

**MEDICAL
ASSOCIATE
PROFESSIONS**

Surgical Care Practitioners

Torbay and South Devon
NHS Foundation Trust

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Organisation

Torbay and South Devon NHS Foundation Trust is an integrated health and care organisation providing acute medical and surgical services, community health services, and adult social care.

The trust employs approximately 6,000 staff across its sites and serves a resident population of approximately 286,000 people, as well as around 100,000 visitors during the summer holiday season.

Overview

Between 2010 and 2013, the trust was facing an impending shortage of junior doctors. The clinical director of the orthopaedics department had found out from the deanery that the trust would potentially lose four junior doctor posts.

Then, the *Shape of training and Foundation for excellence* reports were launched, advising that foundation doctors develop their capabilities across a range of settings, including the community.

In response, the trust converted many of its surgical posts to general practice and psychiatry to enable foundation doctors to gain experience of working in community settings.

It was clear that the combined reduction in junior doctors was going to significant impact the department's ability to maintain the on-call rota to deliver high-quality patient care. The only options available were to increase the number of locum doctors, at a considerable cost, or invest in alternative roles.

What the trust did

Recruitment

The trust had appointed its first surgical care practitioner (SCP) as an assistant in surgical practice and theatres back in 2003. For the first three months, the SCP undertook a basic surgical skills course, and was then trained by to perform procedures such as carpal tunnel decompression surgery.

Over time, the SCP took on additional responsibilities which not only reduced the work intensity for junior doctors, but also increased access to educational opportunities. The trust saw an opportunity for the department in terms of improving continuity of care and the service in general, and appointed a further SCP from an operating department practitioner (ODP) background.

The two SCPs joined the first intake for the postgraduate diploma SCP (trauma and orthopaedic surgery) training at Plymouth University. This was accredited by the Royal College of Surgeons of England (RCS).

Expansion of SCPs

The clinical director developed a business case to obtain funding from the deanery to pump prime the costs of the salary and training of additional SCPs.

An internal advert about becoming an SCP was circulated to the trust's nursing/theatre and physiotherapy staff. This provided opportunities for clinical and pay progression, as the only progression available prior to this was into management positions.

The trust was successful in the recruitment of four SCPs with backgrounds in orthopaedics, trauma wards, theatres and emergency medicine.

Once they had completed the postgraduate diploma, the newly qualified SCPs spent the first three months consolidating their clinical experience while working in out-patients, assisting in theatres and helping junior doctors on the orthopaedic wards. They also helped by undertaking duties such as:

- assessment and review of patients
- phlebotomy
- audit
- targeted joint injections (diagnostics and therapeutic)
- assisting with research projects
- joint replacement reviews for ankles, hips, knees and shoulders
- fractured neck of femur fascia local anaesthetic blocks
- running the elective ward with nurse input.

Outcomes

Extended scope of practice

The clinical director had a clear vision of how the SCPs should operate and assisted in the design of their job plans. The clinical director also extended their scope of practice to enable them to develop specialist areas of interest. Key outcomes of this include:

- one SCP works with the foot and ankle team, has her own clinic and works on the foot and ankle injection list
- ortho-geriatricians are supported by an SCP when on the trauma ward and the SCP has started training in surgical procedures for carpal tunnel decompressions

- an SCP performs upper limb out-patient follow up clinics along with the postal follow up and eight-week post-op follow-up clinics
- the trust's metal-on-metal hip replacement clinic is led by SCPs
- the SCPs run the 12-month virtual follow-up of hip and knee replacement patients, which has freed up consultants' time for other clinical duties.

On-call rota

SCPs are part of the junior doctor's on-call rota. This was important to justify their salary and cost of training as it's possible to train surgical assistants, who only worked in theatre, at less cost than an SCP and have existing extended scope physiotherapists provide an out-patient service.

One SCP successfully completed the non-medical prescribing (NMP) course, which enabled them to shadow junior doctors on the on-call rota for one year. The arrangement worked well, allowing junior doctors to access a greater number of training opportunities. The SCP has now joined the on-call rota until 8pm, where they independently review patients in the emergency department including clerking, assessment, prescribing pain relief, ordering initial investigations and starting IV fluids.

The trust plans to organise shadowing for a further two SCPs on completion of the NMP course.

Revision of the curriculum framework
The trust's clinical director worked in collaboration with the Royal College of Surgeons (England) to further support the education and training of SCPs as non-medically qualified practitioners within a consultant led extended surgical team. This resulted in the revised publication of [The Curriculum Framework for the Surgical Care Practitioner \(2014\)](#) to help to maintain patient safety and uphold surgical standards.

Overcoming challenges

Resistance

When the second group of SCPs was appointed, there was resistance from some colleagues. On reflection, it was felt that this was partly due to their lack of experience of working with SCPs, and lack of confidence in SCPs to undertake duties that would normally be performed by junior doctors.

The clinical director emphasised that SCPs would not compromise the training of future surgeons, nor would they replace surgeons, but would provide continuity of service and high standards of care to patients. Once integrated within the team, junior doctors quickly noticed that the work undertaken by SCPs helped them to reduce their own work intensity. At the same time, SCPs started to provide some training to junior doctors, for example, in carpal tunnel decompression surgery.

Junior doctors have come to realise the longer-term value of having SCPs within the team and have become advocates of SCPs as have the consultants, particularly those who were formerly against their appointment.

Prescribing

The SCP recruited from an ODP background is unable to undertake training on the NMP course due to legalities. The trust has found this challenging and mildly disruptive in terms of continuation of patient care and service.

Conclusion

The trust plans to evaluate the impact of SCPs across the wider organisation in terms of reduced agency spend, income generation and patient experience.

Top Tips

- Develop a robust business case to recruit SCPs within your department – remember to highlight the benefits of training and recruiting SCPs within the organisation.
- Incorporate a variety of duties in their job plan to encourage SCPs to develop their scope of practice.
- Recruit the SCPs who demonstrate the organisation's values and behaviours.
- Have a clear vision of how you wish to utilise the skills of the SCP then train them to undertake the duties required to perform the role and allow them time to consolidate their clinical experience and learning.
- Organise appropriate clinical supervision and line management to ensure that the SCPs are supported by the department.
- Encourage SCPs to network with their peers and participate in relevant internal, regional and national forums and meetings. This will help to raise the profile of SCPs and their contributions to high quality patient care.