

JOB DESCRIPTION

1. Job Details:

Job Title:	Orthopaedic Surgical Care Practitioner
Grade:	Band 7
Responsible To:	Clinical lead of Foot and Ankle Team
Accountable To:	Cluster Manager, Clinical Lead, Clinical Matron
Section/Department/Directorate:	Trauma & Orthopaedics, Surgical Services

2. Role Definition:

Surgical care practitioners are registered healthcare professionals who have extended the scope of their practice by completing an RCS-accredited training programme (or other programme in the case of those practitioners who have been practising since before the establishment of the RCS-accredited training). They work as members of the surgical team and their main responsibilities are to support surgeons and other professionals before, during and after surgical procedures. They work autonomously, can perform some surgical interventions and carry out preoperative and post-operative care under the supervision of a senior surgeon.

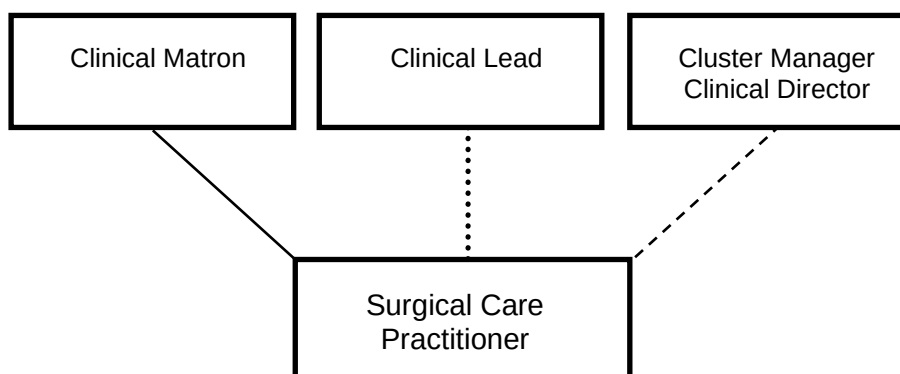
3. Key Working Relationships:

Cluster Manager of Trauma and Orthopaedics
Clinical Matron of Trauma and Orthopaedics
Clinical Director for Trauma and Orthopaedics
Lead Clinician and clinicians for Foot and Ankle team
Junior doctor and middle grade staff
Senior Nurses and Matrons and nursing staff (wards and Theatres)
Admin and Booking teams

4. Dimensions:

The post-holder will be a member of Foot and Ankle team moving to other speciality areas as and when the service requires, working in collaboration with and under the direction of the supervising surgeon. There will be a requirement to work with clinical teams where the patients are located e.g. Community hospital theatre sessions.

5. Organisational Chart:



6.1 Key Result Areas/Principal Duties and Responsibilities:

Qualified Surgical care practitioners will work closely with their clinical leads to develop their role according to the need of the team or service. Below is the list of key tasks and activities incorporated in the curriculum framework (RCS, 2022), but is not exhaustive.

Area of Practice:

Intra- and perioperative environment, including theatre, wards and clinics, usually within a specific surgical speciality. This can include both elective and emergency work within the practitioner's scope of practice.

Overview of tasks and activities:

As part of their training and day to day role as part of the extended role and further progression, the post holder can undertake some or all, of the following tasks and activities. This list is to act as a guide and is not exhaustive.

- Clinics – seeing specific perioperative patients and listing them for surgical procedures, as well as seeing postoperative patients for follow-up.
- Pre-operative assessment processes including clinical examination and enhanced recover education as directed by the surgical team.
- Arrangement of pre- and postoperative investigations as part of the MDT.
- Undertake the consent process in their areas of practice, following guidelines from the GMC.
- Liaison with surgical staff – as well as theatre, ward and clerical staff – on relevant issues (including theatre lists) and to support coherent service provision.
- Participation in the WHO safe surgery checklist.
- Preparation of patients for surgery including venepuncture, male and female catheterisation, patient positioning and preparation.
- Undertaking of surgical procedures as part of the MDT for the respective surgical speciality under the supervision and direction of the operating surgeon.
- Facilitation of continuity of care.

- Daily ward rounds, making assessments and formulating a plan for postoperative care.
- Writing of operation notes and ward round note taking.
- Postoperative care, including wound assessment, initial treatment and identification of surgical problems and complications.
- Identification of acute deterioration of patients with knowledge of early warning scores.
- Provision of support to on-call and emergency services.
- Evaluation and documentation of care, including the discharge process and follow-up care arrangements, including writing discharge summaries and liaising with primary care.
- Facilitation of the training by supporting a training session or providing delegated care to a patient whilst the supervising surgeon is conducting a training session.
- Research, development, education and audit within the surgical department.
- Prescription of medications relevant to their individual speciality following appropriate training for non – medically qualified prescribers, where registration allows.

Communication

- Communicate complex and sometimes sensitive and contentious information to all levels of staff in the MDT, patients and carers.
- Demonstrate the ability to develop good working relationship and mediate between MDT
- Impart complex information such as test results, patients' condition, care needs, equipment requirements to MDT.
- Present specialist information to group of staff other profession groups
- Act as an information resource for the MDT

Analysis and judgement

- Identify risk within own sphere of responsibility and plan, evaluate strategies to reduce and manage risk.
- Actively seek critical and constructive comment about their knowledge and practice from those with whom they work

Planning and organisation

- Identify own professional development needs, in collaboration and agreement with directorate and line management, in order to meet requirements of the post, professional body and the future role development within the team.
- Develop and implement related recommendations in relation to service provision linked to evidence-based practice.
- Disseminate and implement change in practice by acting as a change agent initiating, facilitating and supporting change initiatives.
- Prioritise own workload and manage time effectively when working alone or in collaboration with the extended surgical team.

