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Consultant

Requisition Id: 16165

Position Details

Job Title: Consultant Orthopaedic Surgeon – Spine Surgery

Department: Orthopaedics / Spine Surgery

Reports To: Head of Department – Orthopaedics / Clinical Director / Medical Superintendent

Location: Hospital / Healthcare Facility

Employment Type: Full-time / Part-time / Visiting Consultant, as applicable

Job Level: Consultant / Senior Consultant

Supervises: Residents, fellows, junior doctors and clinical support staff, as applicable

2. Job Purpose

The Consultant Orthopaedic Surgeon – Spine Surgery is responsible for providing comprehensive specialist care to patients with disorders and diseases of the cervical, thoracic, lumbar and sacral spine. The role includes assessment, diagnosis, investigation, conservative management, surgical treatment, postoperative care, rehabilitation, emergency management, follow-up and long-term care of patients with spinal conditions.

The Consultant is expected to provide high-quality, evidence-based, ethical and patient-centered care while working collaboratively with other clinical departments and allied healthcare professionals.

The Consultant will also contribute to clinical governance, quality improvement, teaching, training, research, departmental development and hospital initiatives.

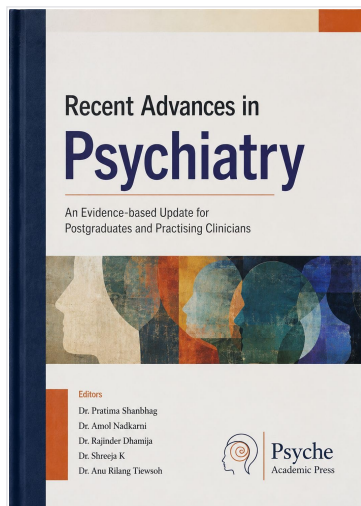
3. Major Areas of Responsibility

A. Clinical Assessment and Diagnosis

The Consultant shall:

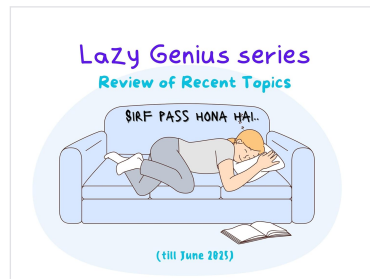
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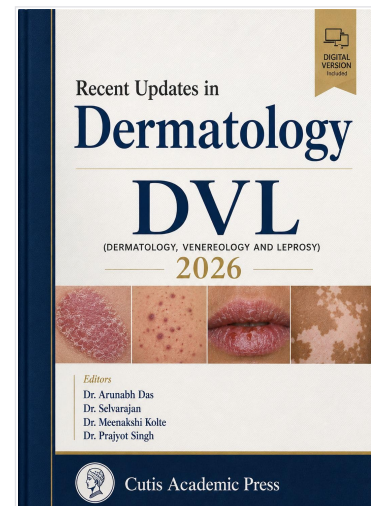
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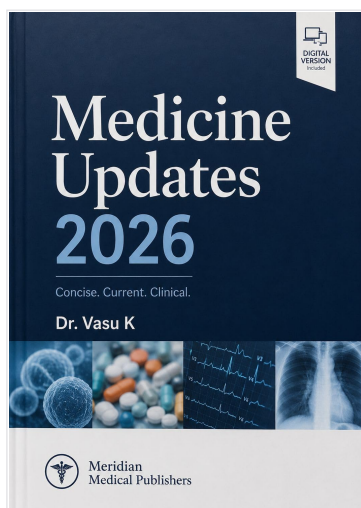
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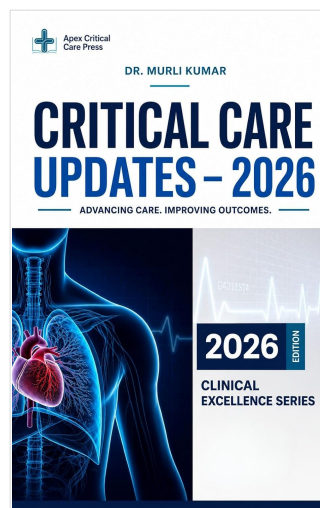
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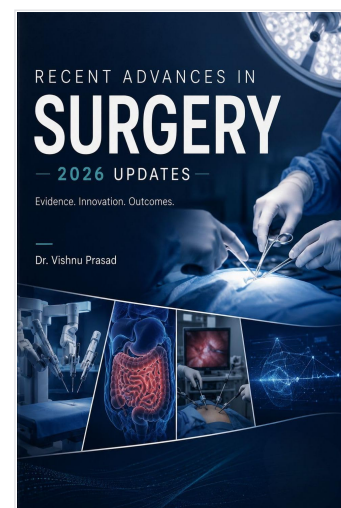
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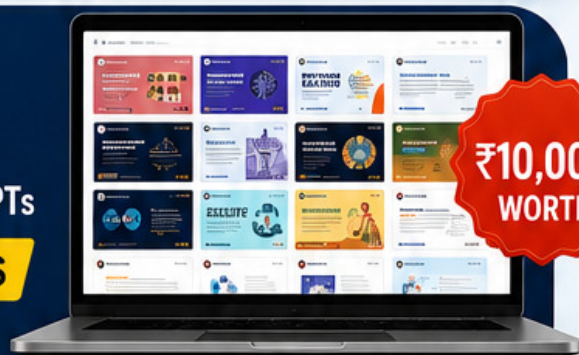
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*CONDITIONS APPLY

