Department of Health

NHS National Practitioner Programme

The Curriculum Framework for the Surgical Care Practitioner

The Curriculum Framework for the Surgical Care Practitioner*

April 2006

*Surgical Care Practitioner is currently a working title

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The development of this document

The document has been produced as a result of a working party aimed at harmonising the Royal College of Surgeons of England's ideals on surgical education and training of surgeons with those non-medically qualified practitioners practicing and developing their own curriculum for similar areas of practice. The main body of work took place between May 2004 and December 2004.

The working party was drawn from The Royal College of Surgeons of England Council and the National Practitioner Programme (previously the NHS Changing Workforce Programme) 'New Ways of Working in Surgery' Steering Group and represented:

The Royal College of Surgeons of England (RCSEng)

The Royal College of Obstetricians and Gynaecologists (RCOG)

Association for Cardiothoracic Surgical Assistants (ACSA)

Association of Operating Department Practitioners (AODP)

Association for Perioperative Practice (AfPP)

Association of Surgeons in Training (ASiT)

British Orthopaedic Trainees Association (BOTA)

National Association of Assistants in Surgical Practice (NAASP)

National Health Service University (NHSU)

National Practitioner Programme (NPP)

Skills for Health (SfH)

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The core documents that have formed the basis of the harmonisation are:

The Curriculum Framework for the General Professional Practice of Surgery: The first three years, The Royal College of Surgeons of England, February 2003.

The Royal College of Surgeons' Curriculum Framework for Surgery, Linda de Cossart and Alan Crockard, Versions: September 2003 and July 2004.

Models for Curriculum Planning, RCS England workshop papers, D Fish, 2001.

Surgical Care Practitioner Core Syllabus, National Association of Assistants in Surgical Practice, 2005.

Proposed educational framework for the surgical care practitioner, document tabled for the working party, J Biggins & J Thatcher, June 2004.

The audience for this document

This document is intended for:

- Those wishing to become surgical care practitioners (SCPs)
- Those wishing to offer an educational programme leading to qualification
- Patients and the lay public, offering definitions of this new role, and the standards required for the education and development of a SCP
- Regulators of the profession of surgery in general, and for existing regulatory bodies setting the standards and requirements of the programme
- Educators in other professions, providing an explicit statement of the philosophy and the detailed framework for the education of SCPs
- Any health care provider wishing to employ a SCP.

The structure and rationale of this document

The consideration of values is traditionally the first step in designing a curriculum and they are at the beginning of the document. The following sections follow an typical structure and headings for the design of a modern, practice-focused curriculum.

Aims
Intentions
Content (syllabus)
Principles of teaching and learning
Assessment
Regulations for assessment
Resources
Evaluation (or quality assurance)

This document is the main reference document for the curriculum framework for the establishment of standards and quality assurance of trainee SCPs throughout England, (the document may be used in Northern Ireland, Scotland and Wales in the future).

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Prologue

As members of the extended surgical team, Surgical Care Practitioners (SCP) reflect the development of a new professional role of non-medically qualified practitioners who are providing care for patients in an increasingly demanding NHS. The SCP will practice under the direction and leadership of a consultant surgeon and will have been educated to a standard approved by the respective medical Royal College.

The educational development of SCPs:

- Will enhance the capability of the surgical team and will evolve together within the team
- Will in the clinical environment be the responsibility of a named consultant surgeon (clinical supervisor) who has the time and resources to train SCPs
- Will not compromise the training of future surgeons
- Will not replace surgeons

SCPs will be employed where necessary as permanent members of the surgical team to encourage continuity of service and standards of care to patients in areas which do not necessarily need to be provided by medically qualified staff. The syllabuses provided in Appendix 4 indicate the range of clinical and technical skills which may be carried out by non-medically qualified staff.

In line with NHS policy, patients must be allowed choice with respect to who treats them. The role and status of SCPs must be clear so that both patients and colleagues understand their scope of practice and responsibilities. However, the specialties of Oral and Maxillofacial, Otorhinolarygology, Urology and Paediatrics have either already developed practitioners within the specialty or the specialty requirements are beyond this curriculum and therefore have no need for the SCP role.

The Department of Health, through the National Practitioner Programme, has developed the *Good practice checklist* for use by all Secondary Care Trusts when considering the employment of practitioners. The guide provides a breakdown of areas that should be considered before making an employment decision.

1 Introduction

1.1 The role and status of this document

Over the past decade, healthcare practitioners other than doctors have been extending their role in the care of surgical patients. This has been encouraged by surgeons.

The development has been driven by the workforce needs of institutions, which, in collaboration with key surgeons has resulted in the development of bespoke programmes of education and training for some practitioners who now not only manage the clinical care of patients but also assist with technical and operative interventions; a role overlapping with care normally offered by doctors. There has been close affiliation with The Royal College of Surgeons of England and patient representative groups during these developments. However, many new roles are now emerging and there is the potential for confusion and variable standards.

In order to ensure that patient safety is maintained and the surgical standards expected by the College and others are assured, this curriculum project was designated with the specific aim of creating **The Curriculum Framework for the Surgical Care Practitioner**. This is a two-year programme, incorporating both core and specialty knowledge and skills acquisition, which will take place in the clinical setting and will require partnership between the NHS and educational institutions. Eligibility to enter the programme will require demonstration of academic ability and healthcare experience.

A Surgical Care Practitioner is defined as:

> ***A non-medical practitioner, working in clinical practice as a member of the extended surgical team, who performs surgical intervention, pre-operative and post-operative care under the direction and supervision of a consultant surgeon.***

This definition has drawn on the experience of the Department of Health, Welsh Assembly Government and other collaborating parties who have been piloting the role of SCP in England and Wales. The working definition of this practitioner for this purpose was derived from the National Association of Assistants in Surgical Practice (NAASP 2002).

1.2 The key points of the curriculum

The key features of the curriculum are that:

- Clinical practice is the main arena for teaching, learning and assessment
- Educational liaisons between NHS and educational institutions are fostered
- Entrants will be required to demonstrate appropriate previous clinical experience and academic achievement

- The programme will provide opportunities for incremental development to a prescribed standard prior to qualification
- The standards and assessment of technical and operative competence will be equivalent to that expected of a medical practitioner performing the same procedure
- Multidisciplinary learning and practice will be required
- Development of surgeon educators will be essential
- Continuing development of the curriculum and of regulation will be on going.

1.3 The role of the qualified surgical care practitioner

The SCP will be employed as a member of the extended surgical team **responsible to the consultant surgeon**. The SCP will undertake duties beyond that of scrub practitioner. The role encompasses the provision of care and appropriate intervention within the operating room, in ward and in the clinic (usually within a specified surgical specialty). The SCP will always act within their scope of practice, at a predetermined level of supervision (see 4.3.3) and follow agreed guidelines and protocols.

Under the direction of a consultant surgeon, SCPs may participate in:

- Pre-operative assessment and physical examination as directed by the surgical team
- Assisting with the preparation of patients for surgery including venepuncture, male and female catheterisation, patient positioning and preparation
- Assisting with surgical procedures in the operating theatre as part of the multidisciplinary team for the surgical specialty under the supervision and direction of the operating surgeon*
- Being first or second assistant at operations as directed by the supervising consultant surgeon
- Some technical and operative procedures according to their scope of practice
- Facilitating the continuity of care of patients
- Facilitating the training of trainee surgeons by supporting a training session or providing delegated care to a patient while the consultant surgeon is conducting a training session
- Arranging appropriate pre and post-operative investigations as part of the multidisciplinary team
- Liaising with medical, theatre, ward and clerical staff on relevant issues such as theatre lists to support coherent service provision
- Post-operative care, including wound assessment, initial treatment and identification of surgical problems and complications
- A variety of outpatient activities, including seeing patients as and when they are deemed competent to do so
- The evaluation of care, including the discharge process and follow-up care arrangements for surgical patients.

*The operating surgeon may be a non-consultant medically qualified member of the surgical team (e.g. an SpR) who has been delegated the role by a consultant surgeon. A locum consultant may be delegated tasks in the training programme by a consultant surgeon after demonstrating competency in the proposed area of training.

1.4 Scope of practice

The scope of practice for the trainee SCP is defined by the Curriculum Framework for the SCP. The extent and span of clinical duties during the two year training period leading to qualification are defined in two sections, the core skills and knowledge found in Appendix 3 and specialty skills and knowledge found in Appendix 4.

The scope will be supported by a specific education and training programme which addresses both clinical skills and the underpinning knowledge pertinent to the trainee SCP* and necessary to attain prior to completion of training.

The SCP undertakes certain clinical activities that were previously the domain of doctors. These activities, based on principles of practice rather than tasks, require the authorisation of the employer and the successful completion of a defined programme of study, leading to an award within the National Framework for Higher Education Qualifications (as defined by the Quality Assurance Agency).

The trainee SCP must acknowledge any limitations in their knowledge and skills and must not perform clinical activities they do not feel skilled or competent to perform. They will develop professional judgment as to know when and when not to undertake procedures.

The principles and application of the scope of practice is based on the NAASP voluntary Code of Professional Conduct and in particular with an emphasis on knowledge, skills, responsibility and accountability. However, all SCPs must act within the formal code of conduct of their present statutory regulator and professional association.

Trainee SCPs are required to practice within the structure of the curriculum framework obtaining the appropriate level of supervision determined by assessment of their competence.

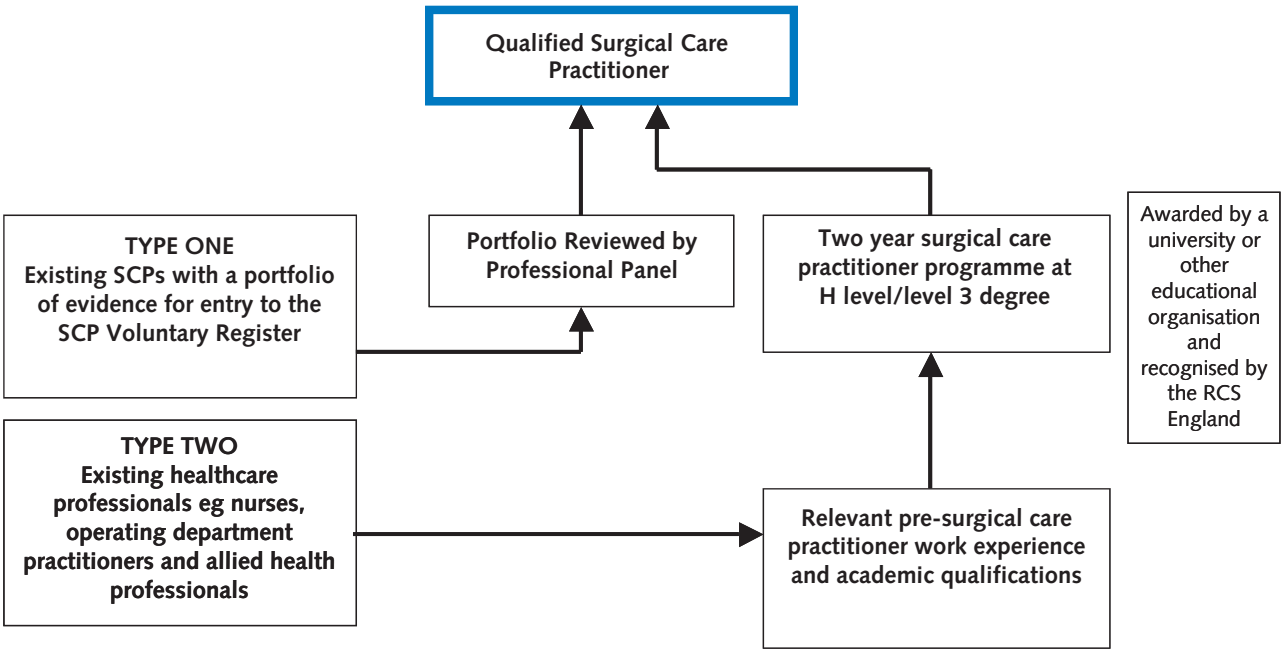
1.5 Continuing professional development

Continuing professional development for SCPs will be determined by the regulator in collaboration with the appropriate medical Royal College and Surgical Specialist Associations.

1.6 Career pathways for becoming a surgical care practitioner (see section 3.6)

Figure 1 shows the current pathways leading to qualification as an SCP and is expanded on further in section 3.6.

Figure 1 Career Pathways



1.7 New career pathways to become a Surgical Care Practitioner

The SCP role began as a development of nurses, operating department practitioners (ODPs) and other healthcare professionals working in collaboration with consultant surgeons to extend their practice in the surgical team.

This new role creates the potential for individuals, who have not yet entered a career in healthcare to consider such a move. Other care practitioner programmes have included an entry pathway for other suitably qualified graduates who have not progressed through the traditional healthcare background.

The Council of The Royal College of Surgeons of England acknowledges the concern expressed during the Curriculum Framework for the Surgical Care Practitioner public consultation, however experience gained from the implementation of the SCP programme (entry route 2 – see diagram on p13) and the lessons learnt from the graduate entry of other programmes may in the future necessitate a consideration of defining a graduate entry route for the SCP programme. Any such consideration will only be taken forward after consultation with healthcare organisations and the public. This will require wise leadership.

2 Professional and educational values underpinning the philosophy of the curriculum

2.1 Introduction

Values underpin a trainee SCPs conduct and provide the foundations upon which this curriculum is built. This curriculum emphasises the importance of professional and educational values. They are principles to be considered carefully by those in surgical practice and by those wishing to develop in this professional role. These principles serve to prepare individuals for, and support them in, their practice. They link members of the extended surgical team together as they care for patients. Professional values are influenced by developing traditions and recognise the context within which practice is taking place.

2.2 Professional values for the surgical care practitioner

The professional values that influence SCPs relate to obligations to patients, to professional practice and to professional development.

2.2.1 Professional values

Professional obligations to patients are:

- A commitment to a partnership of care
- A recognition of the whole person within their social, ethical and cultural context
- The honouring of the relationship of trust with the patient with its concomitant moral and ethical responsibilities
- A dedication to clear, honest and empathetic communication

Professional practice and professional development which involves:

- A commitment to:
  - Clinical and technical excellence
  - A professional life and the responsibilities that this implies, especially those of accountability
  - Lifelong learning and professional self-development
  - Continuous questioning, deliberation and reflection in developing new professional knowledge and understanding
  - Clinical practice commensurate within agreed competencies
- A recognition that:
  - SCPs assist with interventions and operations on patients as a necessary part of their care and, in that respect, differ from many other non-medically qualified practitioners
  - SCPs assist with the provision of pre and post-operative care for patients

  - The dynamic nature of professional knowledge and the ability to work in this environment, requires the recognition of personal limits
  - The practice of surgery draws upon both the knowledge and use of science as well as sound professional artistry

- The ability to:
  - Work with a degree of autonomy within the parameters of the surgical team
  - Engage in the development of the professional group as a whole by sharing knowledge and understanding to influence and change practice
  - Respect and work in collaboration with colleagues
  - Lead where appropriate
  - Focus on the salient features of practice
  - Exercise wisdom
  - Demonstrate sensitivity to the moral and ethical issues implicit in surgical practice in contemporary society
  - Exercise clinical reasoning and develop professional judgement in their practice
  - Provide support to other team members in their endeavours to take advantage of learning opportunities.

