
Part One

Elementary Requirements

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1 Starting Out: The Wider Picture

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Over the past decade the quality of differential care to patients has been transformed within the National Health Service (NHS) and primary healthcare settings. This process has led to the evolution of new roles for non-medically qualified practitioners working in a variety of specialist areas, and these new roles have created a myriad of clinical responsibilities. In addition, recent changes in medical manpower have resulted in the reduction of junior doctors' hours with specific shortages in many surgical specialties (The New Deal 1991; Calman 1993; Reilly et al. 1996; Working Time Directive 2004).

This chapter is intended to guide advanced specialist healthcare practitioners, such as Surgical Care Practitioners (SCPs) who are planning to undertake simple minor surgical procedures in a clinical setting. Whether the practitioner is considering the role for the first time or not, taking the first step may seem precarious; accompanied by many emotions, including apprehension and fear. This chapter will also focus on simplifying that transitional process, by acquainting practitioners with an overview of the many challenges likely to be faced, and will explore some of those simple but important questions which are likely to be encountered along the way.

Many practitioners today have been employed in senior roles comparable to that of a junior doctor and answerable to the consultant surgeon. However, many in this new field may not have perceived the hurdles that are likely to be encountered.

Firstly, it is essential that the practitioner questions how they might adjust to their transitional role and prepare for the many responsibilities that lie ahead. These questions should take place prior to, during and following the interview process. Subsequently it is important to look at how the role might be perceived and accepted by other medical trainees and patients, including nursing colleagues and multidisciplinary teams, as this could present many unexpected dilemmas, not considered prior to the appointment.

One of the most fundamental objectives is to highlight clearly how the practitioner will be clinically supported throughout their development, as this can be a long and tedious process involving many long hours of relentless work; which may often be accompanied by setbacks, and frustration. Strange

as it may seem, these uncertainties arise time and time again. Unpublished reports suggest that many practitioners have yet to have their problems resolved even after a considerable amount of time spent in post.

Take a few minutes to examine the following questions.

- Will the practitioner use creativity to attain their goal?
- Will he or she survive the transition?
- Can he or she identify potential errors and thus improve potential for future achievements?

PRACTICAL STEPS TO LOCAL IMPLEMENTATION

- Consultant and management identify the specific needs of a training plan and clinical exposure within the organisation.
- Involve clinical governance to assure the quality of clinical services.
- Identify ongoing team development, clinical supervision, and mentorship by the clinician.
- Identify the employment strategy (Trust/Directorate).
- Identify where the practitioner is likely to be sited and establish if office space is available.
- Identify where the practitioner might obtain information technology (IT) as appropriate, to include Internet and Intranet access, to enable them to keep abreast of up to date information, including the latest relevant research.
- Consider how the practitioner might be contacted within the establishment's mobile phone/bleeps network.
- Ensure that the job title reflects the nature of the role.

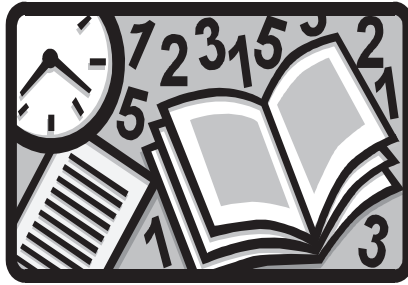
These fundamental matters are integral to the first day if not first week of employment. It will not be surprising if some of these issues require many requisitions, endless paperwork and a variety of signatures.

THE PRACTITIONER

The practitioner may wonder why they have been appointed to their position. Only the employer can answer this question, There is no doubt that an individual who exudes enthusiasm will maintain the ability to think swiftly and make correct decisions, and it is essential that they demonstrate the ability to handle any stressful situations and rise to the challenges found along the way.

Practitioners must be made aware of the considerable groundwork required, and that this has to be undertaken on their own initiative. This will entail researching various aspects surrounding the role together with setting realistic goals. A worthwhile tip is to look at what has already been implemented before attempting to reinvent the wheel.

It is recommended that the practitioner starts with a little self-examination, and takes a few minutes to analyse the following.



- Their own main strengths and weaknesses.
- Their overall ability, and capacity for making swift and judicious decisions when required.

Awareness in these areas will indicate the next steps to be taken, and where possible these should be discussed with the practitioner's supervisor as a part of self-assessment. The results of this exercise will lay the groundwork for the preparation of an individual development plan.

MULTI-TEAM SUPPORT

A collaborative form of approach of support, from a leading consultant surgeon, organisational managers, and the trust board is fundamental, to ensure that the role is developed to its full potential (Martin 2002).

