escalate potentially violent or aggressive situations when required.

Consider, discuss and learn from complaints about aspects of care / service delivery.

2. Knowledge, training and experience

Specialist knowledge across the range of work procedures and practices, underpinned by theoretical knowledge or relevant practical experience.

Ensure specialist knowledge is maintained by a commitment to lifelong learning and personal development.

Utilise informal opportunities for learning/teaching and education by ward nursing staff and junior doctors.

Undertake 50 hours of continuing professional development annually to maintain certification with the national physician Associate Managed Voluntary Register.

Maintain own clinical skills to a high standard to ensure safe delivery of care.

Reflect on current theoretical knowledge base or relevant practical experience. Discuss with supervising

consultant during PDP process. Identify relevant mandatory and statutory clinical updates that are required and areas of knowledge or expertise required for personal development.

3. Analytical and judgemental skills

Judgements involving complex facts or situations, requiring analysis, interpretation, comparison of options

Work under the supervision of a named Consultant, using clinical skills to deliver patient care. Patients will present in different scenarios requiring analysis and judgement of the possibilities.

Scenarios will have to be considered during assessment, discussions with supervising consultant and during treatment/management plans for patients.

During treatment/management plans, continual analysis required of clinical information and under supervision judgement required to ensure treatment/management plan still applicable.

Under supervision, utilising own professional judgement and in discussion with supervising consultant decide when patients require referral to another speciality.

Record and present findings in a manner consistent with local policies and procedures, using judgement to ensure facts are reported correctly.

Request appropriate investigations such as laboratory investigations and interpret their findings in view of other clinical information as per guidelines.

Assist medical and nursing staff in all clinical emergencies.

Inform and counsel patients and relatives/carers regarding explanation of procedures, diagnosis, treatment and management of conditions. This will include long term management consistent with life circumstances.

Fully document all aspects of patient care and complete required paperwork for legal and administrative purposes.

Technical skills as required/directed:

- Maintain patient airway in emergency situations.
- Give correct prescribed oxygen concentration.
- Measure and observe patients condition and act appropriately on changes in condition.
- Record a 12 lead ECG, interpret results and act accordingly.
- Monitor patients' blood sugar and act appropriately on any changes in condition.
- Resuscitate and administer shock following cardiac arrest.
- Measure and observe patients condition and act appropriately on changes in condition.
- Examination of eyes as required.
- Safe movement and comfort of patients.

4. Planning and organisational skills

Planning and organisation of straightforward tasks, activities or programmes some of which may be ongoing.

Initial assessment will determine the formulation of appropriate investigations as per guidelines.

In liaison with the supervising consultant and as required, a management/treatment plan will be developed which will be kept under review as further clinical information is forthcoming.

Will effectively manage and organise own workload.

5. Physical Skills

The post requires highly developed physical skills where a high degree of precision or speed and high levels of hand, eye and sensory co-ordination are essential.

Under supervision, use the following equipment which requires co-ordination of sensory inputs in association with highly developed physical skills:

- Monitoring equipment; cardiac, blood pressure, temperature, oxygen saturation monitors – all types used in the hospital, Portable 12 lead ECG machine, Medisense monitor, Resuscitation equipment including automated defibrillator,

Utilise technical clinical equipment, calibrating when required, checking for faults and ensuring regular maintenance.

Use electric beds and various pressure relieving mattresses as required.

Use computers and software; word, excel, power point, results reporting system, internet, intranet including e-mail, printer.

Basic skills to use information technology to operate such systems.

6. Responsibilities for patient/client care

Develops programmes of care/care packages

From patient history, physical examination, appropriate investigations and discussions with supervising consultant develop patient care pathways.

Such patient care pathways will include treatment and management plans plus discharge as appropriate.

7. Responsibilities for policy and service development implementation

Implements policies, proposes changes to practices for area

In conjunction with clinical colleagues, identify areas of the service to develop and improve.

Evaluate improvements to clinical practice in conjunction with other members of the clinical team.

Adhere to local risk management / health and safety strategy.

8. Responsibilities for financial and physical resources

Responsible for the safe use of equipment other than equipment which they personally use

Utilise technical clinical equipment, calibrating when required, checking for faults and ensuring regular maintenance of physical resources.

