# JOB DESCRIPTION FOR RECRUITMENT PURPOSES – Band 8a

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| **JOB IDENTIFICATION**   |  |  | | --- | --- | | **Job Title:** | **Principal Clinical Psychologist (8A) – Older People’s Psychological Therapies Implementation Team** | | **Responsible to (insert job title):** | **Senior Principal Clinical Psychologist** | | **Department(s):** | **Older People’s Psychology Service** | | **Operating Division** | **NW Locality, Glasgow HSCP** | | **Job Reference number (coded):** |  | | **No of Job Holders:** | **1** | | **Last Update (insert date):** | **13/06/2023** | |
| **1. JOB PURPOSE**  **Principal Psychologists are required;**  To provide a specialised clinical psychology service which supports the development and delivery of psychological interventions and therapies (PI/PTs) to older people, across all sectors of care; providing highly specialist psychological assessment and therapy at the same time as offering advice and consultation on clients’ psychological care to non-psychologist colleagues and to other, non professional carers, working autonomously within professional guidelines and the overall framework of the team’s policies and procedures.  In addition to direct work with clients, the postholder will contribute to the work of a small team of Clinical Psychologists, responsible for providing staff training, support and supervision to MDT colleagues involved in the delivery of PI/PTs to older people in GG&C. The postholder will work as part of the team to develop capacity within a tiered-care model, addressing gaps in provision and developing robust governance arrangements. The team will work collaboratively with MDT and Older People’s Psychology Service (OPPS) colleagues from across GG&C, to improve care pathways and access to a stepped and matched care model of PIs for OP, widening access and improving outcomes for older people. Each member of the team will have a 0.5 w.t.e. remit for PT Implementation support; and a 0.5 w.t.e. clinical remit to deliver a Highly Specialised Clinical Psychology service to clients.    To utilise research skills for audit, policy and service development and research within the area served by the team/service, specifically contributing to the demonstration of the impact on outcomes of the work of the Older People’s Psychological Therapies Implementation Team (OP PT Implementation Team). To undertake service development within own area of practice.  To provide clinical and professional supervision to trainees undertaking Doctoral training.  To provide clinical supervision to delegated psychology staff working within the OP Psychological Therapies Implementation Team. |
| 2. ROLE OF DEPARTMENT The Older People’s Psychology Service (OPPS) provides a highly specialist Clinical Psychology service to adults aged 65 years and over within the NHS Greater Glasgow & Clyde area. The mental health arm of the service is delivered through participation in Community Mental Health Teams for Older People around the health board area; and in some areas, in-patient OPMH wards. The department also includes an Acute Hospital Liaison Clinical Psychology service for older people in acute hospital settings; a Young Onset Dementia service; a Care Home Liaison Service and an Inpatient Service for Older People.  The post holder will be a member of this psychology department and will contribute to the work of a small team of Clinical Psychologists, responsible for delivering increased access to PI/PTs for older people with functional mental health problems. The OP PT Implementation Team will work collaboratively with OPPS colleagues to deliver training and supervision to MDT colleagues in a range of psychological interventions and therapies, to widen access and improve outcomes for older people. Each full time member of the team will have a 0.5 w.t.e. remit for PT Implementation support; and a 0.5 w.t.e. clinical remit to deliver a Highly Specialised Clinical Psychology service to clients. Professional and operational management is via the Older People’s Psychology Service and the Psychology Directorate. The post reports to a Senior Principal Clinical Psychologist for Older People.  *The postholder may be required to provide clinical psychology input across the service area and at different bases as required.* |

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| **3. ORGANISATIONAL POSITION**  Consultant Clinical Psychologist  (OPPS)  **PRINCIPAL CLINICAL PSYCHOLOGIST**  **(THIS POST)**  Clinical Psychologists, Assistant Psychologists & Trainees as assigned  Professional Lead - Older People’s Psychology Service (OPPS)  SENIOR PRINCIPAL CLINICAL PSYCHOLOGIST |