It is also vital that the role is fully integrated, as this encourages cross-boundary multi-professional teamwork (Scholes and Vaughan 2002). This eliminates traditional boundaries, often regarded as the medial realm, allowing practitioners and doctors to work more closely. Organising meetings with others encourages a positive response and leads to a greater understanding of the additional support that may be required.

Such support includes secretarial and clerical support with access to referral letters and patient notes. Other areas such as ordering of diagnostic investigations plays a major part with the aspect of care and may entail the practitioner ordering pathological investigations and X-rays. It is essential that the practitioner's request is authorised. This will entail additional training and ratification at a local level.

Tips to consider are:

- do not appear over-confident or pretentious;
- remember to keep in touch with former colleagues;
- try not to work in isolation.

It is clear that the transition can present many potential pitfalls. The practitioner may initially encounter conflict and potential alienation from medical

and nursing colleagues. Often mixed emotions surrounding the change can result in the practitioner working in isolation. There will inevitably be highs and lows and there may often be a need for 'a shoulder to cry on'. The question may arise as to whose shoulder might that be.

The following account demonstrates this well:

'The changes began the day I commenced my new role, which can only be described as one of the loneliest times of my life. There was excitement, but apprehension of the unknown was extremely daunting. The early days were crammed with introductions, meetings, visits and presentations; I was a novice in my own field of expertise. The doctors were very unsure of my role and I began to lose my own self-belief. My nursing colleagues treated me differently; and I felt as though I was no longer 'one of them'. How I missed the coffee room gossip and banter!

One of my problems was the unavailability of office space, and especially the lack of access to a personal computer. But as the days went by I grew more and more composed, my skills steadily developed and I began to engage confidently in previously unknown activities. The learning curve was steep but I have thrived in my new role and despite the early difficulties I realise now that this was the best step that I have ever made!'

SELF-MANAGEMENT?

It is important to understand that the practitioner may or may not be individually managed by more than one line manager/consultant. Self-management can often present a problem. For example, the line manager may believe that the management responsibility lies with the medical team, particularly if the practitioner is rostered as part of the surgical team. This often leads to unnecessary frustration over who is responsible for monitoring sickness, absence, annual leave, time owing and any other professional issues. Generally these issues should fall under the responsibility of the nurse/line manager. As a member of the extended surgical team the practitioner will be appointed on a day to day basis working under the direction of the consultant surgeon. Each practitioner is answerable to the consultant surgeon over the clinical management of the patient, but overall is responsible for their own activities and the management of their career.

Working alone may result in increased volume of work and heavier demands. It is therefore advisable that the practitioner devises a 'to do' duty list, to organise the urgent, important and not so important issues for each day. Sometimes additional tasks, such as preparing annual reports may have to be undertaken outside normal work hours.

JOB DESCRIPTION AND JOB TITLE

A job description should be formulated outlining the primary purpose of the new post and its essential functions. The duties listed in the job description must make clear the full extent of the knowledge, skills, and abilities neces-

sary to perform the job. Any anticipated areas into which the role may develop should be incorporated as necessary. This is discussed in more detail in chapter 2.

Whilst many roles may have been locally initiated, misunderstanding and confusion over many differing job titles have become apparent. Titles such as Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Surgical Nurse Practitioner (SNP), Surgical Care Practitioner (SCP), and Perioperative Specialist Practitioner (PSP) are a few of the titles now being used.

As early as 1989, assistants in surgical practice within the operating department have been a part of the NHS as extended roles for nurses and operating department practitioners. Consultant surgeons in local trusts identified the need for the surgical assistant and developed the practitioner locally to meet service requirements, for example nurse-led carpal tunnel clinics and assisting in cardiac surgery. The role has subsequently expanded mostly in general surgery, cardiothoracic surgery and orthopaedics. In the operative phase, the surgical care practitioner can provide the same assistance to a surgeon as a trainee surgeon or perform an operative procedure delegated to them by the surgeon, for example, harvesting a vein or wound suturing.

In 2003 the title surgical practitioner was adapted by the National Association in Surgical Practice (NAASP). The working title of Surgical Care Practitioner was agreed after a Department of Health (2004) patient survey on titles was conducted. The patient survey identified an overall perception of the title Surgical Care Practitioner, the word 'care' was highlighted as it avoided the suggestion that the practitioner was a qualified doctor. Currently much debate continues, as it has been described as confusing and misleading (Moorthly et al. 2006). It is clear to state that the title first and foremost should be acceptable to patients indicating what the practitioners role is. Titles should be sufficiently distinct from titles already regulated and protected in law. This is discussed further in Chapter 2.

