



## EVIDENCE SEARCH RESULTS

<b>Question/subject of request:</b>	I think we are quite out of date here in Somerset with this and it is a natural progression we think from the Weekend Discharge work .....but I'd like to look at the following:- Introduction of a "Consultant of the week" or "COW" to ensure daily review of patients by a Consultant every day of the week to facilitate the flow of a patients journey as smoothly as possible through the acute setting. N.B. This isn't COW in relation to on call - this is separate to on call duties We have introduced one a mph in orthopaedics successfully ..... and need to look at other specialities, but there doesn't seem to be anything really published recently ...one of the most recent I can find is in 2020 in medical patients which is particularly relevant. Mel Isles ( from yesterday ) has said to me in the past that she is amazed we still do twice weekly ward rounds in some specialties given she started with the practice in 2006! So please extend the search back to then if that works for you.
<b>Date requested:</b>	16/7/25
<b>Date completed:</b>	25/7/25
<b>Compiled by:</b>	Jess Pawley

### CITING THIS SEARCH

If you reference this search in any paper, publication or presentation, please let us know.

The citation format is:

- Pawley, J., (2025). *Evidence summary: Consultant of the Week*. Taunton, UK: Somerset Foundation Trust Knowledge and Library Services.

### CONTACT DETAILS

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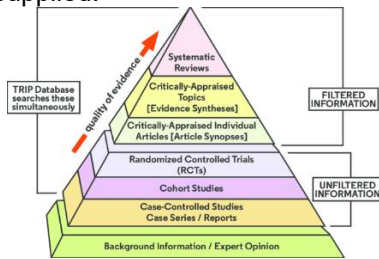


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The results are presented according to the hierarchy of evidence which is used to rank the relative strength of results obtained from scientific research.

The design of the study and the endpoints measured affect the strength of the evidence.

Evidence hierarchies are often applied in evidence-based practices and are integral to evidence-based medicine.

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**Contents** (click to jump to each section):

### Summary of search results:

*This summary has been created in part using AI*

The results are not specialty-specific. You may find the example “job plan” from the Royal College of Obstetricians and Gynaecologists to be of interest, as it outlines a [suggested weekly timetable for a consultant in O&G, describing it as a consultant of the week- hot week” model.](#)

One specific example found here from [Calderdale and Huddersfield NHS Foundation Trust](#), outlining the impact of consultant of the week in their cardiology day cases.

- [Published papers](#) – I have tried to rank these in order of relevance

**Some key papers/points: full list below.**

[General medicine consultant of the week model shortens hospital length of stay and improves the patient journey](#)

Aziz et al, Future Healthcare Journal, 2020

**I think this is the paper you already have?**

**I wanted also to point out this abstract, although while it is promising, there is no further information and the authors have not gone on to publish a full paper. I did try and contact them but to no avail.**

[The impact of consultant of the week inpatient medical care on patient outcomes](#)

Gu et al, Heart, 2016

Although an older paper, this piece by Ahmad et al from 2011 looks at the [impact of consultant ward rounds in relation to achieving the 4-hour wait](#); could this be relevant now in light of current NHSE targets? Similar messaging can be seen in this [2012 paper from Singh et al.](#)

I also wanted to highlight the [2023 SAMBA report](#) (published nationally), which, while not outright discussing



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consultant of the week, does look at data gathered from 161 hospitals in the UK on operational performance and standards in acute medicine. It charts how many patients were seen by a consultant and how long they had to wait for this after admission. Of note: “the proportion of unplanned attendances who have their first clinical assessment in SDEC services has increased.” **Our organisation participated in this report so it is likely you may be aware of this.**

Something which came up in the previous search I did on weekend/7 day discharge was [the role of pharmacists](#), and this has come up again – please see Campbell et al below, whose paper discusses this in the context of heart failure. Both consultants and pharmacists took a role in the review of patient medications and in ensuring safety in relation to any changes to prescriptions.

Gulland 2016 gives an example from Wrightington, Wigan and Lee on how the [organisation addressed a gap in consultant cover](#).

- [National guidance and reports](#) – again, I have tried to rank these in order of relevance

The Royal College of Psychiatry discusses the role of [consultants working outside their areas of specialty](#), and what this means for practice and any impact on patient outcomes. In turn, the British Society of Gastroenterology looks at the concept of [consultant of the day, week or month, and is mindful of the impact of COVID on the changing priorities in the role of the consultant](#).

[GIRFT offer “Six Tips To Help Fix Acute medicine”](#), to improve in-hospital flow. Within this, **the role of pharmacy and advocating for twice daily reviews on the AMU, every day. All ward rounds should have a senior nurse present.** Does not necessarily need to be consultant-led. [In contrast, from the Royal College of Paediatrics in 2012, addresses the then changing role of the consultant](#) and the need for them to be more present in hospitals. [The benefits of consultant-led care were found to be in line with the Temple Report \(2010\)](#), citing “better day time training, improved quality of care, good quality handovers and better communication with patients.”

