

Perioperative Medicine Registrar Job Description

Surgical Services Care Group

Updated April 2024

1. Introduction

Perioperative medicine is an emerging specialty endorsed by all academic colleges. It is defined as the medical care of patients from the time of contemplation of surgery through the operative period to full recovery but excludes the operation or procedure itself. Senior Perioperative care may be provided by an Anaesthetist, Intensivist, or General physician working alongside surgical colleagues. The aims of perioperative medicine are to ensure that the individual needs of complex patients are carefully coordinated from the decision to offer surgery, through to the weeks and months after the procedure. Perioperative medicine teams lead the assessment and preparation of patients for surgery to optimise the treatment of coexisting medical disease. Teams plan care in hospital, provide advice and support during the days after surgery, and review patients in clinic when they return home to ensure all harmful consequences of surgery are fully resolved.

In this hospital, (outside trauma and orthopaedics which is served by the ortho-geriatric liaison service), the whole perioperative team consists of anaesthetists who are largely responsible for the pre-operative assessments, and then by the Perioperative ward based team, led by Dr. Sheena Hubble (a former intensive care consultant), Dr Rebecca Matthews (an Acute Medicine consultant), Dr Kat Haynes (Consultant Anaesthetist) and Dr Rebecca Appelboam (Consultant Intensivist). It is an evolving and expanding team who work with the surgical foundation doctors and a dedicated F2 & F3, to provide ward-based medical cover to elective and emergency surgical specialties. The RDE is one of the few Trusts in the country with dedicated, funded in-patient perioperative support, and this service has been associated with improved patient outcomes in multiple domains, in many different surgical groups. Doctor training within this firm based team is varied, challenging, multidisciplinary and well supported. This is reflected in positive Deanery feedback and high numbers requesting perioperative placements as part of future career planning. This role will suit someone with medical / GP / anaesthetic / geriatric training who wishes to develop an interest in perioperative medicine by an out of program fellowship. It is a relatively new post with lots of opportunities to expand various links in the perioperative pathway and develop key skills. This can be personalized to the applicant's personal experience and future career plans.

2. Hospital Profile

The Royal Devon University Healthcare NHS Foundation Trust comprises all acute District General Hospital facilities and is managed day to day by a Trust Executive which includes clinical directors (with management contracts), a chief executive, a medical director and directors of capital planning, finance and information, human resources, nursing, operations, and, (ex officio) the chairman of the Medical Staff Committee. There is a Medical Staff Committee of which all consultants in the Trust and some SAS Grades are members. The Committee provides a forum for the discussion of any matters of interest to consultants. The Chairman is elected and provides advice to the Trust Executive, which

is independent of the clinical directors.

3. Summary

The post holder will work within the Perioperative medical team based in the surgical department. The Perioperative service at the RDE is an innovative and award-winning service delivering Comprehensive Geriatric Assessment and optimisation (CGA) based care to older people, as well as high risk or complex patients of any age (excluding paediatrics), undergoing elective and emergency surgery. The service operates within the Department of Acute surgery and covers urology, upper/lower GI surgery, vascular, plastics, ENT and Maxillo-facial surgery. The successful applicant will also be expected to provide clinical input with responsibility to patients on the chest trauma unit.

The post holder will be involved in the delivery of preoperative CGA and optimisation, shared decision making and postoperative/inpatient management on surgical wards. The fellow will participate in outpatient clinics, ward rounds, board rounds and multidisciplinary team meetings. The on-call commitment will depend on the base speciality of the successful candidate but may involve a geriatric medicine/general medical acute on call, perioperative weekend, or anaesthetic/ITU on call depending on the base speciality of the successful candidate.

Exciting opportunities to design and deliver education and training programmes to undergraduates and postgraduate doctors and allied health professionals exist within the role. All Perioperative fellows will be involved in quality improvement and/or research work where they will be supported to conduct, publish and present their projects. Furthermore, training and experience may be provided in management skills including service development and business planning.

The applicant may have a background in geriatric medicine, acute/general medicine or anaesthetics/intensive care provided they have MRCP. Specifically the applicant does not need to have an NTN.

- The post is for a 6–12 month contract.
- The employer is Royal Devon University Healthcare NHS Foundation Trust
- The Terms and Conditions of Employment (including those related to leave and sick pay) are in accordance with the nationally agreed Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales) and General Whitley Council Conditions of Service currently in 3 force and as amended from time to time.

