

## Extended surgical team

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## **Question of balance report**



- Explored new models of providing surgical inpatient care
- To gain a better understanding of the potential roles of practitioners within the EST
- Report challenged the status quo that doctors in training should be the default providers of frontline medical services
- Explored experiences of case study sites where non-medical staff are, with the right training, providing medical services to patients
- Recommendations as to how they could be integrated into surgical care for the benefit of patients, surgical trainees and the service

## **Methods**



### **Trainee Survey**

- FY1, FY2 & Core trainees
- Workload
- Work Type

# **Specialty Associations Survey**

• Role of the extended Team

### **Case studies**

- Visit selected units
- Examples of good practice

### **Case studies**



### Aintree:

- **Anaesthetics**
- Colorectal

### Birmingham:

**OMFS** 

### Cardiff:

- Vascular
- **General Surgery**
- Urology

### **Cheltenham:**

Vascular

### Newcastle:

Cardiothoracic









# London (St George's)

Norwich

### Ashford:

- Colorectal
- Urology

### **North Tees:**

- **General Surgery**
- T&O
- Urology

### Norwich:

- **Anaesthetics**
- **T&O**

### London (St. George's):

- **Breast**
- **ENT**
- Neurosurgery
- **OMFS**
- **Paediatric**
- **Plastic**
- **T&O**
- Urology

## Who are the extended surgical team?





## New models for delivering care



- Experiences of these sites were overwhelmingly positive:
  - Better continuity of care for patients
  - Greater efficiency of discharge and in theatres
  - Smoother running clinics
  - Enhanced surgical training
- Also identified some challenges around making this work:
  - Accountability
  - Career progression
  - Governance
  - Sustainability

## Recommendations



- Seven recommendation areas:
  - Promoting the potential of the extended surgical team
  - Developing standards to support the extended surgical team
  - Defining the College's relationship with non-medical practitioners
  - Supporting surgeons as 'champions of change'
  - Supporting doctors in surgical training
  - Examining the implications for workforce planning
  - Understanding patients' perspectives

## 2016-2017 Extended Surgical Team project



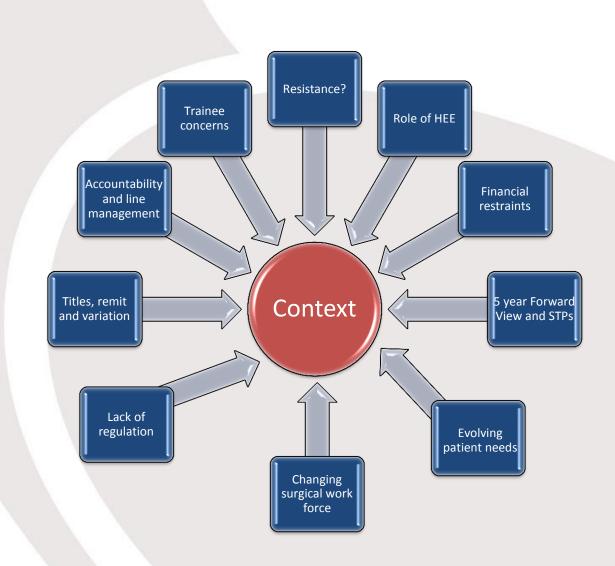
- RCS is committed to supporting and developing members of the extended surgical team
- New products based around recommendations from the Question of Balance report

## **Project aims**



- Ensure high-quality continuous care for surgical patients through best use of the whole team
- Support surgeons in the development, management and leadership of the extended surgical team
- Develop the identity of extended roles as part of the surgical team/profession
- Maintain high standards of training for trainees
- Provide clarity about roles and remit
- Support employers to maintain service delivery
- Promote the potential of the extended surgical team and increase support
- Understand patient perspectives





## **Key stakeholders**



RCS Royal EST Patients/Lay Colleges/Prof Members profession reps and Fellows Associations Trusts and HEE Regulators Trainees **Employers** Speciality NHS bodies advisory committees



Workstream	Target date
Determine potential for a professional home within the College	Summer 2017
Patient focus groups and reports	Summer 2017
Guidance toolkit including key principles, roles and scope of practice, how to introduce extended team roles, clinical governance, templates – business case, job descriptions, job plans etc	Autumn 2017
Online information about the roles, what they do and what this means for patient care	Autumn 2017
Product launch	Autumn 2017
Promote the potential and increase support	Ongoing
Measure the impact of the project and the products	Autumn 2017 and beyond



# www.rcseng.ac.uk/est