2.3 Educational values for the trainee surgical care practitioner

2.3.1 Educational values supporting learning in a surgical context

The educational values that have informed the design of this curriculum framework have drawn on those of the nursing, ODP and surgical professions.

They are shaped by two major considerations:

- The complexities involved in the nature of surgical practice itself and the tacit knowledge and understanding of those who teach in this setting
- The defining characteristics of the educational setting in which trainee SCPs both learn and practice at the same time.

Technical skills may be taught and assessed but the development of sound judgment is less easy to teach and assess. Both are essential for the development of a good SCP. Clinical supervisors and trainee SCPs must recognise that there are a number of factors that will affect the development of judgment. For the clinical supervisor, their tacit knowledge, which calls on their own personal feelings, expectations, assumptions, attitudes, beliefs and values will influence this judgement. The clinical supervisor must explore their own tacit knowledge so as to comprehend how they may convey this understanding to the trainee SCPs.

2.3.2 The defining characteristics of learning in practice

The defining characteristics of the trainee SCPs' educational values and their effect on the working context are described in section 2.3.3 and in Table 1 below:

Table 1 The defining characteristics of learning in practice

Defining characteristics	Clinical context
Learning takes place during professional practice and involves both clinical and educational practice	It demands patient-centred and learner-centred interaction during the same clinical event with the emphasis on oral communication
Learning requires all clinical events to be seen and treated as educational experiences, whilst also being patient centred	Learners need to recognise that clinical settings are at all times a learning resource
Learning requires some of the education to be designed with the focus primarily on the learner	Protected surgical teaching time is essential especially for learning operative skills
Learning requires some of the education to be designed with the focus primarily on the learner	Protected surgical teaching time is essential especially for learning operative skills
Learning is a collaboration between service provision and higher education	It involves critical debate and enquiry
Learning requires working within the framework of a higher education degree	It requires self directed learning
Although learning is carried out essentially in the practice setting, it must be complemented by opportunities for reflection	It must involve reflective practice
Learning is concerned with professional development	It requires attention to qualities espoused in being a member of a profession
Learning is under constant scrutiny and development	It needs to be flexible and remain current
Learning requires everyone involved to work both as individuals and as team members in a variety of teams	It requires a variety of interpersonal skills and an ability to work in harmony, especially with peers
Cohesive meaningful learning requires many core skills	Trainee SCPs are required to respond to a wide range of scenarios in their clinical practice and are expected to act appropriately

These characteristics reflect the educational standards espoused by the RCSEng in:

The Curriculum Framework for the General Professional Practice of Surgery: The first three years, 2003.

The Royal College of Surgeons' Curriculum Framework for Surgery, Versions September 2003 and July 2004.

2.3.3 Educational values underpinning this Curriculum Framework

These are:

- The establishment of a learning partnership between the consultant surgeon and the trainee SCP within the surgical team
- Trainee SCPs examining their own professional and personal values
- Recognition that clinical practice is the key arena in which trainee SCP education takes place and is therefore to be valued
- Trainee SCPs developing clinical skills through practice and a thorough knowledge of the theory behind that practice
- Trainee SCPs understanding professional judgment within the context of modern surgical care
- Trainee SCPs understanding the moral and ethical elements relevant to surgery
- Trainee SCPs developing reflective practice and self-motivation in the learning process
- The importance of lifelong learning, continuous professional development and self assessment
- The importance of learning to communicate with a range of different people
- The importance of discussion in the process of teaching and learning
- The recognition that intuition and intuitive responses are a fundamental element of developing the expert practitioner
- The importance of research into practice and the development of good practice
- The undertaking of good evaluation to allow development and refinement of the curriculum.

3 The Curriculum Framework

3.1 Introduction

This Curriculum Framework is intended to guide the education and development of trainee SCPs in the clinical setting, where not only the teaching and learning is carried out in practice, but also their assessment.

Academic staff and trainers should use this framework to plan the education of the trainee SCP and maximise the educational opportunities in each clinical setting. The trainee SCP can then develop their clinical performance in parallel with their understanding in an appropriate context.

3.2 The principles of teaching and learning

The trainee SCP will need to learn how to:

- Gain new advanced skills within the practice setting
- Carry out specialist and core surgical and medical practices
- Bring formal core and specialist medical and surgical theory into relationship with surgical practice
- Think about and utilise the complex relationship of theory and practice to support good practice
- Use reflection and deliberation to improve and develop practice
- Interrelate appropriately and in a variety of ways with all others in the clinical setting
- Theorise during practice (i.e. how to, during a particular practical incident, formulate new ways of thinking and doing, which go beyond what the text book can offer)
- Theorise practice itself (i.e. how to recognise, in a particular piece of practice, the principles, assumptions, beliefs and theories, which actually shaped that practice).

All these procedural matters will, in turn, determine the formal theoretical knowledge of medicine and surgery to be acquired by the trainee SCP. The trainee SCP will be responsible for acquiring some theoretical knowledge through self-directed learning.

The Curriculum Framework assumes that the trainee SCPs education is influenced by:

- The professional and educational values espoused by the learner and their teacher
- Sound educational principles for teaching and learning in clinical settings
- The previous knowledge and experience of the trainee SCP, including their knowledge of themselves as learners in practical settings

- The particular expertise of the people they work with, particularly consultant surgeons
- The needs of practice in the specialty – in the clinic, the ward and the theatre
- The needs of the particular post – in the clinic, the ward and the theatre
- The demands on the trainee SCPs theoretical (medical) knowledge made by practice
- The need to utilise theoretical knowledge appropriately in the clinical setting
- The need to learn to theorise during practice
- The need to learn to theorise practice itself
- The educational quality of the professional conversation between the consultant surgeon educator and the trainee SCP (previously referred to as 'feedback', but this accentuates only one side of the process)
- The quality of the insights gained via reflection on, and deliberation about, practice
- The possibilities for practical work and its assessment within the particular attachment
- The ultimate need to be assessed summatively.

3.2.1 Learning partnerships

The establishment of a learning partnership between the clinical supervisor* and the trainee SCP that moves beyond the traditional approach of apprenticeship is essential to engaging both parties more thoughtfully in the processes of teaching and learning. This in turn should provide the basis for more motivated and better directed education.

Key issues for the clinical supervisor are:

- An understanding of educational principles and values
- The role of professional judgement in educational matters
- The intentions and processes of assessment.

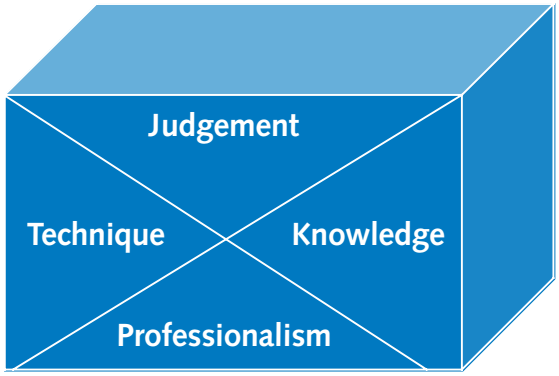
This Curriculum Framework supports the belief that the following principles are essential in shaping the education of the trainee SCP:

- Observation in clinical settings directed so that trainee SCPs learn to see, analyse and interpret all that occurs
- Action (rather than just observation) in the practical setting which is essential to foster learning
- Ongoing dialogue in the clinical setting between educator, clinical supervisor and trainee SCP, which is a vital part of the learning process
- Clinical supervisors helping trainee SCPs to investigate examples of professional judgement in both medical and educational practice
- Problem-solving by the trainee SCP in a range of different practical activities, using critical thinking, creativity and improvisation
- Clinical supervisors enabling trainee SCPs to develop their use of the processes of deliberation and reflection, and encouraging self-knowledge and self-appraisal.

*A clinical supervisor is defined as an accredited consultant surgeon with responsibility for an identified trainee SCP within their surgical team

3.3 The aims and outcomes of the training programme

3.3.1 Aims of the programme

One of the aims of the programme is to ensure that all trainee SCPs achieve a common standard through good education and training. It is designed to ensure incremental development and the demonstration of competence by the trainee SCP prior to qualification. It will require the demonstration of theoretical knowledge, practical skills and an understanding of professional judgement. It has patient safety at its heart and clinical practice as the context for learning.	

Source: *The Royal College of Surgeons' Curriculum Framework for Surgery,* Version September 2003

The programme will enable the trainee SCP to:

- Develop both their clinical competence and their confidence in caring for patients within a multi-disciplinary/multi-professional team
- Offer care to patients from their outpatient attendance to final discharge from hospital, derived from sound evidence and good judgement
- Review and critique their practice in order to improve it
- Critique the development of new roles in clinical practice.

3.3.2 Outcomes of the programme

On the completion of the programme the trainee SCP will have demonstrated:

- An understanding of the responsibilities of being a SCP and the values that underpin this
- The professional values and academic standard needed to be a SCP (see 2.2 and 3.6.2)
- A range of theoretical and practical knowledge related to their core and specialty practice (see Appendices 3 and 4)
- The development of professional judgement
- Technical and operative skills and their ongoing development
- An understanding of their role within the extended surgical team
- The understanding and use of reflective practice, deliberation and other educational processes appropriate for examining and developing their own professional practice
- An understanding and respect for the multi-disciplinary/multi-professional nature of healthcare and their role within it.

3.4 Intentions for each part of the surgical care practitioner programme

3.4.1 Progression through the programme

The clinical supervisor and the trainee SCP will need to review, at the beginning of the programme and following any formative or summative assessment, the further aims to be achieved by the trainee SCP. This will be guided by:

- The requirements of the core syllabus
- The requirements of the relevant specialty syllabus
- The trainee SCP's knowledge and existing capability with respect to the core syllabus
- The trainee SCP's knowledge and existing capability with respect to the relevant specialty syllabus
- The local circumstances of the clinical environment.

3.4.2 Core surgery – clinical milestones (see Appendix 1)

Clinical milestones are intended as a guide for clinical supervisors and trainee SCPs to assist their understanding of what needs to be achieved, who may be available to support this and how it will inform assessment. It aims to support the trainee SCP in safe, accurate and consistent practice. They are not 'tablets of stone' to be enforced by a supervisor or mentor.

3.5 Recommended length of the programme

3.5.1 Two-year surgical care practitioner programme overview

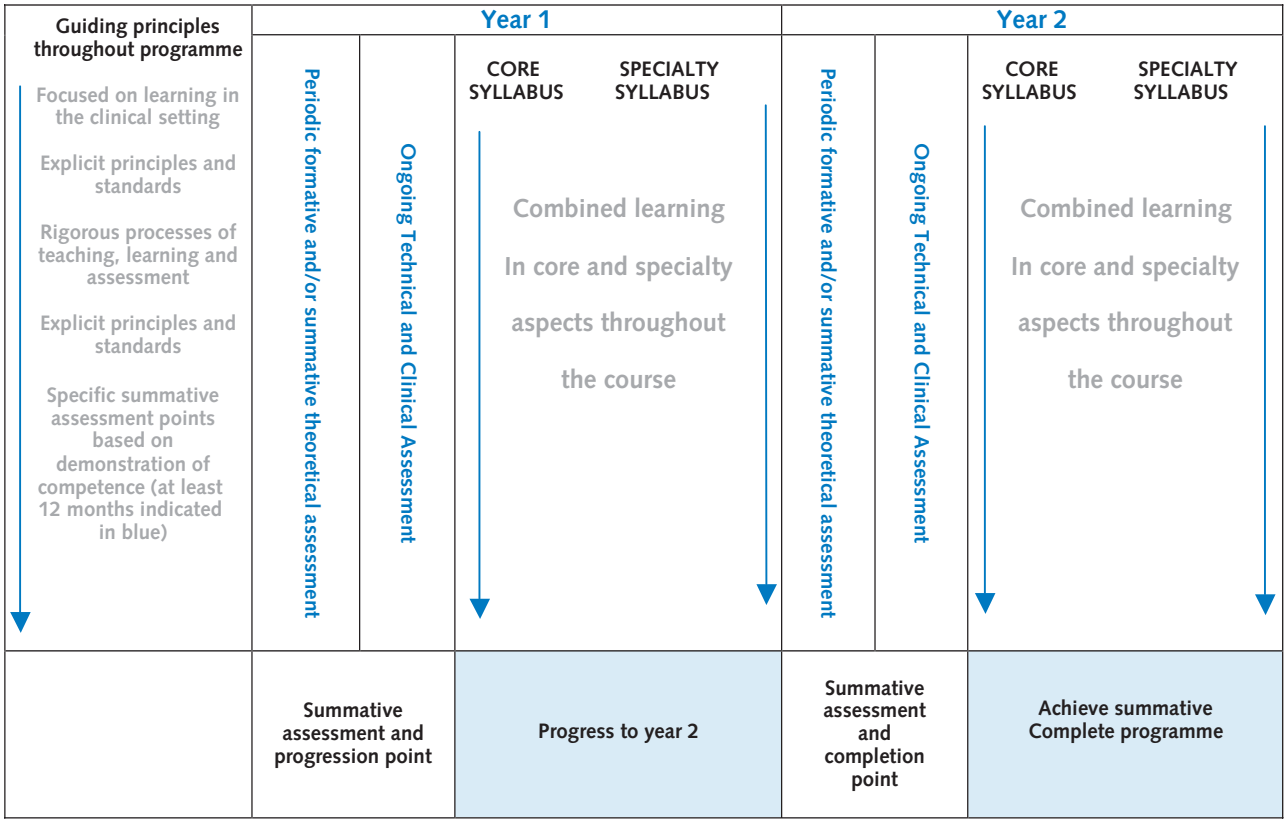
The recommended length of the SCP programme is two years (see Table 2). This is based on the need for a minimum of 2200 hours over the two years in combined clinical activities in and out of the operating room where a minimum of 1100 hours is spent in the operating room. For the entry criteria to the programme, see section 3.6.

The programme periods will provide time for regular progress review meetings with clinical and educational supervisors. These hours do not include study leave, annual leave, or time for audit and research. However, it should be recognised that these are essential components of the complete programme. The trainee SCP's job plan therefore, should incorporate these points.

The two-year programme represents the minimum period of training, based on feedback from the SCP programme pilot sites. It provides for the understanding that some trainee SCPs may need targeted training, which may extend this time. It is not anticipated that the programme will take longer than four years.

It is appreciated that a number of trainee SCPs may take a career break. This requirement will need to be negotiated on an individual basis with both the employer and the education institution. This should be done by beginning discussion with the clinical supervisor and must be agreed with the education institution.

