

The extended surgical team pilot: year 2



Health Education England's pilot is in its second year and will be focusing on digital technology and multiprofessional supervision. Gill Tierney tells us more.

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Health Education England (HEE) is leading on a project focused on the development of the new extended surgical team (EST).^{1,2} The EST is a trained multiprofessional team including consultants, trainees, staff grade, associate specialist and specialty (SAS) doctors as well as non-medically trained clinical staff. This team flexibly and comprehensively supports the entire surgical care pathway, in either an elective or emergency setting. The non-medical members of the EST can comprise advanced clinical practitioners, surgical care practitioners, physician associates and prescribing pharmacists. Members of the team are often developed in role (80% service, 20% training) in core skills, enabling the most advanced and

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experienced EST members to deliver service at a level equivalent to a surgical trainee at ST2/CT2 grade. This gives the EST maximum flexibility (especially in providing out-of-hours surgical care) and should allow the trainee surgeons in the team to access the most appropriate training opportunities.

BACKGROUND

The 2013 *Shape of Training* report was a review of all postgraduate medical education and training in the UK.³ It demonstrated a need for change in order to provide trainees with appropriate skills to match the needs of the population.

HEE commissioned The Royal College of Surgeons of England (RCS England) to investigate further how these findings might be applied to surgical training. Its proposal for a pilot surgical training programme, *Improving Surgical Training (IST)*, was published in 2015.⁴ A key recommendation of this document was that a non-medical workforce should be developed to deliver surgical care by supporting junior surgeons and in some cases, by sharing on-call responsibilities.

The following year, RCS England published its report on the EST, entitled *A Question of Balance*.⁵ This recognised that in order to improve care for patients and to enhance the training experience for

trainee surgeons, new models of care were required. The 2018 *Future of Surgery* document predicted that the 'multi-disciplinary and multi-professional surgical care team will become increasingly important in developing and delivering care of the highest quality. They will be able to provide more aspects of care and may take over some areas of surgical care currently delivered by surgeons.'⁶

The IST pilot is currently on pause. HEE has commissioned an independent evaluation of the IST pilot, which was published in May 2022.⁷ Early evaluation of the pilot has shown that access to the EST is a key part of the model and essential to success.

HEEST PILOT - YEAR 1

The HEEEST pilot started in September 2020. It was aimed at the new ESTs, which include consultants, doctors in training and SAS doctors, but the focus of this pilot was the role of the other, non-medical practitioner team members. It is recognised that to date, development of these practitioners has not been coordinated nationally. The project team consists of HEE staff, surgeons and EST members.

Following an application process, which concluded in December 2020, eight trusts across England were awarded funds to explore the development of the EST, to both improve workforce provision and enable the provision of surgical training. The applications described projects in trusts utilising EST members in a variety of clinical settings (both elective and emergency), and in various areas of surgical practice including general, trauma and orthopaedic, cardiothoracic and plastic surgery. There was a clear vision for the ongoing professional development, supervision and retention of the EST members.

The HEEEST pilot year 1 report was published in January 2022 and details the findings from the first year.² The EST pilot is a reproducible model that sees service improvement and added value for surgical units. An externally commissioned health economist has developed a return-on-investment tool to support surgical teams who are looking to demonstrate the economic return from investing in the EST staffing model.² Compared with usual practice, the EST is expected to generate value:

- for the health and care system, by providing a cost effective alternative to 'usual practice' staffing models, improved system efficiency, and improved workforce longevity and productivity;
- for surgeons in training, by enabling more time to focus on activities that promote training and learning;
- for EST advanced clinical practitioners, by providing opportunities for clinical career progression and skills enhancement.

HEEST PILOT - YEAR 2

The pilot is now in its second year, with the existing pilot sites being extended for a further year to enable embedding of the concept in the trusts. Two main developments are planned for this year: digital technology and multiprofessional supervision.