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| **4. SCOPE AND RANGE** Contributing to the development and delivery of a specialist OP PT Implementation Team and improved access to PI/PTs for older people across GG&C.providing a specialist psychology service for all clients of the service.  * providing training to staff within the service involved in the delivery of psychologically-based interventions. * providing specialist clinical supervision to staff delivering formal psychological therapies, such as cognitive-behavioural therapy. * participating in local management groups and being responsible for service development for aspects of psychological care. * providing specialist psychological research expertise to the service and using this to contribute to evaluation of the impact of the OP PT Implementation Team on outcomes for older people. |

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| **5. MAIN DUTIES/RESPONSIBILITIES**  Clinical: As a practitioner specialising in advanced psychology practice   1. To provide specialist psychological assessments of clients referred to the team based upon the appropriate use, interpretation and integration of complexdata from a variety of sources including psychological and neuropsychological tests, self-report measures, rating scales, direct and indirect structured observations and semi-structured interviews with clients, family members and others involved in the client’s care. 2. To formulate and implement plans for the formal psychological treatment and/or management of a client’s mental health problems, based upon an appropriate conceptual framework of the client’s problems, and employing methods based upon evidence of efficacy, across the full range of care settings. 3. To be responsible for implementing a range of psychological interventions for individuals, carers, families and groups, within and across teams employed individually and in synthesis, adjusting and refining psychological formulations drawing upon different explanatory models and maintaining a number of provisional hypotheses. 4. To evaluate and make decisions about treatment options taking into account both theoretical and therapeutic models and highly complex factors concerning historical and developmental processes that have shaped the individual, family or group. 5. To exercise autonomous professional responsibility for the assessment, treatment and discharge of clients whose problems are managed by psychologically based standard care plans. 6. To provide specialist psychological advice guidance and consultation to other professionals contributing directly to clients’ formulation, diagnosis and treatment plan. 7. To contribute directly and indirectly to a psychologically based framework of understanding and care to the benefit of all clients of the service, across all settings and agencies serving the client group. 8. To undertake risk assessment and risk management for individual clients and to provide advice to other professions on psychological aspects of risk assessment and risk management. 9. To act as care coordinator, where appropriate, taking responsibility for initiating planning and review of care plans under enhanced CPA including clients, their carers, referring agents and others involved the network of care. 10. To communicate in a skilled and sensitive manner, information concerning the assessment, formulation and treatment plans of clients under their care and to monitor progress during the course of both uni- and multi-disciplinary care.  Teaching, training, and supervision **NB. Clinical supervision: term is specific to Psychology and relates to a process of reviewing clinical practice; leading to the development of practice. Not to be equated with the Job Evaluation definition of supervision.** To receive regular clinical professional supervision from a senior clinical psychologist and, where appropriate, other senior professional colleagues.  1. To gain additional highly specialist experience and skills relevant to clinical psychology and/or the service. 2. To develop skills in the area of professional post-graduate teaching, training and supervision and to provide supervision to other MDT colleague’s psychological work as appropriate. 3. To provide professional and clinical supervision of Doctoral Trainee and assistant clinical   psychologists.   1. To provide supervision for CAPPs Trainees or MSc trainees in psychological therapies. 2. To contribute to the pre- and post-qualification teaching of clinical psychology, as appropriate. 3. To provide advice, consultation and training to staff working with the client group across a range of agencies and settings, where appropriate.  Management, recruitment, policy and service development  1. To contribute to the development, evaluation and monitoring of the team’s operational policies and services, through the deployment of professional skills in research, service evaluation and audit. 2. To advise both service and professional management on those aspects of the service where psychological and/or organisational matters need addressing. 3. To undertake service development tasks within own area. 4. To manage the workloads of assistant and trainee clinical psychologists, within the framework of the team/service’s policies and procedures. 5. To be involved, as appropriate, in the short listing and interviewing of assistant / graduate psychologists.  Research and service evaluation  1. To utilise theory, evidence-based literature and research to support evidence based practice in individual work and work with other team members. 2. To undertake appropriate research and provide research advice to other staff undertaking research. 3. To undertake project management, including complex audit and service evaluation, with colleagues within the service to help develop service provision.     IT responsibilities:  1. Use I.T. systems to record clinical activity, caseload, waiting list etc and to report on the performance of psychologists within the area and on the activity of the service.  2. Undertake the collection, processing, interpretation, reporting of information using appropriate software, including advanced statistical, and presentation packages.  3. Use of IT systems to access the NHS e-library for keeping up-to-date with current developments. |

