NHS GREATER GLASGOW & CLYDE

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| **JOB IDENTIFICATION** | |
| **Job Title:   Responsible and Accountable to:** | Principal Spinal Extended Scope Physiotherapist Practitioner (ESP):  Clinical Director, Spinal Neurosurgery Service, Institute of Neurosciences, Queen Elizabeth University Hospital and ESP Team Lead |
| **Department(s):** | Regional Neurosurgery Service and RAD Regional Service |
| 1. **JOB PURPOSE**  * To work as an autonomous expert musculo skeletal practitioner within the Regional Spinal neurosurgery clinic setting, utilising highly developed specialist knowledge to work out-with the normal scope of physiotherapy practice, managing patients referred for a specialist opinion. This is a unique post within the organisation operating both strategically and operationally within Neurosciences. * To provide highly specialised clinical diagnosis and determine appropriate Spinal neurosurgical management needs e.g. listing for surgical operation, onward referral to other medical specialities, identification of rehabilitation needs for discharge. * Has responsibility for the development and delivery of complex highly specialist services to patients from West of Scotland catchment, including specialist assessment, diagnosis and treatment without the need for onward referral to another practitioner or specialist service. * To independently triage referrals to the Regional Spinal service, determining patients’ assessment needs, level of urgency and ensure listing onto the most appropriate clinic. This is currently carried out by a neurosurgeon. * To maintain a physiotherapy clinical caseload of patients with complex musculoskeletal conditions and management needs. * To provide advanced clinical opinion to managers, medical staff and other colleagues which assists the strategic direction of the Spinal neurosurgery and physiotherapy services across the whole organisation utilising the principles of clinical governance. * To act as a source of clinical expertise on the management of musculoskeletal disorders within the physiotherapy service, Spinal neurosurgery teams and to other health care professions. * To lead in the development of Spinal Pathways within the Regional Neurosurgery Service * To lead in regular audit and research within the service and develop new systems to meet the demands of the Spinal Neurosurgical patients. * To provide education to all healthcare professionals requiring expert spinal musculoskeletal advice across the West of Scotland.   Note: This is a level of autonomy and is only undertaken by the post holder or members of the medical neurosurgical team. The ESP performs specialist investigations and examinations *(out with the normal scope of physiotherapy practice)* and interprets these results for diagnosis. | |
| 1. **ORGANISATIONAL POSITION**   Clinical Director, Neurosurgery, SGH  ESP Team Lead  **Extended Scope Physiotherapist Practitioner (ESP): Spinal Neurosurgery**  Neurosciences Physiotherapy Team   * Highly Specialist Physiotherapist * Experienced Rotational Physiotherapist * Rotational Physiotherapist * Technical Instructor   Service Line Manager  Professional Line Manager  Musculo-skeletal Link  Communications Link   1. **SCOPE AND RANGE**  * To have freedom and authority to plan, co-ordinate and deliver a streamlined one stop care for patients referred to the Spinal neurosurgical team. * Working out with normal scope of physiotherapy: to have freedom and authority to request and interpret necessary specialist investigations e.g. MRI, X-ray, nerve conduction studies to confirm a clinical diagnosis and determine optimal future patient management plan. * To inform patients of risks, benefits, and outcomes of surgical procedures from the up-to-date literature of such procedures, and with patient verbal consent, place on waiting list for surgical intervention. * To continually demonstrate necessary clinical competency of expert extended scope practice through established competency framework i.e. case study reviews with consultants and examination of practise through direct observation and questioning. * To function as a ‘gatekeeper’ for patients attending for physiotherapy but requiring more specialised Spinal neurosurgical opinion, which may include further investigation and/or operation. * To be an expert clinical lead and resource, using advance clinical skills, to provide specialist support and advice to physiotherapy and other clinical staff within and outside the organisation whilst maintaining a clinical caseload of highly complex patients as an autonomous practitioner. * To identify clinical research, audit and data collection priorities within area of expertise to drive clinical development strategy. * To regularly present developments in the service at local and national level.  