9. Responsibilities for human resources

Regularly responsible for providing training in own discipline/practical training or undertaking basic workplace assessments

Assist in clinical teaching of members of the multi-professional team and visiting learners, including medical/nursing students or physician Associate students as well as participate in education and development programmes.

Participate in supervision of Physician Associate students in undertaking basic workplace assessments.

On average, one day a week will be required for undergraduate education.

Practice under the supervision of a named Consultant.

Maintain own clinical skills to a high standard to ensure safe delivery of care.

Utilise informal opportunities for learning, teaching and education with ward nursing staff and junior doctors.

Undertake 50 hours of continuing professional development annually to maintain certification with the national PA Managed Voluntary Register. A minimum of 25 hours must be in accredited direct learning programmes.

Attend mandatory and statutory clinical updates as identified during PDP process.

Maintain responsibility for own professional development and identify areas for personal development. This is through a professional development review with named Consultant.

Maintain own training records and attendance at study days / courses.

Reflect on own practice.
Acting at all times with honesty and probity.

10. Responsibilities for information resources

Records personally generated data

Maintain patient records in accordance with guidelines and NHS Borders standards.
Fully document all aspects of patient care, including clinical observations and test results.
Complete required paperwork for legal and administrative purposes.

11. Responsibilities for research and development

Undertakes surveys or audits, as necessary to own work; may occasionally participate in R & D, clinical trials or equipment testing

In conjunction with clinical colleagues and under supervision of the Consultant, identify areas of the service to develop and improve.

Undertake audits of the service and prepare reports to disseminate findings to supervising Consultant.

Perform a variety of research and analysis tasks associated with improvement of clinical care, medical diagnosis and treatment.

It is also an expectation that the post holder will undertake further education and study relevant to the post for personal developmental purposes.

12. Freedom to act

Guided by principles and broad occupational policies or regulations

Follows NHS Borders and locally agreed policies, protocols and procedures under supervision.

Under consultant supervision follows principles from post-graduate diploma to determine clinical assessment and treatment plans.

In conjunction with the supervising consultant identifies clinical priorities per shift.

Self directs and manages own workload on a daily basis.

Ability to work using own initiative to manage own workload. Ability to demonstrate skills and knowledge in areas of risk assessment.

Ability to adapt according to changing service needs.

13. Physical effort

There is an occasional requirement to exert moderate physical effort

The post holder must be able to run to clinical emergencies, from a standing start and provide care / resuscitation as required. This will occur very rarely.

The post-holder must be able to manoeuvre patients into position for treatment or assessment.

14. Mental effort

There is a frequent requirement for concentration where the work pattern is unpredictable

Physical examination and history taking of patients requires concentration for periods of time although not continuously.

At the request of a supervising consultant or member of the clinical team, there will be a requirement to change work activity.

15. Emotional effort

Exposure to distressing or emotional circumstances

Dealing with acutely unwell patients and distressed patients / relatives / carers.

Exposure to patient death.

16. Working conditions

Potentially unpleasant working conditions

Exposure to potentially violent or aggressive patients including verbal abuse.

Exposure to body fluids, foul linen when assessing patients.

General Description of Mental Health Services

NHS Borders Mental Health Services continue to develop following the closure of Dingleton Hospital in April 2001. Care is now provided in smaller, more homely units and several wards have now been relocated to the BGH campus - wards for Dementia Assessment and the Functionally-Ill elderly, with a Dementia continuing care unit nearby. The Community Mental Health Team offices are currently located in Duns with plans to relocate more centrally in conjunction with the West CMHT.

