



# The Royal College of Surgeons of England

---

## **The consultant surgeon and the consultant-delivered service Position statement**

A consultant surgeon is a registered medical practitioner who has undergone approved training and acquired appropriate experience in a surgical specialty such as to allow entry on to the UK *Specialist Register* and who has been appointed by a recognised procedure such as an *Advisory Appointment Committee* to provide a surgical service as part of a clinical team. The consultant surgeon, in providing this service, is expected to manage the main condition of the patient, but recognise the need to call in others from the same or different specialties at his or her discretion; to delegate clinical and administrative responsibility at his or her discretion; and to act as the advocate of the patient in relation to their treatment and wellbeing.

The principle commitment for a consultant surgeon is the provision of a surgical service. As part of this, the consultant surgeon takes responsibility and accountability for the management of all or part of his or her clinical service; for the educational, training and other professional development needs of some or all of the members of that team including himself/herself; for the efficient and effective use of resources within that service; and for the further development of that service by outcome measurement, clinical audit and, where possible and relevant, research.

A consultant surgeon is not just someone who is capable of performing surgical procedures, whether common or complex, without supervision; nor just someone who works as such in a surgical team. The essence of a consultant, rather than any other category of surgeon, is the responsibility and accountability that he/she takes for the service provided and the role he/she plays in the managerial, educational, training, audit, research and developmental needs of that service.

The consultant surgeon is therefore central to the delivery of high quality surgical care by assuming overall responsibility for his or her practice within a defined area of clinical practice. The quality of care and the safety of the patient is the primary concern of the consultant during their treatment. In order

to allow surgeons to deliver this high quality service the College advocates a service that is consultant-delivered.

In a consultant-delivered service the consultant surgeon is clinically responsible for the care the patient receives during the course of treatment. The consultant will either deliver or closely supervise in the clinical setting all aspects of the care the patient receives. Care may be delivered by other members of the surgical team but only under the supervision of the consultant who is alert to the needs of the patient being treated at all times.

The College also believes that a consultant-delivered service must allow opportunities for the best possible training and the most effective use of human and material resources but not to the detriment of the quality of care delivered.

The College believes that a consultant delivered service is the best service for patients because it addresses the four following factors:

**Quality:** consultants are responsible for their own professional development and are at the forefront of service development based on the best clinical practice. This ultimately delivers a service that has quality at the centre and treats patients according to their clinical priority and long-term needs. Having the consultant surgeon directly responsible for the service strengthens day-to-day clinical direction and delivery of the service and ensures that potential clinical and quality issues are effectively addressed.

**Training the future workforce:** sufficient training opportunities have to be available to train the next generation of surgeons. Although numbers needed vary between specialties the future of the service will depend on the training of sufficient numbers of appropriately trained staff. A significant proportion of training can only be delivered in the clinical setting by appropriately-experienced consultants.

**Effective use of resources:** the requirement for consultant surgeons to be directly involved in all patient contacts maximises efficiency by reducing the number of hospital attendances and by ensuring the appropriate assignment of resources based on best clinical practice.

**Patient choice:** patients expect their treatment to be delivered by a named consultant surgeon who is responsible and accountable for their care. From the patient's perspective there are aspects of the consultant role that are almost intangible, but are extremely important and highly valued by them.

Particularly, the experience they bring makes them high-level decision makers, able to understand the complexities of illnesses in a way that those with less experience cannot. It is important for patients to know that a named consultant is in direct charge of their care, familiar with their case, and is their point of contact in case of any queries or concerns. There is a complexity about patient care which involves the interplay between patient psychology, medical status, history and family situation. This means that holistic care for the patient cannot easily be broken down into component parts. The bringing together of this expertise, knowledge and understanding is what the consultant represents to the patient.

### **Background references**

The role of the consultant, BMA (2008).

[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFroleofconsultant0708/\\$FILE/roleofconsultant0708.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFroleofconsultant0708/$FILE/roleofconsultant0708.pdf)

The CanMEDS Physician Competency Framework, The Royal College of Physicians and Surgeons of Canada (2005).

<http://rcpsc.medical.org/canmeds/>

Bentley L, Church J. Should our health service be consultant-led or consultant-delivered? *Ann R Coll Surg Engl (Suppl)* 2008; **90**:160-161.

February 2009