

Update on action to strengthen complex paediatric orthopaedic surgery

On 12 February 2026, the Royal College of Surgeons of England and the British Orthopaedic Association hosted a meeting with NHS England's specialised commissioning team to consider the national response to ongoing reviews concerning complex paediatric orthopaedic surgery and the steps to be taken to strengthen services. Given the harm identified in relation to individual surgeons working at trusts in the East of England, London, and the North-West.

The British Scoliosis Society, British Society for Children's Orthopaedic Surgery, Society of British Neurological Surgeons, British Association of Spine Surgeons and the British Limb Reconstruction Society were also represented.

Meeting participants agreed to form a working group to oversee implementation of several key actions outlined below. The group will support systemwide learning, strengthen oversight of complex paediatric orthopaedic surgery, and ensure patient confidence. They will define which procedures should fall under these strengthened arrangements. The group cautioned against applying these arrangements to low-risk paediatric orthopaedic procedures.

Surgical planning conferences

The group agreed to work towards the introduction of surgical planning 'case conferences' for complex paediatric orthopaedic surgery. These meetings will bring together surgeons from different NHS providers to review patient cases, in order to determine the appropriate surgical treatment, as well as monitoring postoperative outcomes, and offering peer support and challenge. They will be distinct from MDTs and support reflective surgical practice.

Further work is needed to finalise:

- which surgeons should take part, noting these must include clinicians from outside the treating hospital;
- which operations should be included;
- at what interval outcomes should be discussed;
- any additional data that will need to be collected; and
- the official name for 'case conferences' noting their important distinction from MDTs.

Dual operating

There was agreement in principle that dual consultant operating should be the standard for paediatric orthopaedic surgeries deemed highly complex. Work will be undertaken to learn from centres already using this approach, and to consider the implications for training, mentoring and professional development.

Resourcing

NHS England is reviewing the resource implications of these proposals. It is assessing the impact on job planning and on current surgical activity to ensure appropriate funding and staffing.

The group considered the impact of the proposals on training. If executed well, it recognised there are potential benefits for resident doctors, who may gain exposure to a broader consultant team as part of the more structured decision-making environment.

Next steps

The working group will continue to meet and progress these proposals, and monitor any additional lessons identified through the clinical service reviews of individual patients being carried out across the country.