BUSINESS PLANNING

Strategic planning will enable the practitioner to identify and achieve any long-term goals of the service. The concept of formulating a business plan is to simplify those objectives by utilising a step by step guide, supported by evidence.

A business plan should include:

- the aim of the service to be provided;
- background of the role and the scope and boundaries involved;
- objectives and anticipated results;
- outcome measured in terms of time;
- financial and learning resources required, including information technology, personal IT equipment, and travel expenses for networking, courses and conferences;

- activities and hours involved in each, including following up results, correspondence and teaching commitments;
- administrative support;
- annual leave and essential cover;
- study leave to achieve the objectives of personal development plans;
- imminent but additional staff;
- review dates.

The practitioner may or may not have developed a business plan. If not it is well worth making the effort since it will provide a vision of where the future lies. All parties involved should develop this jointly. The importance of appropriate time planning will reap rewards.

CLINICAL GUIDANCE DOCUMENTS

The main purpose of clinical guidance documents is to standardise clinical practice to reflect the best available evidence, thus improving quality and equality. Clinical guidelines can help provide information and clarify best practice. It is essential that all members of the team are involved in preparing the relevant guidelines in order to safeguard high standards of patient care. The process of ratifying written guidelines to permit practice may be slow within a practitioner's working environment, as it may be necessary for them to be approved by various steering committees or groups.

These are some of the issues considered by these bodies, taken from a report prepared in 1992 by the United Kingdom Central Council (UKCC):

- proposed adjustment to practice;
- proposed training, education and development programme;
- deemed competencies;
- clinical area applicable within the establishment;
- staff involved in development;
- staff with overall responsibility;
- development period: staff involved in approval;
- date approved;
- review date;
- presented to: (e.g. committee).

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Clinical guidance documentation may include:

- clinical history taking and examinations;
- requesting X-rays;
- performing interventional procedures (medical or surgical).

PROFESSIONAL INDEMNITY

It is apparent that variations exist among practitioners taking out additional professional indemnity for protection against consequences of negligence. It is advisable to explore this further, particularly when employed in the independent sector, as a number of employers insist on membership of an organisation such as the Medical Defence Union (MDU) or the Medical Protection Society (MPS). Although a majority of practitioners mainly work within the NHS it is worth while examining whether or not the government indemnity scheme is sufficient, and those relying solely on this indemnity may find that they are unprotected. This is discussed in more detail in chapter 5.

Regulation

In 2005 the consensus for change outside nursing, the Shipman Inquiry and more so the scrutiny of the Doctor Regulator, led to an accompanying review of non-medical healthcare professional regulation, which was carried out on behalf of the Department of Health. The issue of regulating surgical care practitioners (SCPs) has been subjected to the Foster review (DH 2006b). There is currently discussion about a voluntary register of SCPs.

PERSONAL DEVELOPMENT ACTIVITY PLAN AND PORTFOLIO OF EVIDENCE

Compiling a personal development plan (PDP) provides an opportunity for the practitioner to identify short- and long-term objectives. Devising a PDP will contribute to any career aspirations. Essentially the practitioner's line manager should be the key person to help achieve the plan, completing a standard PDP form at the end of the process. The action plan should take into consideration:

- where the practitioner currently is and how the achievements have been accomplished;
- short- to long- term objectives;
- realistic goals;
- resources to support the practitioner;
- record of learning;
- further action necessary.

It is also essential that the practitioner be fully acquainted with plans to improve future services. Once the practitioner has established what the plans are, it may be necessary to develop a strategy for external developmental needs. These may include:

- enhancing communication skills – letter and report writing, skills for meetings and presentations;

- enhancing performance – organising own workload, communicating positively;
- development and improving research skills – writing research reports and material for publication;
- information technology – Word, Excel, Power Point, Access;
- Health & Safety – Advanced Life Support (ALS)/Intermediate Life Support (ILS) courses, manual handling, fire prevention and safety;
- leadership skills;
- accredited study courses/workshops, eg anatomy, history taking, prescribing;
- application for scholarships and awards;
- attend/shadow practitioners in similar roles in other institutions.

It is worth while registering with an established professional association relevant to practice, as this affords links with other practitioners and provides access to the latest developments, events, national issues and advancements applicable to practice.

