

Summary of Surgical Care Practitioner Consultation Responses

Background

The National Curriculum Framework for Surgical Care Practitioners consultation document was published on 24 March 2005. The consultation sought comments on the following:

- the curriculum framework as an educational programme
- the range of knowledge and skills in the syllabus
- methods of assessment
- specialty specific skills and knowledge at qualification
- specialty specific skills and knowledge post qualification
- triggered assessment

Views were also invited on the following issues:

- issues around supervision
- the title "surgical care practitioner"

The consultation did not seek comments on whether the role should exist; the role was developed through local initiatives and has been in existence since 1989. The curriculum framework sets out national standards for education, training and assessment to ensure transferability and common understanding of what individuals engaging in such roles should be equipped to do, (fit for purpose), on completion of the programme.

The consultation ended on 16 June 2005 after a 12 week period.

Responses

89 responses in total were received.

We are happy with the level of response, given the good range of organisations that responded and given that many of them purposely sought the opinion of many members.

There was an initial flurry of brief individual responses followed by very detailed responses from organisations nearer the closing date.

There were 49 individual / personal responses, 12 of these did not make substantive or direct comments on the curriculum framework, but, for example, asked how to access training for this role. Thirty seven responses have been analysed. Occasionally 2 or 3 individuals have signed up to one response. In some cases, it was difficult to know, when an individual named their organisation, whether it was a personal response or a collective organisational response.

There were responses from 40 organisations covering a good range including a detailed response from the Royal College of Surgeons of England, Patient Liaison group. These organisations had taken the time to show keen interest and review all of the points as requested. Some held workshops or engaged numerous members before sending their collective response, so we know that they represent a wide range of individual views. For example, Norfolk Suffolk and Cambridge Health Authority held a workshop with 27 attendees and the Association for Perioperative Practice (AfPP) state that their response is 'representative of both the AfPP Board and AfPP members whose views have been sought and collated'.

The curriculum framework has broad support with some very useful feedback that we will accommodate as outlined in detail later.

Individual / personal responses (by own descriptor)

SpR 8, MRCS 5, consultants 5, nurses specialist / nurse practitioners 3, SCPs 3, FRCS 2, registrar 1, surgical trainee 1, surgical assistant 1, Research fellow 2, unknown 3, surgeons 2, modern matron 1.

Organisation Responses

NHS Trusts 10, Associations 8, Colleges 6, Universities 4, SHAs 2, Councils 2, Government departments 2, Speciality Advisory Committees 2, others 4.

Key Areas for Action

Headlines

There needs to be clear statements made at the beginning of the curriculum framework to outline the following:

- Junior doctor training should not be compromised
- The time required for supervision of SCP trainees as well as other trainees must be taken into consideration
- Organisations therefore need to identify how such roles will benefit the patient / service
- Organisations will need to give due consideration to the preparation and organisational development required to support the establishment of these roles across the multi-professional team and within the organisation

***Action:** These points will be made clear at the beginning of the next curriculum framework document. A good practice guide, for organisations wishing to appoint practitioners in any speciality, is being prepared.*

- Transparency for patients is essential. The role must be explained and if a patient would prefer to be seen by a member of the medical staff, this opportunity must be provided

***Action:** A communications strategy is being discussed and local organisations are requested to include their patient liaison group in any developments. A model patient leaflet is being developed to explain the role.*

- The curriculum framework is about the training, education and assessment required to take SCP trainees to the point of qualification. It does not cover the requirements for continuing development thereafter. Continued development will be the responsibility of the individual, their supervisor and employer.

***Action:** This will be made clear at the beginning of the next curriculum framework document.*

Accountability

Six organisations commented on the issue of accountability with 3 requesting further clarification on the issues and 3 feeling that surgeons could not be fully accountable for SCP actions or, in the case of 2 responses, that SCPs were more than capable of being fully accountable for their own actions.