Table 2 Two year surgical care practitioner programme map



3.6 Criteria for entry to the programme

3.6.1 Education institutions

Education institutions will determine their own specific academic requirements for entry onto their programme leading to the qualification of SCP. An essential requirement will be evidence of an appropriate academic and clinical background (see 3.6.3 and 3.6.5).

The Royal College of Surgeons of England Surgical Care Practitioner Quality and Standards Committee will be involved in the process of accrediting SCP programmes in England, in association with other relevant medical royal colleges and appropriate professional associations.

3.6.2 Minimum academic standard

The minimum academic standard for the SCP programme is:

A two year programme, normally undertaken part time, consisting of at least 120 credits at Degree Level 3 (or Level H according to the National Framework for Higher Education Qualifications, as defined by the Quality Assurance Agency).

3.6.3 Entry requirements

The minimum entry requirements for entry to a recognised SCP Programme are:

- Ninety credits at Level 2 (Diploma Level, or Level I according to the Framework for Higher Education Qualifications) in a healthcare related subject
- Evidence that the candidate is in, or in a position to be appointed to, a substantive/ recognised trainee SCP post or be assured of a whole time equivalent trainee SCP post prior to commencing the SCP programme
- Registration as a healthcare professional, with recent experience of working within the acute (secondary) care sector
- Evidence of at least 18 months post registration experience consolidating existing primary practice qualification.

In addition, the candidate must demonstrate:

- Commitment to patient care and patient safety
- Understanding of the relationships within the multidisciplinary team especially with respect to the changing role of surgery
- Recognition of the role and responsibilities of being a trainee SCP
- Understanding of the programme with particular respect to their own work and educational experience
- Aptitude for both clinical and operative practice
- Recognition that educational as well as clinical development will be required.

The background of potential entrants into the programme will be varied (see below).

If a healthcare professional is not regulated (eg a perfusionist) but working at level 5 or above on the career framework, then their individual appropriateness would be assessed by the employer, clinical supervisor and training centre.

3.6.4 Accreditation of prior experiential learning

For advanced entry onto an Honours Degree programme consisting of 360 credits with at least 105 at H level (Level 3), a maximum of 150 credit points via Accreditation of Prior Experiential Learning (APEL) will be permitted.

3.6.5 Admission of 'non-standard' entrants

Registered healthcare professionals who do not meet the entry requirements as detailed in section 3.6.3 above (eg professionals qualifying before the introduction of diploma programmes) may also be considered as applicants for SCP programmes of study. Prospective candidates in this group will be registered healthcare professionals. They will have consolidated their training and education in their pre-existing clinical profession and will now wish to obtain an honours degree-level qualification as a SCP.

They will need to demonstrate evidence of practising as a healthcare professional after qualification, for a minimum of 18 months prior to commencing this programme. This must include experience in the clinical arena of surgical practice at post-diploma level (see table 3 for examples). The following table provides exemplars, but potential applicants to the programme should not be limited to these example professions. Applications will be considered individually on merit.

3.6.6 Exemptions

Existing SCPs may be exempt from the programme. Those fulfilling the requirements of the regulator may gain SCP registration without having undertaken an accredited HEI SCP programme, (see Appendix 6).

3.6.7 Existing registered healthcare professionals (Type Two Entry)

Prospective candidates in this group will be registered healthcare professionals. They will have consolidated their training and education in their pre-existing clinical profession and now wish to obtain an honours degree qualification as a SCP.

They will need to demonstrate evidence of practising as a healthcare professional after qualification for a minimum of 18 months prior to commencing this programme. This must include experience in the clinical arena of surgical practice at post-diploma level (see table 3 for examples). The following table provides exemplars, but potential applicants to the programme should not be limited to these example professions.

Table 3 Exemplars of existing registered healthcare practitioners

Qualification	Practitioners would be expected to have completed:
Registered operating department practitioners	A minimum of 18 months in practice following registration to enable appropriate clinical experience (in the operating theatres or surgical ward) before commencing the Surgical Care Practitioner Programme.
Registered nurses	A minimum of 18 months (including preceptorship) to gain appropriate clinical experience (in the operating theatres or surgical ward) before commencing the Surgical Care Practitioner Programme.
Allied health professionals and others	A minimum of 18 months in practice following registration to enable appropriate clinical experience (in the operating theatre or surgical ward) before commencing the Surgical Care Practitioner Programme.

4 Assessment, supervision and syllabuses

4.1 Competence

The programme requires the trainee SCP to demonstrate competence in both core and specialty elements (see 4.3 and Appendices 3 and 4) at key points along the programme. The programme must provide the opportunities for teaching, learning and assessment within the clinical setting by appropriately qualified supervisors.

Competence, in this framework is defined within a professional context and is the broad ability with which a professional person is able to practise to the required standards in a range of situations. Thus by its very broad nature this includes attributes that can be applied, clinical performance (Stuart 2003), and the use of professional judgement (Carr 1993).

Competencies therefore are the elements performed to the predetermined standard, which combine to create professional competence in a defined role (Stuart 2003).

4.2 The role of assessment

Assessment is a fundamental aspect of teaching and learning, and is a continuous process. It ensures the appropriate development of the trainee and covers any of the situations in which aspects of their education or training are measured, recognised, or formally appreciated, whether this is by a teacher, an educator, a patient or the learner themselves. It is concerned with demonstrating how well, and in what ways, the trainee has profited from the learning opportunities as reflected in their self-knowledge and deliberation with those who teach them.

Assessment, however, is not an exact science. It inevitably involves some subjectivity and there is no single method that will overcome this. The professional judgement of the clinical supervisor will always be a key component of the process just as the professional judgement of doctors is a key element in medicine. Teachers cannot help but make everyday, on-going judgements of those who are learning, and so, in order to be fair, such judgements must be part of a well-planned process and should involve multiple perspectives. The trainees and all those who receive the results of such judgements must understand these. The trainee's insight into his or her development will be essential to this.

The requirements of the SCP programme are that the trainee will maintain a **portfolio of evidence**. This will contain a record of progress and will inform the assessment process and its outcome. Summative assessment at the prescribed times will take account of the development of the trainee SCP against the aims and intentions set. As a minimum requirement, a summative assessment will take place at the end of year one and a final assessment at the end of year two. The trainee SCP must have succeeded in the core and specialty requirements by the completion of the programme. At the end of the programme, the final assessment will confirm the level and range of capabilities successfully achieved by the SCP.

Assessment must be designed not only to assess the trainee but also to ensure that the proper opportunity to fulfil the aims and outcomes of the programme is possible. It must be structured to ensure that the development of the trainee can be supported by means of monitoring their progress during the practice experience. This in turn should enable remedial action to be taken by both clinical supervisors and trainees before the summative assessment of practice is reached.

There must be an equivalent standard of assessment for both doctors and trainee and qualified SCPs who will perform similar procedures.

4.3 Factors guiding assessment

Assessment will take account of professional and education values, attitudes, knowledge, clinical skills, technical and operative skills and the needs of the employing authority. It will be informed by the:

- Clinical supervisor's professional judgement
- Need to ensure that assessment provides a quality learning experience for both the trainee SCP and the clinical supervisor
- Need to ensure that all learning opportunities are well utilised
- Purpose and the criteria of the assessment being clearly understood by all parties
- Need for multiple perspectives on each assessment
- Recognition that the soundness of the assessment is related to the rigour with which the multiple perspectives are collected, recorded and utilised
- Need for assessment to develop through and across the programme, where differences in specialties need to be taken into account
- Need to engage the trainee SCP in self-assessment throughout the process
- Need to ensure that there are no surprises for the trainee SCP at the summative and final assessments through effective use of formative assessments
- Need for the trainee SCP to satisfy the required standard by the end of each negotiated learning period, and the end of the programme
- Need to subject the summative assessment process of the Curriculum Framework for SCPs to quality assurance procedures.

4.3.1 Multiple perspectives

In all assessments (formative or summative, informal or formal), attention to the following information will ensure that multiple perspectives (many observations by one person and/or observations by many different people) on the trainee SCP's progress will be properly considered.

Account must be taken of:

- The visible performance of the trainee SCP
- How the trainee SCP has related theory to practice

- The trainee SCP's ability to articulate understanding of the values underpinning their clinical performance
- The way the trainee SCP's ideas, beliefs, values and assumptions have influenced their performance
- The impact of the trainee SCP's performance on all others involved
- How the trainee SCP has used the learning opportunities provided
- The trainee SCP's knowledge of self
- How much input there has been from the clinical supervisor
- How the resulting judgements compare with those made of the trainee SCP by others
- How the resulting judgements of the trainee SCP compare to those made by the trainee SCPs own self assessment.

It is important to recognise that trainee SCPs learn at different speeds and a trainee SCP who is a good performer naturally, may not have used the new opportunities to learn (and may therefore not be a learner), but a trainee SCP who has struggled a little more, may have demonstrably learnt from the opportunities available. Recognising these different styles of learning will enable the clinical supervisor to tailor the opportunities available to the trainee SCP accordingly.

4.3.2 Professional judgement

Professional judgement, in this context refers to the trainee SCP demonstrating their ability to:

- Recognise the changing nature of supervision derived from the surgeon leading the team
- Determine appropriate responsibilities within the team
- Negotiate sharing clinical commitments with other team members
- Recognise situations beyond their scope of practice and act upon them appropriately
- Consider and utilise all available sources of information and data to support actions
- Respect and understanding the patient's viewpoint.

4.3.3 Determining levels of supervision required

For SCPs in training, the level descriptor (table 4) should be used to inform the assessment of progress in any given situation. This can be seen as a 'ladder of supervision' with step-wise progression from full supervision to responsible action.

The levels of supervision within the boundaries of the trainee SCP scope of practice (see 1.4 and specialty specific syllabus in Appendix 4).

Table 4 Levels of competence and supervision of trainee SCPs

Level	Theoretical knowledge	Non-operative clinical skills	Technical and operative skills
1	Trainee SCP has demonstrated progress from needing to be told the principles and theoretical knowledge underpinning their practice to knowing and understanding them.	Trainee SCP has demonstrated their clinical skills and underpinning knowledge to assess and manage patients pre and post-operatively with the supervising consultant surgeon in the immediate vicinity.	Trainee SCP has demonstrated their ability to assist fully a surgeon* during a surgical procedure.
2	Trainee SCP has demonstrated their ability to utilise and critique their knowledge and understanding of the principles underpinning their clinical practice.	Trainee SCP has demonstrated their ability and competence to undertake and critique, in the pre and post-operative environment, tasks delegated to them by the operating surgeon* who remains in the same clinical environment	Trainee SCP has demonstrated their ability and competence to undertake a technical procedure delegated to them by the operating surgeon* who remains within the theatre suite

*A surgeon who may be a non-consultant medically qualified member of the surgical team (e.g. an SpR) who has been delegated the role by a consultant surgeon. A locum consultant may be delegated tasks in the training programme by a consultant surgeon after demonstrating competency in the proposed area of training.

At the point of qualification, the trainee SCP will be required to be at level 2.

4.3.3.1 Using the descriptors to assess level of supervision achieved

Supervisors and trainees should use the descriptors in Table 5 below to determine what aspects of practice need to be developed in order to achieve each step on the ladder of supervision. In so doing that will establish the appropriate level of supervision the trainee requires for the given assessed situation.

Each level of supervision encompasses three perspectives:

- Assessment of knowledge and reasoning
- Performance
- Personal and professional awareness.

The clinical supervisor must be satisfied that a trainee has fulfilled all descriptors within these three perspectives in order to be deemed to be performing at that level.

Table 5 Criteria to inform the level of supervision required by a trainee SCP

Level of supervision	Criteria		
	Knowledge/reasoning	**Level of performance**	**Personal and professional awareness**
1	• Applies accurate knowledge to practice • Has some awareness of alternatives • Begins to make judgements based on contemporary evidence.	• Demonstrates safe, and accurate practice • Requires occasional direction or support • Begins to initiate appropriate actions • Identifies priorities with minimal prompting.	• Acts, intervenes, and behaves in a way generally appropriate for the patient and situation • Gives explanations usually at an appropriate and coherent level • Identifies the need for assistance.
2	• Applies evidence based knowledge • Demonstrates awareness of alternatives • Gives sound rationale for actions • Makes judgements and decisions based on contemporary evidence.	• Demonstrates confident, safe, consistent, and efficient practice • Needs minimal direction or support • Able to prioritise • Able to adapt to the situation.	• Demonstrates conscious, deliberate planning • Acts, intervenes and behaves in a way appropriate to the patient and situation • Gives coherent and appropriate information.

Source: Table 5 above has been adapted with kind permission of the School of Health and Social Care at the University of Greenwich.

4.3.4 Assessment of technical and operative skills

The processes of assessment must be rigorous and relevant. The portfolio of evidence is the key educational tool of the programme and must be maintained throughout the programme. It will provide a record of the evidence of assessment together with trainee reflections. Details of the contents of the portfolio are summarised in Appendix 2.

The main elements of assessment are the assessment of core clinical and operative skills are:

1) The assessment of core clinical skills (see section 4.4) will also include the following:
   - Theoretical knowledge
   - Use and function of commonly used equipment
   - Professional values and responsibilities
   - Self-knowledge especially with respect to the SCP role
   - Understanding the use of reflective practice, deliberation and other educational skills and processes appropriate for examining and developing professional practice
   - Understanding and respect for the multi-professional nature of healthcare
   - Understanding the role of research in clinical practice.

2) The assessment of **operative skills** will meet the same standard as that for surgeons in training who are performing the same procedures. An example of operative assessment is given in Appendix 5.

4.4 The core syllabus

The core syllabus covers the essential (minimum) theoretical knowledge, operative skills, clinical skills, equipment and educational processes that all trainee SCPs will need to learn and demonstrate the use of, during their practice. The syllabus below has drawn on the **NAASP Surgical Care Practitioner Core Syllabus** (2005) for its content and range. The content outlined below should be used in conjunction with the speciality syllabus (Appendix 4). It provides for the trainee SCP and their supervisor the basis for developing a plan for learning and formative and summative assessment. The syllabus will be adapted over time to meet the development of the programme. **The trainee SCP must keep records of their learning as well as the outcomes of summative assessments.**

4.4.1 Core theoretical knowledge

By the end of the programme, the trainee SCP must demonstrate their knowledge of the core syllabus to supervision Level 2 (see tables 4 and 5). This must include their ability to relate their knowledge to human disease, its treatment and the healthcare environment in which this occurs. They must be able to relate it to their own patients.

- **Core surgical anatomy**
  The surgical anatomy including, muscles, skeleton, vulnerable nerves and circulatory structures for:
  - the head and neck, breast and axilla
  - upper and lower limbs, spinal column
  - thoracic cavity and the mediastinum
  - the abdominal cavity, the pelvic cavity
  - the skin.
- **Core physiology**
  Must include:
  - fluid and electrolyte balance and its relationship to surgical conditions
  - assessment, monitoring and treatment of fluid imbalance
  - understanding respiratory function and its control and impairment
  - renal function and its impairment
  - physiology of pain.
- **Core surgical sciences**
  Must include:
  - epidemiology of normal and diseased populations and their investigation
  - principles of anaesthesia and anaesthetic techniques
  - common complications of surgery and their management.
- **Principles of microbiology**
  Must include:
  - asepsis, infection control, sterilisation, disinfection
  - risks for surgical infection
  - common microbial agents, investigations and treatment.
- **Principles of pharmacology**
  Must include:
  - basic principles of pharmacodynamics and pharmacokinetics
  - drug administration, complications of drug treatment
  - drug efficacy and safety.

