Bridging the gap: The role of the acute physician in Orthopaedic care

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Introduction to the Role and Evaluation

As orthopaedic inpatient populations evolve, so too must the teams who care for them. Over the past decade, hospitals across the UK have faced a growing mismatch between medical need and available expertise within orthopaedic wards. While the care of older, frail patients has been reinforced significantly through the widespread adoption of Ortho-geriatrics, there is no established care model around the needs of younger or non-frail patients who have increasingly complex medical issues.

To address this, we piloted a resident acute physician working within the orthopaedic department in NHS Tayside: a solution designed to support and enhance the modern orthopaedic service. The pilot role was for weekday cover from 9am to 5pm on the Orthopaedic wards.

A practical solution: The Resident Acute Physician

Alongside managing acute medical issues as they arise, the physician conducts daily reviews of inpatients who are unwell at point of admission or have been identified as at risk of deterioration during the peri-operative period. This enables timely optimisation and supports surgical decision-making, helping determine fitness for theatre or the need for further medical intervention or end of life care. Daily reviews of all inpatients allow a holistic understanding of each patient's progress and ensure ongoing management of chronic health conditions.

The role also includes coordinating with specialist teams when additional expertise is required, leading education for foundation doctors, orthopaedic trainees, and ward staff, and establishing clear escalation plans to guide safe out-of-hours decision-making. The physician also plays a key role in multidisciplinary care for bone and joint infections, creating a link between direct patient care and decision making lead by the wider multi-disciplinary team.

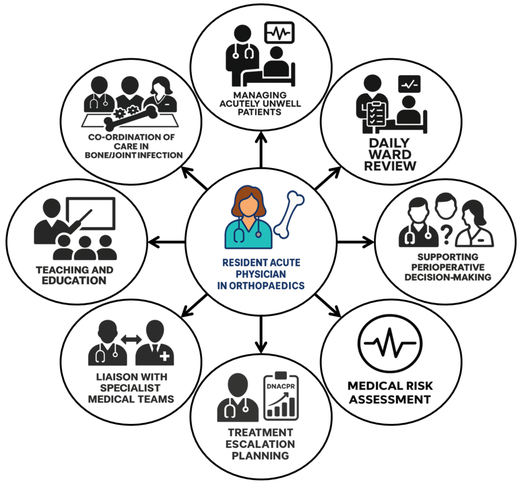

Figure 1. Summary of the scope of the role

Our Success Story

After six months of establishing the role, we reviewed key data, functional indicators, and staff feedback gathered through a departmental questionnaire.

Figure 2. Word cloud created from free-text comments from the staff questionnaire

The most striking improvement was the 55% reduction in medical emergency and cardiac arrest calls on the orthopaedic wards following implementation of this role. Patients already managed under the Orthogeriatrics shared-care model were excluded from the analysis, meaning this reduction reflects impact specifically within the group previously identified as having an unmet medical need.

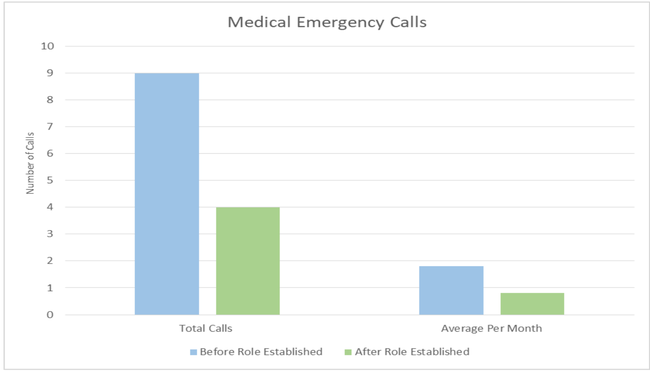

Figure 3. Medical emergency/cardiac arrest call data

In addition, requests for external medical support also fell significantly during working hours when the acute physician was present, and this positive effect extended into the out-of-hours period. The on-call orthopaedic registrar no longer carried the burden of managing medical issues during the day, allowing them to focus fully on surgical responsibilities.

Staff feedback across all professional groups collated via an anonymous questionnaire was overwhelmingly positive, with many highlighting noticeable improvements in patient care, smoother and more efficient patient journeys, and stronger day-to-day support for both junior doctors and the nursing team. Respondents consistently described the role as filling a long-standing gap in the service, providing a level of medical continuity and senior decision-making that had previously been difficult to access on busy orthopaedic wards.

While 24-hour coverage remains a future ambition, the success of this pilot has already led to a permanent SAS doctor post. Plans are underway to expand the team by appointing a second clinician and exploring adoption of this model across other surgical specialties within the trust.

Conclusions and What Next

Benefits	• Improved patient care and safety • Reduction in emergency calls • Improved junior doctor feedback • Faster advice with reduced impact on orthopaedic and general medical on-call
Limitations	• 24 hour support not possible currently • Current feedback is based on early results of role • Difficult to untangle feedback regarding person in post versus role itself
What Next?	• Plans to appoint a second doctor/ANP to work alongside current physician • Consider expansion of role to encompass out-of-hours cover (predominantly weekends)

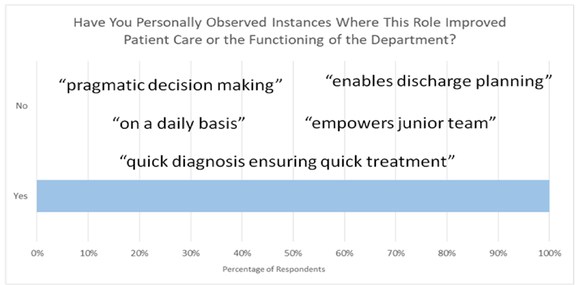

Figure 4. Further positive feedback obtained through staff questionnaire