

## Extending the Surgical Team Pilot 2020-2021 Application form

Please submit **one bid per trust**, giving details of existing facilities and/or plans in place to deliver and support for training.

Answer each question below, attaching supporting evidence (*including details of job plans of the supervising AES, duty rotas, and the surgical care team*) to demonstrate how each criterion will be met, noting where support may be required. There is a free text box at the beginning of the application to submit a pilot proposal, and subsequent specific follow up questions. Some follow up questions may be covered in your initial pilot proposal, if this is the case, please state '*see pilot proposal above*'.

Application forms and any supporting evidence to [REDACTED] by 30<sup>th</sup> November 2020. We appreciate that this is a challenging time for trusts, and if extensions are required, we will consider on a case by case basis.

### General information

Name & Contact Information of person responsible for application	[REDACTED]
Trust	[REDACTED]
Hospital	[REDACTED]
Specialty & Sub-Speciality for EST pilot site	Division of Surgery – to include General Surgery, Orthopaedics, ENT, Neurosurgery and Obstetrics and Gynaecology
Deanery / HEE Local Office	[REDACTED]

## EST Pilot Proposal

Please include details of your pilot proposal, including the 'vision' for EST within your trust, and the benefits to patients, staff and service delivery you feel EST would bring. This should also include details of the EST model you are proposing to pilot, the amount you are bidding for, and the measurable deliverables you hope the pilot will achieve. A proposed three-year budget is recommended to be included.

We would welcome the support from HEE to become an exemplar pilot site for the introduction of an extending surgical training program, demonstrating the value and versatility of a non-medical workforce in supplementing our existing surgical team. This work, training structure and support is closely linked to our success with the IST as a pilot site and we wish to demonstrate the complementary nature of non-medical practitioners in the wider surgical team for the benefit of all trainees and ultimately enhance patient care in our Trust in line with the RCS publication 'A question of balance – the Extended Surgical Team'.

Coronavirus has had a significant impact in surgical training as evidenced by the recent GMC training survey and it is likely this impact will have far-reaching implications if alternative or new models of care are not considered with training the next generation of surgeons as a paramount. We propose the introduction of EST to support and enhance continuity of care of surgical inpatients, provide role models and support to the tri-annual influx of Foundation Year 1 doctors and increasing the access to theatre and training for IST and core surgical trainees through shared on-call commitments and complementary training goals. Our trainees will be taught the importance of the vital roles our EST play, whom will be fully integrated into surgical team and training program such that training and education will work both ways. There are many things each group can learn from each other and they will share senior clinical Educational Supervisors to support this.

We propose our bid to secure funding to demonstrate how a successful extended surgical training programme can be introduced and sustained to complement an existing dedicated surgical training programme comprising trainees from CT, IST and HST, for the benefit of all. Our Trust has a progressive multi-disciplinary team approach to surgical education and patient care, with a keen interest in supporting trainees from both medical and non-medical backgrounds as evidenced by the gradual introduction of doctors' assistants (physician associates), advanced clinical practitioners and clinical nurse specialists, largely at one site. This introduction has not been done in coordinated fashion, however, although we have had successful cases of career progression in reflection of the Trusts value to support training for all staff. The existing non-medical surgical workforce is based at Hospital and will offer an immediate community of knowledge and experience for our new EST recruits at the pilot site.

We wish to demonstrate a valued and accredited training pathway for non-medical staff and a surgical model for the management of trainee rotas, theatre exposure and clinics or specialist investigations such as endoscopy with the introduction of a EST program at our 'green site', where elective activity has been optimised in response to the Covid pandemic.

Our Trust encompasses two main sites – with a patient population of 850,000 and 900 bed capacity. A diverse range of surgical specialties is covered across these sites including Orthopaedics, Neurosurgery, ENT, MaxFax, Urology, Vascular and General Surgery. The EST recruits will have access to all these specialties and care for elective patients across the surgical spectrum.