1. Conduct comprehensive clinical assessment of patients presenting with spinal complaints.
2. Obtain detailed medical, surgical, neurological and musculoskeletal history.
3. Perform complete neurological and spine examination.
4. Identify red-flag symptoms requiring urgent intervention.
5. Establish appropriate differential diagnoses.
6. Formulate definitive diagnosis based on clinical findings and investigations.
7. Review and interpret:
 - X-rays
 - Dynamic spine radiographs
 - CT scans
 - MRI scans
 - Whole-spine imaging
 - Bone-density studies
 - Laboratory investigations
 - Electrophysiological investigations, where indicated
8. Assess the severity and progression of neurological deficits.
9. Identify patients requiring conservative versus operative management.
10. Recognize cases requiring urgent referral or multidisciplinary management.

4. Conditions Managed

The Consultant should be experienced in evaluation and management of patients with conditions including, but not limited to:

Degenerative Conditions

- Cervical spondylosis
- Lumbar spondylosis
- Cervical disc disease
- Lumbar disc prolapse
- Radiculopathy
- Spinal canal stenosis
- Foraminal stenosis
- Degenerative spondylolisthesis
- Facet-related spinal disorders
- Chronic mechanical back pain

Neurological Conditions

- Cervical myelopathy
- Lumbar radiculopathy
- Cauda equina syndrome
- Spinal cord compression
- Progressive neurological deficit

Spinal Trauma

- Cervical spine fractures
- Thoracic spine fractures
- Lumbar spine fractures
- Spinal dislocations
- Spinal cord injuries
- Osteoporotic vertebral fractures
- Traumatic instability

Deformity

- Scoliosis
- Kyphosis
- Adult spinal deformity

- Degenerative deformity
- Post-traumatic deformity
- Selected congenital deformities

Infection

- Spinal tuberculosis
- Discitis
- Vertebral osteomyelitis
- Spinal epidural abscess
- Other spinal infections

Tumours

- Primary spinal tumours
- Metastatic spinal disease
- Spinal cord/nerve compression due to tumour
- Pathological vertebral fractures

Postoperative/Complex Conditions

- Failed back surgery syndrome
- Recurrent disc prolapse
- Adjacent segment disease
- Implant-related complications
- Pseudarthrosis/non-union
- Spinal instability
- Revision spine cases

5. Outpatient Department Responsibilities

The Consultant shall:

- Conduct specialist spine OPD consultations.
- Evaluate new and follow-up patients.
- Review previous medical records and imaging.
- Establish diagnosis and formulate treatment plans.
- Explain treatment options clearly to patients and relatives.
- Recommend conservative treatment where appropriate.
- Determine indications for surgery.
- Explain surgical procedures, expected outcomes, risks and alternatives.
- Obtain appropriate informed consent.
- Arrange appropriate investigations.
- Refer patients to relevant specialties when required.
- Coordinate physiotherapy and rehabilitation.
- Provide appropriate follow-up schedules.
- Monitor treatment response and functional recovery.
- Maintain accurate and complete OPD documentation.

6. Conservative Management

The Consultant should appropriately manage patients who do not require immediate surgery through:

- Medication management
- Activity modification
- Physiotherapy
- Exercise and rehabilitation
- Lifestyle modification
- Weight management where appropriate

- Pain-management strategies
- Osteoporosis assessment and management
- Appropriate image-guided or other non-operative interventions within scope of practice
- Regular clinical and radiological follow-up

The Consultant should avoid unnecessary surgical intervention and ensure that surgery is recommended only when clinically appropriate.

7. Surgical Responsibilities

The Consultant shall perform spinal procedures according to their training, experience, hospital credentialing and surgical privileges.

Cervical Spine

Potential procedures include:

- Cervical discectomy
- Anterior cervical discectomy and fusion
- Cervical decompression
- Cervical corpectomy and reconstruction
- Cervical laminectomy
- Cervical laminoplasty
- Posterior cervical fusion/instrumentation
- Management of cervical instability
- Selected cervical trauma procedures

Lumbar Spine

Potential procedures include:

- Lumbar decompression
- Laminectomy
- Laminotomy
- Foraminotomy
- Microdiscectomy
- Instrumented fusion
- TLIF
- PLIF
- Posterior spinal fusion
- Selected minimally invasive procedures
- Revision lumbar surgery

Thoracic Spine

- Thoracic decompression
- Thoracic stabilization
- Thoracic fracture fixation
- Management of thoracic stenosis
- Selected tumour/infection procedures

Trauma Surgery

- Emergency spinal stabilization
- Decompression where indicated
- Fracture fixation
- Management of spinal instability
- Coordination of spinal cord injury management

Deformity Surgery

Where appropriately trained and credentialed:

- Scoliosis correction
- Kyphosis correction

- Adult spinal deformity correction
 - Complex spinal reconstruction
 - Long-segment instrumentation
-

8. Preoperative Responsibilities

Before surgery, the Consultant shall:

1. Confirm the diagnosis.
 2. Confirm the indication for surgery.
 3. Review all relevant imaging.
 4. Assess neurological status.
 5. Review laboratory investigations.
 6. Assess medical comorbidities.
 7. Coordinate anaesthetic evaluation.
 8. Optimize the patient medically before surgery.
 9. Explain the proposed procedure.
 10. Explain benefits, limitations and alternatives.
 11. Explain potential complications.
 12. Discuss expected recovery and rehabilitation.
 13. Obtain informed consent.
 14. Ensure appropriate preoperative documentation.
 15. Ensure required implants and instrumentation are available.
 16. Develop an appropriate surgical plan.
 17. Discuss complex cases with relevant specialists where required.
-

9. Intraoperative Responsibilities

The Consultant shall:

- Perform the planned procedure safely and efficiently.
 - Follow accepted surgical standards.
 - Follow hospital infection-control protocols.
 - Follow surgical safety checklist requirements.
 - Ensure correct patient, procedure and surgical site.
 - Work effectively with anaesthesia and operating-room teams.
 - Use appropriate intraoperative imaging.
 - Use navigation/neuromonitoring where clinically indicated and available.
 - Ensure appropriate implant selection.
 - Maintain haemostasis.
 - Minimize risk of neurological and other complications.
 - Recognize and manage intraoperative complications.
 - Document the procedure accurately.
 - Communicate relevant postoperative instructions to the clinical team.
-

10. Postoperative Management

The Consultant shall:

- Review patients following surgery.
- Assess neurological status.
- Monitor vital signs and clinical condition.
- Manage postoperative pain.
- Monitor wound condition.

