



7 July 2017

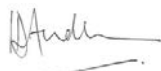
Emergency General Surgery – a consensus statement

Emergency general surgery is the highest volume surgical workload in the UK and Ireland and showing significant year on year rises in clinical activity. Safe and sustainable delivery of this practice is an essential component of healthcare delivery in all devolved Nations and in the Republic of Ireland. The position of Emergency General Surgical practice in relation to the surgical specialties continues to be of considerable concern. This is not only an issue to those currently delivering the service, but it is also especially relevant to surgeons in training who are considering a career in surgery which involves emergency general surgery provision. Their position has been well articulated by the Association of Surgeons in Training.

The Royal College of Surgeons, Association of Surgeons of Great Britain and Ireland, Emergency General Surgery Board and the National Acute Surgery Forum have today launched the following consensus statement at the provision of Emergency General Surgery and its relation to the surgical disciplines.

Emergency General Surgery

- Reaffirm that acute unscheduled surgical practice (emergency general surgery - EGS) will continue to be delivered by a range of surgical disciplines. This will include colorectal, Upper GI and General GI Surgeons and in some centres, Breast, Endocrine, Trauma and Transplant surgeons as well as surgeons with a special interest in acute surgical practice.
- Recognise that one size/model does not fit all for unit development and service provision.
- Recognise that in many emergency general surgery units, the concept of being 'on call' should be replaced with "emergency general surgery duty" reflecting current practice.
- Limit the term "on call" to the period of time when consultants are unlikely to be called from home or on a second call rota.
- Reaffirm that each hospital shall have a designated lead consultant for emergency general surgery as this is essential for development of the service locally. Where appointed, this would ideally be someone with a specialist interest in acute surgical practice. Designated leads to be responsible for provision of outcome data for external scrutiny and the application of nationally agreed standards.
- Recognise parity of status for surgeons predominantly delivering emergency general surgery as part of their clinical practice with all other General Surgical disciplines.
- Identify a suitable profession title for individuals undertaking emergency surgical practice reflecting the true value of the work they deliver, perhaps "Consultant Surgeon with a specialist interest in acute surgical practice".
- All consultant jobs in acute surgical practice will contain an elective component with a special interest.
- All job plans should be a realistic and a true reflection of input.
- Enhance the interaction between the consultants with a specialist interest in acute surgical practice and ASGBI by increased representation on EGS Board and other relevant committees, in order to promote innovation and good practice.
- Support the key aims of the EGS Board particularly:
 - Job planning
 - Defining pathways of care
 - Ensuring network transfer arrangements for interventional radiology and appropriate criteria for referral to tertiary surgical services
 - Ensuring regular M&M around emergency surgery
- Keep patients' needs central, aiming to deliver appropriate care as close to home as possible and to establish defined regional networks with published rotas and transfer agreements for services not available in every hospital.
- Support the anticipated 2018 curricular redesign which places acute surgical practice as a core element.
- To promote structured EGS training for surgical trainees and to strongly advocate for discrete blocks of emergency surgical training with clear separation from elective practice.
- To ensure that protected time for training is ring fenced from service commitment especially during the early years of training.



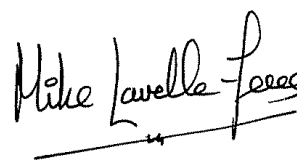
Iain Anderson
Chair EGS Board



Rowan Parks
ASGBI President



Chris Lewis
Representative for
National Acute Surgery Forum



Michael Lavelle-Jones
RCSEd President