NHS Borders has invested in Mental Health to further develop its longstanding community services. There are 10 Community Mental Health teams, with clinical leadership provided by 15 Consultant Psychiatrists:

- Mental Health for Older Adults (MHOAS) (Over-70s)
- East Community Mental Health Team (General Adult)
- South Community Mental Health Team (General Adult)
- West Community Mental Health Team (General Adult)
- Community Rehabilitation Team (Severe and Enduring Illness)
- Borders Addiction Services (BAS) (Alcohol & Substance Misuse)
- Child & Adolescent Mental Health Team (Under-18s)
- Liaison Psychiatry Team (includes elderly) (Within the Borders General Hospital)
- Borders Crisis Team (BCT) (Emergency & Crisis Intervention)
- Learning Disability Service

The Borders In-Patient Services

The Mental Health Service has developed its service from the Therapeutic Community principles introduced by Dr. Maxwell Jones to Dingleton Hospital in the 1960's, continuing to value open communication, a flattened hierarchy and a high level of participation in planning and service management. This has helped to maintain staff morale and ensure a high quality service even in times of economic hardship. The philosophy is essentially that people respond to their maximum potential when given the maximum appropriate involvement and responsibility. In this way we have been able not only to help patients more, but also provide a stimulating and attractive environment for staff.

Medical staff contribute to the in-patient service through weekly assessment (ward round) meetings. These draw together the assessment and care plan in collaboration with patients and carers, where appropriate. Continuity of care is provided both by the care planning process and the fact that community staff keep in direct contact with patients during their admission. This also enables a detailed account of the person's social context and supports to be communicated to ward staff and ensure early and appropriate discharge plans.

Borders Community Mental Health Services

The Borders service places special emphasis upon its community psychiatric service. Some aims of this are:-

- To assess and treat people in the environment of their choice.
- To encourage referrals at an earlier stage, before a crisis arises.
- To attempt to resolve emotional crises and illnesses as far as possible in the individuals own family setting.
- To ensure continuation of appropriate support in the community so that recurrence may be less likely.
- To help the person alter their coping strategies, where necessary, to help maximise social functioning.
- To identify those for whom in-patient treatment is required.

Psychiatric services attempt to broaden Mental Health Education by increasing liaison with others, whether within the Health Service, (such as General Practitioners, Practice Nurses, Health Visitors and District Nurses), or in partner agencies such as Social Work, with Support Workers and the Voluntary sector. To this end we meet with many of these groups.

Community Teams may assess referrals in their own homes, in Primary care facilities or Community team bases, with therapeutic work carried out on a multi-disciplinary basis.

An important element of the multi-disciplinary approach is the mutual learning and skill-sharing between medical and non-medical members of the team. Patients who are referred to the team are, often together with their relatives, where possible, seen by two members of the Community Team.

For first referrals one of these members is usually a psychiatrist, undertake complex assessment, diagnosis and formulation of a treatment plan. While the doctor may continue to be involved, appropriate patients may have continuing treatment and support from non-medical members of the Team.

Continuing Professional Development

The development component of this post is flexible according to your specific needs, level of experience and career interest. You would develop a paper-based portfolio mapped to an appropriate curriculum (depending on your level of experience).

This post is not recognised for training purposes however we feel would offer an excellent grounding for future application for training. In the 12 months you will be able to access protected development time / study leave and £500 study leave grant i.e. funding equivalent to training grade doctor. Protected development time is 20% approx. of clinical working time (or 42 days - one day per week except for leave weeks). Protected development time can be aggregated into blocks of one week if that is a better option for your role. There is an excellent Postgraduate educational programme, good library facilities nearby and protected formal teaching within the mental health team.

Personal Development Plan

Your Consultant Supervisor will be your educational supervisor. You will formulate a Personal Development Plan after discussion with your supervisor. The content will be agreed with you and is flexible according to your needs and interests.

Some examples of the opportunities in a P.D.P. include:

Developing Clinical Skills: There will be the opportunity to spend some supernumerary time (tasters) in the some of the sub specialisms in Psychiatry (LD, MOHAS, CAMH, BAS, PECSetc) to support competency for future career direction. It is also possible to gain some experience in acute specialties at Borders General Hospital and in community settings – e.g. emergency medicine, community hospitals or acute medicine.

Quality Improvement: There are multiple opportunities to develop clinical audit projects/QI projects as well as leadership responsibility in service improvement.

Assessment, Appraisal and Revalidation: Assessment will be mapped against an appropriate level of curricula, work based assessments will take place and reflective practice will be encouraged. You will have access to an annual appraisal.

