

# **The Epsom Foot and Ankle Fellowship**

**In association with the  
British Orthopaedic Association  
Clinical Leaders Programme**



## **Prospectus**

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# The Hospital / Department

Epsom and St Helier University Hospitals NHS Trust (ESTH) serves a population of about 500,000 people living across south-west London and north-east Surrey. It provides a range of medical and surgical services to an area that is rich in diversity, with a mix of urban and rural locations. The geographical area covers some of the most prosperous postcodes in the country, as well as some poorer areas. The hospitals also benefit from great locations, from the lights of South London to the countryside of Epsom Downs.

Together with local commissioners in Surrey, Sutton and Merton, ESTH aims to ensure that patients receive the best possible care in the communities they serve. Its mission is *'to put the patient first by delivering great care to every patient, every day.'*

Orthopaedic work is divided between the two main hospitals. The South-West London Elective Orthopaedic Centre (SWLEOC), based at the Epsom site, is the largest joint replacement unit in UK. Elective foot and ankle surgery has recently moved to SWLEOC. St Helier Hospital is the trauma unit. Elective clinics take place across both sites and are run in a multi-disciplinary fashion wherever possible.

We perform a wide range of foot and ankle procedures surgery, from lesser toes to complex deformities and non-unions. Most foot and ankle surgery involves the forefoot, but we perform all hindfoot and ankle procedures, only referring tumour and elective circular frame procedures to tertiary units.

ESTH is affiliated to the South-West Thames and Kings Trauma & Orthopaedic training programmes.

Hospitals:

South-West London Elective Orthopaedic Centre (SWLEOC)  
Epsom General Hospital (EGH) – Elective surgery  
St Helier Hospital (StH), Carshalton– Trauma

# Team

Miss Andrea Sott - Consultant Orthopaedic / Foot and Ankle Surgeon / Clinical Director

Mr Paul Hamilton - Consultant Orthopaedic / Foot and Ankle Surgeon

Mr Namal Perera - current BOA Fellow

2 Specialist Registrars (South-West Thames London rotation)

FY2 doctor at StH

Sun Yeong - Specialist Nurse

Sarah Hill - Post-op / Senior Sister OPD

James Hendry – Orthopaedic Technician / Shockwave therapy / plaster room

Theresa Seery- Orthotist

Bespoke orthoses – Arun Bhargava, Podiatrist

Diana Blane - Private Secretary to Miss Sott - 0208 3354502

Diana.blane @spirehealthcare.com

Philippa Bevan - Private Secretary to Mr Hamilton

Barbara Stevens - PPC/Secretary- 01372 735096 - [barbara.stevens2@nhs.net](mailto:barbara.stevens2@nhs.net)

Dr Dhafer Deeab - F&A Radiologist

# Consultant Profile

## Miss Andrea Sott, MBBS, FRCS (Tr&Orth)

Miss Sott (AHS) is a Consultant Orthopaedic Surgeon and Clinical Director for the Trauma and Orthopaedic Unit at Epsom & St Helier NHS Trust. After graduating from medical school in Germany Miss Sott completed 10 years of basic and Higher Surgical Orthopaedic Training on the SW Thames Training Programme, London. She entered the GMC Specialist Register as a fully specialty qualified Orthopaedic and Trauma Surgeon in 2004, when she joined Epsom & St Helier University Hospitals.

Her specialist interest in Foot and Ankle Surgery and Trauma was developed further through Fellowships in Germany and the USA, and clinical visits to France, Switzerland and around the U.K. to learn special surgical techniques.

Since 2011, Miss Sott has actively trained in Minimally Invasive Techniques (MIS) to treat Foot & Ankle conditions with several publications on patient reported outcomes. Her many publications in peer reviewed journals and in North American Foot & Ankle clinics include several papers and chapters on Trauma, Foot & Ankle Surgery and MIS in forefoot surgery. Miss Sott continues to be active on a full trauma rota.

