Q and A for COVID 19 : The value of the Advanced Practitioner in the Surgical Team webinar

Q1 a) Is there any plans to update the MSc curriculum for SCPs ?

The curriculum was updated in 2014 and is the property of RCSEng . The role of the SCP in robotic surgery and in spinal surgery needs to be considered for the next revision

b) It is clear that COVID 19 has required NMPs to extend their roles and brought added value. How can we ensure we maintain this once we are past this pandemic ?

The pandemic will result in changes in practice in the future. When the value of the advanced practitioner is audited I am sure this extended role will be recognised and maintained. If advanced practitioners undertake audit of this change and present the results to their dept/ hospital , this change in their role should be recognised and adopted.

Q2 How do you define seniority level of an SCP ? Is it years of practice, clinical responsibility or degree of independence ?

The seniority of any role may be classified in various ways, however rather than focusing on seniority it is more valuable to consider knowledge and skills in their speciality and this will change according to clinical practice being performed. Eg in times of COVID 19, changing specialities can result in a very experienced practitioner in one field being transferred to another speciality and being less competent and confident. Practitioners should be recognised for their responsibility, clinical skills and their level of autonomy and AfC banding should reflect this.

Q3 Do you feel that ACPs and SCPs should fall under medical management as opposed to nursing to help re deployment ?

A national survey in the UK ACP-SCP suggested that approx. 50% of NMPs are held under the nursing workforce and 50% under medical structure. As many practitioners are nurses and others are from ODP these practitioners require revalidation under the NMC (or HCPC) structure. However, with PAs and AAs now about to be regulated by the GMC , they will fall under medical management. In the future, it would be better if SCPs are regulated in the same way. Also most SCPs will have a clinical supervisor who is the consultant surgeon.

Q4 When examining the role of the MAP are there any concerns regarding a national standardisation eg PAs must pass the national exam before registration . Will this be the case for ACPs and SCPs ?

For SCPs the MSc in Surgical Care Practice is the accepted requirement for qualification and for ACPs HEE are developing a curriculum to standardise this level of practice. After qualification, established MAPs should follow the guidance in the HEE document " Establishing common standards for CPD, Assessment and Appraisal for MAPs in the UK " (2019)

Q5 How do you manage orthopaedic emergencies with COVID 19 positive patients ?

The management of the Covid-19 T&O emergency depends upon the condition but if it is a true emergency it should be undertaken without delay (ie limb or life threatening condition) For example, if there is a frail neck of femur # this should be undertaken on the next available trauma list. The case is assessed in the trauma meeting and undertaken preferably under spinal (to reduce the risk of AGP…aerosol generating procedures) with the team using full PPE as drills etc can also increase AGP risk.

Q6 Would the extension for assignment submission for MSc students be applicable to Anglia Ruskin students ?

It would appear that since the webinar, A/R have announced that there will also be a 3 month extension so that both Edgehill and A/R will be extending their course to allow SCP students time to meet the required hours etc

Q7 Could you envisage SCPs doing spinal surgery /blocks to help speed up turnover with a shortage of anaesthetists ?

Spinal blocks are the domain of the anaesthetists but the RCoA will decide as to whether this will be performed by Anaesthesia Associates (AA) in the future. For SCPs in Orthopaedics the practice of being involved in spinal surgery will depend upon this area of practice being addressed in a new version of the MSc curriculum and thereafter in the speciality year of the MSc course.

Q8 Do you feel that practitioners original professional qualification has dictated where they were utilised during the pandemic as opposed to their advanced qualification ?

Yes . Especially for nursing graduates as critical care and intensive care nursing is a highly skilled and specialised workforce, therefore their advanced qualification would have only supported their redeployment.

Q9 Are there any plans to have robotics as a speciality in the SCP course ?

Robotics is a new technology incorporated in the development of safe surgery and should be included in the updated SCP curriculum.

Q10 In light of the current pandemic, are educational institutions still accepting new applications for Sept 2020? If not, this may impact upon trust recruitment.

At present, Edgehill are accepting students for the Sept intake but there are procedures in place to delay this until Jan 2021 if the pandemic does not settle by then.

Q11 May I know what is the scope of practice for SCPs outside the UK? Say Europe or Asia ?

The scope of SCPs outside the UK is more advanced than the UK. Some SCPs do more surgical procedures, clinics and ward work. However they do not have a structured training programme in Europe or India. They may be working outside their role without proper regulation.

Q12 Do you think that hospitals should be involved in setting up a curriculum within the hospitals to supervise those SCPs who have not done the MSc but might be returning to work after long term sick leave etc ?

As the MSc degree courses exist this sets a standard to the training and all SCPs should undertake the qualification. This is supported by RCSEng and RCSEd. Returning to work as a qualified SCP after a long period of time away or alternatively changing speciality would require the practitioner to undergo competency assessments by WBAs , keeping a logbook of operative activity including complications and ensuring they commit to 50 credits CPD per annum. Their annual appraisal should monitor progress.