The Scottish Borders

The Headquarters for the Mental Health Service is situated at Huntlyburn on the outskirts of Melrose in

the Scottish Borders. The Borders covers a large and scenically beautiful area of the Southern Uplands of Scotland. Predominately rural, it is historically a unique part of the country, the home of the Border Reivers, where annually each town in the Borders maintain its links with the past during the season of Common Ridings. Seven-a-side rugby originated in Melrose, and the Melrose event in particular draws large crowds each year. The Borders has tremendous facilities for sport and leisure. Glentress and Innerleithen mountain bike parks are world renowned for both cross country and down hill biking. The beautiful Berwickshire coast provides options for sea kayaking, surfing, diving and sea fishing. In addition there are facilities for fishing, golf, swimming, horse riding, cricket, football, hiking and many other activities. The Borders has excellent cultural opportunities in terms of music and art societies, drama, and small theatres in Melrose and Selkirk as well as amateur opera. There are excellent restaurants, cinemas and shops. There is an excellent Fitness Centre in Galashiels. There is a purpose built nursery in the grounds of the nearby Borders General Hospital for employees' children.

The Scottish Borders offers all the benefits of rural life with very easy access to major cities such as Edinburgh (37 miles) Glasgow (75 miles) Newcastle (75 miles). Edinburgh is renowned for its cultural activities in music, including opera and ballet, theatre, cinemas (including a film theatre) and visual arts, and of course every year there is the world famous Edinburgh International Festival and Fringe Festival. Local transport links have improved greatly.

The Borders Railway has train services to central Edinburgh running every thirty minutes (journey time 50 minutes approx). There are rail links to the rest of the country at Berwick Upon Tweed, and Carlisle and there is easy access to Edinburgh Airport (approximately 1 hour 15 minutes) and Newcastle Airport (approximately 1 hour 30 minutes).

MELROSE took the title of the best place to live in Scotland in a new national ranking - <https://www.sundaypost.com/fp/borders-town-of-melrose-named-best-place-to-live-in-scotland/>.

As part of our policy there is assistance with relocation allowances if applicable.

Person Specification		
Requirements	Essential	Desirable
Qualifications	<p><u>If UK Trained:</u></p> <ul style="list-style-type: none"> • Degree at 2:2 level or above • PG Dip in Physician Associate Studies from a UK PA programme • Current and valid certification or re-certification by the UK Physician Associate National Examination • Member of the Faculty of Physician Associates at the RCP, which <u>includes</u> registration on the PA Managed Voluntary Register <p><u>If US Trained:</u></p> <ul style="list-style-type: none"> • Current and valid certification with the National Commission on Certification for Physician Assistants (NCCPA) • Member of the Faculty of Physician Associates at the RCP, which <u>includes</u> registration on the PA Managed Voluntary Register 	<ul style="list-style-type: none"> • MSc Physician Associate Studies.
Experience	<ul style="list-style-type: none"> • Completed appropriate clinical placements, e.g. the University of Aberdeen Physician Associate course with eleven x 4 weeks. • Commitment to lifelong learning and personal development by continuing professional development. • Maintain own clinical skills to high standard to ensure safe delivery of care. 	<ul style="list-style-type: none"> • Basic life support with the expectation of gaining accreditation in immediate life support (ILS). • Commitment to working locally. • Experience in psychiatry.
Special Aptitude and Abilities	<ul style="list-style-type: none"> • Ability to organise and prioritise workload effectively and work flexibly when necessary, including as required out of hours work. • Energy and enthusiasm and the ability to work under pressure • Ability to exercise sound judgements when faced with conflicting pressures • Ability to motivate and develop the multi-disciplinary team and to manage and lead a working group • Excellent communication skills • Excellent interpersonal skills • Sound IT knowledge, including internet, Outlook, Word, Excel • An enquiring and critical approach to work 	<ul style="list-style-type: none"> • Experience in conducting clinical audit. • Awareness of current developments and initiatives in health care.
Disposition	<ul style="list-style-type: none"> • Team player • Adaptable to changing working environment. • Caring attitude to patients • Reflective about training experience including current theoretical knowledge base or relevant practical experience. 	<ul style="list-style-type: none"> • Ability to challenge colleagues appropriately. • Ability to bring people together and deal effectively with conflict.
Physical Requirements	<ul style="list-style-type: none"> • Good general health. Physically capable of undertaking full duties of post. 	
Research/	<ul style="list-style-type: none"> • Appreciation of risk management 	<ul style="list-style-type: none"> • Experience of