- **Principles of pathology**
  Must include:
  – structure and function of normal and abnormal cells
  – types of tissue injury.
- **Principles of pain management**
  Must include:
  – assessment and evaluation
  – therapeutic options.
- **Principles of tissue viability, related to wound healing and wound management**
  Must include:
  – physiology and care management for acute and chronic wounds.
- **Principles of post-operative and pre-operative care**
  Must include:
  – understanding the use of cardiovascular monitoring
  – identifying the appropriate post-operative environment, i.e. needing critical care, ward care or day care
  – principles of patients follow up.
- **Principles of health education for patients**
- **Principles of teaching, assessing and supervising**
- **The changing face of the NHS and healthcare policy**
  Must include:
  – professional development
  – legislation and policies underpinning and influencing practice.

4.4.2 Core clinical skills

These include the skills underpinning principles of:

- The patient consultation, assessment and history-taking
- Informed consent
- The use and understanding of investigations
- Risk management
- Post-operative care
- Discharge planning and post-discharge care
- Record keeping
- Evidence-based care
- Time management.

The trainee SCP will be required to demonstrate their ability to use these skills in their practice.

See Appendix 3 for details of the required core skills to be achieved. Trainee SCPs must achieve level 2 supervision and competence (see tables 4 and 5) in all of the listed skills.

4.4.3 Core technical and operative skills

These include fundamental skills for:

- Performing investigations
- Physical assessment
- Pre-operative ward-based and in-theatre preparation of the patient
- Intra-operative infection control
- Intra-operative surgical assistance
- Wound care and management
- Post-operative ward-based and clinic-based care of the patient.

See Appendix 3 for detail and levels of attainment to be achieved for the required core skills.

4.4.4 Commonly used equipment

These include the principles of:

- Patient monitoring equipment
- Patient temperature control devices
- Electro-surgical equipment
- Pneumatic compression devices and tourniquets
- Intra-operative surgical technology, eg. ultrasonic scalpel, internal tissue staplers devices, lasers
- Imaging equipment.

4.4.5 Educational processes

These include the principles of:

- Communication skills
- The role of talk in learning
- Learning to learn in clinical settings
- Learning to teach appropriately in clinical settings
- Use of information technology
- Reflection in practice and on practice
- Deliberation
- Critical thinking
- Lateral thinking and problem solving
- Decision-making, clinical reasoning and professional judgement

- Investigating practice including audit, research and critical appraisal
- Self-assessment
- Use of the portfolio as an aid to professional development.

The trainee SCP will be required to demonstrate their ability to use these principles in their practice.

4.5 The specialty syllabuses

The specialty syllabuses encompass the full range of activities and knowledge required to support patients throughout the surgical experience. This commences with the first pre-operative contact with the surgical team, extends through the process of surgery itself, including the patient's discharge into the community, and completes with appropriate follow-up and referral as necessary.

Overall, the specialty syllabus will reflect the structure of the core syllabus and build upon this. The length and depth of the particular specialty will be reflected within the specialty syllabus to the extent that can be reasonably expected within a typical healthcare setting providing surgical services.

The exact nature and scope of practice for each specialty syllabus will vary according to the requirements of the specialty (see Appendix 4 for detail of each specialty).

4.6 The portfolio of evidence

Each trainee will compile a portfolio of evidence to demonstrate that the core and specialty syllabuses have been achieved. The portfolio is a collection of evidence demonstrating entry level experience, progression, development and learning. This will comprise:

- Educational profile
- Clinical logbook
- Personal profile including reflective statements

Appendix 2 details the required contents of the portfolio and the elements forming summative assessment.

Support from the supervisor in enabling the trainee SCP to develop their portfolio is essential. It will require the supervisor and trainee to review the document on a regular basis.

4.6.1 Educational profile

Every trainee should compile a profile, which will include:

- An individual plan for education and training.
  The progression in the programme will depend on previous experience and professional background. All trainee SCPs will have an individual development plan

- Record of clinical and operative skills assessment or triggered assessments (refer to section 5.4 and Appendix 5)
- Record of non-operative skills assessment including the use of theoretical knowledge when carrying out clinical and operative skills
- Records of meetings with supervisor and progress reports
- Records of any formative work completed by trainee.

4.6.2 Clinical logbook

This will demonstrate the depth and breadth of clinical activities that have been completed. It is essential that whatever form the logbook takes, the principles of data protection and confidentiality are followed.

It will include records of:

- Pre-assessment and post-operative evaluation
- Surgical activity and operative procedures
- Procedure activity
- Research and audit activities.

4.6.3 Personal profile

This will demonstrate cognitive and conduct development through personal and professional reflection as well as:

- Curriculum vitae
- Documentation of attendance for professional development opportunities and experiences
- Additional evidence supporting clinical competencies
- Reflective statements (see details below)
- Documentation of employment
- Reflective notes.

Reflective notes will be derived from the trainee SCP's professional and personal experiences. Personal reflections will be written for the trainee SCP's own use to make a self-assessment of their development. They are private and will not be required to be presented. It will provide a source of information which the trainee may use to write professional statements that are to be presented at key assessment points. All details must be anonymised whether in personal or professional notes. However, action plans derived from reflection must be evidenced in the SCPs portfolio.

The notes are not intended to be completed daily. They should however be regularly used to record key points and events, which may include but are not limited to:

- Reflections on assessments especially operative assessments

- Reflections on memorable or unexpected events
- Deliberation on meetings and examples of practice
- Reflection upon and critique of signed attendance records and certificates of formal lectures, tutorials and conferences attended
- Critique of reading and course content.

4.7 Validation, accreditation and evaluation of the programme

Validation, annual monitoring and periodic review are key aspects of quality assurance and must be carried out by those with appropriate knowledge and authority.

4.7.1 Validation and accreditation

The process of validation of programmes leading to specified awards is normally carried out by the HEI, but may involve representatives of the professional/regulating body which applies to the specific course.

The accreditation of a programme may occur at the time of validation or at a time of review and will thus involve a joint meeting between the university and the accrediting professional body.

The Royal College of Surgeons of England Surgical Care Practitioner Quality and Standards Committee will have the authority to recommend accreditation of programmes within England, Wales and Northern Ireland (the theoretical and clinical aspects) to the Royal College of Surgeons of England Council for Council approval. The Royal College of Surgeons of England will accredit courses in gynaecology on behalf of the Royal College of Obstetricians and Gynaecologists.

Accreditation of programmes within Scotland will be at the discretion of the Scottish surgical Royal Colleges, however, a request by a Scottish HEI for accreditation by the Royal College of Surgeons of England will be considered by the College.

4.7.2 Monitoring and review

The evaluation of a programme, or 'annual monitoring' (in university terms) occurs regularly each year, leading to 'periodic review' and formal re-validation, normally at five-yearly intervals following initial validation.

The professional accrediting body should receive annually copies of the Annual Monitoring Report and periodically the Review Reports, as part of the accreditation requirements. The professional or regulatory body may advise on any changes proposed, and may assist in preparing the university for the next (re)validation and accreditation event.

Monitoring and evaluation should take account of as wide a range of perspectives as possible. It should cover all aspects of the programme and reports should be sought both orally and in writing. The evaluation should be focused on the aims and expected learning outcomes of the programme, and the use and effectiveness of the opportunities provided in order for this to be achieved. The evaluation should be informed by both qualitative and quantitative information.

5 The assessment of progression and completion

5.1 Context of assessment

Assessment in clinical practice and theory are linked to each other and are a fundamental part of the programme. Clinical assessment will be carried out in clinical practice and will take the form of competency assessment. The nature of theoretical assessment will be determined by the educational institution delivering the programme but will enable the practitioner to demonstrate that they have attained appropriate theoretical knowledge to underpin safe, accurate and consistent practice, and they have met the outcomes of this curriculum.

Formative assessment will be ongoing between the trainee, their supervisor and other key members of the multidisciplinary surgical team. Clearly agreed and recorded developmental plans between the supervisor and the trainee will be essential to good assessment. A disciplined approach will underpin the rigour of the process. All formal meetings will be required to be recorded and stored by the trainee, signed by the supervisors and placed in the education profile.

5.1.1 Key personnel involved in the assessment process

The quality of the assessment process requires a range of personnel to be involved in the formative and summative assessment of the trainee SCP. It is acknowledged that the trainee SCP themselves is a vital component of this assessment. See section 1.3 for a detailed explanation of the SCP role.

The key personnel responsible for the ongoing assessment process are:

- RCS approved clinical supervisor (see criteria in 5.2.1) – consultant surgeon
- Mentor – senior hospital professional (registered professional with suitable background to support trainee SCP)
- Educational supervisor – linked with higher education institution
- Teachers – supervisors, mentors, and other members of the multi-disciplinary team who may be anaesthetists, qualified nurses, qualified ODPs, or trainee surgeons.

5.2 Characteristics, roles and responsibilities of the key personnel

5.2.1 Clinical supervisor

The essential characteristics for clinical supervisors are:

- RCS accredited surgeon

- Completed a recognised teaching course, eg: RCSEng Train the Trainers or deanery equivalent

Clinical supervisors have a responsibility to:

- Ensure opportunities for the trainee's personal and professional development are available
- Be cognisant of the assessment documents and the SCP portfolio of evidence
- Teach the trainee within the clinical environment as appropriate to the stage of progression within the programme
- Liaise with the mentor for the assessment of competence in related practice processes
- Undertake the required assessments and ensure that they liaise with all parties as the need arises
- Ensure that the trainee has sufficient opportunity, in a safe environment, to be taught, and to learn the required skills
- Coordinate the start and completion date of the programme with the trainee SCP, programme manager and mentor
- Take the lead and make the final decision in the assessment of the trainee SCP including the completion of documentation
- Provide advice and support and, where necessary, address specific needs such as difficulties in progression
- Ensure that the trainee SCP has access to relevant educational resources e.g. library, intranet, internet.

5.2.2 Mentor

The essential characteristics for mentors (as described by the NMC and HPC) are:

- An experienced professionally qualified practitioner (ie senior nurse, senior ODP, senior SCP) with appropriate education and training to perform the role of mentor
- A holder of a recognised mentoring qualification e.g. ENB 998 or C&G 730 PGCE, PGDipE.

Mentors have a responsibility to:

- Be cognisant of the assessment documents and the trainee SCP portfolio of evidence
- Ensure the assessment documents and portfolio are discussed with the trainee SCP during the first week of the course
- Ensure that time is identified for initial interviews in order to assess learning needs and develop a learning contract
- Identify and provide access to learning opportunities and resources to assist the trainee SCP to reflect on experiences, to facilitate learning in and from practice, and to ensure that the learning experience is a planned process

- Liaise with clinical supervisor(s) regarding related practice experiences, and confirm assessment of competence
- Undertake the required assessments and ensure that they liaise with all parties as the need arises
- Complete the necessary sections of the trainee SCP portfolio
- Coordinate the start and completion date of the programme with the trainee SCP, programme manager and clinical supervisor
- Contribute to a supportive learning environment for students
- Be approachable, supportive and aware of individual trainees learning style
- Have knowledge and information of the trainee SCPs programme of study and practice assessments
- Be willing to share knowledge of patient care
- Encourage the use of enquiry based learning and problem solving
- Offer encouragement to trainee SCPs to work in partnership with the multidisciplinary team
- Ensure the provision of time for reflection, feedback and monitoring of the progression
- Ensure that the trainee SCP has constructive feedback with suggestions on how to make further improvements to progress
- Seek evaluation of the programme from the trainee SCP on a regular basis.

5.2.3 Educational supervisor

The essential characteristics for educational supervisors are:

- Working as a lecturer within a higher education institution
- Appropriate education qualifications
- Relevant professional qualification.

Educational supervisors have a responsibility to:

- Be cognisant of the assessment documents and the trainee SCP portfolio of evidence
- Identify and provide access to learning opportunities and resources to assist the trainee SCP to reflect on experiences, to facilitate learning in and from practice, and to ensure that the learning experience is a planned process
- Liaise with clinical supervisor(s) and mentor regarding related practice experiences, and confirm assessment of competence has been completed
- Coordinate the start and completion date of the programme with the trainee SCP, clinical supervisor and mentor
- Contribute to a supportive learning environment for students
- Be approachable, supportive and aware of individual trainees learning style

- Have knowledge and information of the trainee SCPs theoretical and practice assessments
- Teach the trainee SCP within the education institution as appropriate to the stage of progression within the programme
- Encourage the use of enquiry based learning and problem solving
- Ensure the provision of education instruction from appropriate teachers
- Ensure the provision of time for reflection, feedback and monitoring of the progression
- Ensure that the trainee SCP has constructive feedback with suggestions on how to make further improvements to progress
- Review the trainee SCPs portfolio and monitor progression
- Seek evaluation of the programme from the trainee SCP on a regular basis.

5.2.4 Teacher

The essential characteristics for teachers are:

- Working within the relevant clinical setting
- Relevant professional qualifications
- Have expert knowledge to share with trainee SCP.

Teachers have a responsibility to:

- Facilitate opportunities for the trainee SCPs personal and professional development are available
- Be cognisant of the assessment documents as relevant to their area of expertise
- Teach the trainee SCP within the clinical environment as appropriate to the stage of progression within the programme
- Liaise with the mentor and clinical supervisor for the assessment of competence in related practice processes
- Undertake the required assessments and ensure that they liaise with all parties as the need arises
- Provide advice and support to the trainee SCP whilst working with them
- Provide the trainee SCP with constructive feedback and suggestions on how to make further improvements to progress.

5.3 Formative assessments

As illustrated in section 3.5.1 table 2 (Two-year SCP programme map), formative assessment will be an ongoing element of the programme. It is envisaged this will take place at regular intervals and be formally convened for the purpose. The purpose of formative assessment is to provide a learning opportunity and a rehearsal for summative assessment. This process includes discussion between trainee SCP and teacher both during and after the assessment, followed by further development, prior to actual summative assessment takes place.

An important element is trainee SCP self-assessment, encouraging the trainee to participate in their own assessment, and taking responsibility for their development. This engenders motivation and assists acquisition of critiquing and appraisal skills (Stuart 2003).

Outcomes of formative assessment should be recorded to provide evidence of ongoing support and trainee progress. Ultimately the results of formative assessments should inform summative assessment and progression. The following table sets out a timetable for regular formative assessments linked to key summative assessment points.