Q13 As a trainee SCP I am included in the surgical rota, I have been helping different consultants. Whose responsibility will I be taken over if I am doing a procedure like relocation of a displaced digit ?

The responsible person for a patient's admission to hospital care is the named consultant. In this case it is the T&O Consultant. Any case /procedure undertaken under his or her care is accountable to him/her. Trainee surgeons, SCPs , ANPs should not undertake any procedure that they are not adequately trained in and they should be supervised appropriately. Also the procedures should be within their curriculum framework.

Q14 Some surgical first assistants are applying haemostatic clips and stapling during surgery under the instruction and direct supervision of a consultant surgeon. Is this allowed ?

It is true to say that the application of haemostatic clips can be part of the SFA course but this should be consistent with the SFA Positions statement issued by the Perioperative Care Collaborative (PCC) in 2018. Ie the extended role of the SFA relates to haemostasis and superficial skin closure. The application of haemostatic clips in the abdominal cavity for example are not the remit of the SFA.

Q15 With PAs not allowed to prescribe or arrange radiation tests what are your thoughts on developing and training PAs to work to a standard where they can aid the workload from a SHO/Reg including assisting in theatre, minor ops, on call etc ?

PA training involves completion of a PA course at one of the HEIs and passing the national exam run by the Faculty of Physician Associates at RCP London. After qualification, it is true to say there is overlap in the responsibilities and roles of the PA, SCP and ANP. It is hoped that their roles and responsibilities will become more transparent and standardised. Although PAs currently can perform minor ops (upto 20% in one survey) , they should be working more to a medical model with competency assessment, appraisal etc. This will be standardised by the GMC when they become the regulator for PAs in ? 2021 and this will involve prescribing rights etc.

Q16 I have been trying to unravel the potential shifting of legal liability in cases of untoward outcomes of diagnosis or treatment. Who is responsible for risk disclosure and obtaining formal consent ?

In the case of an SCP, for example, as an employee of the NHS you will have professional indemnity under the dept of Health Clinical Negligence Scheme but you should also seek advice from your consultant supervisor and even inform the regulatory body ie NMC or HCPC. As an SCP you should only be undertaking an unsupervised procedure to which you have been trained and in these circumstances, it is your responsibility to take informed consent explaining the risks of the procedure.

Q17 How does SCP training impact on ST1-3 registrar training ?

Training can be balanced with the allocation of training to individuals concerned using different teams and rotas and SCP rotas should not hinder this. A RCSEd study on surgical assistance questioned the impact of NMPs on surgical training. Although only 7% of Consultants felt there was an adverse impact, this rose to 57% for junior surgical trainees. It is important therefore to avoid senior SCPs and ST3 trainees working in the same team but can complement each other working in the same department.

Q18 I am a SCP trainee in T&O and my Q is could I possibly be assisting in other specialties ? eg first assistant in CEPOD General Surgery ?

During training the SCP is required to work in the nominated speciality. This is not transferrable to other clinical specialities.

Q19 As a trainee SCP in Breast Surgery, I understand we have a set of procedures we need to be signed off as part of the MSc . There is no guidance on what surgical procedures we might be signed off in as my career develops. Are there any plans to specify which procedures we might be entitled to perform independently ?

The procedures which you might undertake will depend on the speciality but the speciality year of your MSc course will guide you on this. Your clinical supervisor (Consultant Surgeon) will determine the range of procedures which you can perform following qualification, but competency assessment using DOPS will determine which procedures you can do unsupervised (please refer to the competency and supervision levels 1-4 and 1-1V respectively.)

Q20 Can a qualified SCP do locum shifts that advertise for SFA ?

Yes a qualified SCP can work as a locum SFA in their relevant speciality and they must meet the person specification of the role. They will require indemnity insurance so if this is in the private sector the practitioner will need to confirm or otherwise.

Q21 Have any other teams of SCP/ACPs been reassigned to working as part of FY1/2 rotas in Covid wards during the crisis ? Surgical registrars have been working alongside us and been fantastic support for medics and critical care.

This COVID-19 crisis has allowed innovative and flexible practice between doctors, nurses, PAS, SCP and ANPs and this has been to the NHS and patients benefit. It is hoped that the lessons learnt will be useful for further development of advanced practitioners and the surgical team in the future.

Q22 As per the RCSEng curriculum framework, SCPs must come from a registered body. Are PAs allowed onto a SCP course without a registered body ?

SCPs are from a registered body ie are a regulated healthcare professional and have to have 18 mths experience before being accepted on the MSc course. PAs may belong to a managed voluntary register but cannot do this MSc as they are not yet regulated. This will change when they are regulated by the GMC. They can, however, attend College courses for educational purposes.

