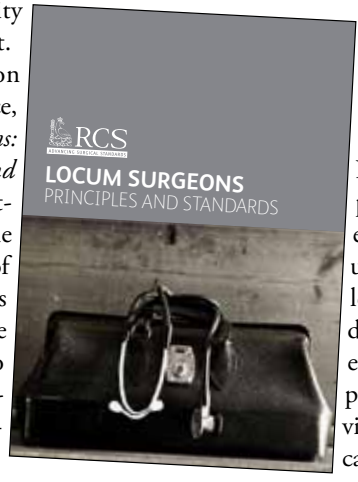
Locum surgeons should not be used to solve long-term staffing issues

Locum surgeons who perform a crucial role covering short-term leaves of absence and illness in hospitals must not be misused by the NHS to cover long-term staffing problems. This is the reminder from the Royal College of Surgeons as they publish new guidelines *Locum Surgeons: Principles and Standards*.

Currently, some locum consultant positions are being filled by clinicians who are not eligible to be called a consultant. The Royal College of Surgeons believes that all patients should be able to expect the same standard of care whether they are treated by a locum surgeon or a permanent member of staff. Only surgeons who are on the specialist register, or those within 6 months of completing recognized surgical training, are suitably qualified for locum consultant positions.

The guidance also recommends that trusts do not extend locum surgeon appointments for longer than 1 year, as long-term cover is best provided by fully qualified surgeons working in permanent posts that provide stability to a department.

Building on existing guidance, *Locum Surgeons: Principles and Standards* outlines what the Royal College of Surgeons expects of both the trusts who employ the services of locums – either directly or through agencies – and of locum surgeons themselves. Employers have a responsibility to check the qualifications and skills of locum surgeons and ensure that individuals are aware of local policies and procedures.



Mr Chris Milford, author of the document and Royal College of Surgeons Council member said: 'Locum surgeons perform an essential role within the NHS, covering periods of expected and unexpected leave or high demand to ensure that patients are provided with surgical care.'

He went on to say: 'This guidance reminds trusts, locum agencies and locum surgeons that they should be complying with standards the Royal College of Surgeons expects of all surgeons, including participating in outcome reporting and preparations for revalidation.'

Mr John Black, President of the Royal College of Surgeons said: 'Locum surgeons are supposed to be employed to cover short-term absences in hospitals, but with the added pressure on surgical rotas caused by the European Working Time Regulations, the NHS is being forced to seek out alternative solutions in order to plug long-term gaps. The result is that some NHS hospitals are being staffed by inappropriately qualified or inexperienced locum surgeons.'

Improving consistency of care for patients with advanced bowel cancer

People in some parts of the UK are dying prematurely from advanced bowel cancer in what appears to be a postcode lottery for accessing treatment and specialist support (Morris et al, 2010).

A new pathway from the charity Beating Bowel Cancer, *Treating Liver Metastases: Saving Lives*, aims to tackle these variations by standardizing the procedures for multidisciplinary team assessment and treatment planning for patients with liver metastases.

Around half of the 40 000 new cases of bowel cancer each year are diagnosed with advanced stage disease. Patients with stage IV bowel cancer which has metastasized have just a 7% chance of survival to 5 years after diagnosis. However, it is increasingly possible to successfully treat patients with metastases which may previously have been regarded as incurable and unresectable.

Metastatic bowel cancer can now be actively treated in many cases, as technological advances and improvements in the management of metastatic disease means that there are a number of treatment options available that can extend life and potentially lead to a cure.

Many hospitals have already developed their own pathways for the treatment of bowel cancer patients with liver metastases, but there is no agreed national gold standard to encourage multidisciplinary team working between hepatobiliary and colorectal teams.

By working extensively with expert clinicians and professional bodies across the full spectrum of the multidisciplinary team, Beating Bowel Cancer has developed a straightforward decision-making tool, that is both evidence based and tested in clinical practice, to help clinicians and support patients in understanding their treatment options.

Treating Liver Metastases: Saving Lives was presented to delegates at the Association of Surgeons of Great Britain and Ireland conference by Mr Graeme Poston, Director of Surgery at Aintree Hospitals NHS Foundation Trust and member of Beating Bowel Cancer's medical board.

Mr Poston commented: 'I have seen a 1000% improvement in outcomes and length of survival over the last 10 years for patients with colorectal liver metastases. However, these improved survival rates are restricted to centres of excellence, and unfortunately patients in some areas continue to be denied access to these services.

He emphasized: 'I believe that adoption of this pathway will reduce current inequalities in the management of these patients and significantly improve survival rates for patients with stage IV bowel cancer.'

Development of the pathway was supported by educational grants from Merck Serono, Pfizer, Roche and Sirtex. The document can be accessed at www.beatingbowelcancer.org/treating-liver-metastases-saving-lives

Morris EJA, Forman D, Thomas JD et al (2010) Surgical management and outcomes of colorectal cancer liver metastases. *Br J Surg* **97**(7): 1110–18