

# 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

Theatre  
Assistant  
Practitioner  
(TAP)

Nurse Clinician

Assistant  
Practitioner  
(AP)

Surgical Care  
Practitioner  
(SCP)

Physicians  
Assistant -  
Anaesthetic  
(PA-A)

Surgical First  
Assistant (SFA)

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

## Organisational Benefits;

- Decreases doctors workloads
- Reduction of operative time
- Familiarity with organisation
- Cost saving – Locum costs

## Staff Benefits;

- Promotes self development
- Creates new challenges
- Improves self-confidence
- Clinical Career Pathways

# 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 responsibility and support for advanced roles.

What we have and are  
we using them  
effectively and  
supporting them  
(Retention &  
Development)

Clinical perspective of  
current and future  
pressures

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

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

Overall Plan

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

Workforce and  
service provisions

# 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;

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

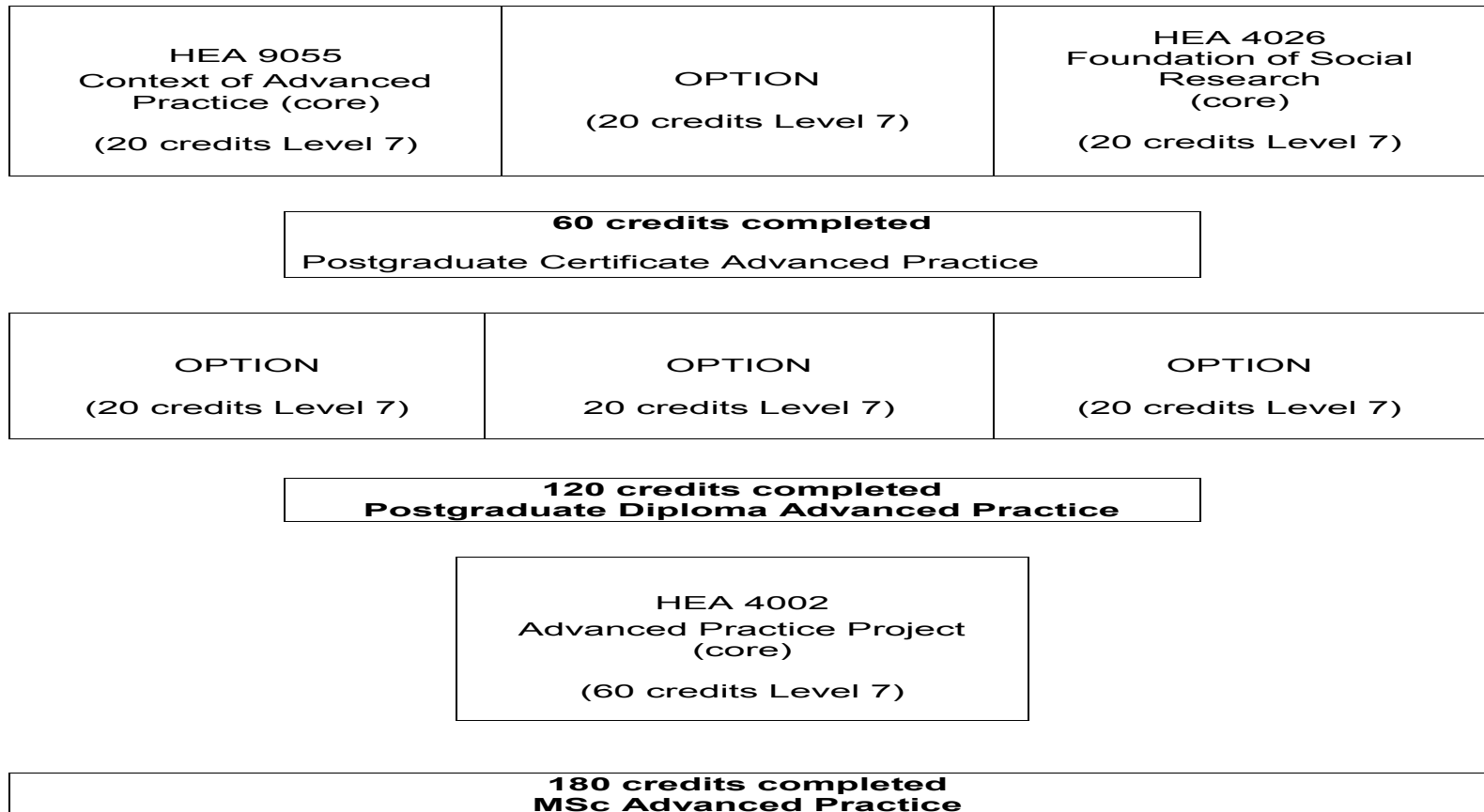


# Advanced Nurse Practitioner

- 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



# ANP Optional Modules

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

# Surgical Care Practitioner

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)		
1 <sup>st</sup> Year	HEA 4045 Research: The Development of a Research Proposal	
	HEA 4120 Introduction to Surgical Care Practice	
	HEA 4121 Clinical Examination and Diagnostics in Surgical Care Practice	
	HEA 4122 Generic Surgical Care Practice Skills	
		HEA 4123 Leadership & Management in Surgical Care Practice

MSc Surgical Care Practice (Trauma & Orthopaedics)	
2 <sup>nd</sup> Year	Specialist Surgical Pathway HEA 4160 Surgical Care Practice in Trauma & Orthopaedics
	HEA 4002 Advanced Practice Project

# 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

Assessment tool	ISCP domain	Type of assessment
Case Based Discussion (CBD)	Knowledge, Judgement	Formative
Mini-Clinical Evaluation Exercise (Mini-CEX)	Knowledge, Judgement, Technique, Professional	Formative
Mini-Peer Assessment Tool (Mini-PAT)	Knowledge, Judgement, Technique, Professional	Formative
Direct Observation of Procedural Skills in Surgery (Surgical DOPS.)	Knowledge, Judgement, Technique	Formative
Procedure Based Assessment (PBA)	Knowledge, Judgement, Technique, Professional	Formative
Multi -source Feedback (MSF)	Knowledge, Judgement, Technique, Professional	Formative
Acute Care Assessment Tool (ACAT)	Knowledge, Judgement, Professional	Formative

(Adapted from content of ISCP/GMP Blueprint 2010, & GMC Learning & assessment the clinical environment 2012)

# Surgical Care Practitioner

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

# 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

- Christiansen, A., Vernon, V. and Jinks, A. (2012) Perceptions of the benefits and challenges of the role of advanced practice nurses in nurse--led out--of--hours care in Hong Kong: a questionnaire study. *Journal of Clinical Nursing* 22, 1173–1181.
- Department of Health (DH 2010) Advanced Level Nursing: A Position Statement. London:DH
- Lowe, G., Plummer, V., O'Brien, A. P. and Boyd L. (2011) Time to clarify – the value of advanced practice nursing roles in health care. *Journal of Advanced Nursing* 68(3), 677–685.
- 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](http://www.nhsiq.nhs.uk/media/2416738/every_day_counts.pdf) [accessed 15 June 2015].
- National Health Service Management Executive (1991) *The New Deal for Junior Doctor Hours*, London: HMSO
- Perioperative Care Collaborative (PCC) (2012) 'First surgical Assistant formerly Advanced
- Scrub Practitioner' PCC Position Statement <http://www.afpp.org.uk/> [Accessed 15 June 2015]
- Quick, J. (2013) The role of the surgical care practitioner within the surgical team. *British Journal of Nursing* 22(13), 759--765.
- 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]