- Review postoperative imaging where indicated.
 - Assess mobilization.
 - Coordinate physiotherapy.
 - Monitor for complications.
 - Manage drains and postoperative devices where applicable.
 - Ensure appropriate thromboprophylaxis according to patient risk and hospital protocol.
 - Monitor for infection.
 - Monitor for CSF leak.
 - Monitor for neurological deterioration.
 - Monitor implant-related complications.
 - Plan discharge appropriately.
 - Provide postoperative instructions.
 - Arrange follow-up.
-

11. Inpatient Responsibilities

The Consultant shall:

- Conduct regular ward rounds.
 - Review newly admitted patients.
 - Review postoperative patients.
 - Review patients referred by other departments.
 - Develop and update treatment plans.
 - Monitor clinical progress.
 - Coordinate multidisciplinary care.
 - Communicate significant clinical developments to patients and families.
 - Ensure timely investigation and treatment.
 - Identify deteriorating patients promptly.
 - Escalate patients to ICU or other appropriate services when required.
 - Ensure proper discharge planning.
 - Complete clinical documentation in a timely manner.
-

12. Emergency Responsibilities

The Consultant may be required to participate in emergency/on-call services.

Responsibilities include:

- Responding to emergency spinal referrals.
 - Assessing spinal trauma.
 - Evaluating acute neurological deficits.
 - Managing suspected spinal cord compression.
 - Assessing cauda equina syndrome.
 - Managing unstable spinal injuries.
 - Providing emergency surgical intervention when indicated.
 - Coordinating with Emergency Medicine, Anaesthesia, ICU, Neurosurgery and other departments.
 - Ensuring appropriate transfer to higher-level care where necessary.
-

13. Multidisciplinary Coordination

The Consultant shall collaborate with:

- Neurosurgery
- Orthopaedic Surgery
- Neurology

- Radiology
- Anaesthesia
- Critical Care
- Oncology
- Radiation Oncology
- Rheumatology
- Endocrinology
- Pain Medicine
- Physiotherapy
- Rehabilitation Medicine
- Nursing
- Dietetics
- Other relevant specialties

Complex patients should be discussed in multidisciplinary meetings whenever appropriate.

14. Patient and Family Counselling

The Consultant shall ensure that patients and families receive clear information regarding:

- Diagnosis
- Prognosis
- Available treatment options
- Conservative treatment
- Surgical treatment
- Expected benefits
- Possible complications
- Alternative treatment options
- Expected duration of hospitalization
- Recovery period
- Rehabilitation requirements
- Follow-up requirements
- Warning signs requiring urgent medical attention

Communication should be professional, respectful, empathetic and understandable.

15. Consent Responsibilities

The Consultant shall ensure appropriate informed consent before procedures.

Consent discussions should include, where relevant:

- Nature of the proposed procedure
 - Reason for surgery
 - Expected outcome
 - Common complications
 - Serious or potentially permanent complications
 - Possibility of additional procedures
 - Alternatives to surgery
 - Risks of not undergoing surgery
 - Anaesthetic risks
 - Blood transfusion requirements where applicable
 - Implant-related considerations
-

16. Medical Documentation

The Consultant is responsible for maintaining complete and accurate medical records, including:

- OPD consultation notes
- History and examination
- Diagnosis
- Investigation reports
- Treatment plans
- Consent documentation
- Preoperative assessment
- Operative notes
- Postoperative notes
- Daily progress notes
- Referral notes
- Discharge summaries
- Follow-up notes
- Complication documentation
- Implant details
- Procedure records

Documentation should be completed according to hospital policy and applicable legal requirements.