## Published Papers

[Society for Acute Benchmarking Audit - SAMBA 2023 Report](#)

A National Audit of Acute Medical Care in the UK

[Evaluation of the impact of the addition of a heart failure prescribing pharmacist to consultant-led heart failure ward round at a tertiary hospital.](#)

Campbell, Gayle; Razouk, Roula; Auyeung, Vivian and others (2023 ) *European Journal of Hospital Pharmacy Science & Practice* 30(e1), pp. e14–e18





**Abstract:** OBJECTIVE: Pharmacists attending general medical post-admission ward rounds is established good practice. However, there is a lack of evidence on the impact of specialist heart failure (HF) prescribing pharmacists on consultant HF ward rounds. The aim of this study was to evaluate the impact on prescribing when a specialist HF prescribing pharmacist attended inpatient HF ward rounds. METHODS: A prospective service evaluation completed at a tertiary hospital between September and December 2020. The same HF prescribing pharmacist attended the HF consultant-led ward round once a week on 15 occasions. For each medicine change, the pharmacist documented: who suggested the intervention, the medicine, prescribing action, reason for review and the primary reason for change. Medicines were categorised into four groups (heart failure, cardiovascular, anticoagulation and other) for analysis. RESULTS: A total of 158 patients were reviewed and 226 individual changes suggested; 48% of these were consultant led (n=108) and 52% (n=118) due to pharmacist recommendations. All medicines interventions were prescribed on the round by the pharmacist. For consultants, the primary reason for medicine change was to ensure efficacy of HF medicines, 80% (n=73), followed by safety (HF medicines), 20% (n=18). For the pharmacist, the primary reason was safety across all the medicine groups, 36% (n=42), followed by efficacy relating to missing drug history items, 24% (n=28). CONCLUSIONS: HF consultants focused on ensuring patients have the most effective combination of HF medications. The addition of a specialist HF prescribing pharmacist ensured a wider range of medicines were reviewed for safety and optimisation, helping to deliver a holistic review of all medications. Copyright © European Association of Hospital Pharmacists 2023. No commercial re-use. See rights and permissions. Published by BMJ.

[The impact of twice-daily consultant ward rounds on the length of stay in two general medical wards](#)

Ahmad et al, Clinical Medicine, 2011

Considers the impact of consultant ward rounds on average length of stay and the number of hospital discharges. Given the age of this paper, it talks in reference to the 4 hour wait and how these consultant ward rounds can help to achieve this.

[Republished: Daily consultant gastroenterologist ward rounds: reduced length of stay and improved inpatient mortality.](#)

Singh, Salil; Lipscomb, George; Padmakumar, Kadukkavil and others (2012 ) *Postgraduate Medical Journal* 88(1044), pp. 583–587

**Abstract:** BACKGROUND: For gastroenterology, The Royal College of Physicians reiterates the common practice of two to three consultant ward rounds per week. The Royal Bolton Hospital NHS Foundation Trust operated a 26-bed gastroenterology ward, covered by two consultants at any one time. A traditional system of two ward rounds per consultant per week operated, but as is commonplace, discharges peaked on ward round days. OBJECTIVE: To determine whether daily consultant ward rounds would improve patient care, shorten length of stay and reduce inpatient mortality. METHODS: A new way of working was implemented in December 2009 with a single consultant taking responsibility for all ward inpatients. Freed from all other direct clinical care commitments for their 2 weeks of ward cover, they conducted ward rounds each morning. A multidisciplinary team (MDT) meeting followed immediately. The afternoon was allocated to gastroenterology referrals and reviewing patients on the medical admissions unit. RESULTS: The changes had an immediate and dramatic effect on average length of stay, which was reduced from 11.5 to 8.9 days. The number of patients treated over 12





months increased by 37% from 739 to 1010. Moreover, the number of deaths decreased from 88 to 62, a reduction in percentage mortality from 11.2% to 6%. However, these major quality outcomes involved a reduction in consultant-delivered outpatient and endoscopy activity. **CONCLUSION:** This new method of working has both advantages and disadvantages. However, it has had a major impact on inpatient care and provides a compelling case for consultant gastroenterology expansion in the UK.

[Weekend effect on mortality by medical specialty in six secondary hospitals in the Helsinki metropolitan area over a 14-year period](#)

Tolvi et al, BMJ Health Services Research, 2020

The study found a higher risk of mortality for both emergency and elective patients admitted on weekends in Helsinki's secondary hospitals, with internal medicine, surgery, and gynecology/obstetrics being the most affected specialties. This weekend effect, present across almost all specialties, reached statistical significance in about half of them. The study emphasizes the need for specific guidelines for elective admissions and further disease-specific research to adjust staffing. It also challenges the assumption that centralizing services to the university hospital eliminates the weekend effect. Potential solutions include staffing with more specialists, offering seven-day-a-week services, and implementing stricter criteria for weekend elective admissions.