The successful applicant will work within the Perioperative team which consists of consultants, specialist nurses, ward based occupational therapists, administrators and junior doctors (FY1, FY2 and SpRs). The post holder will be supervised by the team of Perioperative Consultants.

The post holder will:

- Offer support to the acute surgical patients and departments (excluding trauma and orthopaedics).
- Provide inpatient and outpatient proactive comprehensive geriatric assessment of older people undergoing elective and emergency surgery
- Provide clinical assessment in high risk patients of all ages
- Ensure communication across specialties
- Provide multidisciplinary liaison in ward based and outpatient MDMs
- Participate in service development and team clinical governance
- Participate in undergraduate and postgraduate teaching and training across disciplines and specialties
- Deliver on quality improvement projects
- Supervise clinical and quality improvement work undertaken by POPS foundation trainees

- Participate in research (as desired with full support of POPS consultants)

4. Duties and responsibilities

Clinical:

The post holder will, together with team members, be responsible for the provision of Perioperative services to acute surgery in the Wonford site of the Royal Devon and Exeter Hospital including:

- Diagnosis and treatment of patients within the in-patient and outpatient departments.
- Continuing clinical responsibility for the patients in your charge, allowing for all proper delegation to, and training of, your junior colleague team members.
- Appropriate and timely escalation of clinical concerns to the supervising Perioperative consultant.
- Open channel communication with the responsible Surgical consultant for significant clinical decision making or perioperative management changes.

Sample timetable

	Type of Work	Start time and finish time	Frequency: (e.g. 1x4 wks, 1x6 wks 1x1wk)
Monday	Emergency Ward reviews (Abbey)	8-11	1x1
	Colorectal board round	11 -12	
	Lunchtime General surgical (UGI and CR) meeting	13-14	
	Ward consults	14-17	
Tuesday	Emergency Ward reviews (Abbey)	8-11	1x1
	Complex patient reviews/MDM	11-12	
	Perioperative Service development meeting	14-15	
	Ward consults	15-17	

Wednesday	Emergency Ward reviews (Abbey)	8-11	1x1
	Upper GI board round	11-13	
	Journal club	13-14	
	Preassessment high risk anaesthesia clinic	14-16.30	
Thursday	Emergency Ward reviews (Abbey)	8-11	1x1
	Complex patient MDM	11-12	
	Research/Audit ward based teaching	13-14	
	Ward consult reviews	14-17	
Friday	Emergency Ward reviews	8-9	1x1
	Vascular MDT support	9-10	
	Periop Grand round	10-12	
	Perioperative medicine teaching	13-14	
	Ward reviews	14-17	

Other:

The list of duties and responsibilities given above is not an exhaustive list and you may be asked to undertake other duties in line with the overall purpose and nature of the post as may be required from time to time.

This job description reflects core activities of a post at a particular time. The trust expects that all staff will recognise this and adopt a flexible approach to work.

All staff are expected to contribute to the smooth running of their clinical service as required; in particular, to comply with the policies and procedures, Standing Orders and Financial Regulations of the trust.

5. Person Specification

	ESSENTIAL	DESIRABLE
Qualifications and Training:	<ul style="list-style-type: none"> • Full GMC Registration and hold a licence to practise • At least 2 years of NHS working experience • MRCGP 	BSc, MSc

Clinical Experience:	Comprehensive clinical experience in geriatrics/general internal medicine or in Perioperative Medicine	Surgical Liaison geriatrics
Knowledge and Skills:	Ability to work as an effective member of a multidisciplinary team	<ul style="list-style-type: none"> • Familiarity with literature relating to perioperative medicine in older people • Skills in implementing change • Writing for publication • Attendance at a perioperative medicine conference
Research:	Understanding of the principles and applications of clinical research	Evidence of original research
Teaching:	Experience of undergraduate teaching and post graduate training	Development of a teaching programme
Other:	<p>Evidence of understanding of and adherence to the principles of <i>Good Medical Practice</i> set out by the General Medical Council</p> <p>Evidence of contribution to effective clinical audit and clinical risk management</p>	<p>Experience in clinical guideline development</p> <p>Appraisal training</p>

6. Further Information

Training of junior staff:

The post holder will take responsibility for the training and direction of junior staff allocated to him/her under aegis of the training plan that that post holder has agreed with their supervising consultant, but scheduled teaching should be timetabled at least once per week.

Teaching students:

The post holder will be expected to contribute as appropriate in the teaching of undergraduate and postgraduate students.

