



Royal Devon University Healthcare NHS Foundation Trust

## **Fellowship in Knee Surgery**

### **JOB DESCRIPTION**

# **ROYAL DEVON & EXETER NHS FOUNDATION TRUST**

## **FELLOWSHIP IN KNEE SURGERY**

### **1. INTRODUCTION**

Applications are invited for the post of Fellow in Knee Surgery (Clinical and Research) at the Princess Elizabeth Orthopaedic Centre, Royal Devon & Exeter Hospital, Exeter UK.

Applicants should have completed a general training in Trauma and Orthopaedic Surgery and by the time of taking up the post have obtained the FRCS(Orth) examinations or equivalent and be eligible for CCST (or equivalent). Evidence of participation in research with peer review publications and/or presentations at clinical or scientific meetings is expected. The Fellowship is International in nature and applications from outside the UK are welcomed. Such applicants however must ensure that they are eligible to work in the UK. If uncertain in this regard please contact [lisa.schotel-east@nhs.net](mailto:lisa.schotel-east@nhs.net) in the HR department for further information

The fellowship is a clinical and research training position for a period of 6 or 12 months. During this time the fellow will work with each of the consultants and at the Exeter Knee Reconstruction Unit. All Consultants perform arthroplasty, two consultants are specialists in soft tissue knee surgery and four consultants are specialists in arthroplasty and revision knee surgery.

The aim of the fellowship is to prepare the individual for a sub specialist career in complex knee surgery, and it is expected that by the end of the fellowship, the fellow should be able to plan and independently execute knee arthroplasty cases. There will also be exposure to soft tissue knee surgery (ligament reconstruction, patellofemoral surgery and meniscal transplant), osteotomy, primary, revision and robotic arthroplasty surgery. Exeter is one of the leading centres in the UK for Mako robotic surgery, which is used by both the Hip and Knee teams. Fellows also have a commitment to the general orthopaedic trauma on call rota, sharing an on-call position amongst the fellows.

There is a significant research component to the post. It is expected that the fellow will complete at least two supervised research projects for publication in a peer-reviewed journal, and write at least one review article for publication in a journal or book, during the fellowship.

## **2. THE ORTHOPAEDIC DIRECTORATE**

The Directorate of Orthopaedics and Trauma is based at the Princess Elizabeth Orthopaedic Centre (PEOC) at the Wonford site of the Royal Devon University Healthcare NHS Foundation Trust. Elective operating also takes place at the Exeter Nightingale Hospital, which is 3 miles from the main hospital.

The PEOC presently provides routine and specialist orthopaedic services for residents of Devon & Cornwall and a tertiary Orthopaedic service for a wider area. The current staff comprises 26 Consultant Orthopaedic Surgeons, 3 Associate Specialists, 6 Specialist Registrars, 9 Orthopaedic Fellows and 12 SHO's.

The Exeter Knee Reconstruction Unit team includes six Consultant Surgeons, three Fellows, a Specialist Registrar, junior trainee doctors, two surgical care practitioners, two extended scope physiotherapists and a research fellow.

There is a comprehensive range of routine elective orthopaedic outpatient and inpatient services and specialist surgery provided by the Directorate that includes expertise in shoulder, elbow, hand, spine, hip, knee, foot & ankle and orthopaedic disorders in children. The atmosphere within the Directorate is one of co-operation and inter-dependence between consultant colleagues and their teams, to ensure appropriate care is delivered to all patients.

The Exeter trauma service is provided at the Royal Devon and Exeter NHS Trust Wonford site.

## **3. THE TRUST**

Royal Devon University Healthcare NHS Foundation Trust incorporates both the Royal Devon and Exeter Hospital as well as North Devon. The RD & E is a Teaching Hospital based in the historic cathedral city of Exeter in the heart of the South West of England.

## **4. STAFF UNABLE FOR PERSONAL REASONS TO WORK FULL-TIME**

Any applicant 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 POSTION**

**TITLE: Fellow in Knee Surgery**

### **RELATIONSHIPS:**

The employer is Royal Devon University Healthcare NHS Foundation Trust.

The post is based on a whole time appointment.

### **DUTIES OF THE POST**

#### **Clinical:**

The Fellow is responsible for the daily assessment of all in-patients of his/her named Consultant at the PEOC and should let the Consultant know if any problems arise.

There is a training Registrar attached to the Unit and ward based junior trainees. The Registrar is given prime responsibility for the daily assessment of trauma in-patients but will also be involved with clinical work on the Knee Unit. When one of the Fellows is away the remaining Fellows should liaise closely with the ward doctors and Registrar on the Knee Unit to trouble-shoot problems for all firms and to contact the responsible Consultant in the event that a problem arises.

The fellow will join their respective trainer in the elective outpatients, elective theatre lists and ward rounds, including the weekly grand round on Tuesday afternoons. Pre-admission assessment clinic are held at different times during the week and the fellow is responsible for assessing patients due for admission, and for consenting the patients for their operation. Any concerns that the fellow has regarding the patients' suitability for surgery should be discussed with the relevant consultant.

