**JOB DESCRIPTION FOR RECRUITMENT PURPOSES – Band 8b**

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| **JOB IDENTIFICATION**

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| **Job Title:** | **Principal Psychologist**  |
| **Responsible to (insert job title):** | **Consultant Clinical/ Counselling Psychologist** |
| **Department(s):** | **Acute Psychology** |
| **Operating Division**  | **Acute - North** |
| **Job Reference number (coded):** | SCO21/JEU483 |
| **No of Job Holders:** |  |
| **Last Update (insert date):** |  |

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| **1. JOB PURPOSE****Principal Psychologists are required;**To provide a specialised clinical/ Counselling psychology service to clients of the service team, 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.To utilise research skills for audit, policy and service development and research within the area served by the team/service.To provide clinical and professional supervision to trainees undertaking Clinical Psychology Doctoral training and other psychology training as relevant.To undertake service development which have an impact beyond own area of practice. |
| **2. ROLE OF DEPARTMENT** **Please insert relevant service information for the post***The post holder may be required to provide clinical/ counselling psychology input across the service area and at different bases as required.***Acute Clinical Psychology Service**The Acute Clinical Psychology Service operates across NHS GGC and is hosted within the Acute North Sector. We provide specialist, comprehensive psychological services to patients in designated services who have psychological problems associated with physical illness, medical treatment regimes, disability or brain injury. The Service comprises a number of clinical health psychology and neuropsychology services and also contributes to improving the health care systems and to influence policy through consultation and advice about psychological aspects of health, illness and related dysfunction.Within Acute psychology there is a requirement to provide equitable access to clinical psychology services across the specialist services and over geographical areas. There is an emphasis on planning and sharing psychological expertise and resource across the areas within Acute Psychology to best respond to this need and with an emphasis on patient-centred care. In terms of flexibility, this advertised 0.5 wte. 8b flexible post respond to service needs, such as covering maternity absences and vacancy gaps. The post also requires the ability to lead on specific service development projects for the benefit of the wider services.This post is based in the Department of Clinical Psychology, Admin Building, Gartnavel Royal Hospital but clinical sessions will be delivered across the range of Acute psychology Services depending on areas of need.  |

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| **3. ORGANISATIONAL POSITION - please insert relevant organisational chart for the post**CONSULTANT PSYCHOLOGIST **PRINCIPAL PSYCHOLOGIST****(THIS POST)**CLINICAL/ COUNSELLING PSYCHOLOGISTASSISTANT PSYCHOLOGISTS/TRAINEES AS ASSIGNED  |

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| **4. SCOPE AND RANGE**1. providing a specialist psychology service for all clients of the service.
2. providing training to staff within the service involved in the delivery of psychologically-based interventions.
3. providing specialist clinical supervision to staff delivering formal psychological therapies, such as cognitive-behavioural therapy.
4. participating in local management groups and being responsible for service development for aspects of psychological care.
5. providing specialist psychological research expertise to the service.
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| **5. MAIN DUTIES/RESPONSIBILITIES****Clinical: As a lead specialist 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 complex data 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.**1. To receive regular clinical professional supervision from a senior clinical/ counselling psychologist and, where appropriate, other senior professional colleagues.
2. To gain additional highly specialist experience and skills relevant to clinical/ counselling psychology and/or the service.
3. To develop skills in the area of professional post-graduate teaching, training and supervision and to provide supervision to other MDT staff’s psychological work as appropriate.
4. To provide professional and clinical supervision of Clinical Psychology Doctoral Trainee and assistant psychologists.
5. To provide supervision for CAAPS Trainees in psychological therapies or CBT therapy trainees.
6. To contribute to the pre- and post-qualification teaching of clinical psychology, as appropriate.
7. 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 ***which impact beyond*** own area ***of practice.***
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.
6. Plans and co-ordinates specialist service.

**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.1. Undertake the collection, processing, interpretation, reporting of information using appropriate software, including advanced statistical, and presentation packages.
2. 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.

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| **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 and CAMHS mapping.
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| **7. DECISIONS AND JUDGEMENTS**The post holder is responsible for autonomous 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, and offering expert opinions where this may differ. 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 judgments about psychological input offered to clients
* Determining what psychological model or treatment approach is most appropriate for a particular client group and undertaking service developments that make an impact across the wider system.
* 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.
* As a lead specialist, developing multidisciplinary care or service plans.

