



COLORECTAL CANCER SURGERY STANDARDS **ACPGBI ADVISORY 2012**

All Colorectal Cancer Surgery:

The ACPGBI would expect the following of any surgeon managing elective cases of colorectal cancer.

- A. The Surgeon must be a Core member of the Colorectal Cancer MDT and have performed at least 20 resections with curative intent in the previous year of practice, which have been recorded by the MDT and been submitted to NBOCAP.
- B. In the case of a newly appointed consultant, they should provide logbook evidence of having performed sufficient index procedures (median 30 anterior resections at the end of training), have undergone colorectal subspecialty training and have passed the Intercollegiate Examination that included the Colorectal Subspecialty component.

Laparoscopic Colorectal Cancer Surgery

The ACPGBI would expect the following of any colorectal surgeon performing laparoscopic surgery for colorectal cancer:

- A. Surgeons authorised to perform laparoscopic colorectal cancer surgery must have been trained on the national laparoscopic colorectal surgery programme (LAPCO) or have been declared exempt by having performed 20 or more laparoscopic colorectal cancer surgical resections prior to 31st December 2009. This must be agreed by the Lead Clinician of the MDT and their Trust's Chief Executive.
- B. Surgeons who have gained CCT and carried out laparoscopic colorectal cancer surgery during their higher surgical training (or laparoscopic fellowships) and who have performed at least 20 laparoscopic colorectal cancer resections in recognised units by trainers who themselves fulfil the requirements in 'A' above will be deemed to have had sufficient experience to initiate such surgery at Consultant level.

If a change in surgical care of elective colorectal cancer patients is proposed that does not accord with these recommendations it is the duty of the Medical Director and Lead Clinician for Colorectal Cancer to raise their concerns with senior management and external professional bodies as appropriate.

ACPGBI members' attention is drawn to the GMC document "Leadership and Management for All Doctors: http://www.gmc-uk.org/Leadership_and_management_for_all_doctors_FINAL.pdf_47234529.pdf which states in paragraph 87 and 88:

- 87 If you have a management role or responsibility, you will often have to make judgements about competing demands on available resources. When making these decisions, you must consider your primary duty for the care and safety of patients. You must take account of any local and national policies that set out agreed criteria for access to particular treatments and allocating resources, and make sure that these policies are available to clinical staff.
- 88 If you are concerned about how management decisions might conflict with your primary duty to patients, you must take steps to manage or deal with any conflict; for example, by:
 - A. asking for colleagues' advice
 - B. declaring the conflict to your board or other decision-making body
 - C. asking for advice from external professional or regulatory bodies, including defence organisations, if necessary