Our surgical team at [REDACTED] comprises Doctors Assistants, Advanced Nurse Practitioners, Foundation Years doctors, School of Surgery doctors equivalent to Core trainees, IST trainees, HST registrars, ISTP trainees and Fellows. The extended surgical team has been well established at one site and a culture of support and inclusiveness inculcated. Since the onset of the Covid-19 pandemic, the core surgical teams of doctors have become increasingly

integrated across both hospitals, whilst maintaining the essential firm structure with the creation of a protected 'green site' that allows all specialties to continue operations and training without the threat of bed loss from the yearly pressure of winter hospital admissions, compounded by the Covid crisis. This is a ripe training opportunity bereft of EST at present and clearly there is an acute need to expand our EST workforce through the recruitment and training of additional personal in the extended surgical team to work in an elective surgical setting covering all surgical specialties in our Division.

Non-medical personnel have a unique perspective on patient care given their training backgrounds and we have used our EST at site as an invaluable and reliable workforce, maintaining an organised surgical firm and work well with their nursing colleagues on the wards. This has led to improved communication between disciplines with clear benefit in patient pathways and patient care. This works both ways and our trainees have always been encouraged and empowered to escalate concerns to senior clinicians, nurses and Consultants to ensure the patients receive the best possible care. Weekend ward cover has been enhanced through the addition of EST to support ward rounds and arranging urgent investigations.

It is our proposal to introduce a similar culture and workforce through recruitment and training of additional ACPs at site. They will work alongside our existing surgical team and benefit from the lessons learnt and knowledge of training pathways with our existing ACPs. It is hoped they can learn from, and support each other and will have opportunities to rotate into different specialties, including the option of theatre and operations, endoscopy or specialised clinics like our 'hot' clinic that takes the pressure off acute investigation and management from A&E. Since the introduction of ACPs and doctors assistants we have been able to start new services such as the surgical post-op wound review clinic that relieves the burden of suture and clip removal from the community and provide easy access to the surgical team in event of complications or surgical site infections. Our Trust already has an established culture of support and integration of allied professionals with ACPs and doctors assistants in medicine and A&E, which offers a wider community that our pilot trainees will have access too.

It is clear that surgical training will continue to be a streamlined and focused apprenticeship where many of the traditional doctor roles will be shared by allied professionals as part of the vision of Extended Surgical Training to support patient care and enhance training for all. We will be looking for motivated and innovative candidates that can achieve success through a supported training programme from both Consultant Educational Supervisors and Nursing Matrons. They will become the leaders to inspire the next generation of extended surgical trainees and therefore require supervision, support as already established and encouraged to take study leave and attend National conferences and training programs to further develop the Trusts' and their own profiles with funding from a successful bid held specifically for study leave to encourage such development.

#### *EST model –*

3 ACPs full-time (band 8a), with additional 2 trainee ACPs (offering band 7) taken from existing nursing workforce to support a ward cover rota in combination with 2 Foundation Year 1 doctors and 2 senior house officer doctors during the day for 7 day / week. The surgical ward manages elective pre and post-operative patients only (no emergencies due to the Covid-secure nature of the ward) across all surgical disciplines already outlined.

Consultant-led daily ward rounds occur for each specialty with daily registrar support on a rotational basis. There is access to a green high dependency ward and intensive care consultant on call with full emergency medical team back up as required in event of a deteriorating surgical patient. Full radiology investigational and interventional services are available with permanent access to a 24/7 on call surgical team at site and a separate team at site.

Daily access to theatre and / or endoscopy will be encouraged dependent on the individual ACP training needs and goals. They will have an allocated Consultant Educational Supervisor [redacted] to nominate [redacted] given [redacted] background in surgical education for 2 trainees and the remaining will be offered [redacted], [redacted] or [redacted] as appropriate – all of whom are qualified and experienced educational

supervisors with a firm interest in education and training). Their line manager will remain [REDACTED] Lead Nurse for the Division of Surgery, who already manages the existing ACP cohort at site.

