Advanced Roles and Workforce Planning

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Confusion of Advanced Roles

- Clinical Support Worker (CSW)
- Nurse Practitioner (NP)
- Physicians Associate (PA)
- Clinical Nurse Specialist (CNS)
- Band 3 Scrub Assistant Practitioner (AP)
- Theatre Assistant Practitioner (TAP)
- Nurse Clinician
- Physicians Assistant - Anaesthetic (PA-A)
- Surgical First Assistant (SFA)
- Surgical Care Practitioner (SCP)
- MET Nurses
U.K. Healthcare Context

- Seven Day Working
- Stricter Immigration
- European Working Time Directives
- Reduction of junior doctors
- Financial implications for NHS
Benefits of Advanced Roles

**Patient Benefits:**
- Enhance patient safety
- Improves quality of care
- Continuity of care
- Reduce waiting times
- Increased patient satisfaction

**Staff Benefits:**
- Promotes self development
- Creates new challenges
- Improves self-confidence
- Clinical Career Pathways

**Organisational Benefits:**
- Decreases doctors workloads
- Reduction of operative time
- Familiarity with organisation
- Cost saving – Locum costs
Workforce Plan

- Emphasise workforce planning processes
- Create a consistent approach for the implementation of future roles
- Support and develop current enhanced and advanced roles
- Provide consistency in educational requirements, titles and key elements of practice
- Outline key competencies (including assessment) and Masters level qualification as an integral element of advanced practice
- Encourage role evaluation for existing advanced practitioners and potential continuing professional development opportunities
- Ensure appropriate infrastructures are in place for advanced roles to work effectively
Aim

• Identify deficits within each department - ensure suitable allocation of non-medical practitioners - appropriate education, skill set and autonomy

• Having identified the clinical deficits appropriate non-medical practitioners will be identified as necessary or develop current practitioners in additional skills

• The appropriate educational pathways need to be identified to ensure consistency of skills - Clinical examination and diagnosis and non-medical prescribing

• Job Descriptions for advanced roles should be more specific in identifying ‘core skills’ of all the advanced roles and then have a specialised aspect for the specific department.

• Identify who will have overall managerial and educational responsibly and support for advanced roles.
Overall Plan

Job plans of current roles inc. education, band, and management

Meetings with clinical leads to ascertain future skill needs and appropriate roles

Divisional overview - current and future services

Assessment of junior doctor rotas and present and future gaps (elective and emergency)

Identifying present and future pressures for services

Clinical perspective of current and future pressures

Workforce and service provisions

What we have and are we using them effectively and supporting them (Retention & Development)
Assessment of Current Advanced Roles

A job plan review document was sent out across the division to assess the current roles including:

- Education
- Band
- Management
- Job Plans

A competency document has been devised to help support the development and direction of all advanced roles.
Departmental Review

A presentation was given at the divisional meeting about advanced roles pertinent to surgery and the skill set allocated to each role.

Meetings with clinical directors and clinical business managers were undertaken to ascertain future skill needs and appropriate roles with the following information collated:

- What they Have
- Retention and Support for Current Advanced Roles
- Gaps In Rota
- Departments/ areas to Cover
- Skills Required
- Roles Identified
Advanced Roles Applicable for Surgery

- Surgical First Assistant (SFA)
- SFA with Basic Surgical Skills
- Medical Support Assistant
- Advanced Nurse Practitioner
- Surgical Care Practitioner
- Physicians Associate
Surgical First Assistant

Defined as,

‘Role undertaken by a registered practitioner who provides continuous competent and dedicated assistance under the direct supervision of the operating surgeon throughout the procedure, whilst not performing any form of surgical intervention’

(PCC, 2012 p.1)
Surgical First Assistant

- Pre and post op visits
- Assisting with haemostasis
- Positioning
- Indirect diathermisation
- Catheterisation
- Cutting of sutures
- Prepping and draping
- Application of Dressing
- Retraction
SFA with Basic Surgical Skills

- Undertaken a RCS BSS Course
- Knot tying
- Direct diathermisation
- Superficial wound closure
- Securing of surgical drains
- Wound Infiltration
Medical Support Assistant (Clinical Support Worker)

Based within a clinical area and allowed to carry out specific tasks;

- Venepuncture
- Cannulation
- Arterial Blood Gases
- Blood Cultures
- Catheterisation
- Order Bloods
- Basic observations
- Confirms date/time scans
- ANTT
- BMs
- Dressings
- Wound swabs
- Removal of Drains
- Urine testing
- ECGs
- Monitor VTEs, Dementia and MUST
Advanced Nurse Practitioner

The DH (2010) benchmark for advanced level nursing provided by this position statement is generic in that it applies to all clinical nurses working at an advanced level regardless of area of practice, setting or client group. It describes a level of practice, not specialty or role, that should be evident as being beyond that of first level registration.