Publications	<ul style="list-style-type: none"> • Enthusiasm to be involved in Audit and Research & Development 	preparation and presentation of audit.
Particular requirements of the Post:	<ul style="list-style-type: none"> • Full registration with to Faculty of Physician Associates (FPA) • Commitment to Continuing Professional Development 	
Other	<ul style="list-style-type: none"> • Satisfy EU Immigration / Work Permit Regulations • Ability to travel independently • Satisfactory pre-employment health screening including Hepatitis B immune status. 	<ul style="list-style-type: none"> • Full driving licence

SPECIFICATION OF NHS VALUES

<p>NHS Values</p>	<p>Care and Compassion Expectations</p> <ul style="list-style-type: none"> • Treat people as though they matter • Involve people • Consider people as individuals and acknowledge diversity • Puts the patient first • Shows they care 	<p>Interview and Assessment</p>
<p>NHS Values</p>	<p>Dignity and Respect Expectations</p> <ul style="list-style-type: none"> • Team player • Manages own attitudes and behaviour • Addresses concerns with colleague as they arise • Communicates respectfully, openly and professionally • Listens and turns that into action • Sees things from another persons perspective 	<p>Interview and Assessment</p>
<p>NHS Values</p>	<p>Openness, Honesty and Responsibility Expectations</p> <ul style="list-style-type: none"> • Takes person responsibility for actions • Sharing of ideas for improvement • Observes processes • Ability to work across boundaries • Commitment to work to best of their ability 	<p>Interview and Assessment</p>
<p>NHS Values</p>	<p>Quality and Teamwork Expectations</p> <ul style="list-style-type: none"> • Works as part of a tem to support others and improve service provision • Acknowledges mistakes • Takes responsibility • Inspires the team 	<p>Interview and Assessment</p>

TERMS AND CONDITIONS

Grade and salary:	Band 7: £46,244 - £53,789 per annum pro rata
Hours of work/status:	37:50 hours per week, Permanent
Annual leave:	27 days per annum pro rata on appointment Details of service related leave increments and other types of leave entitlement (such as sick leave) are set out in the Agenda for Change handbooks.
Public Holidays:	8 days per annum on dates designated by NHS Borders
Superannuation:	The post-holder is entitled to join the NHS superannuation pension scheme.

Equal Opportunities:

In NHS Borders, we believe that all staff should be treated equally in employment. We will not discriminate against any member of staff, or job applicant, on grounds of

- age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.
- Trade Union membership.

Disclosure/PVG checks:

We carry out criminal record history checks on new staff who fall within certain staff groups within NHS Borders, through Disclosure Scotland. The Rehabilitation of Offenders Act does not apply to this post.

Mandatory Induction Standards for Healthcare Support Workers in Scotland:

Your performance must comply with the Mandatory Induction Standards for Healthcare Support Workers in Scotland and with the Code of Conduct for Healthcare Support Workers (in line with CEL 23 (2010)), both subject to amendment from time to time, which are attached.

If, despite ongoing support, you fail to adhere to the Standards or to comply with the code, your performance will be managed in line with the NHS Borders Management of Employee Capability Policy and could result in the termination of your employment with NHS Borders.

Tobacco policy:

We have a Tobacco policy in place. There is no smoking or vaping permitted on NHS Borders premises or grounds.

If your work involves exposure-prone procedures, you must keep to the document "Protecting Health Care Workers and Patients from Hepatitis B", and the NHSiS Management Executive Directive on this issue. You must be immune to Hepatitis B, and if you cannot prove that you are immune, OHS will investigate to find out whether you are Hepatitis B positive or not.

Health and Safety at Work:

You must look after the health and safety of yourself and anyone else who may be affected by what you do at work. You must also co-operate with us to make sure that we keep to legal and organisational safety regulations. You can get more information from the NHS Borders' Health & Safety Adviser.