The ACPs will have the same protected access to the surgical department teaching as all trainees including the existing ACP. This is provided virtually through Starleaf and also in a socially distanced lecture theatre at our Education centre on a weekly basis. This comprises 1 hour General Surgical Teaching, 1-2 hours Foundation Year 1 surgical teaching, 1 hour journal review club and 24/7 access to surgical simulators at both sites.

Trainee ACPs would be supported and taught by the existing ACP cohort on a rotational basis to gain a breadth of experience, mimicking the traditional surgical training model we are all familiar with. It is hoped that a successful training program would result in a high level of staff retention and opportunities for individuals to continue their career progression to a nurse-Consultant post if they demonstrate sufficient drive and aptitude.

Assessment of training will evolve as the SACP curriculum is developed and will begin with by emulating the format of surgical trainees using the ISTP, with multiple source feedback and individual Consultant assessments of competency and a minimum 6-monthly review of training goals and achievements. As EST Lead for the Trust I would be responsible for ensuring Education Supervisors are appropriately trained and supported in collaboration with HEE. I believe my experience as an IST supervisor and close working relationship with my colleague [REDACTED], IST pilot Lead and Core Training TPD provides a unique insight into the EST program and how it can be integrated to IST for mutual benefit.

The roles and responsibilities of our ACP trainees, including accountability, scope of practice, training and progression is included in the attached document (Band 8a ACP job description) authorized by the Trust. This has been written specifically for the recruitment of Band 8a ACPs in surgery for the EST pilot scheme.

Our bid is for the proposed offer of £100,000, which will be used for the creation and introduction of a fully integrated EST program at site. Some of the funds would go towards the salaries of these individuals, although our Trust has financially committed to the funding and retention of the staff mentioned to ensure the success of the project. £10,000 would be protected for the educational and supervision needs of our trainees, including a study budget for attendance at courses and conferences.

The success of our pilot scheme will be measured against the achievements of the individuals recruited and the successful integration into our surgical firms as evidenced by participation in National and local audit, quality improvement projects and the introduction of new and valued services where appropriate. If our pilot achieves the goals it intends then the Trust anticipates protecting and expanding this workforce across the Division of Surgery with implications for other specialties.

The annual cost for 3 ACP at Band 8a is [REDACTED], with additional 2 trainee ACP at Band 7 is [REDACTED] - funding has been approved in principle by the Trust for a total of 5.2 WLE ANP (Band 8a) covering [REDACTED] per annum, which will allow potential retention of the additional 2 trainees when fully qualified. This funding is based on the principle that the alternative increased staffing costs to support the Green site surgical pathway at site would involving recruitment of SHOs at approximately the same salary, however, this would likely involve locums. Clearly EST ACPs are a superior choice as they will improve the quality and continuity of patient care, be a reliable and stable workforce and reduce the costs of locum salaries. When introduced correctly their training needs will compliment that of the Foundation Years doctors and ISTs such that HEE requirements are met or even exceeded. Clearly the one off funding from HEE will help offset the costs of salaries to the department, but are also intended to be used for the trainees to access study leave and a training budget to pursue particularly career goals as mentioned in the proposal.

## Provider Engagement

<p><b>Please demonstrate previous relevant engagement with/ knowledge of IST and EST</b></p>	<p>Our Trust is a pilot site for IST in General Surgery and in its third year of training. All our trainees graduated from IST2 into HST having achieved success in publications and presentations at a National Level and reflect the values of training in our Trust. The IST Lead, [REDACTED], has since become Core TPD for our region and works closely with [REDACTED], proposed EST Lead, as [REDACTED] has shared the introduction and creation of training rotas and supervision in IST. This work, led by one of our trainees and combining national trainee feedback has been presented to HEE and ASiT.</p>
<p><b>Please demonstrate how the IST and EST culture is/ will be embedded within the department</b></p>	<p>The pilot proposal outlined above lists our Trusts support and involvement in both surgical and non-medical training and career progression. Our continued involvement in the successful IST pilot and incorporation of ACP and doctors assistants in one of our hospitals shows the surgical departments willingness to engage and support our trainees.</p>