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| **6a. EQUIPMENT & MACHINERY**  1. To use a variety of technological equipment for the purposes of clinical work, e.g. video cameras, audio recorders, video players etc.  2. To exercise responsibility for the appropriate and safe use of specialist psychological equipment within the area including appropriate systems of stock control.  3. Use I.T. systems to maintain up to date records of; clinical activity, caseload, waiting list etc and to report on the performance of psychologists within the service/team.  4. Use specialist psychometric test equipment to identify language, memory, intellectual and other cognitive deficits. |
| **6b. SYSTEMS**   1. To ensure the highest standards of clinical record keeping including electronic data entry and recording, report writing and the responsible exercise of professional self-governance in accordance with professional codes of practice of the British Psychological Society and Divisional policies and procedures. 2. Use I.T systems to maintain up to date records of clinical activity, caseload, waiting list etc and to report on the performance of psychologists within these areas. 3. Use I.T. systems relevant to clinical interventions, e.g. for scoring psychometric tests. 4. Use management and I.T. systems to ensure adequate performance management information is provided in a timely manner. 5. Use management and IT systems to ensure national workforce data and clinical activity data are provided for e.g. ISD workforce mapping. |

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| **7. DECISIONS AND JUDGEMENTS**  The post holder is responsible for autonomous clinical psychological assessment, clinical decision making, treatment selection and treatment evaluation. Such analysis, decisions and interpretations take into account both theoretical and therapeutic models and highly complex factors concerning historical and developmental processes that may have shaped the client.  The post holder is responsible for making highly skilled evaluations and decisions, drawing upon their expertise as clinical specialists about treatment options. The post holder is also responsible for proposing psychological decisions and judgements within multidisciplinary team settings.  The post holder is guided by principles and broad occupational policies and has significant discretion to work within a set of defined parameters.   * To be responsible for the planning, management, and prioritisation of a clinical caseload, and is responsible for their own professional actions. * To make highly skilled clinical judgements about psychological input offered to clients. * Determining which psychological model or treatment approach is most appropriate for a particular client group and undertaking service development accordingly. * Developing and implementing an intervention plan, monitoring outcomes and revising plans. * Training carers, families and other professionals in the skills needed for effective implementation of an intervention plan.   **Typical Judgements:**   * How to resolve problems with intervention including when the intervention is not working, where other staff are working outwith their competence level or when systems are not in place to facilitate implementation. * The most appropriate method and scope of response for delivering psychological information to requests for advice, consultation and support from an organisation agency or other professional colleagues. * Assessing and monitoring the work of trainees and deciding if they have met competence criteria for the attainment of clinical skills.   In accordance with good practice guidelines, the post holder receives one hour of supervision (see previous definition of supervision) per month, from a Senior Principal Clinical Psychologist. This involves guidance and discussion of clinical work, research and service development. |

