JTO News and Updates

Experience of the BOA Clinical Leadership Fellowship in Lower Limb Arthoplasty

Marshall Sangster

I have just completed the BOA Clinical Leadership Fellowship with a specialist interest in lower limb arthoplasty at Northumbria Healthcare NHS Foundation Trust, with a team of five revision surgeons. This is one of three routes into the programme that include recruitment by Trusts hosting National Clinical Leaders Fellowship (such as this), individual applications and Specialist Society Sponsored Fellows such as BSCOS and BOFAS.

The Clinical Leadership programme aims to develop future orthopaedic consultant leadership with a focus on service transformation and quality improvement. This is provided for by formal leadership training delivered over four twoday modules, alongside a quality improvement project where you are significantly supported and guided. The results are presented at the BOA Congress. The areas I found most stimulating included sessions on coaching and mentorship, leadership styles, motivation and negotiation. During the programme there is a focus on self-awareness and personal leadership style and how you become a more effective leader in the NHS. All of these qualities are beneficial for the pre-Consultant transition and those already in a Consultant

post wishing to gain a greater understanding of higherlevel NHS management and strategic thinking.

Professor Mike Reed founded the Clinical Leaders Programme and as a consequence, he understands the development needs to further your leadership and management skills, providing tailored opportunities within new and existing projects within the trust. Northumbria is recognised as one of the leading units with regards to infection rates and length of stay for total hip and knee replacements nationally. As part of the team that continually strives to improve patient outcomes you get first-hand experience of the processes in action that deliver these outstanding results.

This is an operatively rich fellowship with extensive experience gained. In a 12-month period you would expect to achieve approximately 100 revision cases and 150 primary arthroplasty cases. In particular for lower limb arthroplasty this high caseload of primary and revision work includes infection, periprosthetic fracture and complex revision in both hip and knee. There is a weekly infection MDT and a monthly revision MDT and as the Fellow, you are responsible for the organisation and presentation of these meetings. This provides excellent learning opportunities and post-operative feedback.

The fellowship would help develop your CV and personal qualities to be competitive in

applying for a Consultant post. These include audit, MDT, presentations at both regional and national level, and research opportunities alongside the QI project as part of the Clinical Leaders Programme.

It has been a pleasure to work in one of the most forwardthinking units in the UK that provides a wide experience in developing the skill set necessary to undertake a Consultant post. It has been an exciting and enjoyable fellowship that encourages innovation and improvement in your own future Consultant career. I would actively encourage senior trainees to apply for this post as a platform to becoming a top-performing orthopaedic surgeon incorporating the NHS values of excellence.