



## Hip Fracture Unit Job Planning

The REDUCE Study (REducing unwarranted variation in the Delivery of high qUality hip fraCture services in England and Wales) research programme identified a number of factors associated with patient outcomes post hip fracture. These research findings have directly informed the development of the following evidence-based job description essentials, which can be incorporated into individual hospital trust/board/board job description templates. Text will need to be deleted, added and modified for use in individual trusts/boards.

### Consultant Orthogeriatrician/Specialist in Orthogeriatrics role job description essentials

- Lead a multi-disciplinary team, acting as a liaison between emergency department, orthopaedic, anaesthetic, ward, rehabilitation and community staff
- Facilitate cross-divisional communication networks, acting as a focal point for communication and information sharing across multi-professional groups
- Lead a clinical team to assess and optimise patients for theatre, including providing diagnostic, pre-, and post-operative care underpinned by comprehensive geriatric assessment (CGA)
- Work with orthopaedic and anaesthetic teams to enable timely orthopaedic surgery
- Diagnose, and optimise the perioperative management of, older patients with hip fracture and other acute orthopaedic injuries
- Ensure effective patient management plans are created and carried out in a timely manner
- Attend/lead routine MDT meetings
- Lead the care and rehabilitation of patients until discharge, including assessment and management of fall risk, future fracture risk
- Coordinate discharge planning including liaison with family/carers and community-based teams
- Undertake advance care planning
- Be able to manage patients palliatively where appropriate
- Liaise with hip fracture unit MDT to ensure continuity of care, including planning for leave
- Include hip fracture and osteoporosis care in the training and education of all levels of undergraduate and postgraduate students/staff
- Lead monthly clinical governance meetings
- Lead service improvement initiatives in old age trauma services (consultant grade scope)

## Example layout of a Job Description for a Consultant Orthogeriatrician/ Specialist in Orthogeriatrics

Those elements highlighted in blue require modification for local use.

### XXX Hospital NHS Trust/Board

Job title:	Consultant Orthogeriatrician/Specialist in Orthogeriatrics
Grade:	Substantive Consultant
Managerial responsible to:	XXX Clinical Director
Base/Department:	Geriatric medicine
Location:	Name and address of hospital

### Section 1: Hospital trust/board overview

### Section 2: Summary of the post

Job plan: A proposed job plan is attached, although the appointee will be expected to adapt work to fulfil department and trust/board priorities. Individuals wishing to work part time or flexibly are welcomed.

On call: There are no on-call duties attached to this post; however, the appointee will be expected to contribute to bank holiday and 'long weekend' cover.

### Section 3: Overview of the work of the department

The orthogeriatrics team is responsible for the acute perioperative management of approximately XXX hip fracture patients per year. We also provide medical care to older inpatients with other lower limb and pelvic fragility fractures within the trauma unit. You will be joining a team comprising XXX consultant geriatricians (XXX WTE), XXX trauma/geriatrician fellows (ST3+), XXX GPSTs, XXX trust/board grades, XXX FY1s and XXX specialist nurses (*delete/modify as necessary, and explain about configuration of junior doctor cover*).

The trauma unit is led by XXX experienced band XXX ward managers with the support of a matron. Rehabilitation is provided by experienced trauma physiotherapists, technicians and occupational therapists. Case managers are based on the wards to facilitate discharge of patients. In this locality, we are well supported with community-based rehabilitation pathways. The department has senior management support both within the XXX division and at executive level.

We are privileged to have XXX specialist nurses as part of the team. They are able to carry out clinical assessments, complete data collection and assessment for the NHFD, counsel patients for osteoporosis treatments, and arrange admission for drug treatment. The nurses *also* run a weekly follow up clinic (*delete/modify as needed*).

The team works collaboratively with senior orthopaedic surgical colleagues to provide shared care across both trauma wards. There are currently XXX orthopaedic consultants who provide acute trauma services. There is a daily multidisciplinary trauma meeting to discuss and prioritise acute

trauma admissions and theatre lists. The orthogeriatrics team has a well-established presence at these meetings and has formed close links to the trauma anaesthetic team. We also provide clinical experience and/or medical attachments for anaesthetic and geriatric specialist registrars.

Since XXX, the trust/board has been a regional tertiary referral centre for major trauma. Currently there are XXX geriatricians who provide liaison review of older patients with major trauma across the trust/board. There are also several perioperative geriatrics clinics (predominantly within GI and vascular surgery) with multidisciplinary team clinic meetings, and recently established peri-operative medicine tutorials. Service provision in both these areas is evolving, and the postholder would be encouraged to seek opportunities for service development both here and within elective orthopaedics (*delete/modify as needed*).

Outpatient clinics in osteoporosis and bone health are run by XXX consultants. There is no expectation for the postholder to contribute to the running of these clinics, but individual interests can be accommodated.

The department provides undergraduate teaching for XXX - and XXX -year medical students, provides online material and tutorials, and supports student examinations.

Secretarial support and desk space are provided within the XXX offices. There is also access to a small team office and computers located near the trauma unit.

This post will be managed under the XXX Division. The postholder can expect to receive peer support and educational, teaching and governance opportunities from the Geriatric Medicine department as well as from within Trauma and Orthopaedics. The Division of Medicine operates an active postgraduate education programme and all professionals allied to the Division are encouraged to participate.