1. **MAIN DUTIES/RESPONSIBILITIES Clinical**  * To act independently, often as the sole contact a patient has with the Spinal neurosurgical speciality, and be accountable and fully responsible for their management. * To assess and analyse highly complex clinical / non-clinical information and through the process of advanced clinical reasoning thereby provide a comprehensive Spinal neurosurgical diagnosis and determine appropriate future management for individual patients. This frequently includes patients with highly complex presentations. * To request and interpret the results of specialist investigations (e.g. x-rays, blood tests, MRI, EMG) to assist the formulation of diagnosis and plan patient management. * To discharge patients to other departments and medical colleagues within or outside the trust as necessary based on investigation results and expert clinical assessment e.g. referral to oncology, rheumatology, physiotherapy and pain clinic. * To use highly developed specialised knowledge of Spinal neurosurgical surgical procedures to determine patient requirement for surgical intervention and list for appropriate procedure. * To identify potential surgical risks, due to co-morbidities, and refer onward for medical opinion e.g. vascular, cardiology and respiratory, and utilise the information to list suitable patients for surgery. * To provide written Spinal neurosurgical reports following patient assessment, outlining clinical findings, diagnosis, specialist clinical opinion and recommendations to medical colleagues and all referral sources. * To provide highly specialist opinion to patients, carers, relatives, occupational health departments, other health care professionals and medical colleagues to co-ordinate overall patient management. * To manage own caseload of physiotherapy patients presenting with complex musculoskeletal conditions utilising expert assessment and treatment skills. * Within physiotherapy department, provide expert opinion on diagnosis and clinical management of musculoskeletal conditions for physiotherapy staff and instigate Spinal neurosurgical intervention if required. * To be aware of the boundaries of own extended practice, and to manage the associated clinical risk effectively at all times. * To ensure safe and competent use of specialised skill in line with national guidelines e.g. manipulation, acupuncture and join injection. * To propose the use of novel equipment, which will develop practice, to the clinical lead and management team, and to contribute to the appraisal and evaluation of any new equipment used in the clinical setting (e.g. KT1000 knee ligament arthrometer). * To identify and audit appropriate outcome measures and service impact measures, which accurately evaluate patient response and service development needs. * To be professionally and legally responsible and accountable for all aspects of the practitioner’s professional activities. * To comply with Divisional and Departmental policies in addition to complying with Chartered Society of Physiotherapy Professional Standards and Code of Conduct.   **Managerial**   * To be independently responsible for triage of Spinal neurosurgical referrals to ensure that patients referred for Spinal neurosurgical opinion are seen at the most appropriate clinic. * To have a lead role and responsibility for adapting ESP clinic service provision in order to ensure the Spinal neurosurgical service meets national waiting time targets. * To develop and lead new and innovative pathways of care to ensure patients receive timely access to specialist services e.g. acute knee clinic. * May assist the management team in the recruitment of staff as a clinical specialist panel member within and out with the division * To flexibly manage responsibility for own highly complex clinical caseload, departmental and external teaching, service development and quality assurance. * Maintains and manages clinical risk register for the department. Responsible for development and subsequent implementation of appropriate action plans. E.g. Risk register maintained. * Triages all referrals into the Department ensuring appropriate equitable access to the service on the basis of clinical need. * The ESP is responsible for the interpretation, development and implantation of clinical and non-clinical policies pertaining to areas of responsibility and liaises with other agencies as appropriate. * Post holder collates and reports monthly statistical returns on activity, waiting lists and other ad hoc information requirements. * Implements all aspects of Clinical Governance within Department of Physiotherapy. * The ESP is accountable for the delivery and standards of care provided to patients by advancing practice in relation to spinal musculoskeletal management.   **Service Development**   * To provide specialist clinical opinion, as required, in the development of clinical policy and service development within the physiotherapy and Spinal neurosurgical departments. * To instigate and lead new innovative developments which impact on other services e.g. in-patent spinal rehabilitation. * Maintain and contribute to the responsibility and accountability for monitoring and adapting service provision within the Regional Directorate to ensure efficient and effective service delivery. * To ensure that Spinal neurosurgical Extended Scope Physiotherapy (ESP) service responds to and supports national and local directives, e.g. Scottish Executive waiting time targets, service redesign in collaboration with the Centre for Change and Innovation (CCI), the National framework for service change (NSF), and National Institute for Clinical Effectiveness (NICE). * To contribute to cross boundary working and promote the role of the ESP across the organisation, district and nationally.   **Education**   * To take an active role in special interest groups relevant to the area of musculoskeletal physiotherapy and extended scope of practice and lead training/study sessions. To assist the clinical lead physiotherapist and senior physiotherapists in cascading information from these groups and incorporating their priorities into local practice. * To provide highly specialist clinical teaching to peers, medical colleagues and other health professionals within the clinical areas, across trust and out with the organisation e.g. GPs, A & E Staff, SHO’s, external ESPs. * Occasional formal and informal lecturing and presenting at under-graduate and post-graduate medical programmes within and out with the university establishment. * To provide spontaneous and planned expert clinical leadership and support to staff within the Spinal neurosurgical department and physiotherapy out patient departments to facilitate their learning and further development of their clinical reasoning skills. * To act as a PDP advisor and undertake staff PDP reviews within physiotherapy in conjunction with the management team. * To take an active role in clinical effectiveness activity and assist the clinical lead physiotherapist in order to implement change and maximise clinical effectiveness. * To assist the dissemination of best practice e.g. eccentric training protocol and ACL protocol, and ensure compliance with national guidelines. * To use the divisions appraisal system and individualised Continuous Professional Development (CDP) portfolio to guide personal development plan. * To ensure that clinical practice incorporates current research and evidence based practice.   **Research**   * To use knowledge of current evidence and practice to identify, facilitate and carry out clinical audit/research, thus improving provision of care and ongoing development of the service in both the Spinal neurosurgical and physiotherapy environment. * Participate in join research/audit ventures with specialist medical colleagues identifying areas of research need and therefore developing clinical guidance and improving provision of service. * To disseminate the results of audit/research and expert practice at local, regional, national and occasionally international level and pursue publication. * Ongoing collection of information to large data base enabling regular complex audit reports to be compiled for Spinal neurosurgical and physiotherapy services.  1. **SYSTEMS AND EQUIPMENT**  * To be responsible for maintenance of accurate written records using Problem Orientated Medical Records (POMR) system and/or use of a computerised diary. This will also include comprehensive progress and discharge reports to medical referrers, and/or medico-legal and disability reports. * To demonstrate a working knowledge of relevant IT systems and software packages as required; e.g. Patient Information Systems (CIS), Physio Tools, Greater Glasgow Back Pain Service (GGBPS), database and Patient records/medical notes Biochemistry and haematology results, X-ray, MRI, ultrasound, bone scan reports, Nerve conduction test results Medline and relevant literature search databases. * To daily update and maintain accurate statistical information in specialist area using databases as necessary to inform management team and drive audit programme. * To understand and ensure safe use of Physiotherapy equipment including: **- Walking Aids:** mobilators, zimmers, delta frames, elbow crutches, quadrapods, sticks, specialist, walking frames. **- Manual Handling Equipment:** mechanical hoists, sliding boards, glide-sheers, turning discs, stand aid etc. **- Electrical Equipment:** TENS units, muscle stimulators, EMG biofeedback units, ultrasound, laser, interferential, curapulse, short wave diathermy, continuous passive movement machines. **- Supports:** Full range of appliances and orthoses. **- Rehabilitation Equipment:** Treadmill, exercise bicycles, steppers, isokinetic equipment, multi-gym, weights, traction bed, plinths, parallel bars, balance boards, gymnastic balls, wobble cushions, blocks, stairs, full range of small exercise equipment. **-Thermal Equipment:** Hot packs, Ice, cryocuff. **- Acupuncture:** needles, sharp boxes. **- Measurement Equipment:** pressure biofeedback, goniometer, dynometer. **- IT Equipment:** Personal computer, data projector.  