

# **LOCUM CONSULTANT IN ORTHOPAEDIC HAND & WRIST SURGERY**

## **JOB DESCRIPTION**

## **CONSULTANT IN ORTHOPAEDIC HAND SURGERY**

### **1. INTRODUCTION**

An exciting opportunity has arisen to join the Princess Elizabeth Orthopaedic Centre, at the Royal Devon and Exeter Hospital, as a Consultant Orthopaedic Surgeon with a sub speciality practice in Hand and Wrist surgery. This position is to join our developing orthoplastic hand unit currently consisting of two consultant orthopaedic hand surgeons, and three consultant plastic hand surgeons and a large well-established hand therapy team. This appointment to the internationally-renowned Orthopaedic Centre provides a comprehensive range of elective orthopaedic surgery combined with a tertiary referral practice for disorders of the hand, foot & ankle, spine, hip, knee and shoulder.

Applicants should be fully trained in orthopaedics, with evidence of further training, to a fellowship standard, in hand surgery. The successful candidate must have experience at managing complex hand and wrist trauma and have microsurgical training and experience.

### **2. THE DIRECTORATE**

The Directorate of Orthopaedics, Trauma and Rheumatology is based at the Princess Elizabeth Orthopaedic Centre (PEOC) at the Royal Devon University Healthcare NHS Foundation Trust

PEOC presently provides routine and specialist orthopaedic work for residents of Devon & Cornwall and a tertiary Orthopaedic service for a wider area. The existing staff comprises 22 Consultant Orthopaedic Surgeons (including 6 spinal consultants), 6 Specialist Registrars, 9 Orthopaedic Fellows and 12 SHO's.

The unit offers outpatient services in shoulder, elbow, sports injuries, reconstructive surgery, paediatrics, spinal deformity, knee, hip, hand and foot surgery. Services are run both in Exeter and a number of community hospitals in East Devon, including day case knee surgery at

The successful candidate will not be part of an on-call rota but will be expected to manage complex hand and wrist trauma.

### **3. THE TRUST**

The Royal Devon University Healthcare NHS Foundation Trust is a Teaching Hospital based in the historic cathedral city of Exeter in the heart of the South West of England. The Trust serves a core population of approximately 400,000, as well as offering specialist care across the peninsula in a number of services.

#### **4. POSITION OF CONSULTANTS UNABLE FOR PERSONAL REASONS TO WORK FULL-TIME**

Any Consultant who is unable for personal reasons to work full-time will be eligible to be considered for the post. The Trust is committed to flexible working arrangements including job-sharing. Such arrangements will be discussed with any shortlisted candidate on a personal basis.

#### **5. THE JOB ITSELF**

**TITLE:** Locum Consultant Orthopaedic Hand and Wrist Surgeon

##### **RELATIONSHIPS:**

The employer is the Royal Devon University Healthcare NHS Foundation Trust

The post is based on a whole-time appointment.

##### **DUTIES OF THE POST**

###### **Clinical Commitments**

The appointee will be expected to provide advice and specialist expertise for Hand & Wrist trauma and elective surgery.

The successful candidate would be expected to lead hand trauma clinics and theatres on a regular basis as part of the orthoplastic team as well as managing the wrist trauma through the use of virtual clinics and traditional clinics. All wrist trauma will be managed by the 2 orthopaedic hand surgeons, 1 Fellow and support from an extended role practitioner.

###### **University of Exeter**

Royal Devon University Healthcare NHS Foundation Trust is one of the NHS partners of the University of Exeter Medical School and the Department has responsibility for part of the clinical undergraduate teaching programme. Time for teaching and preparation is arranged by mutual agreement with the Lead Clinician within the Trust's annual job planning and appraisal process.

The orthopaedic department is fully supported for all NIHR research and has time available for successful applicants to devote to the development of their own research projects. There are strong research links with the University and specifically an MSK Research Collaboration group, an Orthopaedic Academic board and a supportive environment for further development.

## **Education and Training**

The post holder will be expected to participate in the SAC accredited Higher Surgical Training Programme and in the supervision of junior doctors in training. Excellent opportunities exist for the appointee to undertake original research work in his/her field. Links with the Universities of Exeter and Bath are strong. Exeter has its own Postgraduate Medical School, with 5 personal chairs.

## **Emergency On-call and Cover for Colleagues**

In addition to providing emergency cover for the absent consultant colleague, it is expected that the consultant(s) providing cover will also provide clinical supervision to junior staff caring for elective inpatients and day cases.

Locum cover will not normally be provided.

## **Clinical Audit & Research**

The successful candidate will be expected participate in the design and completion of audit projects leading to improvements in practice and to contribute to the development of Clinical Quality Standards.