***Action:** The curriculum framework committee propose to include a diagram in the next curriculum framework document to illustrate civil, criminal, employer and professional regulator lines of accountability. This diagram will also show lines of clinical responsibility within the surgical team. In addition, the text, with regard to delegation and responsibility for appropriate delegation, will be strengthened.*

Supervision

Twenty five organisations commented on the issue of supervision. 5 of these respondents felt that the issue of supervision requires more clarity whilst 7 felt the role should come under consultant supervision. Only 3 felt it was appropriate to have indirect/proximal supervision. Two felt there should be training for consultant supervisors. There seemed a great deal of confusion regarding the levels of supervision and 7 felt there was a lack of clarity about the SCP scope of work and that a clearer definition is required. Eleven individual respondents also commented on the level of supervision required by SCPs.

Action: *The curriculum framework committee would like to change the current levels for core and specialty development to 2 clearly defined levels.*

Level 2 will define the final expected level of competence in terms of knowledge, operative skill and pre and post operative skill at the point of qualification. Trainees will move through level 1 during training and the two levels will enable assessment of competence at milestones during the programme. (See appendix A - working document)

The specialty knowledge and skills in appendix 4 of the curriculum framework will be amended to outline the range of clinical skills associated with specialties (i.e the scope of practice for each specialty). These will be agreed with the relevant Specialty Associations.

The Royal College of Obstetricians and Gynaecologists and the Royal College of Ophthalmologists will provide their specialty elements, taking into account the above planned changes to the framework.

The text regarding the expected knowledge and skills of supervisors will be strengthened, to take account of QAA principles for practice based programmes.

Direct entry / Type Two and Type Three entrants

Sixteen organisations were concerned or opposed to direct entry / Type 2 and 3 entrants. The main reason given was the perceived lack of experience that entrants without a health care background would have.

Action: *The curriculum framework committee would like to remove the section on Type 2 and 3 entrants from the document and propose that a separate piece of work be undertaken to establish what the key concerns are, and whether this is a viable option for the future. A statement to this effect will be added to the next curriculum framework document.*

Curriculum framework issues

The curriculum framework committee recognise that several items need to be addressed specifically within the curriculum framework:

Actions:

- *The term degree level has caused confusion so this needs to be changed to ensure that HEIs know that at the end of the two year programme trainees are required to achieve a degree.*
- *Consideration must therefore be given to the entry criteria and mechanisms for accreditation of prior learning and experience.*
- *The emphasis on clinical assessment needs to be strengthened*
- *The fact that this is a partnership between HEIs and NHS organisations and both parties have a role in assessment and have mechanisms for appeals needs to be strengthened*
- *Diagram 1.3 is confusing and will be replaced by text*
- *Diagram 1.4 will have any reference to type two or three trainees removed as direct entry will be considered separately*
- *The type one B box in diagram 1.4 will refer to existing healthcare professionals not just nurses and ODPs*

Regulation

Eighteen organisations commented on the issue of regulation. Of those, 9 asked for further clarification, while 5 did not feel separate registration is appropriate. 4 were concerned about a Voluntary Code of Conduct until regulation was in place. (This shows a lack of understanding because a voluntary register and code of conduct have to be in place before a new profession can be regulated). Four felt there should be a single regulatory body for all practitioners. From a few comments, it is apparent that some organisations do not understand that the curriculum framework needs to be agreed and national training, education and assessment in place before regulation is possible.

Action: *The issue of regulation for these advanced practitioners is being considered separately as part of the 'Foster review'.*

Title

Twenty four organisations do not make any comments on the title despite being offered the opportunity to do so and 3 believe that the current title of SCP is suitable. Ten organisations have concerns about the current title and 10 individuals believe the title should reflect the role of assistant.

Action: *The curriculum framework committee recommend that the title remain 'surgical care practitioner' but recognise that this may be revisited during the regulatory discussions.*

Prescribing

Prescribing is considered a crucial element for the development of the SCP by 4 organisations.

Action: *This is being deliberated as part of the review of non-medical prescribing.*

Other

Two respondents felt the curriculum framework does not take account of the funding implications of the proposals and 2 felt that further consultation is needed with stakeholders and the public before any further development of the role takes place.

Action: *When the amendments to the curriculum framework, as outlined above have been made, the curriculum framework committee propose that the main stakeholder organisations are asked to comment on the changes before it becomes policy.*

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Full responses to the consultation are being prepared to be accessible via the DH Consultations website and will be available in the near future.