## Provider Readiness

## Advancing the Extended the Surgical Team (EST): Next Steps 2020-21

<p><b>Please provide evidence of a workforce review and need for EST. This should be linked with service delivery (and IST if already in place).</b></p>	<p>The introduction of a green site at site for all elective surgical activity (and the utilisation of private health care providers for NHS clinics and theatre activities) has greatly stretched our existing surgical workforce. We have a total of 4 ACP, 3 doctors assistants, 19 FY1, 21 SHOs and 19 Registrars across the Trust in the department of General Surgery, covering Vascular, Breast, Upper and Lower GI surgery. In order to provide 24/7 cover at the elective green site and emergency cover at both hospitals [REDACTED] we are under-staffed and recognise the negative impact this has on training. We have therefore identified the need for 5 further positions (ACP) to support the rota and training as outlined in the proposal above.</p>
<p><b>Please demonstrate how the workforce review aligns with IST/EST requirements.</b></p>	<p>Our current IST trainees have had to increase the number of on call shifts since the beginning of the Covid pandemic. They have been given similar protected access to and Consultant-led training in our dedicated 24/7 emergency theatre but the rota is limiting their access to elective surgery and clinic. The introduction of EST to supplement this workforce will allow more dedicated training sessions to be protected in their rota and enhance their training. They are also a valuable workforce, providing ideal role models to our proposed ACPs as part of the site EST pilot.</p>
<p><b>Two EST members are required as a minimum. Please state how many positions you will be bidding for including WTE, role and band.</b></p>	<p>We are bidding for 3 ACPs (Band 8a) and an additional 2 trainee ACPs (starting at Band 7) for a total of 5.2 WTE ANP (Band 8a).</p>
<p><b>Please include an existing or draft job plans for EST members to support this application (e.g. on call, OPD, ward &amp; intra-operative).</b></p>	<p>Band 8a ACP job description attached with this application.</p>
<p><b>Are you proposing to recruit new staff or train existing staff for the EST? Please add in whether these staff have been identified as internal, external, in post EST or trainee.</b></p>	<p>Train existing staff <input type="checkbox"/></p>
	<p>Recruit new staff for 3 ACP Band 8a (either internal or external candidates) <input type="checkbox"/></p>
	<p>Train and Recruit 2 ACP at Band 7 – identified internally. <input type="checkbox"/></p>

## Advancing the Extended the Surgical Team (EST): Next Steps 2020-21

<p><b>Please evidence training / recruitment requirement for EST.</b>  <b>If training, please evidence existing/ planned education arrangements with Higher Education Institutes.</b>  <b>If recruiting, please evidence business case for recruitment, including trainee EST job plans.</b></p>	<p style="text-align: center;">[REDACTED]</p>
<p><b>Please outline your organisation's governance for this EST pilot, including indemnity arrangements.</b></p>	<p>Our organisation's governance structure is identical to the existing arrangement for current ACP and doctors assistants already in post at the [REDACTED] site. The specific details are included in the attached document '8a ACP job description'.</p>
<p><b>Please state a named EST pilot lead within the organisation (£10k additional funding will be provided for this role with key deliverables outlined above)</b></p>	<p>[REDACTED], Consultant Colorectal and General Surgeon proposes [REDACTED] as the named EST pilot lead for the organisation and has direct support from [REDACTED] Clinical and Divisional leads. [REDACTED] has a strong interest in education with a Masters in Surgical Education with Distinction from Imperial College London. [REDACTED] runs the local surgical training program and has recently been appointed educational lead for the department.</p> <p>It is intended for the additional funding to support a dedicated 1 SPA in [REDACTED] job plan for the introduction and evaluation of the EST training and its impact on IST and other trainees / non-training grade doctors and non-medical staff at the Trust. This will cover the creation of progress reports and liaison to the HEE in addition to any training or support required to assist the other Educational Supervisors and Star workshops promoting EST.</p>

