

Role of Clinical Lead for set up phase for the Diabetes in Surgery QI Collaborative project

CPOC and RCS England are now inviting applications for a Clinical Lead for a Quality Improvement Diabetes in Surgery project. CPOC/RCS England are looking for consultant or equivalent senior level healthcare professional with an interest in diabetes from any specialty.

The clinical lead will be required to undertake the following activities. They will be supported by the RCS England council lead and the Centre for Perioperative Care executive lead, the quality improvement consultant/team and the project manager/ project co-ordinator.

Act as project champion	<ul style="list-style-type: none"> • Understand and champion quality improvement and a collaborative approach, including the value of having healthcare quality improvement expertise • Champion the importance of improving the quality of care for patients with diabetes undergoing surgery
Identify quality measures	<ul style="list-style-type: none"> • Working with the project manager, agree the following: <ul style="list-style-type: none"> ○ Project name and goal ○ measures the project will use to measure progress in improving the quality of care for patients with diabetes undergoing surgery ○ identify whether the required data is currently collected and if so, how (e.g. locally, nationally) ○ identify who within a unit/trust needs to be involved in the collection of data ○ define measurable aims for the project (e.g. increase day case rates for people with diabetes by X% by June 2023, reduce cancellations on the day or in the week before surgery by y%)

<p>Agree criteria/expectations for participating trusts</p>	<ul style="list-style-type: none"> • Working with the project manager agree: <ul style="list-style-type: none"> ○ Who from the trust / health boards should be involved (clinical team, executive, data support, administrative support) ○ What preparation the trust / health board will need to undertake prior to the first workshop including setting organisational aims of being involved, getting commitment from chief executive and senior management, establishing baseline position from data ○ What participation involves for trusts, including attendance at workshops, undertaking activity between workshops, providing monthly progress reports, requesting additional support and identifying barriers to change
<p>Help to recruit trusts</p>	<ul style="list-style-type: none"> • Be available to speak with interested parties • Provide input into emails/blogs to encourage trusts / health boards to get involved • Influence trusts / health boards who don't see how care could be improved for patients with diabetes undergoing surgery
<p>Attend at collaborative meetings and webinars</p>	<ul style="list-style-type: none"> • Review collaborative meetings and webinars content and structure • Attend all project collaborative meetings and webinars • Lead sessions at collaborative meetings and webinars to introduce the project and the importance of improving quality of care for patients with diabetes undergoing surgery
<p>Provide ongoing advice</p>	<ul style="list-style-type: none"> • Provide advice on a regular basis to the project team and participating trusts /health boards on: <ul style="list-style-type: none"> ○ Data and quality measures ○ Implementation of the care pathway for patients with diabetes undergoing surgery ○ Problems and barriers to improvement (e.g. how to overcome reluctance to make change, infrastructure issues)

Communications and stakeholder engagement	<ul style="list-style-type: none"> • Provide input into newsletters/blogs on project progress and project reports. • Present at other events (e.g. SSA conferences) • Provide updates to specialty associations • Provide updates to RCS England Council and RCS England Research and Quality Committee • Keep RCS England council lead informed of progress, including escalating any issues as required (supported by project manager)
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Proposed project timeline

Phase name	
1. Project scoping	Sep-22
	Oct-22
2. Initiation: recruitment, payment, and set-up	Nov-22
	Dec-22
	Jan-23
	Feb-23
	Mar-23
	Apr-23
	May-23
QI Director to review the progress and confirmation of ability to undertake further phases	
3. Set up, launch and testing	Jun-23
	Jul-23
	Aug-23
	Sep-23
4. Testing improvement ideas in practice	Oct-23
	Nov-23
	Dec-23
	Jan-24
	Feb-24
	Mar-24
	Apr-24
	May-24
5. Demonstrating sustained improvement	Jun-24
	Jul-24
	Aug-24
	Sep-24
	Oct-24
6. Close and sustainability	Nov-24
7. Evaluating and reporting	Dec-24
	Jan-25
	Feb-25

Time commitment

It is envisaged the clinical lead will need to commit to, on average, ½ PA per week over the course of the project. This will include desk-based activity, virtual meetings, and attendance at events, as the project requires. There are likely to be peaks and troughs in the work; the project scoping and initiation: recruitment, payment, and set-up phases are likely to be one of these peaks in activity as the project is established.

Payment

The first two phases of the project (project scoping and initiation: recruitment, payment and set-up) are planned to take place from September 2022 to May 2023. These will be unremunerated.

Provided we get to a point where we have sufficient sites register for the project, we expect that the set up, launch and testing will commence from June 2023. In this event RCS England will be in a position to formally contract the clinical lead to continue leadership of the project.

From the set up, launch and testing to the evaluating and reporting phases (planned from June 2023 to February 2025) RCS England will pay to the clinical lead's employing trust / Health Board's costs of up to ½ PA per week to a maximum of £5,000 per annum, inclusive of all taxes, payable in quarterly instalments within 30 days of the date of the employing trust's/health board's invoices submitted, in arrears, to RCS England.

RCS England will pay all reasonable expenses and travel costs, with receipts and an expense claim form.