Q23 How do you teach leadership in that period of pandemic COVID-19 ?

In a crisis, the true leaders rise to the top and force change. By observing how complex issues are dealt with care,compassion ,communication and teamwork is the best way of learning what good leadership is. In a crisis those who do not show the necessary skills are more easily brushed aside than in normal working periods.

Q24 Robotic SCPs patient side assisting allows senior surgical trainees onto the robotic console in my experience-quickly becoming relied upon

Experienced SCP in Robotics can assist trainee surgeons development/ learning.

Q25 I am an Advanced Scrub Practitioner and currently on training of ASP Part 2 course. If I apply for the SCP course will my ASP parts 1 and 2 be credited for the units required ?

Yes it will be credited and added to your MSc SCP portfolio.

Q26 The overlapping of PA and SCP in theatre. How do you manage the conflict ?

Within the practice of surgery, the PA may be able to perform certain procedures but it is generally accepted that the magnitude and diversity of operations performed by the SCP is significantly greater. The delegation of cases, however, should be the responsibility of the supervising consultant .

Q27 In the future will the ACSA exam be mandatory for Cardiac SCPs?

The SCP must attain the MSc in Surgical Care Practice to become qualified. The Cardiac exit exam developed by the Society of Cardiothoracic Surgeons and RCSEd is not compulsory at present but should be seen as the equivalent of surgeons progressing through Membership through to Fellowship of the College. HEE are currently working on a career progression pathway for MAPs and these exit exams will fit well into this structure. Attaining the exam confers postnominals FFPCEd.

Q28 Is it acceptable for an SCP to be starting surgery without a Consultant or Registrar in the operating room ? I am referring to a Robotic Prostatectomy by a trained SCP who thinks he is happy to start as his consultant is busy on his ward round .

See answer to Q 13. The degree of supervision of a trained SCP will range from 1 to 1V . It is likely that in this particular case this will refer to a level 111 ie able to act with indirect supervision whereby the supervisor will be in another setting, although in a major case such as this, the consultant would be present for the majority of the operation.

Q29 How would the panel have liked in an ideal pandemic world…..to have deployed the Advanced Practitioner workforce ?

There is no ideal world. I (RP) am lucky enough to work as part of a fantastic team. Doctors, nurses, technical support, plaster technicians, Advanced Practitioners and admin staff. I feel this team has risen to the challenges of this crisis and I am proud of the skills displayed by everyone in the team. The T&O dept had the foresight to train and support ANPs prior to the crisis. This crisis has shown that ANPs have had a vital role to play in the safe and effective delivery of T&O treatment. Without this support the dept would have been less effectice as their skills and flexibility have been invaluable.

Q30 What are the RCSEd/ University plans for post MSc SCP education ?

It has been agreed that the SCP should obtain 50 credits pa for CPD. "The establishing standards for CPD, Assessment and Appraisal for MAPs " document by HEE has a section on CPD which highlights the importance of a combination of internal and external activity. Through the Faculty at RCSEd, specific courses have been created for this (fpc.rcsed.ac.uk) as well as an annual conference and workshops

Q31 There are well documented cases in the literature of SCPs performing LA procedure lists (under a consultants name). Are there any examples of SCPs performing GA lists eg GA cystoscopy ?

There are many examples of SCPs doing lists some under GA eg carpal tunnel decompression but in relation to urological procedures I would refer you to a paper " The diverse role of the Urological SCP :A brief examination" N.Fletcher, B.Russell International Journal of Urology 2019.

Q32 Will there be a RCS exit exam for other specialities ?

All surgical trainees have to undertake an exit exam in order to become a Consultant in the UK. (T&O, General Surgery, Vascular Surgery, Urology, Neurosurgery, ENT etc) . Currently the C/T SCP exam is the only exit exam but as the career pathway is developed for MAPs, which includes SCPs, this must be the way ahead for SCPs in other specialties. At RCSEd this is a priority development.

Q33 As a SCP trainee in T&O I am not sure as to how I can finish all the specialist skills and competencies within the remaining year. I have finished the core portfolio but have so much concerns about finishing them all

I suggest you discuss this with your tutor/ supervisor and draw up a plan as to how you could meet this deadline eg attending extra trauma lists.

It is unclear which MSc programme you are in, but you will have heard earlier this evening that the Edgehill course has been extended by 3 months and subsequently Anglia Ruskin have done the same, which adds some reassurance.

Q34 Do you have any advice for getting consultants and CNMs on board with the SCP in the team ?

Create a dialogue with your consultants but there needs to be a need for the role first. If it is the SCP role it is best to highlight several clinical settings where it can support the patient journey and a business case must be developed indicating the benefits and efficiencies to the patient as well as the surgical team. You can use Non Medical Practitioner (NMP) literature to support the case and visit other departments/ organisations to show case it (after COVID)