Generic for a Physician Associate in South East of Scotland

Job Title: **Physician Associate**

Responsible to: **Consultant**

Department(s): **All**

Directorate: **All**

Operating Division: **All**

Job Reference: **L-REGIONAL-PASSO**

No of Job Holders: **Multiple**

Last Update: **1st April 2019**

2. JOB PURPOSE

The function of the Physician Associate (PA) is to provide high quality, safe and effective, clinical and emergency patient care in conjunction with other members of the clinical team.

The post will be based in secondary/primary/community and mental health services and the post holder will be part of a wider clinical team available to meet the needs of the service.

Working under the indirect supervision of a named physician, as part of a multi-disciplinary team, PAs will undertake physical assessments and history taking, provide immediate care and initiate treatment as per clinical pathways/protocols, creating treatment plans as required.

3. DIMENSIONS

Each post will have a base speciality and the PA will be expected to develop extensive clinical knowledge of the base speciality as well as generic skills which will be transferable across clinical areas depending on the needs of the service and clinical priorities.

Staffing Responsibility:

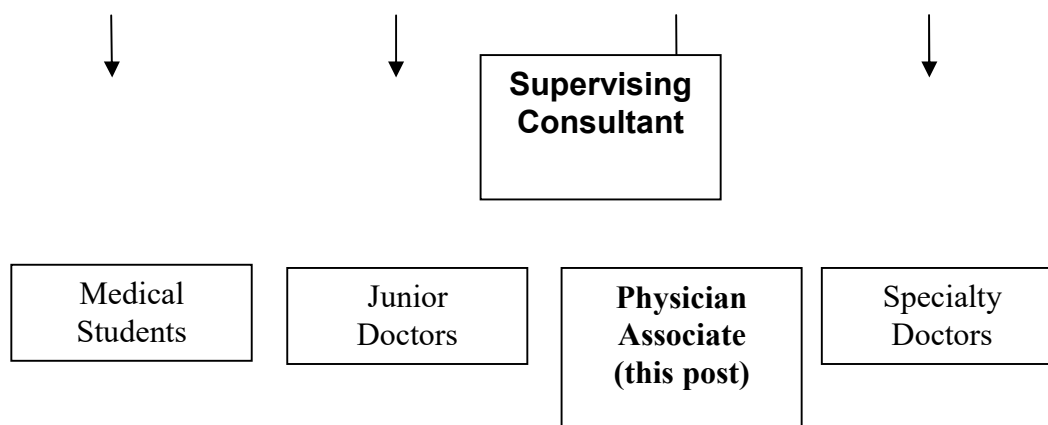
The PA will be involved in training of PA students, medical students, junior doctors and other clinical colleagues as appropriate e.g. nursing/AHPs/other professionals.

Financial Responsibility:

Whilst not independent prescribers PAs will contribute to recommending medicines and therefore impact on medicines management budgets.

The post holder is employed within NHS Lothian and there may be a requirement to work flexibly across Lothian to meet service demands.

4. ORGANISATIONAL POSITION



5. ROLE OF DEPARTMENT

Edinburgh Health and Social Care Partnership EHSCP is responsible for Primary Care provision within the City. There are four localities, which are divided into cluster areas with between 10-12 GP Practices within a cluster. Community Health and Social Care Services provision is organised around either clusters or localities. There is close working arrangements with third sector providers within localities.

The EHSCP Primary Care Support Team was created to provide a coherent approach to meet the challenges across primary care (GMS).

- Support to GP practices with stability challenges.
- Investment, development and assessment of the PCIP fund and associated new workforce.
- Direct management support for 2C Practices and 17C arrangements.
- Close liaison with key NHS Lothian functions such as; PCCO, Estates and Planning, Public Health and the Lothian prescribing infrastructure.
- Prescribing support to Edinburgh GPs including quality improvement and cost containment.
- Primary Care and community premises development and management of associated facilities.
- The Public Health Practitioner Team currently aligned to localities, alongside the Primary Care Link worker Network.