She is a member of the Royal College of Surgeons of England, the British Orthopaedic Association, and both the American and the British Foot and Ankle Surgery Societies. She has published several papers in her field and outcomes of her foot / ankle operations have been presented at BOA, BOFAS and EFORT meetings.

Miss Sott is a Senior Examiner for FRCS (Tr and Orth), and was Surgical Tutor for the Royal College of Surgeons, London. She now works as an Assessor on Consultant Appointment Committees, representing the Royal College of Surgeons, and regularly attends Standard setting meetings for the Intercollegiate Examination Board of Examination, Edinburgh. As Course Director, she ran the 7<sup>th</sup> BOFAS Principles Course in 2014 in London. She is an active and enthusiastic trainer (junior doctors and allied professionals), and is AES and CS for several trainees of all tiers. In 2015 she became mentor and primary host to the BOA Clinical Leadership Programme for post CCT F&A fellows.

Affiliations: BOA; BOFAS; Royal College of Surgeons Eng; JCIE; AOFAS; AO; GRECMIP; EFAS

# Consultant Profile

## Mr. Paul Hamilton, MBBS, FRCS (Orth)

Mr Hamilton (PH) is a Consultant Orthopaedic Surgeon at Epsom and St Helier NHS Trust with a special interest in all adult foot and ankle surgery. He graduated from St Bartholomew's and the Royal London Hospital Medical School and completed his higher surgical training in 2009 in the UK. During this period he undertook a sports foot and ankle fellowship at Basingstoke General Hospital and a further foot and ankle fellowship at Guys and St Thomas' as well as a travelling fellowship to Boston, USA. Having completed his training, he went on to Addenbrookes's Hospital, Cambridge for a further year of specialist training in trauma and foot and ankle surgery. He has a postgraduate diploma in Trauma and Orthopaedics.

Mr Hamilton has presented and published research in orthopaedics throughout the world. He has a keen interest in teaching and training and is currently both an educational and clinical supervisor. He lectures and teaches to students, primary care and colleagues at both local and international meetings.

He undertakes all surgical procedures of the ankle, hindfoot, midfoot and forefoot, including arthroscopic procedures. Conditions treated include: hallux valgus correction, forefoot reconstruction; degenerate, traumatic or inflammatory midfoot and hindfoot conditions; tendon and ligament disorders; ankle instability and arthritis; foot and ankle sports injuries

### Affiliations:

British Orthopaedic Foot and Ankle Surgery Society

BOA

BMA

Royal College of Surgeons of Edinburgh

# Timetable & Duties (from Feb 2018)

Weeks 1 and 3								
Mon		Tues		Weds		Thurs		Fri
AM	PM	AM	PM	AM	PM	AM	PM	All Day
<b>AHS</b> Trauma STH (3) <b>DN</b> Theatre (1) (EOC)		Ad-hoc list / OPD	<b>PDH</b> OPD (EGH)	<b>AHS</b> OPD (StH)	<b>PDH /</b> <b>AHS</b> OPD (StH)	Admin / Research QIP CPD		<b>PDH</b> Theatre (EOC)
<b>PDH</b> Diabetic OPD /								
Weeks 2 and 4								
Mon		Tues		Weds		Thurs		Fri
All Day		AM	PM	AM	PM	AM	PM	All Day
Admin / Research QIP		EOC AHS list	PDH OPD (EGH)	<b>PDH</b> Trauma (StH)	<b>AHS</b> OPD (EGH)	Fellow LA list (EGH)	Fellow list/ OPD (EGH)	<b>PDH</b> Theatre (EOC)
On call 1:6 weekend cover for junior ST3								

Key:

AHS – Andrea Sott

PDH – Paul Hamilton

DN – Dominic Nielson

EGH – Epsom General Hospital

StH – St Helier Hospital, Carshalton

EOC – South-West London Elective Orthopaedic Centre (Epsom)

# Operating Theatres and Clinics - overview

The Fellowship at Epsom and St Helier Hospitals aims to prepare you for life as a Consultant Orthopaedic Foot and Ankle Surgeon. To that end, it offers a broad range of experience in terms of elective case-mix and sub-specialist trauma.