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| **8. COMMUNICATIONS AND RELATIONSHIPS**  The post holder is required:   * To provide and receive highly complex information in a highly skilled and sensitive manner, concerning the assessment, formulation and treatment plans of clients under their care and to monitor and evaluate progress during the course of both uni- and multi-disciplinary care. * To communicate effectively with clients suffering from severe mental illness, including clients who may exhibit a significant degree of hostility and antagonism. * To address subjects such as a client’s past sexual abuse, traumatic events, exposure to violence etc. in client’s lives or suggesting management strategies for individuals where there is considerable conflict regarding the approach to adopt. * To manage barriers to acceptance or understanding (e.g. dementia, head injury, learning disability, sensory impairment), which need to be overcome using the highest level of interpersonal and communication skills. * To communicate with academic staff on trainees competence development. * To communicate with managers on service development activities.   The post holder is required to develop and maintain effective communication systems with   * Clinicians and managers to ensure effective delivery of the service. * External agencies including GPs, the Courts, Universities and Social Care. * Patient Groups and voluntary bodies. * To communicate effectively with patients when significant barriers to communication exist e.g. dementia, learning disability, sensory or physical impairment. * To undertake formal presentations in public, professional and academic settings. * To maintain communication with wider networks, including national networks, such as the British Psychological Society and its Division of Clinical Psychology, and national special interest groups. |

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| **9. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB**  Physical:   * To exercise physical skills requiring dexterity, precision, good hand-eye coordination and speed in administering psychometric tests, with a specific requirement for consistency and accuracy, which are essential for accurate diagnosis. * To use specialist psychometric tests requiring the simultaneous co-ordinated manipulation of test materials and the accurate observation, timing and recording of patient performances and behaviours. * Good keyboard skills are required. * Considerable physical effort is entailed through sitting for hours in a restricted position, e.g. during clinical interview or assessment sessions. These sessions typically extend for a half or full day at a time. * Use a car or public transport to make home visits or travel between clinics.   Mental:   * Considerable intense mental effort (often attending to multiple sources of information at the same time) is required when concentrating, often for long periods at a time when directly interacting with clients during assessment and therapy sessions. These concentration requirements typically endure over the period of ‘clinics’, which may extend for a half or full day at a time. * Intense concentration is also required when using varied and sometimes intricate clinical assessment procedures (e.g. interviews, direct observations of client behaviour or the use of complex psychometric assessment tools).   Emotional:   * Frequent exposure to highly distressing or emotional circumstances when providing treatment to patients who are seriously mentally ill, and exhibiting challenging behaviour (such as suicidal threats or aggressive and threatening behaviour). * Frequent exposure to highly distressing circumstances as when giving news of life changing illnesses such as dementia or when hearing personal accounts of involvement with child abuse or domestic breakdown. * Considerable emotional demands are presented in listening to or reading about staff or clients’ or their carers’ distress and through exposure to disturbing accounts of serious crimes, sexual abuse or traumas, as well as from actual or threatened aggressive behaviour on the part of clients or carers and occasionally from significant threats of violence from forensic clients and their families. * Emotional demands are routinely experienced in supporting other staff through major challenges at work, including clinical supervision of difficult cases. These include debriefing staff and clients after violent or otherwise traumatic events.   Environmental:   * Services to clients are provided in a variety of settings, including clinics, hospital, their own homes, own rooms, hostel accommodation, bed and breakfast, etc. Some of these environments may present exposure to hazards, such as verbal and physical aggression, loud noise, or unpleasant working conditions e.g. bad odours, cigarette smoke, domestic animals, used injecting equipment, etc. |

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| **10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB**   * Posts at this level require the post holder to operate within a variety of spheres which include the delivery of individual client care at an advanced clinical level, a higher level of consultancy work and to undertake service development within own area of responsibility. * Posts involve working with individuals who present significant challenges to those supporting them either through the risks they themselves face or present because of their behaviour or through significant mental health difficulties or serious physical health problems. In addition, there is a need to respond to the sometimes conflicting needs of patients, referrers and staff in a manner that maintains high quality service and staff morale. * Forming lone judgments and offering expert opinions in relation to highly complex and diverse problems / disorders, often under emotionally charged circumstances. * Responding to a diversity of needs including those of individual patients, the needs of trainees and service development requirements in a context of limited resources. |