6. KEY RESULT AREAS

1. To support NHS Lothian's values of quality, teamwork, care and compassion, dignity and respect, and openness, honesty and responsibility through the application of appropriate behaviours and attitudes.
2. From patient history, physical examination, appropriate investigations and discussions with supervising consultant/GP, if required, develop patient care pathways. Such patient care pathways will include treatment and management plans plus discharge as appropriate.
3. Maintain patient records in accordance with guidelines and standards. Fully document all aspects of patient care, including clinical observations and test results. Complete required paperwork for legal and administrative purposes.
4. In conjunction with clinical colleagues, identify areas of the service to develop and improve. Evaluate improvements to clinical practice in conjunction with other members of the clinical team. Adhere to local clinical, risk management, health and safety and other policies.
5. Undertake audits of the service and prepare reports to disseminate findings to supervising Consultant/GP.

6. To perform a variety of research and analysis tasks associated with improvement of clinical care, medical diagnosis and treatment.
7. Whilst not independent prescribers PAs will contribute to recommending medicines and therefore impact on medicines management budgets.
8. Support the training of PAs and Medical Students, Junior Doctors and other clinical colleagues as appropriate within scope of practice, including nurses, AHPs, other professions.
9. It is also an expectation that the post holder will undertake further education and study relevant to the post for personal development purposes.
10. To contribute to the development of the PA profession as a new role in NHS Borders.

7a. EQUIPMENT AND MACHINERY

The following are examples of equipment which may be used when undertaking the role:

Airway adjuncts – LMA, guedel airway, naso-pharyngeal airway, bag valve mask, ET tubes, Oro-pharyngeal and tracheal suction equipment

Tracheostomy tubes and associated equipment, Oxygen equipment – Flow meters, masks, cannulae, nebulisers, humidification circuits, NIV, CPAP,

Monitoring equipment; cardiac, blood pressure, temperature, oxygen saturation monitors – all types used in the hospital, Portable 12 lead ECG machine, Medisense monitor, Resuscitation equipment including automated defibrillator,

Invasive monitoring and venous access devices; central lines, arterial lines, Hickman lines, implanted vascular access devices, PICC lines, Various infusion devices; infusion pumps, blood warmers, PCA pumps, syringe drivers

Intravenous lines, venflons, butterfly devices, syringes, needles. Arterial blood gas needle and syringe, Arterial blood gas analyser, Ophthalmoscope, Nasogastric tubes. PEG Feeding (Percutaneous Endoscopic Gastronomy).

Drains – chest, various suction devices, abdominal paracentesis. Bladder scanning equipment. Urinary Catheters – suprapubic, urethral. Various hoists, slings and patient movement equipment.

Utilise technical clinical equipment, calibrating when required, checking for faults and ensuring regular maintenance.

Use electric beds and various pressure relieving mattresses as required.

Use computers and software; word, excel, power point, results reporting system, internet, intranet including e-mail, printer, and photocopier.

Note: New equipment may be introduced as the organisation and technology develops, however training will be provided.

7b. SYSTEMS

The following are examples of systems which will be used when undertaking the role:

PC
 TRAK
 PACS
 SSTS
 TURAS
 EMPOWER

Note: New systems may be introduced as the organisation and technology develops, however training will be provided.

8. ASSIGNMENT AND REVIEW OF WORK

Works under the indirect supervision of a named Physician (Consultant/GP). Workload will be generated and prioritised by the post holder through the triaging of patients to determine the correct course of treatment and ongoing referral to other medical professionals as required.

Initial patient assessments including taking medical histories and performing physical examinations will determine the formulation of appropriate investigations as per guidelines.

Management/treatment plans will be developed which will be kept under review as further clinical information is forthcoming.

Follows locally agreed policies, protocols and procedures.

9. DECISIONS AND JUDGEMENTS

Take a history from patients and perform appropriate physical examinations, order and interpret appropriate diagnostic tests within relevant applicable guidelines and make an appropriate assessment and diagnosis.

Assimilate clinical information from various sources, including patient history, physical examination, diagnostic tests and present findings.

Work under the supervision of a named Consultant/GP, using clinical skills to deliver patient care including weekends and out of hours. Patients will present in different guises via different situations requiring analysis and judgement of the possibilities.

Scenarios will have to be considered during assessment, discussions with supervising consultant/GP, if required, and during treatment/management plans for patients.