5.4 Summative assessments

5.4.1 Theoretical assessments

Theoretical assessments will take place within, and will be determined by the education institution responsible for maintaining and overseeing the programme. Theoretical assessments will, in conjunction with clinical assessments, ensure that all outcomes of the curriculum have been tested and achieved.

5.4.2 Clinical assessments

Clinical assessments must equate to at least 50 per cent of the total summative assessment procedures undertaken by the trainee SCP throughout the programme. The format and documentation supporting these may vary, but must include competency testing and periodic triggered assessments. The process and the timing of clinical assessments is detailed in Table 6.

5.4.3 Triggered assessments

Triggered assessments provide the opportunity for the SCP trainee to demonstrate a cohort of skills within a real clinical context. For example, preparing the patient within theatre prior to skin incision may entail demonstration of cohesive and competent skin preparation, catherisation, and draping. The advantages of this format of assessment are:

- 'Real time' situation
- Grouping several skills and knowledge sets
- Enabling assessment of the trainee's judgement in action as well as individual element skills.

Triggered assessments must include whole or part procedures within the operating theatres, but may also include procedures undertaken in other areas, such as outpatient clinics.

The range and number of the triggered assessments will depend on the opportunities offered by the specialty and team within which the trainee SCP works. These must be agreed and recorded at the beginning of the assessment period. These assessments should not prevent or delay consolidation of already acquired skills.

Implicit in the process of the technical and operative assessment will be the clinical supervisor's understanding of the trainee SCP's knowledge of:

- Pre-operative management

- Communication with the anaesthetist and the other theatre staff
- The operative procedural skills required
- Post-operative arrangements for care
- Follow-up of the patient.

Triggered assessments will usually take place in the operating theatre but some technical procedures may take place elsewhere e.g. injection of a knee joint will take place in the outpatients. Dates for triggered assessments should be agreed in advance and should take account of when the trainee SCP and clinical supervisor feels they will be ready. It is the responsibility of the trainee SCP to ensure that triggered assessments occur as per agreement.

Triggered assessments will involve the trainee SCP, the clinical supervisor and other professionals as relevant to the operative or technical skills in question. The triggered assessment form will direct the process (Appendix 5). The trainee SCP will be required to reflect on the process and discuss with the assessors before the final result of their performance is agreed and signed up.

A record of the completed assessment, whether successful or not, will be kept by the educational supervisor and trainee SCP who will file it in their portfolio. It must be accompanied by a plan for the next triggered assessment. A review of the progress in the portfolio may also happen at this occasion.

Table 6 Process and timing of clinical assessments

Month	Activity	Assessment options	Outcome	
THREE	Meeting with clinical supervisor **Aim:** Review portfolio Review progress Identify difficulties	Trainee to produce Portfolio Self Assessment Statement Ongoing competence Assessment	Agree outcomes from aims previously set Agree intentions to be achieved by next meeting Agree outcome of competence assessment Identify areas for Triggered Assessment	
SIX	Meeting with clinical supervisor **Aim:** Review portfolio Review progress Identify difficulties	Trainee to produce Portfolio Self Assessment Statement Ongoing competence Assessment Triggered Assessment	Agree outcomes from aims previously set Agree intentions to be achieved by next meeting Agree outcome of competence assessment Identify areas for Triggered Assessment	
NINE	Meeting with clinical supervisor **Aim:** Review portfolio Review progress Identify difficulties	Trainee to produce Portfolio Self Assessment Statement Ongoing competence Assessment Triggered Assessment	Agree outcomes from aims previously set Agree intentions to be achieved by next meeting Agree outcome of competence assessment Identify areas for Triggered Assessment	
TWELVE	Summative Clinical Assessment in Practice Aim: **Progression to year 2**	Trainee to produce Portfolio Self Assessment Statement Discussion Triggered Assessment	**Progression to year 2** Identify areas for Triggered Assessment	**Remedial programme**

Month	Activity	Assessment options	Outcome	
FIFTEEN	Meeting with clinical supervisor **Aim:** Review portfolio Review progress Identify difficulties	Trainee to produce Portfolio Self Assessment Statement Ongoing competence Assessment Triggered Assessment	Agree outcomes from aims previously set Agree intentions to be achieved by next meeting Agree outcome of competence assessment Identify areas for Triggered Assessment	
EIGHTEEN	Meeting with clinical supervisor **Aim:** Review portfolio Review progress Identify difficulties	Trainee to produce Portfolio Self Assessment Statement Ongoing competence Assessment Triggered Assessment	Agree outcomes from aims previously set Agree intentions to be achieved by next meeting Agree outcome of competence assessment Identify areas for Triggered Assessment	
TWENTY-ONE	**Penultimate** Clinical assessment from supervisors **Aim:** Portfolio review In depth discussion about progress	Trainee to produce Portfolio Self Assessment Statement Ongoing competence Assessment Triggered Assessment	Agree outcomes from aims previously set Agree intentions to be achieved by next meeting and the specific preparations for the final assessment Agree outcome of competence assessment Identify areas for Triggered Assessment	
TWENTY-FOUR	Summative Clinical Assessment in practice **Aim:** Portfolio review Final Competence Assessment	Trainee to produce Portfolio Self Assessment Statement Discussion Triggered Assessment	Agree outcome of competence assessment	
	Aim: **Confirmation of achievement of competence in practice**	Recommendation for pass in practice or remedial programme	**Achievement of practice competence**	**Remedial programme**

5.5 Assessment criteria and standards

5.5.1 Criteria and standards for core clinical processes

The trainee SCP must be assessed in the clinical practice and reach Level 2 supervision (see 4.3.3). This must be recorded in their portfolio.

5.5.2 Criteria and standards for core and specialty technical/operative skills

The trainee SCP must reach Level 2 supervision (4.3.3) for all core technical and operative skills by the end of the programme (see Appendices 3 and 4). Assessment must be by the clinical supervisor. All assessment outcomes must be recorded in the portfolio. The rate of progress must be documented. The milestones may be able to assist in this process. Clinical supervisors must use an operative competence test, eg triggered assessment, for the operative assessment of whole or part procedures (see Appendix 5).

5.5.3 Criteria and standards for triggered assessments for partial and whole clinical and operative procedures

Clinical supervisors must use an operative competence test eg triggered assessment, for the operative assessment of whole or part procedures (see Appendix 5). Triggered assessments must be agreed in advance between the trainee SCP and clinical supervisor for the next period of supervision at the interim meetings (see section 5.4 and table 6). The identified whole or part procedure must be performed within the real clinical situation. If the agreed procedure can not be completed (for any reason) another opportunity for assessment must be arranged. The triggered assessment form should be completed whenever an assessment is undertaken, whether the trainee is successful or not. Should the assessment need to be abandoned for any reason this should be noted. Upon completion of the assessment the trainee SCP and clinical supervisor should have an opportunity for discussion. This should enable the clinical supervisor to clarify their judgement of the trainee's theoretical knowledge underpinning the clinical actions demonstrated within the triggered assessment.

5.5.4 Criteria for assessment of the reflective statements in the portfolio of evidence

The trainee SCP must demonstrate the ability to:

- Record descriptions of clinical and educational events (including context and personal thoughts and reactions)
- Recognise significant patterns in these and other events
- Link clinical and educational events with wider theory and practice
- Demonstrate how this will influence their future practice
- Recognise and respect the importance of confidentiality and data protection of individuals and institutions.

5.5.5 Criteria for assessment of the theoretical work in the portfolio of evidence

The education institution delivering the programme will be responsible for demonstrating how the theoretical aspects of the portfolio will be incorporated within their assessment framework. They will produce the criteria by which this will be assessed, demonstrating a minimum standard of attainment at undergraduate degree level (level H/level 3). This will demonstrate skills such as:

- Knowledge and understanding of the differing intentions, processes and results of scientific and practitioner research
- Ability to critique relevant research
- Ability to carry out a systematic literature search and articulate its role in the different kinds of research
- Ability to conduct inquiry in a variety of research methods
- Ability to communicate appropriately the processes and results of their enquiries.

5.5.6 Criteria for monitoring the portfolio of evidence

The portfolio of evidence is the most important record of the educational development of the trainee SCP. It is essential therefore that the following are recorded and the clinical supervisor is responsible for ensuring that the:

- Triggered assessments are completed
- Core clinical skills assessment form is up to date
- Professional reflective entries are included from the trainee SCP
- Trainee SCP is involved in research or audit into practice and this is recorded appropriately
- A clinical logbook is maintained of the pre, intra and post-operative activities, including technical operative procedures undertaken, and is up to date.

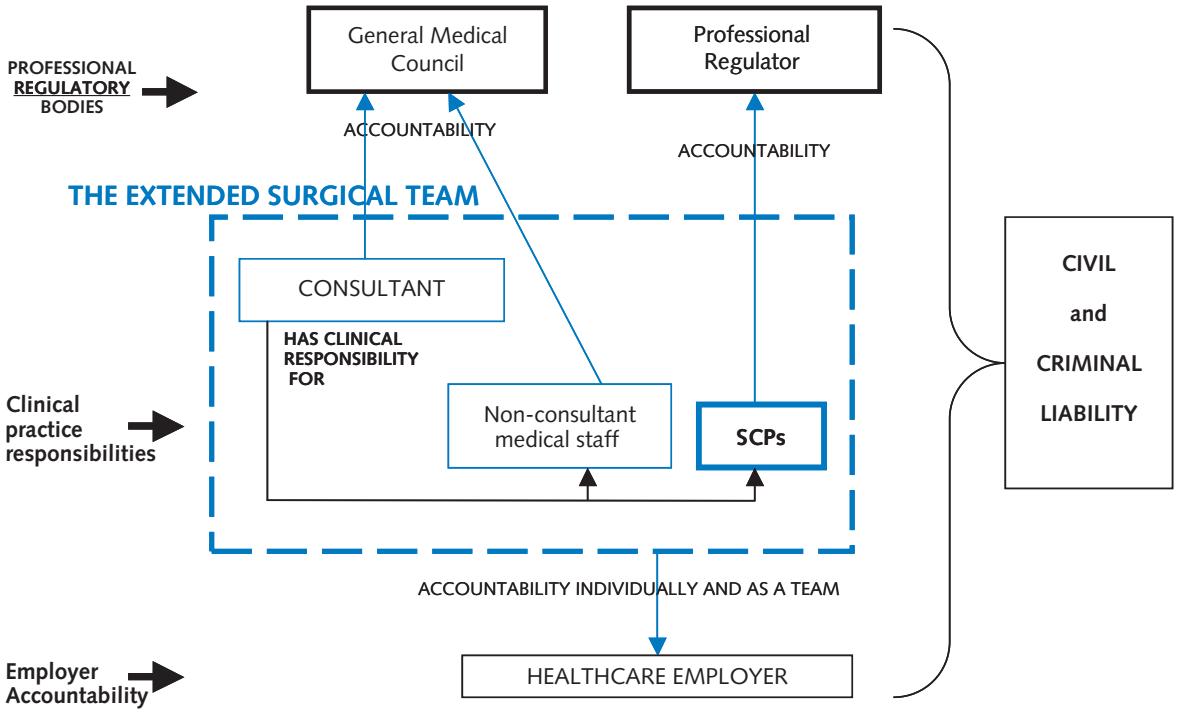
6 Accountability and regulation

6.1 Accountability and supervision

SCPs are bound (in common with other individuals) by civil, criminal, employer and professional accountability as well as team responsibilities in the work place. It is the responsibility of an SCP to understand what this entails (see figure 2).

On a day by day basis SCPs will work under the direction of the operating surgeon and as a member of the extended surgical team. In this role the SCP (along with all other members of the team) will be clinically responsible to the consultant surgeon for their clinical activities and with the rest of the surgical team aim to provide the best care for patients.

Figure 2 The relationship of regulation, accountability and responsibility of SCPs.



6.2 Regulation of surgical care practitioners

Regulation is a safeguard for the public and employers.

Statutory regulation has four functions which are:

1. To establish and maintain standards of competence, ethics and conduct
2. To establish and maintain standards for education and training
3. Maintenance of a register for those who meet the defined standards
4. To monitor standards and act via a defined process when the established standards are not met by registrants.

The SCP is expected to be a regulated role which requires the practitioner to meet the statutory registration requirements before practising within the healthcare environment. SCPs are also accountable for their own practice (see figure 2) and subject to the professional requirements of the regulator. These standards include their professional conduct (including both moral and ethical issues) and their performance, proficiency and professional development.

7 Principles of quality assurance

The quality assurance of programmes offered by healthcare organisations and their collaborating higher education institutions must meet the criteria set by the Royal College of Surgeons of England Surgical Care Practitioner Quality and Standards Committee, which will have representation from the profession of surgery, other medical Royal Colleges, perioperative professional associations and Skills for Health.

The principles of these requirements are that:

- There is an established agreement between the higher education institution and the healthcare provider in the clinical setting
- The collaboration has in place appropriate human resources (HR) and contractual procedures
- There are appropriate recruitment and admission policies
- The collaboration can provide the appropriate educational opportunities
- The collaboration encourages multidisciplinary teaching and learning
- The requirements of the Curriculum Framework are included
- There is an ongoing process of evaluation of the education programme
- There are appropriate teaching and learning resources (which may link with other programmes)
- There is clear leadership of the programme both educationally and managerially
- There is involvement in the development of the faculty of supervisors and teachers
- There is commitment and action in research and development of the programme.

8 Principles of the review and appeals procedures

The educational opportunities offered to the trainee SCP must be designed to give maximum support to allow them to progress. The formative and summative assessment processes will guide understanding of their development. Those making slower than expected progress will need to have targeted or intensified educational opportunities.

The following are the principles of managing slower than expected educational progression (as distinct from professional or personal misconduct which although sometimes difficult to separate from educational progress will present different problems and solutions):

- The trainee SCP and their clinical supervisor and mentor must agree in writing the difficulties that are being encountered in progression. There should be no surprises for the trainee or supervisors
- The relevant educational and contractual committees must be kept informed of the decisions
- Aims should be identified to re-establish satisfactory progress and the strategy recorded and agreed by all involved parties (trainee SCP, clinical supervisor, mentor, HR manager of the programme, education institution lead for the programme)
- In the event of more than half the agreed aims set at the beginning of the programme being unachieved at the appropriate milestone, consideration must be given to repeating that part of the programme, and opportunity must be provided
- It is the responsibility of the clinical supervisor and mentor to ensure that the remedial programme does not unduly overburden the trainee and thus confound the chance of their improving
- It is envisaged that a remedial programme should not increase the length of training by more than two years
- A remedial programme must take account of mitigating factors such as health or unduly difficult domestic circumstances
- Suitable career advice should be part of the review process
- Local panels of clinical and education representatives should be drawn up to act as advisors to the process
- Three levels of support may be offered:
  - Step I Targeted opportunities within the normally agreed programme
  - Step II Intensified supervisions and repeat experiences
  - Step III Withdrawal from the programme.

It is the responsibility of the education institution providing the programme to ensure the above principles are incorporated within their processes.

