GUIDELINES

Outpatient Clinics - patient allocation recommendations

BAOMS
THE FACE OF SURGERY

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Please email comments to **office@baoms.org.uk**

RECOMMENDED Pt Booking Numbers for OutPt CLINICS	Averaged consultation time	Maximum per session / PA	Maximum per session / PA	Maximum per session / PA	Notes
GENERAL OMFS Out Patient Clinics		Administrative work content excluded (i.e. separate PA for admin)	Administration inclusive (ie all clinic admin done within session)	Teaching Clinic (25% reduction for teaching / clinical supervision	Routine casemix clinic including new monitoring and follow-up cases. Simple / minor ops follow up cases may be allocated 10 minutes as general booking rule if not dischargeable by telephone review.
Consultant Associate Specialist	20 minutes per patient	12	10	9 [or 7]	
Higher Surgical Trainee (ST3+) (Must be supervised)	Proportion of Consultant allocation according to year in grade*	12	–	–	*Generally allocated as Year 1 – 0% of Consultant numbers Year 2 – 25% of Consultant numbers Year 3 – 50% of Consultant numbers Year 4 – 75% of Consultant numbers Final year – as Consultant working as "associate specialist equivalent" once at top of scale - see above
OMFS Specialty Doctor (Must be supervised)	20 minutes per patient	12	–	–	
Trust Doctor or equivalent (Must be supervised)	20 minutes per patient	12	–	–	
1st Tier Clinician (SHO / CT / DCT 1,2)	Not quantifiable Proportion of Consultant allocation according to year in grade*	Present for teaching	–	–	*Generally allocated as Year 1 – 0% of Consultant numbers Year 2 – 25% of Consultant numbers Year 3 – 50% of Consultant numbers
"Supervised" refers to the requirement for a consultant or associate specialist (pre 2008) to be timetabled to be in every session undertaken by a junior doctor (leave excepted). Specialty Surgeons (SDs) must be fully supervised until the top of the scale has been reached.					
Joint or Specialist Clinics e.g. Joint Head and Neck Joint Skull Base Joint Orthognathic Joint Planning Complex Reconstructive Planning Cleft / Craniofacial Highly Specialised Surgery Facial Pain Tertiary or 2nd Opinion Referrals	30 minutes per patient	8	–	6	New cancer or complex cases for breaking bad news /detailed discussion / where complex treatment issues arise should have individual allocated 30 minute bookings to permit adequate management by the wider team.

NOTES

The British Association of Oral and Maxillofacial Surgeons published guidance which gave general clinic patient booking figures based on a typical NHS District General Hospital consultant case-mix, workload and through-put.

The figures were: 14 patients per "session" with 7 being new cases requiring history taking, examination, investigation management and treatment planning where appropriate. No surgical time or procedure time was considered. The often applied rule was to make bookings for 7 new cases and 7 follow-up patients within this figure. The recommended numbers were accepted and published by the Royal College of Surgeons of England.

Since that time several factors have modified the feasibility of the level of through-put. Advent of 18 week targets and corporate patient lists, the introduction of in-clinic consent procedures, booking direct to theatre lists, and a general widening of the concept of multi-disciplinary and multi-agency working has meant that such through-put is in some instances unworkable. Patients also expect an explanation of treatment in a manner that is not rushed or perfunctory.

In particular, oncology clinics and complex treatment clinics in the more specialised areas of OMFS remit are widely overbooked, with consequent quality and safety considerations in respect of the patient experience.

Some clinicians might regard recommended booking limits as too low or impractical. Others will be accustomed to clinics which far exceed the recommendations.

Reality suggests that whatever the booking principles, overbooking will occur. Recommended levels of work permit a clinician to recognise and indicate when the pressure of clinical working might detract from best practice, and offer some protection from lack of time to exercise careful clinical judgement, weigh and discuss important issues and agree appropriate care for any given patient.

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