Most of your time will be spent at EGH for elective clinics and operating (at SWLEOC). After an appropriate induction period, it is possible to arrange weekly parallel or independent operating sessions following discussion of caseload with the consultants. The majority of the workload is forefoot, although there is adequate exposure to midfoot and hindfoot reconstruction procedures.

You will see new patients in the clinics, and perform and assist in cases under supervision in theatre. There is opportunity to review the operating lists with the waiting list office and make sure they are appropriately filled. Cases may be discussed at a fortnightly Wednesday lunchtime meeting.

Independent operating lists and clinics are an important part of the fellowship. Some flexibility in the timetable allows the fellow to undertake some independent practice, and the department is receptive to new ideas.

Maintaining trauma skills is essential for consultant practice so we believe that the weekly trauma sessions are valuable. There is some sub-specialty allocation of trauma cases, which means you will have exposure to fixation of calcaneal, talus and Lisfranc fractures. Currently there is a small on-call commitment, working 1 in 6 weekends (Saturday or Sunday).

We hope you will enjoy your time with us and make use of all the training, management and educational opportunities that this fellowship has to offer.

A sound knowledge of foot and ankle pathology and procedures is expected (minimum FRCS level) as well as a certain standard of operative competency (PBA requirements for CCT).

The timetabled clinics are of educational value. You will usually work independently, but be expected to discuss all complex cases and those that need surgical intervention.

Several parallel clinics run alongside the Consultants' clinics. Sun Yeong, the current surgical scrub practitioner /senior post-op nurse, is an integral part of the team and runs a postoperative clinic as well as contributes all PROMS and maintains databases. She can provide feedback on your post-operative patients. A physiotherapist clinic runs alongside Mr Hamilton's on Tuesday.



# BOA Clinical Leaders Programme

For the past 3 years, Epsom and St Helier Trust has been a host centre for the British Orthopaedic Association's Clinical Leadership Programme (CLP). It aims to develop current and future orthopaedic consultant leadership capability for the NHS, and "accelerate service transformation and quality improvement within and across orthopaedic services through proactive clinical leadership".

The CLP focuses on leading improvement and transformation in Orthopaedics through a number of areas such as *improving quality and safety, driving efficiencies and productivity and integrated partnership working and integrated care*. The programme is delivered through a combination of master classes, tutorials and coaching sessions. It uses core skills in improvement methodology. There four two-day modules, which take place in Newcastle, covering:-

1. *Leadership effectiveness*: leadership development plans, coaching objectives, personal impact, coaching for improvement, aligning clinical and managerial agendas
2. *The context for improvement in Orthopaedic services*: leading safety, reducing harm, the human factors, quality and efficiency, patient experience and expectations, innovation and new approaches in Orthopaedics, NHS policy context, Trust strategy and improvement agenda
3. *Quality improvement tools and methodology*: principles of Quality Improvement, LEAN methodology, process review and redesign, demand management, workforce planning, measurement of improvement, statistical process control, creativity tools, problem solving tools, project management
4. *Inspirational leadership*: leading teams, engaging and motivating colleagues, influencing, leading change, negotiating, difficult conversations

The fellow will undertake a one-year development plan to deliver a significant innovation / quality improvement project related to their Trusts strategic change agenda and improvement of Orthopaedics services. The Trust contributes two-thirds of the total cost of the CLP. The remainder is payable by the fellow and, for an extra £485, it is possible to "upgrade" to a Level 7 (Masters Level) qualification in Strategic Management.

<https://www.boa.ac.uk/training-education/boa-clinical-leaders-programme>

# Management & Administration

Management issues are part of life as a new consultant. The fellow may be asked to undertake certain administrative duties such as booking clinics and extra operating sessions. The fellow should also manage referral. The Unit takes some tertiary foot and ankle trauma referrals and sometimes it is the fellow's job to coordinate the referral pathway for these patients.