1. **DECISIONS AND JUDGEMENTS**  * Assessment and analysis of highly complex clinical and non-clinical information, utilising highly advanced clinical reasoning, to provide a comprehensive specialist clinical diagnosis for individual patients, thus determining their future management e.g. list for surgery, referral to other specialities or discharge * In Physiotherapy setting, upon reaching diagnosis, use expert clinical reasoning and highly advances therapeutic skill, to decide appropriate goals and treatment plan. * Working out-with scope of practice to arrange appropriate further investigation e.g. MRI, haematological investigation, and interpret results to confirm diagnosis and decide future management requirements. * Take full responsibility for requesting and interpreting appropriate x-rays and MRI in relation to Spinal neurosurgical assessment and diagnosis. Only requesting formal reporting when sinister or unusual pathology is apparent. * To provide an expert opinion regarding suitability for Spinal neurosurgical intervention (e.g. surgery), to Consultants, GP’s, other medical specialities and physiotherapy colleagues. * Responsibility for ESP Spinal neurosurgical service provision to assist Spinal neurosurgical service responding to waiting list demands and meets national waiting time targets. Frequently having to re-evaluate and adapt clinic time-tables/templates. * Provide am expert clinical resource to colleagues in physiotherapy department and frequently provide expert opinion as to whether continued physiotherapy treatment, further investigations or Spinal neurosurgical surgical intervention is required.  1. **COMMUNICATIONS AND RELATIONSHIPS**   **Patients and Relatives/Carers**   * To provide appropriate advice on future management based on highly developed expert knowledge, for patients with complex chronic conditions for which there are no further surgical management options e.g. failed back surgery or medically unfit or surgery. * On a daily basis, to use expert knowledge and highly developed inter-personal and communication skills to communicate highly complex, sensitive and often contentious or potentially distressing information to patients, relatives and carers regarding diagnosis, prognosis and outcome of Spinal neurosurgical management e.g. unsuitability for surgery, chronic illness requiring self management. * To expertly and effectively communicate the advantages and risks of Spinal neurosurgical surgery to the patient, relative and/or carer, and explain the procedure of the required surgery at a level of understanding sympathetic to the patient prior to listen them for surgery. * To utilise highly developed communication and interpersonal skills to change a patient’s attitudinal and behavioural beliefs towards their condition and facilitate an active patient role in their overall management. E.g. patients with chronic pain, obesity/weight management problems, or where surgical intervention is not possible. * To convey comprehensive detail of patient treatment care appropriately for every individual, taking into consideration their physical, emotional and cognitive ability, emphasising and reiterating points to ensure a full understanding. This includes negotiation, motivation, non-verbal or written skills and the ability to explain complex information and terminology in lay terms. * To utilise expert communication and negotiation skills in order to exert change in the patient’s belief and expectations that they traditionally would have been seen by a Spinal neurosurgical consultant. * Identifies and modifies the most appropriate communication method, to convey complex and sensitive information to patients and carers, where there may be barriers to communication e.g. language barriers requiring the use of interpreters. * Occasionally required to diffuse potentially hostile and antagonistic situations with patients and relatives using highly developed negotiation and interpersonal skills in an emotive atmosphere. * To compile medical and legal reports.   **Multi-professional Team**   * On a daily basis, effectively liaise with Spinal neurosurgical consultants, other speciality consultants e.g. Orthopaedic surgeons etc, medical colleagues, clinic personnel, Radiology Staff, Administration and clerical staff, management teams, and Physiotherapy colleagues to ensure delivery of streamlined patient care. * To provide and receive highly complex, sensitive information relating to a patient’s diagnosis and management plan with medical colleagues at times where evidence under pinning practice may be conflicting, and negotiate when various management options are available. * To engage in high level theoretical and clinical discussion with specialist Spinal neurosurgical colleagues. * Through effective communication implement and develop new models of Spinal neurosurgical care in an environment of potential resistance offered by staff accustomed to traditional medical models of care. * Provide highly specialist comprehensive written reports, summarising patient assessment, diagnosis and recommendation for ongoing management in order to inform referral source and/or patient GP. * Effectively impart expert clinical knowledge and advise to Physiotherapy colleagues within and out with the trust to assist and guide appropriate patient management. * To impart complex/advanced information to highly specialised medical colleagues and MDT members using a variety of communication methods e.g. ‘weekly Spinal neurosurgical directorate and education meetings’ and ‘monthly Spinal neurosurgical audit meetings’. * To advise patients, employers and occupational health departments on the appropriate time to return to work, sport and other activities.   **Service Delivery**   * Works in partnership with consultant physicians, surgeons and to develop the strategic planning and delivery of Regional Spinal ESP services. * Collaborates with other Physiotherapy Managers and senior clinicians across Greater Glasgow to strategically develop, plan and implement care packages and redesign programmes ensuring consistency aiming to provide a seamless service between primary and secondary care. * To communicate any new developments in service delivery with service users such as Physiotherapists, GP’s, A&E staff and other specialities. * To develop evidence based protocols to support the implementation of policies within the new service. * To promote the ESP role and service delivery at district, national and occasional international level e.g. Centre for Change Innovation Out-patient Programme, involvement with Scottish Executive and international conference presentation. * When required, respond appropriately to verbal and written complaints, within the Spinal neurosurgical directorate and be well versed in the Divisions formal complaint’s procedure. * Represent ESP service in MDT steering groups e.g. Back Pain Pathways.  1. **PHYSICAL SKILLS/DEMANDS OF THE JOB Physical**  * To demonstrate the highly developed dexterity, co-ordination and palpatory sensory skills necessary for assessment and manual treatment of patients, including complex manual therapy techniques e.g. spinal manipulation, therapeutic handling and use of specialised physiotherapy equipment. **Frequent** * To carry out repeated musculoskeletal assessments, on a daily basis, involving manual handling. This requires moderate physical effort in confined clinic space with added potential strain from fixed plinth heights, no natural light or ventilation. **Frequent** * Assisting with patient transfers to and from clinic area and on/off assessment plinth. **Frequent** * Setting up and use of both gym and electrotherapy equipment in the out-patient physiotherapy department. **Frequent** * Significant element of walking and standing for majority of the working day. **Frequent** * Daily short periods of time using IT equipment – requiring self awareness of postures and positioning of equipment. **Frequent**   **Mental**   * To work in an environment where daily there is a frequent, highly varied, complex caseload. Therefore there is the need for prolonged and intense concentration during assessment/examination, synthesis and assimilation of various sources of information, for each patient, during the clinic session. (3.5 hours). **Frequent** * To work in an environment where there is a high degree of unpredictability causing prolonged mental effort e.g. Spinal neurosurgical clinic time demands due to factors out with control including delay with patients waiting for x-ray, patient transport. **Frequent** * To work in an environment where as an ESP the daily working patterns are frequently disrupted by demands from patients, medical staff, clinic staff, students, and administrative support staff often requiring immediate decisive action. **Frequent**   **Emotional**   * To display expertise in sensitively explaining the results of investigations including the possible need for surgery and poor prognosis **(Frequent)** and existence of possible fatal pathology e.g. tumour. **(Occassional)** * To utilise the highest ability of knowledge and expertise in the management of