Physical skills

- Demonstrate highly developed physical skills, accuracy, manual dexterity with a high degree of precision, anticipating surgeon needs, often concentrating for long periods of time.
- Display high levels of hand eye and sensory coordination necessary for surgical intervention.

- Dealing with unpredictable break and shift patterns according to patient, surgery and team requirements.

Responsibility for policy/service development

- Propose policy or service change as a result of audit or level 1 evidence-based research
- Develop service in specialist area utilising protocols and pathways.
- Interpret policies and implement change

Financial responsibility

- Deliver cost effective care in all work areas by monitoring and evaluating the use of physical resources appropriate to the speciality.
- Seek cost effective care options for service delivery and discuss with appropriate budget holders
- Develop financial awareness within the team so that individual staff can contribute to the effective use of resources

Responsibility for other staff

- Demonstrate professional leadership behaviours by acting as a professional role model for other staff in the absence of the consultant surgeon
- Challenge poor practice and inappropriate intervention in relation to the post holder's speciality
- Provide support and mentorship for other members of staff
- Demonstrate commitment to quality care, liaising with all staff involved

6.2

Knowledge skills and performance

- Recognise and work within the limits of their competence,
- Act within their agreed scope of practice
- Take responsibility for maintaining their skills, knowledge and competencies, in consultation with their supervising consultant

Safety and Quality

- Comply with local processes of quality assurance and quality improvement including audit, measuring of outcomes, peer reviews and participation in multidisciplinary meetings and morbidity and mortality meetings
- Take part in local appraisal or other individual assessment processes
- Take action, or 'speak up' through the relevant channels when safety concerns arise

Team working

- Work effectively with other members of the surgical care team;
- Communicate respectfully with colleagues
- Be open to feedback and be willing to reflect on feedback from colleagues about their own performance and behaviour

Trust and ethical behaviour

- Act with integrity, honesty and openness
- Adhere to legal, regulatory & ethical requirements in their area of practice
- Treat colleagues and patients fairly and without discrimination



Working with patients

- Put the needs of patients at the centre of their practice and decision – making
- Hold the health, safety and dignity of patients as their primary responsibility
- Communicate clearly, openly and compassionately with patients
- Commit to developing a partnership with patients, honouring the relationship of trust and respecting & supporting patient's autonomy in making decision about their care
- Inform patients of the nature of their clinical role

7. General		
Qualification	Registration as a healthcare professional e.g. registered nurse or ODP	E
	Educated to undergraduate BSc or completed at level 6 credit module to demonstrate ability to study at degree level (L6)	E
	Educated to relevant postgraduate (qualified) level with PgDip or MSc (L7) OR Equivalent training course if undertaken prior to RCS accredited	E
Experience	18 months of post graduate experience in relevant speciality	E
	Evidence of continuing professional development	E
Knowledge and skills	Excellent communication skills	E
	Able to support/lead and motivate	E
	capable of innovation	E
	Experience of teaching/presenting to groups	D
	Change management skills	D
	Have experience in clinical audit and research	D
	NMP prescribing	D
Personal requirements	Able to work as a team member	E
	Recognition of own practice limitations	E
	Able to challenge own and others' practice	E
	Able to deliver high standard of patient care and facilitate others to do the same	E
	Able to work in isolation with minimal supervision	E
	Be diplomatic flexible and adaptable	E
	Work autonomously within scope of practice	D

WORKING CONDITIONS/HAZARDS		FREQUENCY (Rare/ Occasional/ Moderate/ Frequent)			
		R	O	M	F
Hazards/ Risks requiring Immunisation Screening					
Laboratory specimens	Y	X			
Contact with patients	Y				X
Exposure Prone Procedures	Y				X
Blood/body fluids	Y				X
Hazard/Risks requiring Respiratory Health Surveillance					
Solvents (e.g. toluene, xylene, white spirit, acetone, formaldehyde and ethyl acetate)	Y				X
Respiratory sensitisers (e.g isocyanates)	Y	X			
Chlorine based cleaning solutions (e.g. Chlorclean, Actichlor, Tristel)	Y			X	
Animals	N				
Cytotoxic drugs	Y	X			
Risks requiring Other Health Surveillance					
Radiation (>6mSv)	Y				X
Laser (Class 3R, 3B, 4)	Y	X			
Dusty environment (>4mg/m3)	Y	X			
Noise (over 80dBA)	Y				X
Hand held vibration tools (=>2.5 m/s2)	Y				X
Other General Hazards/ Risks					
VDU use (> 1 hour daily)	Y				X
Heavy manual handling (>10kg)	Y				X
Driving	Y	X			
Food handling	Y	X			
Night working	Y		X		
Electrical work	Y	X			
Physical Effort	Y				X
Mental Effort	Y				X
Emotional Effort	Y				X
Working in isolation	Y	X			
Challenging behaviour	Y		X		