

**FROME MEDICAL PRACTICE**

**JOB DESCRIPTION**

|  |  |
| --- | --- |
| **Job Title:** | Salaried General Practitioner with special interest in frailty/ care of the old person associate specialist (4 – 8 sessions per week) |
| **Normal Place of work:** | Frome Medical Practice |
| **Accountable to:** | Partners |
|  |  |
| **Job Purpose:** | To be the frailty lead for the practice. This would include undertaking working on assessment beds at our local community hospital based next to the practice, and overseeing a number of Nursing homes with support of our visiting nurse team. |

The Practice delivers primary care services to nearly 30,000 patients in the attractive market town of Frome and surrounding villages. Frome is ranked as one of the ten best places to live (Sunday Times and The Times) and the best place to live in the South West (Sunday Telegraph). Our last CQC inspection was rated outstanding and we are Somerset practice of the Year 2017. Frome Medical Practice functions in a fantastic purpose built surgery with excellent facilities and a large supportive team around the GP. It has out-patients department, mental health services, district nurses, pharmacy, gym, and health connectors, all on the premises.

**Main Duties: Roles and responsibilities**

Clinical

* To undertake regular ward sessions at our local community hospital and Nursing /residential homes
* To undertake routine and duty GP clinics
* To follow proactive approach to the early identification of frailty in primary care and supporting self-care in people living with frailty
* Adhering to the practice prescribing formulary
* Providing appropriate preventative health care and advice.
* To take responsibility for delivery of GP contract frailty requirements
* To lead in the management of frailty ‘as a long term’ condition in primary care and implementation of GMS frailty requirements
* To engage with and optimise practice QOF compliance for vulnerable groups
* Actively support people living with frailty in nursing and residential care homes, as well as those still living in their own home.
* To facilitate identification and support of carers ensuring they are signposted to community support
* Provide holistic care to support people in their ‘preferred place of living’ throughout their frailty trajectories, using a multi-professional and interagency approach, ensuring that care planning and decision making is joined up and shared across all organisations.
* To liaise with patients and their carers, care homes community services, and where necessary independent advocates to ensure that care is co-ordinated.
* To ensure systematic optimisation of the use of enhanced summary care
* To promote use of my life plan
* To be proactive in ensuring that where they exist legal power of attorney, pre-existing TEP and carer consents are clearly recorded on EMIS
* To ensure that severely frail patients have annual medication reviews   
  (including where appropriate de-prescribing) and a review of intervention for falls risk management including record of number of falls annually
* To ensure severely frail patients have treatment escalation plans that are appropriate to their stage of life.
* To lead Friday MDT at the practice and chair this.
* Recognition and understanding of when an individual’s frailty trajectory is approaching the terminal phase and the delivery of a seamless transition into the care of appropriate services to support them in their preferred place of care at the end of life.

Responding to medical problems presented by patients, including history taking, examination, investigation, diagnosis, treatment and referral where appropriate using our Patient Connect telephone triage system

Service development

* To work as a key member within the broader practice team, enabling support for the service
* Contributing to the development of and adhering to protocols/systems for the management of common medical conditions.
* Participating in clinical governance activity and contributing to the improvement in quality of health outcomes through the practice’s audit programme
* Assist in the development of other service initiatives related to the frailty programme including a responsive service for patients who become unwell and require an urgent response.
* To be a link with local geriatric services

Administration

* Preparing medical reports for insurance companies, employers and statutory bodies.
* Clinically related administrative and non-clinical duties necessary for the delivery of PMS.
* Providing other services outside of PMS as specified in contracts held by the Practice.

Education and team integration

* To provide mentorship and clinical supervision to other clinical staff working with frail and older people
* Attending weekly associates meetings and education meetings held on days when you are on duty.
* To work closely with the Hub and health connections team
* Engaging in appropriate educational activity in order to maintain clinical competence and performance, including the completion of objectives agreed by yourself and the practice in an annual Personal Development Plan.
* Participating in the training and development of nurses, medical students and GP registrars in the practice.
* Supporting the practice staff and responding to requests for advice and assistance from the practice reception, secretarial and nursing staff.