The practitioner must be held responsible for upholding and reviewing their progress in ongoing knowledge and developments together with their experiences and competencies. Records of meetings with supervisors should be kept, together with notes of relevant topics discussed and key action points agreed. Any additional written plans should be referred to at each meeting and updated as appropriate.

PORTFOLIO OF EVIDENCE

A portfolio of evidence should include:

- clinical logbook;
- pre- and postoperative care (clinic/ward based areas);
- specific procedures performed;
- innovative developments, e.g. patient information leaflets;
- courses attended or participated in;
- record of visits and learning experiences;
- teaching involvement – nursing and medical staff;
- audit and research evaluation;
- competencies;
- reflective statements and personal experiences.

CLINICAL AUDIT

The Latin definition of audit encompasses the term ‘to examine’. Clinical audit systematically reviews everyday care, and is widely used (NICE et al. 2002). It is undoubtedly an invaluable tool for improving quality care and clinical practice and should be acknowledged as an ongoing process rather than a one-off measure.

Clinical audit can evaluate:

- continuity of care;
- improved health outcomes;
- patient satisfaction;
- difference between health professionals;
- impact on services' waiting times, length of consultation, referrals;
- source of referral to the practitioner's clinic;
- patient and medical acceptability of advancing non-medical practitioner roles;
- managing risk assessment.

The audit cycle involves an observation of existing practice, the setting of standards, comparison between observed and set standards and the implementation of change.

Undertaking an audit to monitor and improve patient care can be rewarding and interesting rather than distressing and disheartening. Record keeping, however, can be tedious; therefore simple records/databases regarding the activity should for example identify the analysis of referrals and appointments, and in particular patient satisfaction surveys. In addition the audit should highlight how this data will be analysed and fed back. This may transform contemporary practices.

ANNUAL REPORT

Writing an annual report about the practitioner's role provides an excellent way of sharing their role with others within the organisation. It is essential that it identifies progress and achievements to date, and gives up to date information on patient/client groups, together with their needs and appropriate care.

The report should be clear, concise and well structured. Any data analysis should be included. Presentation of data should include a year-round picture rather than simply an end of year event. Effective and efficient data gathering and collation throughout the year will make this less time consuming as well as less stressful. The report should include:

- introduction;
- contents;
- the service;
- a review of the year;
- direct and indirect care;
- education and training;
- audit and research;
- future developments;
- summary and conclusion.

Reading relevant publications and annual reports will familiarise the practitioner with report writing styles. It may be worth while looking at the organisational website for additional guidance.

SPREADING THE WORD

Practitioners disseminating their work will have a positive impact upon the role being developed. It must be remembered that someone may be trying to establish a similar role elsewhere. Having the confidence to present at conferences locally and internationally is extremely rewarding. These events provide opportunities to meet external practitioners away from the organisation; they may also provide opportunities to sit on external board associations and steering groups relevant to the practitioner's work. Writing for publication is another way to share personal knowledge and interests. Selecting an appropriate subject, use a simple writing style which will attract the reader's attention. Reviewing books that have been recently published can be another way of entering the world of publication. Developing a relevant course enables practitioners to develop new and complex skills to take on new responsibilities. Entering into discussion with a university regarding a course developed by the practitioner for educational development towards a modular programme can lead towards a powerful course at an academically qualified level. It is fair to say that a high quality course will attract interest far and wide.

Organising an open day/evening can be advantageous, as this may provide the practitioner that one opportunity to meet and present their work to referring multidisciplinarys. Primary examples are referring healthcare professionals such as general practitioners and practice nurses. Such contacts foster opportunities to improve upon existing care.

POSITIVE OUTCOMES

Many factors can determine the success of the practitioner's role. One of the greatest rewards is gaining the support and gratitude of patients. It is essential that the practitioner takes time to pat themselves on the back, as such achievements make it all worth while. Earning respect and admiration from the surgical team can also be rewarding. Working to advance their knowledge provides the practitioner with greater job satisfaction and can embrace many targets set within governmental configurations.

SUMMARY

This chapter has introduced many of the key issues involved in developing a new role in clinical practice. These are exciting times for nursing and Allied

Health Practitioners. However there must be harmony and transparency between the role and its function. The practitioner should always remember that they are responsible for managing their own career. This requires self-belief, commitment and the ability to apply skills accordingly. Whilst a doctor traditionally performs the main role, it is fundamental that the essence of good practice is delivered throughout the whole episode of care. Both medical and management teams must wholeheartedly support these new practitioner roles and should recognise their full potential. The rest of the book explores a wide range of other matters surrounding role development and provides the reader with detailed guidance in many aspects of practice.

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