## **Health and Safety**

The Trust has a Health and Safety Policy and all staff are required to be familiar with the policy to ensure a safe working environment.

## **Clinical Governance**

All consultants are required to participate actively in annual appraisal and in clinical governance activities. The postholder will also be expected to take an active part in the evidence-based practice and risk management programmes. He/she will also participate in the Trust-wide continuous quality improvement programme, involving patients and users of the service as appropriate. Adverse incidents should be reported via the Trust policy.

## **Administration**

The appointee will undertake administrative duties associated with the running of his/her clinical work.

## Management

The appointee is expected to be responsible to the Clinical Lead for the effective and efficient use of resources under his/her control, to contribute to the planning and development of the service and to participate in directorate/departmental meetings.

## Professional Performance

The appointee will have continuing responsibility for the proper function of the work. It is a requirement that if the employee has concerns about the professional performance of a member of the medical staff, they have a duty to speak to the person concerned. If the matter is potentially serious, or satisfaction is not obtained with the direct approach, such concerns should be discussed with the Clinical Lead, if satisfaction is again not obtained, concerns should be discussed with the Medical Director.

## Infection Control

All medical and dental staff have a duty to practice safe medicine in relation to infection control and other issues. Appointees will therefore be expected to attend infection control learning opportunities once per year as a minimum, and also to comply with Trust Infection Control policies and guidelines.

## Staff and office

The appointee will have office accommodation, secretarial support and access to their own PC and the Internet

### 6. TIMETABLE (indicative – subject to change)

DAY	TIME	LOCATION	WORK	No. of PA's	Categorisation – Direct Care / Supporting	
Monday		Hand trauma		2	DCC	
Tuesday		Heavitree Day case unit	Operating	2.5	DCC	
Wednesday						
Thursday		AM PEOC OPD pm wrist trauma	OPD/ theatre	2.5	DCC	
Friday		PEOC	MDT	0.25		
Saturday						
PROGRAMMED ACTIVITY SUMMARY			WEEKEND ON CALL / CATEGORY		NO. OF PA'S	TOTAL PA's
Frequency			n/a			

Direct clinical care (including predictable and unpredictable on-call)		8.5	
Supporting professional activities (including teaching, CME, audit and research)		1.5	
Other NHS responsibilities Peninsula Medical School		0	
External duties		0	
			10

The supporting professional activities (SPAs) allocation within the provisional job plan is an illustrative guide and will be finalised following individual agreement with successful candidate. A minimum of 1.5 SPAs will be provided within a full-time contract, for a consultant's personal development. Further discussion on supporting professional activities will occur as part of the normal job planning process.

The Trust is in a transitional phase of workforce modernisation in part due to the implementation of the new consultant contract, and aims to limit consultants' job plans to a maximum of 10 PAs per week.

#### **On-call availability supplement**

N/A

## **7. MAIN CONDITIONS OF SERVICE**

### **Salary Scale**

£93,666 - £126,281 per annum pro rata

### **Annual Leave**

6 weeks + 2 days per year (+day off in lieu for each Public Holiday worked) rising to 6 weeks and 4 days after 7 years service pro rata. Five weeks of entitlement to be taken in full weeks. Part time staff may elect to take public holidays as they fall or a pro rata entitlement.

### **Study Leave**

30 working days over a period of three years.

### **Date of Vacancy**

Immediate

### **Domicile**

Consultants are expected to reside within a reasonable distance of Exeter, normally within 10 miles or 30 minutes. Exceptions to this rule will need to be discussed with the Medical Director.

## **8. ACADEMIC FACILITIES**

### **The University of Exeter Medical School**

The University of Exeter Medical School (formerly part of the Peninsula Medical School) is founded on a unique partnership between the University of Exeter and the NHS in Devon. All teaching is underpinned by a strong research base with research focused in the Institute of Biomedical and Clinical Science, Institute of Health and Social Care and the Institute of Clinical Education.

Years one and two of the Bachelor of Medicine, Bachelor of Surgery degree programme lay the scientific foundations for the future years of the course. Students are introduced to clinical methods and begin acquisition of a range of transferable skills, learning science within a clinical context. The programme reflects the belief that doctors need to adopt a socially accountable approach to their work and to understand the human and societal impact of disease as well as the community-wide context of contemporary health care provision. The curriculum is structured around the human life cycle and the first-year student studies human physical and psychological development from birth through to death. 70% is “core”, providing the knowledge and abilities essential for entry into the Pre-registration House Officer year and 30% is comprised of Special Study Units, which allow students to select areas of interest to study in depth. In the second-year students revisit the human life cycle, this time with an emphasis on disease and the pathological and psychological impact of illness. The Years 3 and 4 programme moves away from the traditional curriculum model to reflect today’s evolving models of care. Known as ‘Pathways of Care’, Years 3 and 4 reflects the patient experience of care in acute, primary and community care settings. Learning is patient centred.