It comprises of 28 elements clustered under the following four themes:
• clinical/direct care practice;
• leadership and collaborative practice;
• improving quality and developing practice; and
• developing self and others.
Advanced Nurse Practitioner

The RCN (2012) defines the level of practice within which ANPs work as encompassing the following:

• making professionally autonomous decisions
• receiving patients with undifferentiated and undiagnosed problems and making an assessment of their health care needs
• screening patients for disease risk factors and early signs of illness
• making differential diagnoses using decision-making and problem-solving skills
• developing with the patient an ongoing nursing care plan for health
Advanced Nurse Practitioner

- ordering necessary investigations, provide treatment and care both individually, as part of a team, and refer to other agencies
- having a supportive role in helping people to manage and live with illness
- having the authority to admit or discharge patients from their caseload, and refer patients to other health care providers
- working collaboratively with other health care professionals and disciplines
- providing a leadership and consultancy function as required
# ANP Programme

## Programme structure: MSc Advanced Practice – Generic Pathway

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Level</th>
<th>Credits</th>
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<tbody>
<tr>
<td>HEA 9055</td>
<td>Context of Advanced Practice (core)</td>
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<td>Foundation of Social Research (core)</td>
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### 60 credits completed
- Postgraduate Certificate Advanced Practice

### 120 credits completed
- Postgraduate Diploma Advanced Practice

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<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Level</th>
<th>Credits</th>
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<tbody>
<tr>
<td>HEA 4002</td>
<td>Advanced Practice Project (core)</td>
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<td>60</td>
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### 180 credits completed
- MSc Advanced Practice
## ANP Optional Modules

<table>
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<tr>
<th>Module code</th>
<th>Module title</th>
<th>Credits</th>
<th>Core / Optional</th>
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<tr>
<td>HEA 9074</td>
<td>Clinical Examination and Assessment</td>
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<td>HEA 9075</td>
<td>Non-Medical Prescribing</td>
<td>20 credits</td>
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<tr>
<td>HEA 9083</td>
<td>Leadership within Health &amp; Social Care Setting</td>
<td>20 credits</td>
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<tr>
<td>HEA 9087</td>
<td>Mentorship in Professional Practice</td>
<td>20 credits</td>
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<tr>
<td>HEA 9078</td>
<td>Applying Quality Governance in Health &amp; Social Care</td>
<td>20 credits</td>
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<tr>
<td>HEA 9022</td>
<td>Managing Risk in Primary Care Settings</td>
<td>20 credits</td>
<td>Optional</td>
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<tr>
<td>HEA 9040</td>
<td>Treatment Management of Diabetes</td>
<td>20 credits</td>
<td>Optional</td>
</tr>
<tr>
<td>HEA 9045</td>
<td>Asthma, COPD and other Respiratory Diseases</td>
<td>20 credits</td>
<td>Optional</td>
</tr>
<tr>
<td>HEA 9019</td>
<td>Health Promotion &amp; Therapeutic Interventions</td>
<td>20 credits</td>
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<tr>
<td>HEA 4025</td>
<td>Clinical Assessment and Diagnostic</td>
<td>20 credits</td>
<td>Optional</td>
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<tr>
<td>HEA 9024</td>
<td>Paediatric Care in Primary Care Settings</td>
<td>20 credits</td>
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<tr>
<td>HEA 9082</td>
<td>Management &amp; Prevention of Infection</td>
<td>20 credits</td>
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<tr>
<td>HEA 9020</td>
<td>Meeting the Challenges of Heart Failure</td>
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<tr>
<td>HEA 9089</td>
<td>Advanced Risk Management in Mental Health</td>
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<tr>
<td>HEA 9073</td>
<td>Management of Long Term Conditions</td>
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<tr>
<td>HEA 4033</td>
<td>Negotiated Learning (Shell)</td>
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<tr>
<td>HEA 4034</td>
<td>Negotiated Learning (Shell)</td>
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<tr>
<td>HEA 4007</td>
<td>Advanced Respiratory Care Practice</td>
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<td>HEA 4014</td>
<td>Case Management</td>
<td>20 credits</td>
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<td>HEA 4015</td>
<td>The protection of children and young people</td>
<td>10 credits</td>
<td>Optional</td>
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<td>HEA 4016</td>
<td>Legal and Ethical issues</td>
<td>10 credits</td>
<td>Optional</td>
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<tr>
<td>HEA 4010</td>
<td>Clinical diagnostics</td>
<td>10 credits</td>
<td>Optional</td>
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<tr>
<td>HEA 4017</td>
<td>System redesign in Health Care Practice</td>
<td>20 credits</td>
<td>Optional</td>
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A Surgical Care Practitioner is defined as:

‘A registered non-medical practitioner who has completed a Royal College of Surgeons accredited programme (or other previously recognised course), working in clinical practice as a member of the extended surgical team, who performs surgical intervention, pre-operative care and post-operative care under the direction and supervision of a Consultant surgeon’

(DH, 2014 p.13).