Clinical Governance:

All medical and dental staff are expected to take part in clinical governance activity, including clinical audit, clinical guideline and protocol development and clinical risk management. They will be expected to produce evidence of their contribution in these areas and their audit of their own clinical work as part of their appraisal.

Mutual Obligation to Monitor Hours:

There is a contractual obligation on employers to monitor working hours through robust local monitoring arrangements supported by national guidance, and on individual doctors to co-operate with those monitoring arrangements.

European Working Time Directive (EWTD):

All posts and working patterns are under constant review in line with EWTD guidelines

Educational Programme:

Neither the SouthWest Deanery nor the Royal College of Physicians automatically accredit this post for postgraduate training. However previous fellows in similar posts have successfully applied to have the OOPE recognised as formal training in geriatric medicine or anaesthesia. The post holder will be expected to attend and contribute to educational activities e.g. departmental meetings, x-ray meetings, pathology meetings, multidisciplinary meetings, journal clubs, undergraduate teaching etc.

Appraisal:

All medical and dental staff are required to undertake annual appraisal.

Study Leave:

Study Leave will be granted at the discretion of the Clinical Lead.

Funding for CPD will be equivalent to that of the appropriate Training post.

Confidentiality / Data Protection / Freedom of Information:

Post holders must maintain the confidentiality of information about patients, staff and other health service business in accordance with the Data Protection Act of 1998. Post holders must not, without prior permission, disclose any information regarding patients or staff. If any member of staff has communicated any such information to an unauthorised person those staff will be liable to dismissal. Moreover, the Data Protection Act 1998 also renders an individual liable for prosecution in the event of unauthorised disclosure of information.

Following the Freedom of Information Act (FOI) 2005, post holders must apply the Trust's FOI procedure if they receive a written request for information.

Equal Opportunities:

Post holders must at all times fulfil their responsibilities with regard to the Trust's Equal Opportunities Policy and equality laws.

Flexible Working

As an organisation we are committed to developing our services in ways that best suit the needs of our patients. This means that some staff groups will increasingly be asked to work a more flexible shift pattern so that we can offer services in the evenings or at weekends.

Health and Safety:

All post holders have a responsibility, under the Health and Safety at Work Act (1974) and subsequently published regulations, to ensure that the Trust's health and safety policies and procedures are complied with to maintain a safe working environment for patients, visitors and employees.

Infection Control:

All post holders have a personal obligation to act to reduce healthcare-associated infections (HCAIs). They must attend mandatory training in Infection Control and be compliant with all measures required by the Trust to reduce HCAIs. **All post holders must comply with Trust infection screening and immunisation policies** as well as be familiar with the Trust's Infection Control Policies, including those that apply to their duties, such as Hand Decontamination Policy, Personal Protective Equipment Policy, safe procedures for using aseptic techniques and safe disposal of sharps.

Risk Management:

All post holders have a responsibility to report risks such as clinical and non-clinical accidents or incidents promptly. They are expected to be familiar with the Trust's use of risk assessments to predict and control risk, as well as the incident reporting system for learning from mistakes and near misses in order to improve services. Post holders must also attend training identified by their manager, or stated by the Trust to be mandatory.

Academic Facilities:**The Peninsula Medical School / University of Exeter Medical School**

The Peninsula Medical School was founded on a unique partnership between the Universities of Exeter and Plymouth and the NHS within Devon and Cornwall. The school was established on 1 August 2000 and commenced delivery of the Undergraduate Programme in Autumn 2002. From September 2013, the Universities of Exeter and Plymouth have had their own, independent schools with approximately 125 medical student being allocated to the new UEMS.

This is supported by a major investment in research and teaching with the construction of a Research, Learning, Innovation and Development facility on the RDE site, adjacent to the current Peninsula Medical School Building.

There is great scope for staff in NHS Partner Organisations to become involved in all aspects of the Medical School curriculum for undergraduate education; for example, clinicians may be engaged with PMS 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 micro-vascular research; cell and molecular biology laboratories. Research in the field of diabetes and micro-vascular 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.

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

Research Governance:

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

Canvassing:

Candidates are asked to note that canvassing of any member of the Advisory

Appointments Committee will disqualify {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.

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.

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.

Data Protection Act 1988:

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.

Further information:

The Trust welcomes informal enquiries; the relevant people to speak to are as follows:
Sheena Hubble (Clinical Lead, Perioperative Medicine)

Sheena.hubble@nhs.net

07740 701200