17. Quality and Patient Safety

The Consultant shall actively participate in hospital quality initiatives, including:

- Surgical safety checklist
- Infection prevention
- Surgical-site infection reduction
- Antibiotic stewardship
- Patient identification protocols
- Medication safety
- Fall prevention
- VTE prevention
- Incident reporting
- Near-miss reporting
- Morbidity and mortality meetings
- Clinical audits
- Patient safety initiatives
- Outcome monitoring

18. Clinical Governance

The Consultant shall:

- Practice within approved clinical privileges.
- Maintain professional competence.
- Participate in peer review.
- Attend departmental meetings.
- Participate in clinical audits.
- Review complications and outcomes.
- Contribute to clinical protocols.
- Follow hospital policies and procedures.
- Follow evidence-based clinical guidelines.
- Participate in credentialing and re-credentialing processes.
- Maintain continuing professional development.

19. Teaching and Training

Where applicable, the Consultant will be responsible for education and supervision of:

- Residents
- Junior doctors
- Fellows
- Medical interns
- Nursing staff
- Physiotherapists
- Allied healthcare professionals

Teaching responsibilities may include:

- Bedside teaching
- Case presentations
- Clinical discussions
- Surgical teaching
- Journal clubs
- Grand rounds
- Morbidity and mortality meetings
- Academic lectures
- Surgical skills training

20. Research and Academic Activities

The Consultant is encouraged to participate in:

- Clinical research
- Surgical outcome studies
- Clinical audits
- Publications
- Conference presentations
- Case reports
- Prospective and retrospective studies
- Registry development
- Evidence-based practice initiatives
- Institutional research projects

21. Hospital Service Development

The Consultant may contribute to development of the Spine Surgery service through:

- Development of spine clinics
- Development of clinical pathways
- Protocol development
- Introduction of evidence-based procedures
- Development of trauma pathways
- Development of rehabilitation pathways
- Appropriate use of minimally invasive techniques
- Development of multidisciplinary spine services
- Improving patient referral pathways
- Improving patient access and waiting times
- Monitoring clinical outcomes

22. Professional and Ethical Responsibilities

The Consultant shall:

- Maintain patient confidentiality.
 - Maintain professional boundaries.
 - Follow medical ethics.
 - Respect patient autonomy.
 - Obtain appropriate consent.
 - Practice evidence-based medicine.
 - Avoid unnecessary procedures.
 - Maintain transparency in clinical decision-making.
 - Declare relevant conflicts of interest.
 - Maintain appropriate professional conduct.
 - Treat patients and colleagues with dignity and respect.
 - Practice only within their competence and approved privileges.
-

23. Qualifications

Essential

- MBBS or equivalent recognized medical qualification.
- MS/DNB Orthopaedics or equivalent recognized postgraduate qualification.
- Valid registration with the applicable medical regulatory authority.
- Appropriate training and experience in Orthopaedic Surgery.

Desirable

- Fellowship/advanced training in Spine Surgery.
 - Fellowship from a recognized national or international spine centre.
 - Additional training in minimally invasive spine surgery.
 - Training in spinal deformity surgery.
 - Training in complex spine and spinal trauma.
-

24. Experience

The required experience should be determined according to the level of appointment.

Experience in the following areas is desirable:

- Independent spine OPD management
 - Spine trauma
 - Degenerative spine surgery
 - Cervical spine surgery
 - Lumbar spine surgery
 - Spinal decompression
 - Instrumented fusion
 - Complex spine surgery
 - Revision surgery
 - Spinal infection
 - Spinal deformity
 - Multidisciplinary management of spinal disorders
-

25. Technical Competencies

The Consultant should demonstrate competence in:

- Clinical neurological examination
- Spine examination

- Interpretation of spinal radiographs
- Interpretation of CT imaging
- Interpretation of MRI
- Surgical planning
- Patient selection
- Preoperative optimization
- Spinal instrumentation
- Decompression procedures
- Fusion procedures
- Trauma management
- Postoperative management
- Recognition and management of complications
- Rehabilitation planning

Specific surgical privileges should be granted based on documented training, experience, competency and hospital credentialing.