SCPs are required to spend a minimum of 2200 hours gaining clinical learning with 1100 hours in theatre
Surgical Care Practitioner

Under the direction of a Consultant surgeon and in conjunction with local guidelines and where applicable taking additional qualifications, SCPs may participate in:

• Work in clinic
• Be involved in enhanced recovery
• Arrange investigations
• Involved in the consent process
• Liaise with different departments
• WHO Safe Surgery checklist
• Preparation of patients for surgery
• Act as an assistant
• Perform some technical and operative procedures
Surgical Care Practitioner

• Daily ward rounds
• Writing of operation notes & ward round note taking
• Post-operative care; wound assessment, initial treatment and identification of complications
• Identification of acute deterioration of patients
• Support on-call & emergency services
• Evaluation of care, including the discharge process and follow-up care arrangements
• Facilitation of the training of trainee surgeons
• Research, development, education and audit
• Prescribing medications appropriate to their specialty
Surgical Care Practitioner

MSc Surgical Care Practice (Trauma & Orthopaedics)

<table>
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<tr>
<th>1st Year</th>
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<tbody>
<tr>
<td>HEA 4045</td>
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<tr>
<td>Research: The</td>
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<tr>
<td>Development of a</td>
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<tr>
<td>Research Proposal</td>
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<tr>
<td>HEA 4120</td>
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<tr>
<td>Introduction to Surgical Care Practice</td>
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<tr>
<td>HEA 4121</td>
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<tr>
<td>Clinical Examination and Diagnostics in Surgical Care Practice</td>
</tr>
<tr>
<td>HEA 4122</td>
</tr>
<tr>
<td>Generic Surgical Care Practice Skills</td>
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<tr>
<td>HEA 4123</td>
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<tr>
<td>Leadership &amp; Management in Surgical Care Practice</td>
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<table>
<thead>
<tr>
<th>2nd Year</th>
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<td>MSc Surgical Care Practice (Trauma &amp; Orthopaedics)</td>
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<tr>
<td>Specialist Surgical Pathway</td>
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<tr>
<td>HEA 4160</td>
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<tr>
<td>Surgical Care Practice in Trauma &amp; Orthopaedics</td>
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<tr>
<td>HEA 4002</td>
</tr>
<tr>
<td>Advanced Practice Project</td>
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</table>
Surgical Care Practitioner

- MSc SCP in Trauma & Orthopaedic
- MSc SCP in General Surgery
- MSc SCP in Urology
- MSc SCP in Gynaecology
- MSc SCP in Neuro Surgery
- MSc SCP in Cardiothoracic Surgery
- MSc SCP in Vascular
- MSc SCP in Paediatric Surgery
- MSc SCP in Otorhinolaryngology
- MSc SCP in Maxillofacial Surgery
- MSc SCP in Plastic and Reconstructive Surgery
# Surgical Care Practitioner

## Table 2: Tools, domains and types of assessment

<table>
<thead>
<tr>
<th>Assessment tool</th>
<th>ISCP domain</th>
<th>Type of assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Based Discussion (CBD)</td>
<td>Knowledge, Judgement</td>
<td>Formative</td>
</tr>
<tr>
<td>Mini-Clinical Evaluation Exercise (Mini-CEX)</td>
<td>Knowledge, Judgement, Technique, Professional</td>
<td>Formative</td>
</tr>
<tr>
<td>Mini-Peer Assessment Tool (Mini-PAT)</td>
<td>Knowledge, Judgement, Technique, Professional</td>
<td>Formative</td>
</tr>
<tr>
<td>Direct Observation of Procedural Skills in Surgery [Surgical DOPS]</td>
<td>Knowledge, Judgement, Technique</td>
<td>Formative</td>
</tr>
<tr>
<td>Procedure Based Assessment (PBA)</td>
<td>Knowledge, Judgement, Technique, Professional</td>
<td>Formative</td>
</tr>
<tr>
<td>Multi-source Feedback (MSF)</td>
<td>Knowledge, Judgement, Technique, Professional</td>
<td>Formative</td>
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<tr>
<td>Acute Care Assessment Tool (ACAT)</td>
<td>Knowledge, Judgement, Professional</td>
<td>Formative</td>
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(Adapted from content of ISCP/GMP Blueprint 2010, & GMC Learning & assessment the clinical environment 2012)
## Surgical Care Practitioner