Any fellow performing independent surgery requires a supervising consultant to be present at the hospital. Any fellow performing independent surgery is responsible for ensuring the patients understand that they will be the operating surgeon. This must be agreed with the patient before the date of the surgery.

Treatment protocols have been drawn up that apply to all patients on the Knee Unit.

#### **Data Capture:**

The unit has a detailed protocol detailing the acquisition of clinical data. It is essential that data be collected in a routine and comprehensive fashion on the Knee Unit.

**Trauma:**

There is a limited general trauma on call commitment. The Royal Devon & Exeter Hospital is a Trauma Unit linked to Derriford Hospital in Plymouth, the regional Major Trauma Centre. The RDE admits approx. 600 hip fractures a year. The knee fellows share one of the weeknight overnight on-call slots on the general Orthopaedic Trauma Rota (equates to approximately one in five overnight on calls) plus each covers one split weekend on call every 12 weeks. In addition the fellows provide on call leave cover for the knee team Registrar.

**Research:**

The Exeter Knee Reconstruction Unit is an academic unit led by Professor Toms. Mr Waterson is a senior lecturer and there is a full-time research coordinator. The Exeter Knee Team support the various research studies undertaken by the Unit. The Fellows are required to carry out and write up at least two pieces of original research, which may be in the fields of clinical orthopaedics or orthopaedic engineering. They will also be required to write at least one review article.

Regular research meetings are held, attended by representatives from Exeter University and by all those working on the Knee Unit. The research projects will be discussed with the fellow at the start of the fellowship, and then progress will be assessed through discussion with the lead consultant and at the research meetings.

Dedicated time has been allocated on the fellows' timetables for research. The Fellow may occasionally be asked to help out with NHS clinical work, both elective and trauma, during the research sessions but this should not occur on a regular basis. If the fellow feels that their research time is being compromised then they should discuss this with their lead consultant.

**Clinical Audit**

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

**The Grand Round:**

The Grand Round is held each Tuesday afternoon at 2pm in the Lecture Theatre on the Ground Floor of PEOC. The aim is to plan all operations to be done in the following week and to review cases done in the preceding week. There is also time for discussion of interesting and challenging cases and all staff are encouraged to bring X-rays for discussion.

The afternoon will be as follows:

2.00pm-3.00 pm                      Planning meeting

3.00pm-5.00 pm                      Rotating infection MDT meetings (every other week), revision and soft tissue MDT meetings, research and governance meetings

Once every four weeks there is a knee meeting with invited speakers and physiotherapists.

### **Appraisal:**

Formal appraisal will be undertaken during the fellowship. At the start of the fellowship the fellow and trainer will meet for goal setting and initial appraisal. Further appraisal will be undertaken at the halfway point in the fellowship and shortly before the fellowship ends.

### **Exeter Medical School**

The Royal Devon University Healthcare NHS Foundation Trust is one of the NHS partners of the University of Exeter Medical School. The Directorate takes responsibility for part of the clinical undergraduate teaching programme. Fellows may be asked to undertake junior doctor, medical student and nursing staff teaching.

Excellent opportunities exist for the appointee to undertake original research work in his/her field. Links with the Universities of Exeter and Bath are well-established.

### **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 medical staff are required to participate actively in annual appraisal and in clinical governance activities. Adverse incidents should be reported according to the Trust policy.

### **Administration**

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

### **Professional Performance**

It is a requirement that if the employee has concerns about the professional performance of a member of staff, they have a duty to speak to their supervising Consultant(s). If the matter is

potentially serious, or satisfaction is not obtained with the direct approach, such concerns should be discussed with the Clinical Lead, and 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.

## **5. MAIN CONDITIONS OF SERVICE**

### **Salary Scale**

£ 51,017 per annum plus allowances for working out of hours on on-call pro rata

**Annual Leave 27 - 32 days**

## **6. 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. Seventy percent is “core”, providing the knowledge and abilities essential for entry into the Pre-registration House Officer year and thirty percent 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 programme in Years 3 and 4 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 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.

## **8. 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.

## **9. 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.

## **10. 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.

## **11. 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.

## **12. 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.

## **13. FURTHER INFORMATION**

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

Fellowship Supervisor:	Mr Ben Waterson
	Consultant Orthopaedic Surgeon
	Princess Elizabeth Orthopaedic Centre
	Royal Devon & Exeter NHS Foundation Trust
	Barrack Road
	Exeter EX2 5DW

Tel: 01392 408401

Email: benwaterson@nhs.net

Clinical Lead:

Professor Andrew Toms

Consultant Orthopaedic and Trauma Surgeon

Princess Elizabeth Orthopaedic Centre

Royal Devon & Exeter NHS Foundation Trust

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Directorate Manager T&O:

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