## Training and Supervision

<p><b>Please demonstrate how the EST members will have the same access to training and supervision as IST trainees (including time, quality and access to simulation).</b></p>	<p>The EST members will have the same access as our existing IST across both sites, namely 24-hour access to our surgical laparoscopic simulators in our training and surgical handover room at [REDACTED], and 24-hour access to the laparoscopic VR simulator always available in green theatres at [REDACTED]. There are post-graduate education centres with libraries and computer access at both sites.</p> <p>The EST training rota will follow the same model and requirements of IST with incorporation into the surgical firm with [REDACTED] and Consultant Clinical Supervisors in other specialties to support them and develop a range of skills.</p>
<p><b>Please demonstrate who will supervise the EST members and state the funding arrangements for this supervision.</b></p>	<p>Educational Supervision will be provided by senior clinicians – [REDACTED], Consultant General Surgeon and Education Lead for General Surgery as Educational Supervisor for the proposed new ANPs. 0.5PA in job plan for Educational Supervision, which includes his existing surgical trainees.</p> <p>We are also exploring the idea of encouraging the development of existing fully trained surgical ACPs on the other site as educators, through their deployment as supervisors for these new staff members.</p>
<p><b>Please identify any appropriate learning opportunities that will be available to EST members, including evidence of multi-professional education sessions and supporting statement from the Head of School.</b></p>	<p>Ward-based surgical management of elective patients across all surgical specialties at our green site. Theatre lists run 3 sessions daily for 6 days / week in all specialties to which our EST members will have complete access and no direct competition with respect to training needs and goals as the remaining trainee workforce is senior at IST or HST level.</p> <p>Weekly teaching sessions are delivered virtually via Starleaf and cover all specialties, Tuesday 8-9am. Medical student and FY1 teaching Wednesdays 1-2pm. Journal club for critical assessment of current literature Wednesdays 12-1pm.</p> <p>Multiple MDTs run on a weekly basis – cancer, complex polyp, pelvic floor, advanced colorectal cancer and IBD.</p> <p>Endoscopy simulators and training lists available with one of our ANPs already close to achieving Provisional JAG accreditation.</p>



## Workforce Future- Proofing

Please evidence the financial plan for this pilot, including two-year finance plan post 2021 if HEE recurrent funding is not available.	
Please evidence the job plan and training for the qualified EST member.	██████████, Consultant General Surgeon, Full time contract 10PA (8.5PA, 1.5SPA) Monday AM – WR, PM – clinic, Tuesday all day (3 sessions) – theatre, Wednesday AM – Colorectal MDT, PM – endoscopy, Thursday AM – clinic, PM – admin, Friday AM – SPA (proposed availability for EST Lead role)

## Receptiveness for Support

Please state your agreement to meet with local HEE EST/ IST leads and ambassadors on a regular basis.	Agree X <input type="checkbox"/>	<input type="checkbox"/>
Please state your agreement to submit progress reports to HEE national team (frequency and content to be mutually agreed).	Agree X <input type="checkbox"/>	<input type="checkbox"/>
Please state agreement to participate in HEE Star workshops to promote EST.	Agree X <input type="checkbox"/>	<input type="checkbox"/>
Please state agreement to be included in a report to showcase the findings from the EST pilot, and to be included in the wider IST evaluation report.	Agree X <input type="checkbox"/>	<input type="checkbox"/>

**Support for this application:**

Please include signatures or emails of support – in the event your site has a different structure, then please include support from colleagues who would be seen as a sensible equivalent level in terms of role responsibility, oversight and seniority.

Pilot site Head of School <i>(Please provide contact details)</i>	
Pilot site Medical Director or CEO <i>(Please provide contact details)</i>	
Pilot site HR/ Finance Director <i>(Please provide contact details)</i>	
Pilot site EST Pilot Lead <i>(Please provide contact details)</i>	