

**In scope:** Newly-appointed consultant surgeons

**Out of scope:** Established consultant surgeons

## 1.0 Aim of process

To identify needs, wants, and demands for the support of newly-appointed consultant surgeons.

Where necessary, to define and implement the nature and level of support provided by established consultant surgeons to newly-appointed consultant surgeons.

To describe processes for review and modification of level and nature of support for newly-appointed consultant surgeons.

## 2.0 Relevant policies

The NHS Lothian [Policy/Procedure for clinicians on implementing National Institute for Health and Clinical Excellence \(NICE\) Guidance on using New Interventional Procedures](#) states:

*“If a procedure is established clinical practice in NHS Lothian but new to a clinician, the Clinical Director must verify the individual has met the required standards of training and competence”.*

## 3.0 Process

- The Clinical Director (CD) will meet with the newly-appointed consultant surgeon to agree the first Job Plan within 30 days of that individual taking up the appointment.
- At this meeting, the CD in discussion with the newly-appointed consultant surgeon will identify any needs, wants and demands for support. Particular consideration to be given to knowledge and skills for operative procedures where CCT competencies are not at level 4. It is recognised that for many complex surgical procedures the competency level for CCT is not level 4 (See information at ISCP for information for competency levels required for CCT).
- The CD will define the level and nature of support required to progress to a competency level which would be equivalent or greater than level 4. The required support will be confirmed in writing with the newly-appointed consultant surgeon.
- The delivery of support for the newly-appointed consultant surgeon may require involvement of other consultant surgeons in the directorate. Where support from others is required, the CD will confirm in writing to those providing that support the level and nature of support for the newly appointed consultant surgeon.

- Where the nature and level of support provided by consultant colleagues to the newly-appointed consultant is materially above and/or different to their Job-Planned Programmed Activities, arrangements for remuneration of this additional activity will be agreed prior to commencing the additional support. Remuneration arrangements must be consistent with existing Terms and Conditions, NHS Lothian Policy and Procedure Procedures, and NHS Lothian Financial Standing Orders.
- The nature and level of support will be reviewed at face-to-face meetings with maximum intervals of 3 months until such time as the level of support provided to newly-appointed consultant surgeon is the same as other consultants in that directorate. In making decisions regarding of nature and level of support, the CD will consider available supporting evidence, including (but not exclusive to) the views of the newly-appointed consultant surgeon, operative logbooks, surgical outcomes, and opinions of those consultants providing support. Where opinions are provided by other consultant surgeons these should be in writing. The CD will agree in writing with the newly-appointed consultant surgeon any and all changes to the nature and level of support. Again, where the nature and level of support provided by other consultant surgeons changes, this will be communicated in writing to those surgeons by the CD.
- If the newly-appointed consultant surgeon does not agree with the CD regarding the nature and level of support, then newly-appointed consultant surgeon has the right to seek a review of this decision by the Associate Medical Director (AMD).
- If any supporting consultant does not agree with the request from the CD for support, then this should be raised to the AMD.

## 4.0 Mentoring

The various Royal Colleges of Surgery have mentorship programmes, although these do not provide guidance or direction for the immediate and direct support that may be required for complex decision making and operative intervention in the management of the patient requiring highly specialised surgical intervention. Consideration should be given to the need for mentoring arrangements as described in these programmes, which is separate and additional to the support arrangements described in this procedure.

Information on mentorship programmes at the three Royal Colleges of Surgery can be found at:

[Surgical Mentoring Scheme | RCSEd](#)

[Mentoring at the College | Royal College of Physicians and Surgeons of Glasgow](#)

[Toolkit for Surgical Mentorship | RCS England](#)

Information regarding mentoring processes for newly-appointed consultants supported by the Medical Education Directorate (MED) can be found at [Mentoring for Consultants in their first 5 years](#).