9 Glossary of terms

Clinical logbook	Electronic or hardcopy record of principle information demonstrating development of practical expertise. This will demonstrate the depth and breadth of clinical activities that have been completed.
Clinical supervisor	An accredited consultant surgeon with responsibility for an identified trainee SCP within their surgical team.
Competence	The broad ability with which a professional person conducts themselves in their own practice (by its very broad nature includes competences); it requires the use of professional judgement (See Carr 1993).
Competencies	A range of specific skills which may be taught and tested in a very didactic way. It does not require professional judgement.
Core knowledge and skills	The content of surgical practice which is common to all surgical specialties (and often to other medical disciplines).
Core syllabus	The document produced by NAASP (2005) providing the detail of the generic subject knowledge and range of skills required by all SCPs regardless of specialty focus. This has been developed and agreed upon by a broad spectrum of advisors from all specialty associations within the RCSEng and the RCOG.
Curriculum Framework	The main educational policy document providing the background, development, entry criteria, definitions, structure of education and training, and assessment strategy for trainees on the programme.
Education profile	The primary documentation demonstrating completion of all aspects of theoretical and practical learning in order to achieve the stated syllabus content. Information drawn from all aspects of the portfolio for the specific purpose of demonstrating preparation for the role and the achievement of the detailed syllabus (core and relevant specialty), including triggered assessments, record of meetings and of formative and summative assessments.
Educational supervisor	Those working within educational institutions having responsibility for the delivery of the programme.

Personal profile	Document containing details of the individual's current employment and prior development. It compliments the education profile by demonstrating the additional opportunities for learning and compiling evidence supporting the achievement of theoretical or clinical development. Reflective notes derived from the individual's professional and personal experiences will be included. Professional reflections on development will form a key part of the portfolio of evidence submission.
Portfolio of evidence	A collection of evidence demonstrating an individual's development, progression and achievement of the core and specialty competencies over a period of time. This portfolio contains a clinical logbook, personal profile and educational profile including competencies.
Professional judgement	Is the crucial capacity that links deliberation and practical wisdom to action. An example would be: Having determined by deliberation what is the best way of conducting this particular procedure, and having decided that that way is indeed the best I can think of for this particular patient today, I decide to act, am able to get it done (practically and technically well), and I do so, negotiating as I go with any unexpected events and making good judgements about any additional and unexpected problems I find on the spot.
Specialty knowledge and skills	The content of the speciality syllabus pertains to the generality of practice for that speciality, over and above the core expected of all trainee SCPs in any specialty, but excludes complex clinical and operative aspects of the specialty practice (these aspects may form part of continuing professional development after qualification).
Teacher	Anyone directly involved in the teaching of trainee SCPs and who has some responsibility, whether directly or delegated, in full or in part, to ensure the trainee addresses the requirements of the programme.
Triggered assessment	Clinical assessment of a cohort of skills, within a whole or part procedure, in a 'real time' clinical context.
Values	Values are about priorities, motivation and example. Our values are those visions and views of the world, which underlie our conduct, and our way of seeing the world. They are held consistently, and are able to be justified. They need to be recognised overtly by professionals who are attempting to develop their practice (because they shape our understanding of our practice as well as our actions). Values have a moral seriousness. The values of a community are the established currencies in things about which those people care and which will deeply affect what they do, how they do it, and how they will justify it.

10 References

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Appendix 1 Core surgery – clinical milestones

These clinical milestones are a guide to introduce the trainee to the new role of SCP. They are not 'tablets of stone' to be enforced by any supervisor or mentor but an aid to assisting the team to identify the initial steps to gaining the training and knowledge required of an SCP.

By the end of Month One			
Activities/competencies		**Activities/competencies**	
Introduced to role		Undertaken observation at host hospital (first two clinical weeks)	
Introduced to surgical team and dynamics		Introduction to (simulation exercises): • Suturing, – Surgical knot tying	
Introduction to role transition from scrub/ward/allied professional practitioner to trainee SCP		Proficiency in scrubbing, gowning and gloving	
Commenced limited assistance, (3rd clinical week) • Patient preparation • Patient positioning • Tissue exposure, handling • Application of suction • Assisting with the cutting of sutures and ligatures • Assistance with haemostasis • Indirect application of diathermy where necessary • Camera holding for minimal access surgery procedures • Suturing subcutaneous and skin layers • Female urinary catheterisation (male if already undertaken male urinary catheterisation training) • Drain securing • Introduction to pre-operative site marking		Begin to consider and examine issues around: • Considering aspects of consent • Codes of conduct	
Commence clinical log book		Participate or gain an introduction to pre and post-operative visiting	
Identify local/regional or national guidelines and protocols – where applicable.			

By the end of Month Two			
Activities/competencies		**Activities/competencies**	
Demonstrate: • The application of skin preparation and discuss best practice in relation to this role • Draping and discuss best practice in relation to this role • Patient positioning, including care of vulnerable tissues an joints • Retraction of skin and tissues and organs and providing good exposure • Safe and effective use of suction • Assistance with haemostasis • Camera holding for minimal access surgery procedures • Performing skin closure by suture or clip under the direct supervision of the surgeon • Demonstrate by discussion, knowledge of all types of suture and where they may be used and all types of suture techniques • Female urinary catheterisation (male if already trained) • Skilled at tying surgical knots • Insertion and suture of drain		Gain an introduction to: • Chest and abdominal X-rays • Electro-surgical principles • Introduction to male catheterisation (if not already done)	
Gain an introduction to team dynamics • Observation on ward rounds • Attendance at X-ray meetings • Observation at out-patients clinics		Gain an introduction to ward duties • Venepuncture • Cannulation • 12 lead ECG	
Female catheterisation using an aseptic technique and commenced supervised training of male catheterisation		Safe at infiltrating the wound with local anaesthetic post-surgical procedure under supervision	
Demonstrate manual dexterity and application of instrument		Be proficient at pre-operative site marking	

By the end of Month Four			
Activities/competencies		**Activities/competencies**	
Practitioners should reach competence in: • Pre and post-operative visiting • Patient preparation • Patient positioning • Tissue exposure, and handling • Application of suction • Assistance with haemostasis • Camera holding for minimal access surgery procedures • Suturing subcutaneous and skin layers • Male and female urinary catheterisation		Should have an understanding the principles of: • The Harmonic scalpel • Principles of internal stapling devices • Principles of lasers • Principles of robotics in surgery	
Gain an introduction to consenting patients for specified procedures after assessment by consultant		Introduction to: • Venepuncture • Venous cannulation • Arterial blood gas stabs	
Introduction to taking a medical and surgical history			

By the end of Month Six			
Activities/competencies		**Activities/competencies**	
Introduction to further ward duties • X-Ray evaluation • Wound care evaluation • Post-operative physiotherapy evaluation • Knowledge of complementary therapies and their uses • Post-operative follow-up standards		Transferable IT skills • Demonstrate IT competence • Access, retrieve, interpret and utilize information and evidence • Appropriately, including numerical data	
Demonstrate effective communication skills		Work collaboratively	
Demonstrate personal organisation and responsibility		Contribute to management of change	
Demonstrate critical thinking skills		Apply reflective skills	
Continue to undertake and participate in the process of gaining a patient medical and surgical history			

By the end of Month Nine			
Activities/competencies		**Activities/competencies**	
Interpret normal haematological values		Understand blood groups and transfusion and signs and symptoms of transfusion incompatibility	
Interpret normal clinical chemistry values		Interpret biochemistry investigations	
Competently take a patients medical and surgical history			

By the end of Month Twelve			
Activities/competencies		**Activities/competencies**	
Demonstrate an informed and evidence based knowledge of the philosophy behind the role of SCP, with understanding of the legal and ethical issues, vicarious liability		Demonstrate/audit clinical effectiveness with accurate record keeping and documentation	
Demonstrate evidence base to learning and practice			

By the end of Month Fifteen	
Activities/competencies	
Be able to demonstrate an understanding of the risk management/clinical governance/quality assurance audit cycle of patient care and professional practice	

By the end of Month Eighteen	
Activities/competencies	
Review guidelines and protocols to ensure meeting the extent of practice. This should be a rolling programme as each role and job description will vary according to the individual specialism and the individual concerned.	

By the end of Month Twenty-One	
Activities/competencies	
Review competencies required for qualification for the role of SCP	

By the end of Month Twenty-Four	
Activities/competencies	
Be able to demonstrate the knowledge required by the RCSEng and NAASP to undertake the role of qualified SCP	

Source: The National Association of Assistants in Surgical Practice; These milestones are regularly updated on the NAASP website: www.naasp.org.uk

Appendix 2 A guide to help you create your portfolio of evidence

Portfolio of evidence		Contents	Elements assessed
Clinical logbook			
Introduction		Log of experience	Provides overview of operative experience
Section 1		Pre and post-operative care	Specific clinical non-operative skills
Section 2		Operations	Specific operative skills
Section 3		Procedures	Specific clinical non-operative skills
Section 4		Courses	Development of knowledge and skills supporting practice
Section 5		Teaching	Development of core theoretical knowledge; core educational processes
Section 6		Audit and research	Research experience statement Development of knowledge and experience of a range of enquiry processes, and evaluation of research evidence
Personal profile			
Section 1		Personal and professional details	Professional values
Section 2		Core syllabus competency evidence	Core theoretical knowledge; core operative and non-operative skills
Section 3		Specialty syllabus competency evidence	Specialty theoretical knowledge; specialty operative and non-operative skills
Section 4		Record of visits and other learning experiences	Development of core or specialty theoretical knowledge; development of core or specialty skills; development of professional values
Section 5		Reflection statements	Development of core theoretical knowledge; development of core educational processes; development of professional values
Section 6		Hospital documentation	Provides overview of current employment position
Education profile including clinical competencies			
Section 1		Personal details	Provides overview of individual
Section 2		Individual training plan	**Sub-section A:** Learning and training needs analysis **Sub-section B:** Outcome and progress
Section 3		Clinical competencies	**Sub-section A:** Core clinical competencies and theoretical outcomes **Sub-section B:** Specialty clinical competencies and theoretical outcomes

Portfolio of evidence		Contents	Elements assessed
Section 4		Record of meetings with supervisors	Overview of supervision process
Section 5		Record of formative assessments	Overview of trainee progress and development
Section 6		Record of summative assessments	Overall progress in practical and theoretical elements – both at the end of each attachment and at the end of the experience. (Core theoretical and clinical knowledge, and communication skills assessed in the higher education institutions)
Section 7	Record of triggered assessments	Triggered assessment forms and Core technical operative skills record sheets	Specialty-specific operative skills Core theoretical knowledge Core educational processes Core technical/operative skills Specialty-specific theoretical knowledge

Source: The National Association of Assistants in Surgical Practice

Appendix 3 Core technical and operative skills

Technical skills	Level One	Level Two	Date	Clinical supervisor's signature
Venepuncture				
Venous cannulation				
Arterial blood sampling				
Pre-operative surgical site marking				
Conduct 12 lead ECG				
Interpret 12 lead ECG				
Scrub technique, gowning and gloving				
Patient preparation				
Patient positioning				
Patient draping				
Handling of basic surgical instruments				
Maintenance of surgical haemostasis				
Performing an incision				
Knot tying				
Suturing of skin				
Suturing of deeper layers				
Insertion of skin clips				
Tissue retraction, exposure and handling				
Application of suction				
Application of diathermy				
Female urinary catheterisation				
Male urinary catheterisation				
Minimal access surgery camera skills				
Maintenance of specimens				
Apply appropriate surgical dressings				
Insertion of surgical drain				
Fixation of surgical drain				
Patient documentation and record keeping				
Develop guideline/protocol				

Note: Trainee SCPs must reach level 2 supervision in all of the above skills prior to qualification
Adapted from the National Association of Assistants in Surgical Practice Surgical Care Practitioner Core syllabus 2005

Appendix 4 Specialty specific theoretical knowledge and skills

Levels for theoretical knowledge and skills within the Scope of Practice

Level	Theoretical knowledge	Non-operative clinical skills	Technical and operative skills
1	Trainee SCP has demonstrated progress from needing to be told the principles and theoretical knowledge underpinning their practice to knowing and understanding them.	Trainee SCP has demonstrated their clinical skills and underpinning knowledge to assess and manage patients pre and post-operative with the supervising consultant surgeon in the immediate vicinity.	Trainee SCP has demonstrated their ability to assist fully a surgeon* during a surgical procedure.
2	Trainee SCP has demonstrated their ability to utilise and critique their knowledge and understanding of the principles underpinning their clinical practice.	Trainee SCP has demonstrated their ability and competence to undertake and critique, in the pre and post-operative environment, tasks delegated to them by the operating surgeon* who is in the same clinical environment.	Trainee SCP has demonstrated their ability and competence to undertake a technical procedure delegated to them by the operating surgeon* who remains within the theatre suite.

* A surgeon who may be a non-consultant medically qualified member of the surgical team (e.g. an SpR) who has been delegated the role by a consultant surgeon. A locum consultant may be delegated tasks in the training programme by a consultant surgeon after demonstrating competence in the proposed area of training.

Contents – Specialty specific syllabus

1A: Urology – theoretical knowledge

The following is a platform for Urology surgery but the British Association of Urological Surgeons see no need for the practitioner role in this specialty.

	Required level of knowledge
Normal anatomy and physiology of the kidneys and genito urinary tract (deeper than expected at core knowledge)	2
Altered renal physiology (including renal failure)	2
Physiology of urinary tract obstruction	2
Understanding pre and post-operative management of the urology patient	2
Naturopathic bladder dysfunction	2
Clinical Investigation of the urinary tract	
• Haemotological	2
• Biochemical	2
• Urodynamics	2
• Histological	2
• Microbiological	2
• Radiological and imaging	2
Management of the following symptoms:	
• Haematuria	2
• Urinary retention (acute and chronic)	2
• Ureteric colic	2
• Lower urinary tract symptoms (LUTS)	2
• Acute testicular pain	2
• Scrotal swellings	2
Principles of management of the following conditions:	
• Bladder dysfunction and incontinence	2
• Urinary tract trauma	2
• Urological infections	2
• Urinary stone disease	2
– Both medical and surgical management	
• Urinary tract obstruction (including urological stents)	2
• Benign prostatic hypertrophy (BPH)	2
• Urological malignancy	2
• Disorders of the scrotum and penis	2
Principles of relevant urological procedures:	
• Circumcision	2
• Hydrocele	2
• Epididymal cyst	2
• Vasectomy	2
• Testicular torsion	2
• Rigid cystoscopy and biopsy	2
• Flexible cystoscopy and biopsy	2

1B: Urology – clinical/technical skills

The following is a platform for Urology surgery but the British Association of Urological Surgeons see no need for the practitioner role in this specialty.