26. Behavioural Competencies

The ideal Consultant should demonstrate:

- Excellent communication skills
- Patient-centered approach
- Leadership
- Teamwork
- Professionalism
- Empathy
- Integrity
- Accountability
- Sound clinical judgment
- Decision-making skills
- Ability to work under pressure
- Conflict-resolution skills
- Commitment to continuous learning
- Commitment to patient safety

27. Key Performance Indicators (KPIs)

The Consultant may be evaluated on:

Clinical Performance

- OPD consultations
- Surgical procedures
- Appropriate surgical indications
- Surgical outcomes
- Functional outcomes
- Complication rates
- Readmission rates
- Infection rates
- Mortality where applicable
- Average length of stay

Patient Experience

- Patient satisfaction
- Communication quality

- Timeliness of consultation
- Follow-up compliance
- Patient complaints and resolution

Documentation

- Completeness of medical records
- Timely operative notes
- Timely discharge summaries
- Consent compliance

Quality

- Surgical checklist compliance
- Infection-control compliance
- Clinical audit participation
- M&M participation
- Incident reporting
- Protocol compliance

Academic

- Teaching activities
- CME/CPD participation
- Research projects
- Publications
- Conference presentations

28. Key Result Areas

The Consultant's key result areas include:

1. **Excellent clinical care**
2. **Safe and appropriate spine surgery**
3. **Good patient outcomes**
4. **Reduction of preventable complications**
5. **Effective emergency response**
6. **High-quality documentation**
7. **Patient satisfaction**
8. **Multidisciplinary collaboration**
9. **Teaching and mentoring**
10. **Clinical research and audit**
11. **Compliance with hospital policies**
12. **Contribution to development of the Spine Surgery service**

29. Authority and Decision-Making

Within the scope of approved privileges, the Consultant is responsible for clinical decisions concerning patients under their care.

This includes:

- Diagnosis
- Investigation
- Treatment planning
- Surgical indications
- Surgical procedures
- Postoperative care
- Specialist referrals
- Discharge planning

Major clinical, administrative or resource decisions should follow hospital policies and appropriate escalation procedures.

30. Working Relationships

Internal

- Head of Orthopaedics
- Medical Superintendent
- Clinical Director
- Neurosurgery
- Anaesthesia
- ICU
- Emergency Department
- Radiology
- Oncology
- Physiotherapy
- Nursing
- Pharmacy
- Administration
- Quality Department

External

Where applicable:

- Referring physicians
 - Rehabilitation centres
 - External specialists
 - Diagnostic facilities
 - Academic institutions
 - Professional organizations
-

31. Working Conditions

The role may involve:

- OPD duties
- Ward rounds
- Operating-room duties
- Emergency consultations
- On-call duties
- Weekend/holiday coverage according to roster
- Management of critically ill patients
- Management of emergency trauma
- Participation in hospital meetings and academic activities

The Consultant must be able to respond appropriately to urgent clinical situations.

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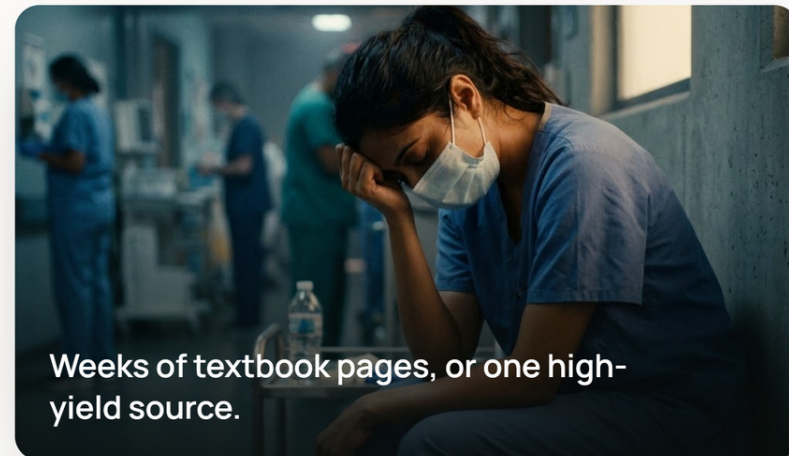