patients with chronic conditions who have high expectations and demands of the Spinal neurosurgical service. Occasionally where required, be able to diffuse anxious and aggressive behaviour when patient’s expectations do not match the Spinal neurosurgical opinion/outcome. **Frequent** * Dealing with:  - Patients who have chronic and/or progressive condition **Frequent** - Patients who are in pain (acute and chronic) **Frequent -** Anxious, distressed, emotionally labile patients **Frequent -** Patients who are depressed **Frequent -** Patients who have severe injury/loss of function **Frequent -** Undertaking distressing examination assessment techniques and administering treatment, which may increase pain levels **Frequent**   **Working Conditions**   * Direct exposure to open wounds **Occasional** * Direct exposure to body fluids e.g. urine, faeces, blood, sputum **Occasional** * Direct exposure to transmissible diseases and infections **Occasional** * Dealing with abusive patients or carers – this may be physical or verbal **Occasional**  1. **MOST CHALLENGING/DIFFICULT PARTS OF THE JOB**  * Accountability and sole responsibility regarding patient diagnosis and management plan e.g. listing for surgery, onward referral to another speciality, discharging from clinic. ESP’s frequently are the sole contact that a patient has within the Spinal neurosurgical service when seeking an expert opinion. * The level of clinical reasoning and decision making involved in synthesizing and analysing all the clinical and non clinical information, ranging from examination, MRI, blood results, x-rays etc, in order to determine diagnosis and best management options. * Working within many different Spinal neurosurgical consultant teams with their differing opinions and preferences towards patient care. * Balancing clinic demand of time pressure, through out of patients, external factors e.g. radiology/patient transport with need to maintain evidence based practise and research priorities. * Dealing and challenging pre-conceived opinions, attitudes and beliefs of other health professionals regarding ESP’s seeing patients previously seen by Spinal neurosurgical consultants. * Participating in multi-disciplinary teams, discussions ensuring a professional opinion is expressed, which other experience members of the team may not agree with. * Dealing with patients pre-conceived expectations of Spinal neurosurgical appointment and outcome e.g. lack of awareness of extended scope practitioner role, no surgical intervention required.  1. **KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**  * Degree or diploma leading to Physiotherapy HPC registration. * Current HPC registration. * Minimum of 7 years of post-graduate experience. * Minimum of 5 years experience in musculoskeletal outpatients, with at least 3-4 years at senior level. * Evidence of specialist post-graduate courses/CPD relevant to the speciality i.e. Society of Spinal neurosurgical Medicine, McKenzie, MACP. * Advanced knowledge and expertise in a wide range of musculoskeletal and medical conditions. * To display highest level of clinical knowledge and experience in musculo-skeletal assessment, examination, clinical reasoning and management. * Highly advanced knowledge of complex pain syndromes. * To have in-depth knowledge of the indications and contraindications for Spinal neurosurgical surgical intervention and the risks and benefits of such surgical procedures. * To have highly developed inter-personal and communication skills. * To have, further improve and develop extensive knowledge of complex multiple pathologies and numerous specialist services e.g. Rheumatology, Specialist Pain Management Programme. * In order to function as an autonomous highly specialised practitioner, additional formalised extensive in-house and accredited external training will be required to develop specialist knowledge of Spinal neurosurgical conditions and their management (see box below).   Examples of Additional Training Required: - Radiology requesting and x-ray interpretation - Surgical procedures, risks and complications - Nerve Conduction Studies - Injection Therapy - Haematology (blood requests) - Vascular Assessments * Maintenance of expert physiotherapeutic skill level to fulfil roles of clinical expert, resource and clinical educator. * To utilise highly advanced clinical effectiveness and research skills combined with highly specialised clinical knowledge base to guide and drive practice development and level of excellence within both physiotherapy and Spinal neurosurgical departments. * Completion of statutory annual training requirements e.g. fire safety, moving and handling and immediate life support. * Competent knowledge of IT e.g. Power point, Internet, data base management, statistic analysis, literature searches. | |