In year five students learn the job of medicine and start to develop their understanding of principles of practice in the NHS. Students are involved in a series of apprenticeship attachments; to consultants across the South West and to Principal General Practitioners on a one-to-one basis throughout Devon.

There is great scope for staff in NHS Partner Organisations to become involved in all aspects of the University of Exeter medical school curriculum for undergraduate education; for example, clinicians may be engaged as Clinical Skills Tutors, SSU Providers, and Academic Mentors.

The Institute of Biomedical and Clinical Science has developed several core “platform” technologies, accessed by a range of clinician scientists. These include: molecular genetics; clinical microvascular research; cell and molecular biology laboratories; the peninsula MRI facility on the St Luke’s Campus. Research in the field of diabetes and microvascular science is particularly strong with the University of Exeter being awarded a Queen’s Anniversary Prize for Higher Education in 2005 for the work of Professor Andrew Hattersley and his team entitled “Using genetics to improve clinical care for diabetic patients”. The Institute of Health and Social Care Research possesses core skills in epidemiology (including genetic epidemiology),

health technology assessment, concordance, access to services and systematic reviews. Further details of the research strategy of the School and its partners can be accessed on [www.pms.ac.uk](http://www.pms.ac.uk)

### **The Research and Development Support Unit (RDSU)**

The Trust holds a contract from the Department of Health to host a Peninsula wide Research and Development Support Unit to facilitate NHS R&D in the implementation of Evidence Based Practice in the research community. This Peninsula Unit, which was formed from three highly successful units, involves networks throughout the Peninsula embracing both Primary Care Secondary Care and supports all professional groups.

## **9. RESEARCH and INNOVATION**

The appointee will be expected to participate in clinical research and service innovation. The Trust hosts the National Institute of Health Research Clinical Research Network (South West Peninsula) and the appointee will be expected to identify suitable patients for clinical trials. There are opportunities for candidates to act as a Principal Investigator for NIHR clinical trials with the support from R&D as well as develop their own portfolio of research as a Chief Investigator with support from the Research Design Service.

All research undertaken must comply with Trust policy on Research & Development. Trust policy and guidelines are available on the Trust's Intranet site and specify compliance with the Research Governance Framework for Health and Social Care.

The successful candidate will be expected participate, and in some cases lead on, improvement and innovation activity. Where such activity creates potential new intellectual property, this must comply with Trust policy on Innovation and Intellectual Property.

## **10. CANVASSING**

Candidates are asked to note that canvassing of any member of the Advisory Appointments Committee will disqualify them from appointment. {see Statutory Instrument 1982 No. 276 paragraph 8(1)(b)}. This should not deter candidates from seeking further information relevant to the post from those members of the Trust detailed below and, further, this should not deter candidates from making informal visits to the Trust which are encouraged.

## **11. ACCESS TO CHILDREN AND VULNERABLE ADULTS**

The person appointed to this post may have substantial access to children and to vulnerable adults. Applicants are, therefore, advised that in the event that your appointment is recommended and in line with Trust policy, you will be asked to undertake a disclosure check and a POCA (Protection of Children) list check with the CRB prior to commencement of employment. Refusal to do so could prevent further



consideration of the application. Attention is drawn to the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) Order 1986, which allow convictions that are spent to be disclosed for this purpose by the police and to be taken into account in deciding whether to engage an applicant.

## **12. REHABILITATION OF OFFENDERS**

This post is not protected by the Rehabilitation of Offenders Act, 1974. You must disclose all information about all convictions (if any) in a Court of Law, no matter when they occurred. This information will be treated in the strictest confidence.

## **13. DATA PROTECTION ACT 1998**

Candidates are informed that the information given by them in application for the post will be used only for the recruitment and selection process. For successful candidates this will then form part of their personal file, and for unsuccessful candidates the information will be destroyed. The information is stored both in hard copy form and minimally on a database. This information is held and administered in line with the Data Protection Act and the Trust's confidentiality procedure.

## **14. FURTHER INFORMATION**

The Trust welcomes informal enquiries; the relevant people to speak to are as follows:

Chief Executive:

Mr Chris Tidman

Acting Chief Executive

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Foundation Trust

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Medical Directors:

Mr Adrian Harris

Medical Director

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Clinical Director: Mr. Nick Talbot  
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Associate Medical Director: Mr Patrick Gillespie  
Associate Medical Director Surgical Services  
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Clinical Lead: Mr Oliver Stone  
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