The following are specific to surgery in adults	Required level of supervision
Suprapubic catheterisation	2
Flexible cystoscopy	2
Endoscopic biopsy	2
Wound opening – • Laparotomy	2
Wound opening – • Nephrectomy	2
Wound closure – • Laparotomy	2
Wound closure – • Nephrectomy	2

1C: Optional urology – clinical/technical skills

	Required level of supervision
Rigid cystoscopy	2
Endoscopic biopsy with rigid endoscope	2

2A: Trauma and orthopaedic surgery – theoretical knowledge

	Required level of knowledge
In general, principles of:	
Normal and altered anatomy and physiology of the locomotor system and spinal cord	2
Examination of joints	2
Clinical investigation relating to orthopaedics and trauma surgery • Haematological • Biochemical • Histological • Microbiological • Radiological and imaging – MRI – CT – Bone scan – Ultrasound scan	 2 2 2 2 2
Understanding the role of neurophysiological investigations	2
Understanding pre-operative management of the orthopaedic patient	2
Understanding post-operative management of the orthopaedic patient	2
Antibiotics prophylaxis and treatment	2
Thromboembolic precautions specific to orthopaedic and trauma patients	2
Principles of rehabilitation	2
Trauma, principles of:	
Interpretation of specific orthopaedic X-rays • Dislocation • Fractures	 2 2
Classification of closed and open fractures	2
Pathophysiology of bone healing	2
Principles of management of soft tissue injury • Ligament • Tendons • Nerves • Compartment syndrome	 2 2 2 2
Principles of management of fractures • Techniques of reduction • Immobilisation • Specific – Wrist – Radius – Ulna – Elbow – Shoulder – Pelvis – Hip – Femur – Tibia – Fibula – Ankle	 2 2 2
Principles of management of head injuries	2

	Required level of knowledge
Principles of management of joint dislocations	2
Principles of management of pathological fractures	2
Orthopaedics, principles of:	
Pathophysiology of joint disease • Degenerative • Inflammatory	 2 2
Strategies of management of joint diseases	2
Use of implants in orthopaedic surgery	2
Implant fixation: • Materials • Techniques	 2 2
Principles within arthroscopic surgery • Joint manipulation • Investigative/diagnostic • Therapeutic	 2 2 2
Investigation and treatment of spinal disorders • Physiotherapy • Exercise • Advice	 2 2 2
Investigation of and available treatment of entrapment neuropathies	2
Investigation of and available treatment of the painful hip in a child	2
The recognition of abnormalities in the growing child	2
Immobilisation of fractures, principles of:	
Use of splints	2
Application of a cast (Plaster of Paris (POP) and synthetic)	2
Splitting of a cast	2
Application of skin traction • Setting up and maintaining traction systems' • Rationale	 2 2
Insertion of skeletal traction pin and application of traction • Setting up and maintaining traction systems' • Rationale	 2 2
Management of spinal injury • First aid • Conservative management	 2 2
Management of dislocations of hand and foot	2
Management of dislocated hip	2
Understanding of biomechanics • Gait	 2

	Required level of knowledge
Principles of relevant orthopaedic procedures	
• Incision and drainage of superficial and deep abscess	2
• Split skin grafting	2
• Fasciotomy (including knowledge of BOA/BAPS guidelines)	2
• Extensor tendon repair	2
• Flexor tendon repair	2
• Nerve and vessel repair	2
• K-wiring of a wrist	2
• Plating of a wrist/forearm fracture	2
• Internal fixation of olecranon fracture	2
• Harvesting of bone graft	2
• Closed manipulation and casting of tibial fracture	2
• Tibial nailing	2
• Closed manipulation and casting of ankle fracture	2
• Internal fixation of fractured ankle	2
Principles of relevant orthopaedic procedures	
• Excision of ganglion	2
• Shoulder cuff repair	2
• Total hip and knee replacement	2
– Making skin incision	
– Exposing bone	
– Closing the incision	
• Examination under anaesthetic	2
• Spinal decompression +/- discectomy	2
• Spinal fusion	2
• Fixation of a slipped upper femoral epiphysis	2
• Scaphoid fracture	2
• Phalangeal fracture	2
• Cannulated screws	2
• Release of trigger finger	2
• Carpal tunnel decompression	2
• Removal of metalwork	2
• Release of Dupuytren's contracture	2
• Tendon transfers	2
• Ulna nerve decompression	2
• Subacromial decompression	2
• Anterior Cruciate Ligament reconstruction	2
• Amputation of toe	2
• Great toe surgery	2
• Ingrowing toenail surgery	2
• Diagnostic knee arthroscopy	2
• Shoulder stabilisation e.g. Bankart repair	2

2B: Trauma and orthopaedic surgery – clinical/technical skills

The following are specific to surgery in adults **Trauma**	**Required level of supervision**
General	
Assessment in the emergency room of the severely injured patient	1
Digital block	2
Injection into joins e.g. depomedrone	2
Wound opening under the direct supervision by the orthopaedic surgeon • Hip	2
Wound opening under the direct supervision by the orthopaedic surgeon • Knee	2
Wound opening under the direct supervision by the orthopaedic surgeon • Shoulder	2
Wound opening under the direct supervision by the orthopaedic surgeon • long bones	2
Deep layer wound closure under the direct supervision by the orthopaedic surgeon • Hip	2
Deep layer wound closure under the direct supervision by the orthopaedic surgeon • Knee	2
Deep layer wound closure under the direct supervision by the orthopaedic surgeon • Shoulder	2
Deep layer wound closure under the direct supervision by the orthopaedic surgeon • long bones	2
Setting up and maintaining traction systems	2
Fracture management	
Application of Plaster of Paris and synthetic casts (Must complete the Certificate of Plaster Technology)	2
Optional skils	
Aspiration of joints e.g. • Haemarthrosis	2

3A: Cardiothoracic surgery – theoretical knowledge

Basic science underpinning clinical practice	**Required level of knowledge**
Detailed normal and altered anatomy and physiology of the cardiovascular system	2
Aetiology, symptoms and signs of cardiovascular disease	2
Common cardiovascular pathology including congenital abnormalities	2
Detailed normal and altered anatomy and physiology of the thorax	2
Aetiology, symptoms and signs of thoracic disease	2
Common thoracic pathology	2
Anatomy of the lower limb in relation to conduit harvest	2
Anatomy of the upper limb in relation to conduit harvest	2
Understanding the management of the cardiothoracic surgical patient (elective and emergency) in respect of	**Required level of knowledge**
Pre-operative	
• admission and clerking procedures	2
• eliciting symptoms and signs of cardiovascular disease	2
• eliciting symptoms and signs of thoracic disease	2
• pre-operative cardiovascular and thoracic investigations	2
– haematological and biochemical tests	
– electrocardiogram	
– exercise test	
– pulmonary function tests	
– echocardiogram	
– cardiac catheterisation and angiography	
– nuclear medical imaging	
– computed tomography	
– magnetic resonance imaging	
• peripheral vascular assessment in relation to conduit harvesting	2
• risk/benefit assessment	2
• pharmacology in relation to the preoperative patient	2

Understanding the management of the cardiothoracic surgical patient (elective and emergency) in respect of	**Required level of knowledge**
Operative	
• basic anaesthetic management	2
– patient positioning for cardiac and thoracic procedures	
– haemodynamic monitoring	
■ oxygen saturation monitoring	
■ central venous lines	
■ arterial lines	
■ pulmonary artery flotation catheters	
– methods of ventilation and intubation	
• principles, indications and complications of surgery for	2
– coronary artery disease	
– heart valve disease	
– disease of the thoracic aorta	
– lung and other thoracic cancer	
– common chest wall, pleural and mediastinal conditions	
– endoscopic procedures	
■ bronchsocopy	
■ mediastinoscopy	
■ oesophagoscopy	
• cardiopulmonary bypass	2
– principles of extracorporeal circulation	
– components of the circuit	
– complications	
• principles and methods of myocardial protection	2
• "off-pump" and minimal acess cardiac procedures	2
• video-assisted thoracic procedures	2
• principles of intra-aortic balloon counterpulsation	2
• intraoperative pharmacology	2
Post-operative	
• immediate post-operative care on transfer to the critical care area	2
• intensive care monitoring techniques and data interpretation	2
• recognition and management of bleeding and tamponade	2
• interpretation of the post-operative chest X-ray	2
• post-operative pharmacology	2
• cardiac pacing	2
• the management of chest drains	2
• cardiorespiratory arrest and resuscitation	2
• common ward complications	2
• interpretation of routine investigations	2
– haematological	
– biochemical	
– histological	
– microbiological	
• discharge planning and post-discharge care	2

3B: Cardiothoracic surgery – clinical/technical skills

The following are specific to surgery in adults	**Required level of supervision**
Long saphenous vein harvest	2
Short saphenous vein harvest	2
Radial artery harvest	2
Thoracotomy	1
Thoracotomy wound closure	2
Median sternotomy	1
Median sternotomy closure	2
Assisting to prepare patient for cannulation	2
Insertion of intra-aortic counterpulsation balloon catheter	1
Removal of intra-aortic counterpulsation balloon catheter	2
Assisting with groin dissection for cardio-pulmonary bypass	2
Insertion and fixation of intra-operative chest drains	2
Supra-pubic catheterisation	2

Optional	**Required level of supervision**
Minimal access conduit harvest	2

4A: Plastic and reconstructive surgery – theoretical knowledge

Principles of:	**Required level of knowledge**
Detailed normal and altered anatomy and physiology of the	
• Hand	2
• Foot	2
• Breast	2
• Head and neck	2
• Skin	2
Assessment of viability of skin	
• Relating to skin flap monitoring	2
• Skin cover – the 'reconstructive ladder'	2
Principles of relevant plastics procedures	
• Skin grafting	2
– Split	
– Full thickness	
• Flaps	2
– Local	
– Distant	
– Free transfer	
• Tendon repair	2
• Microvascular repair	2
• Nerve injury and repair	2
• Nail-bed repair	2
• Lower limb trauma: skin and soft tissue loss	2
• Breast reconstruction	2
• Congenital: prominent ears	2
• Hand trauma:	2
– Flexor tendon	
– Extensor tendon	
– Nerve injury/repair	
Diagnosis and management of skin tumours	2
The management of burns	
• Assessment	2
• Resuscitation	2
• Debridement and grafting	2
The management of congenital defects	2
Soft tissue infections, e.g. hand and necrotising fasciitis	2
Management of scars	
• Steroid injection into scar	2
Leg ulcers:	
• Debridement	2
• Grafting	2

4B: Plastic and reconstructive surgery – clinical/technical skills

The following are specific to surgery in adults	**Required level of supervision**
Skin lesion, benign	2
Revision of minor scars	2
Skin cancer: • Basal cell carcinoma excision • Squamous carcinoma excision • Melanoma excision	 2 2 2
Breast reconstruction: wound closure	2
Provision of plastic surgery incisions ■ Y plasty ■ Z plasty	 2 2

5A: Neurosurgery – theoretical knowledge

	Required level of knowledge
Normal and altered anatomy and physiology of the	
• Central nervous system	2
Understanding pre and post-operative management of the neurosurgical patient	
• Critical care	2
• Neuro-rehabilitation	2
• Neurological examination	2
Clinical investigation of the neurosurgical patient	
• Haematological	2
• Biochemical	2
• Histological	2
• Microbiological	2
• Radiological and imaging	2
– Interpretation of CT scans and MRI scans	
• Insert intracranial pressure monitor	2
• Lumbar puncture/tap CSF reservoir	2
Management of the following symptoms	
• CNS infection	2
• Deteriorating level of consciousness including use of Glasgow Coma Scale and score	2
Principles of management of the following conditions:	
• Head injury	2
• Intracranial tumours	2
• Subarachnoid haemorrhage/intracerebral haemorrhage	2
• Spinal degenerative disease	2
• Spinal injuries	2
Principles of relevant neurosurgical procedures:	
• Shunt surgery	2
• Harvest iliac crest bone graft	2
• Interventional neuroradiology procedures	2
• Spinal procedures	2
• Image guided surgery	2
• Stereotaxy	2
• Muscle/nerve/temporal artery biopsy	2
• Burr hole for chronic subdural or insertion of ventricular drain	2
• Craniotomy, including raising the bone flap	2
– Raising the bone flap	
– Closing	
• Spinal cord/cauda equina compression	2
Neuro-opthamology	2
Neuro-pathology	2
Neuro-vascular disorders	2
Neuroradiology	2
Neuro-oncology	2
Neuro-otology	2
Maxillofacial surgery	2
Paediatric neurosurgery	2

5B: Neurosurgery – clinical/technical skills

The following are specific to surgery in adults	**Required level of supervision**
Opening of laminectomy wound	2
Closure of laminectomy wound	2
Muscle biopsy	2
Nerve biopsy	2
Temporal artery biopsy	2
Application of skull traction/halo brace	2
Opening of craniotomy soft tissue wounds	2
Closure of craniotomy soft tissue wounds	2

6A: Paediatric surgery – theoretical knowledge

The following is a platform for Paediatric surgery but the British Association of Paediatric Surgeons see no need for the practitioner role in this specialty.

	Required level of knowledge
Understanding pre and post-operative management of the paediatric and neonate	
• Assessing the sick child	2
• Fluid and electrolyte balance in children	2
• Antibiotics in children	2
• Dosage of drugs	2
• Blood products in children	2
• IV access in children	2
• Venepuncture for blood investigations and intravenous fluids in children	2
• Consent: child/parents	2
Management of the following symptoms	
• Abscesses	2
• Pain relief	2
Principles of management of the following conditions:	
• Abscesses	2
– Superficial	
– Intraperitoneal	
• Renal tract anomalies/obstruction	2
• Chest trauma	2
• Gastro Intestinal bleeding	2
• Paediatric malignancies	2
• Acute scrotum	2
• Hypertrophic pyloric stenosis	2
• Neonatal intestinal obstruction – significance of bilious vomiting	2
• Acute abdominal pain – presentation and causes	2
• Sepsis	2
Principles of relevant paediatric and neonatal procedures:	
• Inguinal hernia	2
• Epigastric hernia	2
• Umbilical hernia	2
• Hydrocoele	2
• Undescended testis	2
• Retractile testis	2
• Phimosis	2
• Abdominal trauma	2
• Laparotomy wound closure	2
• Intussusception	2
• Minor surgery	2
– Seb/dermoid cysts	
– Ingrowing toenail surgery	
– Diathermy	
– Suturing	

6B: Paediatric surgery – clinical/technical skills

The following is a platform for Paediatric surgery but the British Association of Paediatric Surgeons see no need for the practitioner role in this specialty.