[Possible futures of acute medical care in the NHS: a multispecialty approach](#)

Dean et al, Future Healthcare Journal, 2022

The paper highlights that acute medical care in the NHS is inconsistent, leading to preventable hospitalizations and overuse of emergency departments. Rising admissions are driven by changing demographics, necessitating better care outside hospitals, appropriately sized and staffed Acute Medical Units (AMUs), and expanded Same-Day Emergency Care (SDEC) pathways. Multidisciplinary ward care and readmission prevention strategies are essential. Future directions include evaluating 'Hospital at Home' services and leveraging digital technologies. Improving acute care requires addressing fundamental aspects, evaluating new services, fostering strong clinical and managerial partnerships, and using better data analytics. A collaborative, multispecialty, and multiprofessional approach is crucial for achieving higher standards of care.

[Seven day NHS services: what trusts are doing](#)

Gulland, BMJ, 2016



bmj.i1256.full.pdf

Example from Wrightington, Wigan and Leigh NHS Foundation Trust. Was an "early adopter site" for 7 days services in 2013. Prior to this, the Trust had a gap in consultant cover in the middle of the day at weekends. Consultants now work one in every 6 weekends.





“You can’t just pick up an acute physician, drop them in another hospital, and expect them to perform the same.”

### [The Use of a Ward Round Teaching Tool in a Paediatric Oncology Department.](#)

Soosay Raj, Trisha A.; Omer, Natacha and Gray, Amy Z. (2025 ) *Journal of Paediatrics & Child Health*

**Abstract:** AIM: Despite ward rounds being fundamental to hospital-based clinical training, the reported educational value is low. Especially in busy environments, missed learning opportunities occur due to implicit learning, time barriers, and lack of ward round structure. The STIC framework (Set, Target, Inspect, Close) provides a learner-centred, structured approach to ward round teaching, aimed to enhance education within limited timeframes. We aimed to investigate how the introduction of the STIC framework impacts on learner-centred teaching within a tertiary Paediatric Oncology department. METHODS: A mixed-methods approach was used to evaluate framework implementation, with two participant groups comprising 16 junior and senior doctors over 3 months. Surveys were used to document junior staff experience on rounds pre- and post-implementation, with focus groups and interviews used for all participants to explore satisfaction and attitudes to the tool. RESULTS: Learner satisfaction improved across all domains of the framework, specifically opportunities for leading clinical encounters and learning on consultant-led rounds. Despite consultants reporting lack of uptake, trainees reported improved teaching. Consultant beliefs and enthusiasm had a strong impact on trainee satisfaction. Trainees placed a high value on active participation and autonomy for their learning. Factors distinct to teaching were reported to affect learner satisfaction, such as planning, time management, and departmental culture. CONCLUSIONS: We demonstrate enhanced teaching despite poor perceived uptake, demonstrating the potential of the STIC framework with further implementation. Our study also highlights that in addition to a specific teaching focus, consultant engagement and a safe clinical learning environment are crucial for learning. Copyright © 2025 The Author(s). *Journal of Paediatrics and Child Health* published by John Wiley & Sons Australia, Ltd on behalf of Paediatrics and Child Health Division (The Royal Australasian College of Physicians).

## National Guidance and Reports

[Position statement on consultant psychiatrists working across specialties outside normal working hours](#) – Royal College of Psychiatrists, 2019

[Consultant job planning: a best practice guide](#) – NHS England, 2017

**You may already be aware of this?**

[Consultant gastroenterologists job planning guidance](#) – British Society of Gastroenterology, 2020

[Models of Care](#) – GIRFT, 2022

[Sample weekly timetables for an O&G consultant](#) – Royal College of Obstetricians and Gynaecologists





[Consultant delivered care - an evaluation of new ways of working in paediatrics](#) – Royal College of Paediatrics and Child Health, 2012

[Continuity of care for older hospital patients](#) – The King’s Fund, 2012

I hope this is helpful. Please do let us know if you need any further information.



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Thank you.



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	Pubmed		HMIC	BMJ Best Practice
x	Medline		Social Policy and Practice	Cochrane Library
	Emcare		CINAHL	x TRIP
	Embase		PsycINFO	x Grey Literature KnowledgeShare BMJ Open Quality Google Programmable Search
	AMED		UpToDate	x Other CoPilot AI LitMaps AI



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### PURPOSE OF SEARCH

	Patient info/health & well being		Clinical decision making (inc. patient care)
	Executive Team support		Research/Education/Professional development
x	Quality Improvement		Primary Care & Neighbourhoods Directorate support
	KM/Management decision making		Other

### USER CATEGORY OF REQUESTOR

	Medical students		Patients/public
	Nursing/midwifery students		Physician Associates
x	Doctor/Psychiatrist		Public Health (Somerset CC)
	Nurses/Midwives		Other
	Allied Health professionals		

### HAS PERMISSION TO SHARE THE RESULTS BEEN OBTAINED FROM THE REQUESTOR?

x	YES - share		NO – do not share
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### KEY WORDS/SEARCH STRATEGY INCLUDING MESH HEADINGS

### LIMITS USED

Consultant Consultant-led Consultant of the week Dedicated consultant Senior medic Senior doctor Consultant review Discharge Weekend discharge Daily discharge Patient flow Review Ward Rounds Intentional rounding	
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<p>Continuity of care Length of stay Specialties Specialty-specific “weekend discharge, medical specialty, consultant, review”</p>	
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