Organisation ethos

* Understand and specifically respond to the particular needs of older people with frailty with co-existent mental health problems, including dementia supporting informed patient centred decision making.
* To work using quality improvement methodology to ensure that practice resources for our population are used as efficiently and effectively for frail and vulnerable patients
* To encourage patient empowerment and resilience for self-care through recognition of networks of support for them and their carers and encouraging their strengthening
* Fully participating in extended hours offered by the Practice.

The above responsibilities will be undertaken upholding the following Best Practice Guidelines that all professionals working in The Frome Medical Practice have agreed to adhere to:-

1. To be available to take over the responsibility of patient care from the Out of Hours service at 0800 on a working day.
2. To continue to work until all clinical tasks have been completed. Where this involves standing by ready to be called, to be available until the end of the session. To make arrangements for others to cover when planning to leave before the end of the session.
3. To maintain the Practices’ high clinical standards by using clinical governance audits and other information to review patients results, prescribing, disease management etc.
4. As a list holder to undertake daily tasks such as results, letters, reports, repeat prescribing etc. for one’s own list and for other teams as required.
5. To maintain the financial security of the organisation by ensuring accurate and efficient responses to income generation such as reports, dispensed prescriptions, private forms etc.
6. To undertake, as part of a team, those duties specified as being required.
7. To work as a team to cover the request for out of surgery contacts.
8. To participate in the educational and organisational activities of the practice in a way that maintains high standards and encourages the development of The Frome Medical Practice as a “Learning Organisation”.
9. Practice mandatory training to be undertaken during study leave which is incorporated into annual leave allowance.
10. At all times to behave in a professional way that encourages quality practice and the development of team spirit.
11. Mandatory completion of Type 2 Self-Assessment form (annually in Feb)

**Health & Safety**

It is the responsibility of all employees to ensure that the requirements of the Health and Safety at Work Act are complied with, safe working practices are adhered to and that any hazards are reported to the appropriate officer immediately.

**All post holders are expected to:**

* Adhere to practice policies and procedures
* Promote Equality and Diversity in a non-discriminatory way.
* Adhere to the Data Protection Regulations, respecting confidentiality of patients and colleagues and the practice as a whole.
* Maintain personal and professional development in order to maintain their skill levels, participate in the appraisal process and any training and development that is recognised and agreed with Lead Practice Nurse.
* Respect and adhere to corporate and clinical governance principles
* Undertake a Disclosure and Barring Service (DBS) – criminal records and barring list checks
* Adapt to any changes made to the organisation structure/delivery of service
* Work within the operating hours of the practice
* Work as an integral part of the whole practice team
* Be committed to safeguarding and promoting the welfare of children, young people and vulnerable adults.

This job description is neither definitive nor exhaustive, and may be reviewed in the light of changing circumstances at a personal or organisational level. Any changes will be made in consultation with the post holder through the appraisal and review process.

Because of the nature of the work, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1994 (Exceptions) Order 1995. Applicants for posts are not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act and in the event of employment any failure to disclose such convictions could result in disciplinary action or dismissal by the Practice. Any information given will be completely confidential and will be considered only in relation to an applicant of a position to which the order applies.

**Person Specification:** General Practitioner

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Description** | **Essential / Desirable** | **Method of Assessment** |
| Qualifications & Training | Medical Degree  Qualified as GP  Full registration with GMC  MRCGP | E  E  E  D | Application |
| Experience | Demonstrates an understanding of the wider issues of health and social needs and care within the Primary Care setting  Demonstrates an understanding of health education, promotion and public health  An interest in working with Geriatric and Frailty care | E  E  E | Interview |
| Skills & Abilities | Quality improvement Skills  Able to access national guidance including NICE and NSFs and apply to practice as required | E  D  E | Interview |
| Personal Qualities | Demonstrates excellent communication and interpersonal skills  Self-motivation and adaptability to work independently  Approachable and flexible  Confident networking skills  Team Player  Ability to work under pressure  Physically and psychologically capable of undertaking the work of GP | E  E  E  E  E  E  E | Interview |