Digital technology

Plans for year 2 include the opportunity for EST members to share in a new online education programme aimed at core trainees. We also plan to explore further the use of digital technology, assessing whether this will enhance the effectiveness of the team (leading to a positive impact on retention), and allow for the transfer of 'best practice' across teams and sites. Lowering barriers to information should encourage alignment across the surgical team.

Multiprofessional supervision

HEE is establishing a new national programme of work looking at developing a supervisor workforce capable of managing trainee and clinician needs now and in the future. This programme will focus on establishing strategies to access appropriate multiprofessional supervision (MPS) across healthcare systems. MPS provides an innovative alternative to traditional profession specific supervision models and interprofessional education activities, providing flexibility in a pressured environment with finite supervisor resource.⁸ A recent study established consensus across a range of healthcare professions regarding a shared set of values and activities, which can be applied to healthcare educators.⁹

The EST pilot provides an opportunity to explore and test how MPS might improve access to and quality of supervision. The infrastructure in HEE and pilot site teams is already in place to support the development and delivery of this test of concept pilot. The aim of this work would be to explore the role of advanced clinical practitioners or senior EST members as clinical supervisors to foundation trainees. The MPS pilot plans to include a maximum of 18 trainees across the eight EST pilot sites. It is proposed that the clinical supervision for new foundation doctors would pilot from August 2022 for the first four-month rotation, and that the EST supervisor would be in addition to the allocated clinical and educational supervisors to mitigate any risk.

Pilot sites will continue to have the opportunity to meet through a series of network meetings to share service developments and good practice. A progress report including an assessment of the above interventions and the achievements from year 2 (with a focus on building the professional development of the EST to facilitate retention of staff) will be published in 2022–2023.

References

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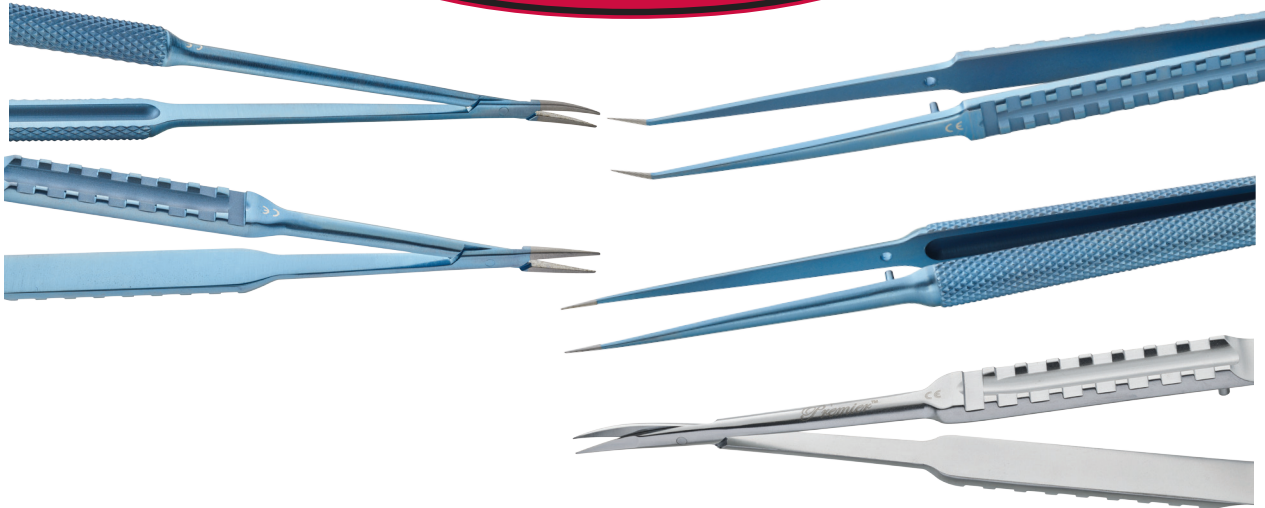
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