## **Section 4: Location of place of work**

*Insert details of the department, location within the hospital, office space, and site map if appropriate.*

## **Section 5: Duties of the post**

### **(i) Clinical**

As a consultant the postholder will have responsible for leading a multi-disciplinary team, acting as a liaison between emergency department, orthopaedic, anaesthetic, ward, rehabilitation and community staff, to care to older patients with trauma. They will need to facilitate cross-divisional communication networks, acting as a focal point for communication and information sharing across multi-professional groups

The postholder will lead a clinical team to assess and optimise patients for theatre, including providing diagnostic, pre-, and post-operative care underpinned by comprehensive geriatric assessment (CGA), working with orthopaedic and anaesthetic teams to enable timely orthopaedic surgery, and ensuring effective patient management plans are created and carried out in a timely manner.

The postholder will attend or lead routine MDT meetings according to agreed practice with the team, and lead the care and rehabilitation of patients until discharge, including assessment and management of fall risk, future fracture risk.

The post holder will coordinate discharge planning including liaison with family/carers and community-based teams, undertake advance care planning when needed and be able to manage patients palliatively where appropriate.

Diagnose and peri-operatively manage elderly trauma patients presenting with acute orthopaedic injuries. Provide continued care and rehabilitation of these patients in liaison with consultant colleagues.

The postholder will provide outpatient clinics/specialty interest/liaison work by agreement.

The postholder will provide medical care to acute trauma patients over weekends and bank holidays on a rota basis. When the postholder is absent, the clinical management of patients will need to be provided in liaison with consultant colleagues and MDT.

It is expected that with time, the post holder will lead service improvement initiatives in old age trauma services.

### **(ii) Teaching and supervision of junior medical staff and students**

The postholder will be responsible for the professional supervision and management of junior medical staff. Where appropriate, the postholder will be named in the educational contract of junior staff as the person responsible for overseeing their training, and as an initial source of advice to these doctors regarding their careers.

The postholder will wish to include hip fracture and osteoporosis care in the training and education of all levels of undergraduate and postgraduate students/staff

In liaison with the Director of Postgraduate Medical Education, the postholder may be required to contribute to undergraduate and postgraduate education/training.

### **(iii) Clinical Governance and Audit**

The postholder will be required to participate in and contribute to clinical audit in line with the requirements of departmental clinical governance. There is an active trust/board Clinical Audit Committee.

The postholder will need a sound understanding of clinical governance and clinical risk. They will lead monthly clinical governance meetings as a core MDT member and routinely review the trust/board's NHFD audit data to monitor performance.

The postholder will need to be aware of and comply with the local risk management strategies and ensure any incidents/ complaints are managed and reported according to trust/board policy.

They will strictly observe a personal duty of care in line with local and trust/board infection control policies when carrying out all interventions with patients.

### **(iv) Continuing Medical Education and Research**

It is important for the postholder to keep their practice up to date, ensuring they are abreast of current knowledge/legislation and developments in their speciality.

The postholder can request up to a maximum of 30 days' study leave within a three-year period (pro rata for part-time posts) as stated in the Terms and Conditions of Service.

The trust/board is committed to ensuring that support is given for Continuing Medical Education. The postholder will be required to fulfil the requirements laid down by the relevant Royal College, and to fulfil the requirements for revalidation laid down by the General Medical Council.

The postholder will not necessarily be expected to undertake research. However, opportunities do exist,

and encouragement is given to develop collaborative projects with other departments within the trust/board or with the University. The postholder will be required to submit all research development plans which have resource implications to the Clinical Director prior to implementation and ensure good clinical practice (GCP) certification is maintained.

There are professionally staffed medical libraries in the Medical Postgraduate Centre at the hospital, with a rapid service between these and the University Library. The libraries are at the forefront of developments in electronic knowledge delivery, with a (chargeable) computer literature search facility, as well as links to other networks.

## **Section 6: Conditions of the post**

The postholder must be fully registered with the General Medical Council with a licence to practise, and is advised to maintain up-to-date membership of a recognised medical defence organisation. The trust/board has arrangements in place to ensure that all medical staff receive an annual appraisal with a trained appraiser, and supports all medical staff through the revalidation process.

The trust/board provides direct secretarial support to the consultant, as well as secondary admin support to facilitate the consultant's participation in national and local audits and registries.

The trust/board has a list of identified mentors, which are used to allocate suitable support to new consultants during the first year in post.

The appointee will be required to live within a range that allows safe discharge of all clinical commitments: no more than 10 miles, or 30 minutes' travel, from the base hospital (unless there is prior agreement with the Medical Director).

An applicant who is unable, for personal reasons, to work full time will be eligible to be considered for the post. If such a person is appointed, modification of the job content will be discussed with the trust/board on an individual basis, in consultation with consultant colleagues.

The successful candidate is expected to be aware of local policies and procedures, and comply with the standing orders and standing financial instructions of the trust/boards.

Consultant appointments are made to this trust/board. As services develop and change, the base for this post may alter, and any employee of the trust/board will be expected – within an agreed clinical strategy – to move their sessions as the service requires.

Your attention is drawn to the confidential nature of information collected within the NHS. The unauthorised use or disclosure of patient or other personal information is a dismissible offence and in the case of computerised information, could result in a prosecution for an offence or action for civil damages under the GDPR 2018.