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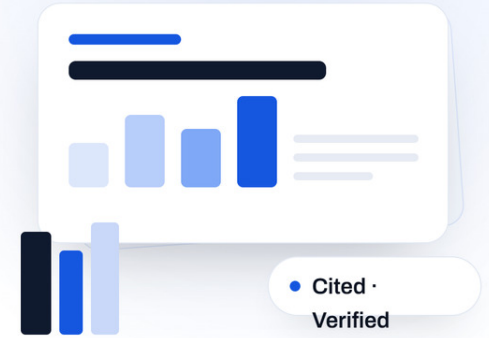
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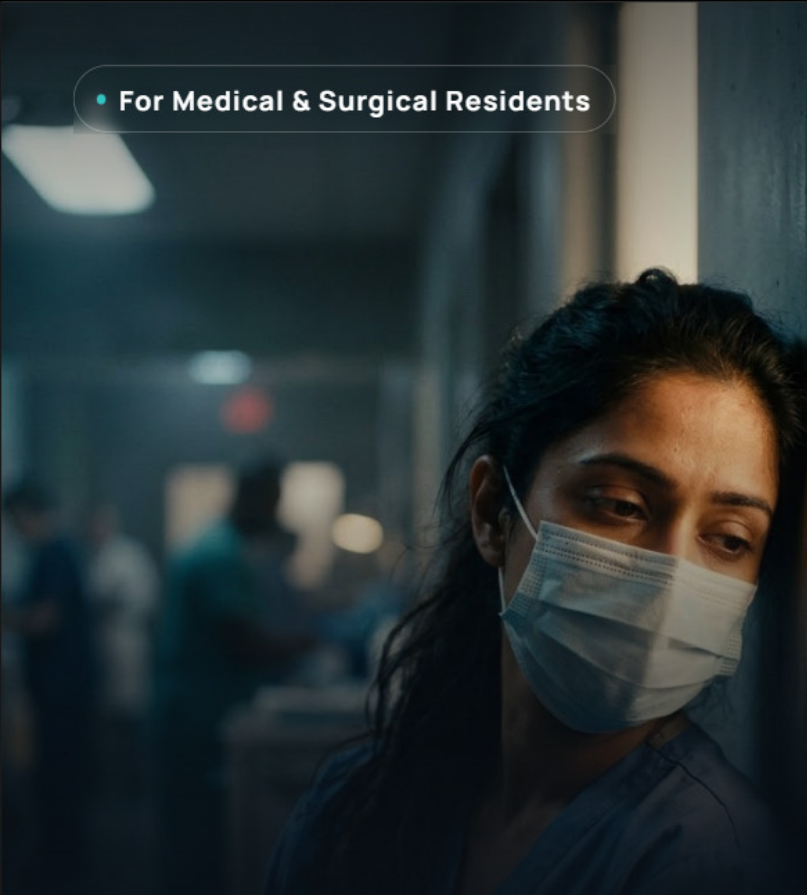
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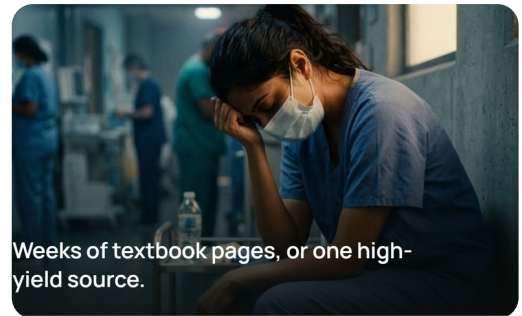
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