**Typical Judgements:*** How to resolve problems with intervention including when the intervention is not working, where other staff are working out with 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 Consultant Clinical/ Counselling 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 patients suffering from severe mental illness, including patients 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. 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
* 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 Work
	+ Patient Groups and voluntary bodies
* To communicate effectively with patients when significant barriers to communication exist e.g. 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 or Division of Counselling 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.
* 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 threatening 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 patient care at an advanced clinical level, a higher level of consultancy work and to undertake service developments which have an impact beyond 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 judgements 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.
* Developing the service in response to local and national guidelines so that developments are applicable across the system
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**PERSON SPECIFICATION – Band 8b**

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| **KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**

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|  | *ESSENTIAL* | *DESIRABLE* |
| **TRAINING & QUALIFICATIONS** | Demonstrates advanced theoretical and practical knowledge as a clinical/ counselling psychologists which requires to be obtained through:-* Post-graduate doctoral level training in clinical or counselling psychology (or its equivalent before the introduction of doctoral level qualifications) as accredited by the BPS or HCPC, including specifically models of psychopathology, clinical psychometrics and neuropsychology, two or more distinct psychological therapies and lifespan developmental psychology.
* Formal training and supervised practice in Cognitive Behaviour Therapy (CBT) across a range of presentations and severity, supervised by a suitably qualified clinical or counselling psychologist.
* Further post-doctoral training, research and study across a range of areas, including advanced clinical skills over a substantial period, which also includes work at specialist level.
* It is a requirement of these posts to provide clinical placements and supervision to Trainee Clinical Psychologists undertaking a Doctorate in Clinical Psychology. To enable the post-holder to do so they must be eligible for the relevant training which meets University accreditation criteria. Eligibility for this requires post-doctoral clinical experience.
* Registration with the HCPC as a clinical or counselling psychologist.
* Training in clinical practice supervision
 | Full membership of the BPS Division of Clinical Psychology, the Division of Counselling Psychology, or the Association of Clinical Psychologists.Training (preferably advanced) in other therapeutic modalities relevant to the specialty the post sits in e,g, CFT, ACT, IPT.Additional supervisors training e.g. 5 year refresher supervisors course run by D.Clin.Psy. and specialist training via NES e.g. CBT, IPT, Group, CTSR.  |
| **EXPERIENCE** | Significant clinical/ counselling psychology practice experience in NHS or equivalent, supervised by a suitably qualified Clinical/ Counselling Psychologist.Requires experience of working with a wide variety of client groups, across the whole life course and presenting with the full range of clinical severity across the full range of care settings including outpatient, community, primary care, in-patient and residential care settings. This includes skill in maintaining a high degree of professionalism in the face of highly emotive and distressing problems, verbal abuse and the threat of physical abuse.Experience of exercising full clinical responsibility for clients’ psychological care and treatment, both as an independent practitioner and also within the context of a multi-disciplinary care plan.Experience of teaching, training and/or professional and clinical supervision. | Substantial and range of experience working in a physical health care setting, including inpatient ward environments. Substantial experience of working in medically/AHP-led services.Substantial experience of working across multiple systems to coordinate care e.g. mental health and social care services, rehabilitation services, third sector organisations.Substantial experience of working in matched/stepped-care service models.Experience of substantial contribution to service development.Experience of substantial contribution to service level research and audit.Substantial experience of delivering CBT, ACT and CFT via individual and/or group work.Range of experience of providing supervision (e.g. MSc/Doctoral trainees, assistants, AHP/MDT staff, CAAPS/other therapists, peer supervision). Deliverinig and development of teaching and training for e.g. in service, national programs (NES), MSc/Doctoral courses.  |
| **KNOWLEDGE AND SKILLS**  | Doctoral level knowledge of research design and methodology, including complex multivariate data analysis as practiced within the field of clinical/ counselling psychology.Knowledge of legislation and its implications for both clinical practice and professional management in relation to the client group and mental health.Skills as a Senior Clinician to undertake clinical leadership roles and tasks within multidisciplinary and multi-agency contextsA high level ability to communicate effectively at both a written and oral level complex, highly technical and clinically sensitive information to clients, their families, carers and a wide range of lay and professional persons within and outside the NHS.Skills in providing consultation to other professional and non-professional groupsEvidence of continuing professional development as required by the HCPC. | Ability and confidence in communicating complex biopsychosocial formulations to patients, the MD team, and other stakeholders.A detailed knowledge of trauma and how these experiences impact physical health with demonstrated ability to utilise in both direct and in-direct service delivery.Advanced knowledge and awareness of cognitive functioning, neuropsychological difficulties and neurodiversity, and how this is informs clinical presentation and management. Advanced knowledge of the influence of full life span on adjustment and coping with physical health presentations. Advanced knowledge and experience of assessing risk and the ability to adhere to departmental procedures on escalation where appropriate. Demonstrated ability and confidence to understand and work within the boundaries of physical health psychological interventions and liaise with other services e.g. mental health, 3rd sector as required, for the benefit of patient care. Post-qualification experience in the planning, design and implementation of clinical service-based research, audit and development. Including delegated leadership experience on such tasks. |
| **PERSONAL** | Enthusiasm for a broad range of psychology phenomena, an interest in models of service delivery and an ability to articulate the value added by psychology services within the context of multi-disciplinary mental health services.A capacity to establish priorities and organise workload effectively and efficientlyAbility to operate successfully within a team based setting | Ability to be aware of and cope with the personal impact of working with complex conditions where the alleviation or eradication of symptoms is not always possible. Ability to work respectfully within teams and understand the role of other professions.Ability to be aware of, and contribute to, the well-being of staff within the multi-disciplinary team, and wider stakeholders. |
| **OTHER**  | Able to travel to different bases as required.  | Openness and flexibility to contribute to wider acute psychology workstreams where required. |

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