<table>
<thead>
<tr>
<th>Assessment Method</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>CBD</td>
<td>1 every two months (6 per annum)</td>
</tr>
<tr>
<td>Mini-CEX</td>
<td>1 every two months (6 per annum)</td>
</tr>
<tr>
<td>Mini-PAT</td>
<td>1 per year</td>
</tr>
<tr>
<td>Surgical DOPS</td>
<td>1 per month; with each index procedure at least twice to demonstrate progression</td>
</tr>
<tr>
<td>PBA</td>
<td></td>
</tr>
<tr>
<td>Learning agreement and supervisors report</td>
<td>1 per placement: to incorporate initial planning &amp; objective setting, mid-placement review and Final Review</td>
</tr>
<tr>
<td>Review of Competencies</td>
<td>3 per year</td>
</tr>
<tr>
<td>Progression Review</td>
<td>1 per year</td>
</tr>
</tbody>
</table>
Physicians Associate

A Physician Assistant (PA) is defined as,

‘someone who is: a new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision. The role is therefore designed to supplement the medical workforce, thereby improving patient access’

(DH, 2012; p.2).
Physicians Associate

Physician associates work within a defined scope of practice and limits of competence. They:

• take medical histories from patients
• carry out physical examinations
• see patients with undifferentiated diagnoses
• see patients with long-term chronic conditions
• formulate differential diagnoses and management plans
• perform diagnostic and therapeutic procedures
• develop and deliver appropriate treatment and management plans
• request and interpret diagnostic studies
• provide health promotion and disease prevention advice for patients.

Currently, physician associates are not able to:

• prescribe
• request ionising radiation (eg chest x-ray or CT scan).

(Faculty of Physicians Associates 2017)
Physicians Associate

PAs are required to undertake a minimum of 3150 hours study time with 1600 within clinical practice.
The minimum core placements as stated within The Competence and Curriculum Framework for the Physician Assistant (2012) are as follows:
- Community Medicine 180 hours
- General Hospital Medicine 350 hours
- Front Door Medicine 180 hours
- Mental Health 90 hours
- General Surgery 90 hours
- Obstetrics & Gynaecology 90 hours
- Paediatrics (acute setting) 90 hours

An additional 330 hours for individual organisations to allocate
Current Junior Doctor Workforce

To cross reference the information from the clinical directors and identify future workforce needs it was integral to understand the current junior doctor rotas and identify both current and potential future gaps whilst also taking into consideration educational needs.

Reviewed;

• Numbers per rota
• Compliance of rota
• Reasons for leave including educational requirements
• Continuous Gaps in the rota
Divisional Overview

To take into account future divisional developments which could influence service delivery and therefore workforce

Discussion with the divisional medical director and divisional director of operations occurred.
Workstream 1 – Current Advanced Roles in Surgery

• Continued review what we have
• Benchmarking of current advanced roles (Academic /banding/Line Management)
• Explore job descriptions and job plans
• Review education (Evaluating Clinical Skills and Competencies)
• Review utilisation
• Assess support and job satisfaction of staff- identify any barriers/ issues inhibiting role
• Agreed development plans for existing advanced roles inc. CPD
Workstream 2- Workforce plan

- Agreed clear vision with division
- Ascertain gaps in medical rota and shortages
- Select appropriate level and skill set
- Identify locum costs and potential generating of money
- Sustainability of services
Workstream 3- Trainee Advanced roles

- Agreed line management and medical mentorship for all trainees
- Support network
- Identify additional education/training requirements
- Portfolio/competency support and evidence
- Need to consolidate and ensure trainee APs who qualify are utilised effectively and Trust strategy is effective
- Newly qualified APs now do work as part of medical rota.
Other thinks to consider

- Professional accountability
- Prescribing (will depend on professional background)
- CPD
- Line management
- Career progression
- Retention
- Consistent education and training linked with job titles
- Education & discussion with clinical teams about roles, responsibilities and expectations of different advanced roles
References


• Faculty of Physicians Associates (2017) http://www.fparcp.co.uk/about-fpa/Who-are-physician-associates

• National Health Service Improving Quality: NHS Improving Quality in collaboration with NHS England (2014). NHS services -- open seven days a week: every day counts

• http://www.nhsiq.nhs.uk/media/2416738/every_day_counts.pdf [accessed 15 June 2015].


• Royal College of Nursing (RCN 2012) Advanced nurse practitioners : An RCN guide to advanced nursing practice, advanced nurse practitioners and programme accreditation. London: RCN

• Royal College of Surgeons (RCS, 2014) Surgical Care Practitioner National Curriculum.

• https://www.rcseng.ac.uk/surgeons/training/docs/surgical--care--practitioner--curriculum [Accessed 15 June 2015]