Epsom and St Helier Trust pay the Fellow's salary. The job carries a 1A banding for the oncall commitment (1 in 6 weekends, Saturday or Sunday).

Annual leave is arranged through the employee online system. Please inform the consultants and waiting list clerks, so that clinics and operating lists may be adjusted accordingly. A minimum of 6 weeks' notice is required for all leave requests.

We encourage you to take study leave for appropriate courses, conferences and symposia. The department allows leave for the four 2-day study module as part of the BOA Clinical Leaders Programme.

Expenses – fellows will be financially supported to attend their mandatory modules by reimbursing travel and accommodation costs following a formal study leave application via the service manager Sofia Anjos/Ryan Moore.

For further information or queries regarding leave or terms and conditions of employment, please contact the Human Resources / Medical Staffing Department.

## Educational and Research

The unit has a firm emphasis on teaching. There are a number of foot and ankle meetings throughout the year, attendance at which is encouraged.

- Regional case based meeting: SAS – Surrey Ankle Surgeons group
- Teaching on BOFAS Principles
- BOFAS Annual Conference, November.

During the fellowship it is expected that you will achieve a high level of basic science knowledge in foot and ankle pathology through reading and targeted research. You will be expected to take part in existing clinical research projects, and to undertake new original clinical-based projects also.

Each fellow should aim to complete one original research project that is suitable for publication in a peer-reviewed journal. The QIP is expected to be published at the annual BOA conference. The fellow is expected to liaise firmly regarding all national trials and local PROMS / BOFAS registry and outcomes/audits with the research nurse, the Trainee and the consultants fortnightly.

## Current Projects

National trials: in 2016, the unit joined the UKSTAR trial, looking into the management of Achilles Tendon injury. We are now looking to become a primary recruiter into the AIR UK trial.

A large database with patient scores is available. It is available Trustwide in the “Foot and Ankle” folder within the shared drive. Data for the BOFAS arthrodesis registry is also collected. Current audit is looking at patient reported outcomes after midfoot arthrodesis.

Over the past 12 months the F&A Unit has become principal investigation site for UKSTAR NIHR trial and are setting up to recruit for AIRUK NIHR and further multicentre research projects.

## Past Publications

### [Minimally Invasive Arthrodesis of 1st Metatarsophalangeal Joint for Hallux Rigidus.](#)

Sott AH.

Foot Ankle Clin. 2016 Sep;21(3):567-76. doi: 10.1016/j.fcl.2016.04.009. Epub 2016 May 24. Review.

### [Cheilectomy for Hallux Rigidus.](#)

Razik A, Sott AH.

Foot Ankle Clin. 2016 Sep;21(3):451-7. doi: 10.1016/j.fcl.2016.04.006. Epub 2016 May 24. Review.

### [<sup>99</sup>mTc-HDP SPECT-CT Aids Localization of Joint Injections in Degenerative Joint Disease of the Foot and Ankle.](#)

Parthipun A, Moser J, Mok W, Paramithas A, Hamilton P, Sott AH.

Foot Ankle Int. 2015 Aug;36(8):928-35. doi: 10.1177/1071100715579263. Epub 2015 Mar 30.

### [The effect of ankle joint immobilization on lower limb venous flow.](#)

Craik JD, Clark A, Hendry J, Sott AH, Hamilton PD.

Foot Ankle Int. 2015 Jan;36(1):18-23. doi: 10.1177/1071100714552823. Epub 2014 Sep 23.

### [Minimally invasive arthrodesis of the first metatarsophalangeal joint for hallux rigidus.](#)

Fanous RN, Ridgers S, Sott AH.

Foot Ankle Surg. 2014 Sep;20(3):170-3. doi: 10.1016/j.fas.2014.03.004. Epub 2014 Apr 2.