During treatment/management plans, continual analysis required of clinical information and judgement required to ensure treatment/management plan still applicable.

Under supervision, utilising own professional judgement and/or in discussion with supervising consultant/GP decide when patients require referral to another speciality.

Record and present findings in a manner consistent with local policies and procedures, using judgement to ensure facts are reported correctly.

Request appropriate investigations such as laboratory investigations and interpret their findings, in view of other clinical information, as per guidelines and explain these to patients where there may be barriers to understanding.

Assist medical and nursing staff in clinical emergencies to provide care / resuscitation as required.

10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

Being part of a new clinical profession being introduced to Lothian and working with clinical and operational colleagues to deliver safe, effective and appropriate clinical care within the PA scope of practice, working around current restrictions until UK regulation of PAs is in place.

Working in a fast paced clinical service environment with constantly changing priorities based on the needs of presenting patients.

Continually developing clinical and interpersonal skills to expand individual abilities to the full scope of PA delivery within the MDT service.

11. COMMUNICATIONS AND RELATIONSHIPS

Inform and counsel patients and relatives/carers regarding explanation of procedures, diagnosis, treatment and management of conditions, once management/treatment plans have been determined. This will include long term management consistent with life circumstances.

Treatment/management information will have to be presented with empathy and reassurance. In some circumstances to ensure adherence with treatment plans, persuasion and motivational skills will be required during communication with patients where there may also be barriers to understanding.

Effective communication with the referring doctor and patients' General Practitioner/Consultant by promptly issuing a clinical letter (paper or electronically) indicating patient findings and treatment/management plan with conditions for review either by the Consultant, General Practitioner, member of clinical team, PA or Nurse Practitioner.

Conduct telephone consultations which may involve discussing the result and implications of laboratory investigations.

There will be a requirement to liaise with, and refer to, (where appropriate) other clinical specialities. There will also be a requirement to follow up patients whilst under the care of other specialities within the system.

The PA will be required to work with, refer to and take referrals from other healthcare professionals such as nursing staff and Allied Health Professionals.

Effective negotiation with patients to manage conflict and de-escalate potentially violent or aggressive situations when required.

Consider, discuss and learn from complaints about aspects of care / service delivery.

Fully document all aspects of patient care and complete required paperwork for legal and administrative purposes.

12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Physical (example list which will vary/specialty):

Maintain patient airway in emergency situations.

Give correct prescribed oxygen concentration.

Give respiratory therapy.

Measure and observe patients condition and act appropriately on changes in condition.

Record a 12 lead ECG, interpret results and act accordingly.

Monitor patients' blood sugar and act appropriately on any changes in condition.

Resuscitate and administer shock following cardiac arrest.

Examination of eyes as required.

Assess residual contents of bladder and need for urinary catheterisation or change in catheter.

Safe movement and comfort of patients.

Undertake advanced clinical and surgical techniques as required. These could potentially include suturing.

The post-holder must be able to manoeuvre patients into position for treatment or assessment.

Mental:

Concentration required when taking medical histories, performing physical examinations and reaching a differentiated diagnosis, as well as accurately assessing when to escalate patient care discussions to clinical colleagues and supervising physicians.

Emotional:

Exposure to severely ill patients and patient deaths, potentially of all ages, across the lifespan.

Dealing with distressed patients and carers, delivering potentially bad news and addressing feedback in complaints as required.

Facing potential conflict and barriers to change in the introduction of the PA role and how it contributes within

the MDT service.

Environmental:

Exposure to bodily fluids and the potential of violence & aggression - both verbal and physical.

13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

Undergraduate degree in a relevant field to healthcare allowing entry to postgraduate studies.

Educated to SCQF level 11 i.e. postgraduate qualification from an approved institution e.g. PG Diploma/MSc PA Studies which comply with the Faculty of Physician Associates standard.

Registration on the UK wide PA MVR (and once regulated either with the GMC/HCPC).

Evidence of ongoing CPD in order to maintain voluntary registration until regulation.

Advanced clinical decision making acquired through post graduate studies with application in practice during clinical rotations across core medical specialities.

Excellent communication skills both written and verbal.

IT skills and knowledge of patient systems.