### [Financial aspects of arthroplasty options for intra-capsular neck of femur fractures: a cost analysis study to review the financial impacts of implementing NICE guidelines in the NHS organisations.](#)

Horriat S, Hamilton PD, Sott AH.

Injury. 2015 Feb;46(2):363-5. doi: 10.1016/j.injury.2014.05.014. Epub 2014 Jun 5.

### [The diagnostic value of single photon-emission computed tomography bone scans combined with CT \(SPECT-CT\) in diseases of the foot and ankle.](#)

Singh VK, Javed S, Parthipun A, Sott AH.

Foot Ankle Surg. 2013 Jun;19(2):80-3. doi: 10.1016/j.fas.2012.11.002. Epub 2012 Dec 29.

### [Ankle block in forefoot reconstruction before or after inflation of tourniquet--Does timing matter?](#)

Singh VK, Ridgers S, Sott AH.

Foot Ankle Surg. 2013 Mar;19(1):15-7. doi: 10.1016/j.fas.2012.08.005. Epub 2012 Oct 4.

### [Computer assisted pelvic surgery: registration based on a modified external fixator.](#)

Hüfner T, Geerling J, Kfuri M Jr, Gänsslen A, Citak M, Kirchhoff T, Sott AH, Krettek C.

Comput Aided Surg. 2003;8(4):192-7.

### [Impact of intramedullary instrumentation versus damage control for femoral fractures on immunoinflammatory parameters: prospective randomized analysis by the EPOFF Study Group.](#)

Pape HC, Grimme K, Van Griensven M, Sott AH, Giannoudis P, Morley J, Roise O, Ellingsen E, Hildebrand F, Wiese B, Krettek C; EPOFF Study Group.

J Trauma. 2003 Jul;55(1):7-13.

[The influence of biomaterial on patterns of failure after cemented total hip replacement.](#)

Sott AH, Rosson JW.

Int Orthop. 2002;26(5):287-90. Epub 2002 Aug 2.

[Increasing age does not affect good outcome after lumbar disc replacement.](#)

**Sott AH**, Harrison DJ.

Int Orthop. 2000;24(1):50-3.

[Base of the fifth metatarsal fractures, an unusual presentation.](#)

Smith AL, Khan F, **Sott A**.

J R Army Med Corps. 1997 Feb;143(1):51-2. No abstract available.

[Financial aspects of arthroplasty options for intra-capsular neck of femur fractures: a cost analysis study to review the financial impacts of implementing NICE guidelines in the NHS organisations.](#)

Horriat S, **Hamilton PD**, Sott AH.

Injury. 2015 Feb;46(2):363-5. doi: 10.1016/j.injury.2014.05.014. Epub 2014 Jun 5.

[Thromboprophylaxis in elective foot and ankle patients--current practice in the United Kingdom.](#)

**Hamilton PD**, Hariharan K, Robinson AH.

Foot Ankle Surg. 2011 Jun;17(2):89-93. doi: 10.1016/j.fas.2011.02.004. Epub 2011 Apr 9.

[Current concepts review: regional anesthesia for foot and ankle surgery.](#)

Pearce CJ, **Hamilton PD**.

Foot Ankle Int. 2010 Aug;31(8):732-9. doi: 10.3113/FAI.2010.0732. Review. No abstract available.

[Surgical anatomy of the proximal release of the gastrocnemius: a cadaveric study.](#)

**Hamilton PD**, Brown M, Ferguson N, Adebibe M, Maggs J, Solan M.

Foot Ankle Int. 2009 Dec;30(12):1202-6. doi: 10.3113/FAI.2009.1202.

[Sciatic nerve blockade: a survey of orthopaedic foot and ankle specialists in North America and the United Kingdom.](#)

**Hamilton PD**, Pearce CJ, Pinney SJ, Calder JD.

Foot Ankle Int. 2009 Dec;30(12):1196-201. doi: 10.3113/FAI.2009.1196.