The following are specific to surgery in children	Required level of supervision
Wound opening • Laparotomy	1
Wound opening • Thoracotomy	1
Wound closure • Laparotomy	1
Wound closure • Thoracotomy	1
Insertion of Chest drain	1
Venous access	1
Abscesses • Superficial • Intraperitoneal	 1 1
Surface surgery • In growing toe nail • Seb/dermoid cysts	 1 1
Inguinal herniotomy	1
Epigastric/umbilical hernias	1
Orchidopexy	1
Scrotal exploration	1
Circumcision	1

7A: General surgery – theoretical knowledge

Part I – Core general surgery

	Required level of knowledge
Detailed normal anatomy and physiology of the abdominal cavity	2
Understanding pre and post-operative management of the general surgery patient	2
Clinical investigation related to general surgery	
• Haematological	2
• Biochemical	2
• Histological	2
• Microbiological	2
• Radiological and imaging	2
• Central venous access	2
For nutrition	2
For acute resuscitation	2
– For monitoring	
Management of the following symptoms	
• Acute abdominal problems	2
– Pain	
– Peritonitis	
– Trauma	
• Renal	2
• Cardiac	2
• Respiratory	2
• Alimentary	2
• Neurological	2
• Diabetic	2
• Haematological	2
• Haemodynamic	2
• Sepsis de novo	2
Principles of management of the following conditions:	
• Appendicitis and its complications	2
• Small and large bowel obstruction	2
• Obstructed hernia	2
• Gallstone disease and their complications	2
– Acute presentations	
• Pancreatitis and its complications	2
• Chest injuries	2
– Pneumothorax	
– Stabbings	
– Trauma	
– Pericardial injury	
• GI bleeding	2
– Upper	
– Lower	
– Post-operative	

	Required level of knowledge
Principles of relevant general surgery procedures:	
• Abscesses	2
– Superficial	
■ Perianal	
■ Ischiorectal	
■ Breast	
■ Pilonidal	
■ Axiall	
– Intra-peritoneal	
– Deep muscle	
• Appendicectomy	2
• Minor surgery	2
– Ingrowing toenail surgery	
– Sebaceous cysts	
– Lipomata	
– Other subcutaneous nodules	
• Epididymal cyst	2
• Herniae	2
– Inguinal	
– Femoral	
– Incisional	
– Hiatus	
– Umbilical	
– Spegilan	
– Obstructed	
• Cholecystectomy	2
– Open surgery	
– Laparoscopic surgery	
• Abdominal wound closure	2
– Midline	
– Transverse	
– Retro-peritoneal	
■ Wound debridement	
• Laparotomy	2
• Bowel resection	2
– Small bowel with mesentery	
– Large bowel with mesentery	
– Hartman's procedure	
– Anastomosis	
■ Small bowel	
■ Large bowel	
• Stomach	2
– Over sewing of perforated duodenum ulcer	
• Formation of stoma	2
– Colostomy	
– Ileostomy	

	Required level of knowledge
• Loop	2
• Endoscopy	2
– Upper GI	
– Rigid sigmoidoscopy	
– Flexible sigmoidoscopy	
– Colonoscopy	
– ERCP	
– Bronchoscope	
• Anal surgery	2
– Piles: injection/RBL	
– Haemorrhoidectomy	
• Vascular surgery	2
– High tie long saphenous vein	
– Avulsion varicose vein	
– Femoral embolectomy	
• Breast surgery	2
– Wide local excision	
– Guide wire localised excision	
– Mastectomy	
• Laparoscopic surgery	2
– Diagnostic laparoscopy	
– Laparoscopic cholecystectomy	
– Laparoscopic appendicectomy	
• Thyroid surgery	2
– Lobectomy	
– Total/subtotal thyroidectomy	
• Tracheostomy	2
– Percutaneous	
– Surgical	

7B: General surgery – clinical/technical skills

The following are specific to surgery in adults	
Core general surgery skills	**Required level of supervision**
Wound opening • Laparotomy	 2
Wound closure • Laparotomy	 2
Laparoscopy • Insertion of secondary trocars • Insertion of primary trocar for pnemoperitonuem • Modified Hassan approach to primary trocar • Laparoscopic retraction • Laparoscopic port closure	 2 1 1 2 2
Rectal examination	2
Optional skills	
Suprapubic catheterisation	2

7C: General surgery – sub-specialty theoretical knowledge

Part II – Sub specialty general surgery – to be identified by sub specialty surgical care practitioners only

Principles of:	Required level of knowledge
Vascular surgical care practitioners	
• Ruptured abdominal aortic aneursym	2
• Acutely ischaemic limb	2
• Acute deep vein thrombosis	2
• Vascular trauma	2
• Post-operative complications of intra-peritoneal surgery	2
• Strokes	2
• Long saphenous vein surgery and sapheno-femoral disconnection	2
• Short saphenous vein surgery	2
• Endovenous procedures for varicose veins	2
• Transthoracic endoscopic sympathectomy	2
• Skin grafting leg ulceration	2
• Carotid disease	2
• Claudication	2
• Lower limb bypass surgery	2
Colorectal surgical care practitioners	
• Right hemicolectomy	2
• Left hemicolectomy procedure	2
• Anterior resection	2
• Abdominal perineal resection	2
• Sigmoidcolectomy	2
• Ileo cecal resection (Crohns)	2
• Panproctocolectomy	2
• Subtotal colectomy	2
• Fistula surgery	2
• Lateral Sphintrotomy	2
• Excision skin tags	2
• Trans anal excision of polyp etc	2
• Trans anal excision of tumour (TEMS)	2
Advanced laparoscopic procedures (related to practice)	
• Laparoscopic inguinal hernia repair	2
• Laparoscopic colorectal surgery	2
• Laparoscopic gastrectomy	2
• Laparoscopic spleenectomy	2
• Laparoscopic adrenalectomy	2
• Laparoscopic hellers myotomy	2
Breast surgery: surgical care practitioners	
• Sentinel node biopsy	2
• Axillary sampling	2
– Axillary dissection	
Upper GI and hepato biliary surgical care practitioners	
• Liver surgery	2
– Training Resection	
– Radiofrequecy treatment	
• Pancreatic surgery	2
– Whipple surgery	
– Upper endoscopy	
• Pancreatitis and its complications	2

7D: General surgery – sub-specialty clinical/technical skills

The following are specific to surgery in adults	Required level of supervision
Upper GI and hepato biliary surgical care practitioners	
• Upper GI endoscopy (only if undertaking/undertaken JAG accredited course)	2
Colorectal surgical care practitioners	
• Flexible sigmoidoscopy (only if undertaking/undertaken JAG accredited course)	2
• Rigid sigmoidoscopy	2
Breast surgery: surgical care practitioners	
• Breast examination	2
• Punch biopsy	2
• Fine needle aspiration	2
Vascular: surgical care practitioners	
• Avulsions of varicosed veins	2
• Long saphenous vein harvest	2
Optional Vascular: surgical care practitioners	
• Short saphenous vein harvest	2
• Groin dissection long saphenous vein harvest	2

8A: Maxillofacial surgery – theoretical knowledge

The following is a platform for Maxillofacial surgery but the British Association of Oral and Maxillofacial Surgeons see no need for the practitioner role in this specialty.

Principles of:	Required level of knowledge
Normal anatomy and physiology of the head and neck regions	
• Jaws	2
• Mouth	2
• Head	2
• Neck	2
Pathology of the:	
• Jaws	2
• Mouth	2
• Head	2
• Neck	2
Principles of aesthetic surgery including the elderly and post-traumatic injuries	2
Principles of surgical management of the airway	2
Understanding pre- and post-operative management of the maxillofacial surgical patient	
• Ward management of ablative head and neck surgery and reconstruction	2
• Examination and planning of complex facial anomalies like cleft lip and palate and craniofacial surgery	2
• Examination, planning of ablative and reconstructive surgery, including microvascular tissue transfer	2
Clinical investigation of the maxillofacial surgery	
• Osseo-integration	2
• Surgical management and planning of orthognathic surgery	2
Management of the following symptoms	
• Fractures of the cranio-facial skeleton	2
• Maxillofacial injuries, including airway and soft tissues	2
Principles of the use of magnification for operating	2
Principles of management of the following conditions:	
• Benign and malignant facial skin lesions	2
• Management of facial pain	2
• Diagnosis and treatment of common surgical and medical conditions of the:	2
– Face	
– Neck	
– Mouth	
– Jaws	

Principles of:	**Required level of knowledge**
Principles of relevant maxillofacial procedures:	
• Flap harvesting	2
– Bone	
– Soft tissue flap harvesting	
– Cartilage grafts	
• Skin grafting	2
– Split skin	
– Full thickness	
• Reconstruction including microvascular tissue transfer of the face, mouth and jaws	2
• Facial deformity	2
• Primary and secondary cleft lip and palate	2
• Craniofacial surgery	2
• Dento-alveolar surgery	2
• Basic dento-facial prosthesis techniques	2
• Reduction and fixation of facial bone fractures	2
• Cosmetic facial soft tissue repair of the:	2
– Mouth	
– Face	
– Head	
– Neck	
• Initial surgical care of cranio-facial trauma	2

8B: Maxillofacial surgery – clinical/technical skills

The following is a platform for Maxillofacial surgery but the British Association of Oral and Maxillofacial Surgeons see no need for the practitioner role in this specialty.

The following are specific to surgery in adults	Required level of supervision
Application of osseo-integrated implants to face, mouth and jaws	1
Closure of deep layer tissues – neck region	1
Insertion of wires for mandible & maxilla fixation	1
Removal of wires for mandible & maxilla fixation	1
Elevation of fractured zyogomas	1

9A: Otorhinolaryngology surgery – theoretical knowledge

The following is a platform for Otorhinolaryngology surgery but the British Association of Otorhinolaryngologists Head and Neck Surgeons see no need for the practitioner role in this specialty.

Principles of:	Required level of knowledge
Normal anatomy and physiology of the head and neck regions	
• Ear	2
• Nose	2
• Larynx and naso-pharynx	2
Physiology of otorhinolaryngology	2
Understanding pre and post-operative management of the otorhinolaryngology patient	
• Assessment and management of airway problems	2
• Otology	2
• Rhinology	2
• Laryngology	2
Management of foreign bodies in	
• Ear	2
• Nose	2
• Larynx and naso-pharynx	2
• Oropharynx and hyper pharynx	2
Clinical investigation of the otorhinolaryngology surgery	
• Haematological	2
• Biochemical	2
• Histological	2
• Microbiological	2
• Radiological and imaging	2
• Examination of the ear-auroscope	2
• Examination under the microscope – dewax external meatus and mastoid cavity	2
• Suction clearance for otitis externa and insertion of wick	2
• Simple tests for hearing	2
• Simple test of vestibular function	2
• Examination of the neck	2
– fine needle aspirate of masses	
• Use of the laryngeal mirror, and/or the flexible or rigid endoscope to examine the larynx and laryngoparynx	2
Management of the following symptoms	
• Epistaxis and its management	2
• Management of facial fractures	2
• Discharging ear	2
• Otalgia and deafness	2
• Nasal obstruction	2
• Rhinorrhoea	2
• 'Sore' throat	2
• Hoarse voice	2
• Difficulty with swallowing	2
• Neck masses	2
• Treatment of otitis externa	2
Familiarity with different types of hearing aids available and the technique of mould impression	2

Principles of:	**Required level of knowledge**
Principles of management of the following conditions: • Reduction of fractured nose • Incision/drainage of quinsy	 2 2
Principles of relevant ENT procedures: • Emergency and elective tracheostomy	 2
Principles of relevant ENT procedures • Otology – Myringotomy and grommet insertion – Mastoid surgery – Incision/drainage of conchal haematoma – Myringotomy and grommet insertion – Middle ear procedure – Myringoplasty – Mastoid surgery – Stapedectomy – Audiology and vestibular testing	 2
Principles of relevant ENT procedures • Rhinology – Rigid nasal endoscopy – Flexible nasal endoscopy and examination of the post nasal space – Examination of the nose – anterior – Suction under endoscopic control of surgical cavity – Insertion and removal of a nasal pick and or balloon for epistaxis – Simple polypectomy – Biopsy of the nose and nasopharynx – Antral washout in the management of acute sinusitis – Drainage of septal haematoma – Endoscopic sinus surgery – Principles of rhinoplasty – Septal surgery – Submucous resection – Reduction of turbinates – Adenoidectomy and tonsillectomy	 2
Principles of relevant ENT procedures • Laryngology – Direct laryngoscopy – Biopsy of larynx, pharynx and oral cavity – Incision/drainage of quinsy	 2

9B: Otorhinolaryngology surgery – clinical/technical skills

The following is a platform for Otorhinolaryngology surgery but the British Association of Otorhinolaryngologists Head and Neck Surgeons see no need for the practitioner role in this specialty.

The following is specific to surgery in adults **Otology**	**Required level of supervision**
Examination of the ear using otoscope	2
Examination under microscope with microsuction and ability to remove wax from the external auditory meatus	2
Treatment of otitis externa by microsuction and insertion of a medicated dressing	2
Closure of deep layer tissues – neck region	2

10A: Obstetrics and Gynaecology – theoretical knowledge

	Required level of knowledge
Normal anatomy and physiology of the female pelvis	2
Detailed normal and altered physiology of the menstrual cycle	2
Physiology of reproduction	2
Understanding pre and post-operative management of the gynaecology patient	2
Clinical investigation of the female genital tract	
• Haematological	2
• Biochemical	2
• Cytological	2
• Histological	2
• Microbiological	2
• Imaging	2
Management of the following problems	
• Miscarriage	2
• Ectopic pregnancy	2
• Acute pelvic problems	2
• Menstrual problems	2
• Fertility problems	2
Principles of management of the following conditions:	
• Gynaecological malignancy	2
• Disorders of the vulva	2
• Disorders of the vagina including prolapse	2
• Disorders of the cervix, including CIN and malignancy	2
• Disorders of the uterus including fibroids, uterine polyps, uterine prolapse	2
• Fallopian tube disease	2
• Ovarian disease including cysts and endometriosis	2

	Required level of knowledge
Principles of relevant gynaecological procedures:	
• Minor surgery	2
– Skin biopsies	
– Removal of cervical polyps	
– Fenton's procedure	
– Uterine polypectomy	
– Dilatation of the cervix	
– Colposcopy	
– Biopsy of the cervix	
– Termination of pregnancy and removal of retained products of conception	
• Intermediate surgery	2
– Hysteroscopy including biopsy and ablative procedures	
– Laparoscopy including dye insufflation of the tubes	
– Laparoscopic sterilisation	
– Insertion of cervical suture	
• Major surgery	2
– Vulvectomy	
– Prolapse repair	
– Tension free vaginal tape	
– Vaginal hysterectomy	
– Repair of enterocoele	
– Cone biopsy of cervix	
– Abdominal procedures on the bladder neck	
– Abdominal hysterectomy, total and subtotal	
– Myomectomy	
– Operations on the Fallopian tube including salpingectomy	
– Oophorectomy and other procedures on the ovaries	
– Pelvic adhesiolysis	
– Laparoscopic procedures on the uterus, tubes and ovaries including adhesiolysis	

10B: Obstetrics and Gynaecology – clinical/technical skills

	Required level of supervision
Suprapubic and urethral catheterisation	2
Laparoscopy – insertion of trocar and pneumoperitoneum Hysteroscopy	2
Wound opening • Laparotomy Wound closing • Laparotomy Bimanual examination	 2 2 2
• Minor surgery – Skin biopsies – Removal of cervical polyps – Fenton's procedure – Uterine polypectomy – Dilatation of the cervix – Biopsy of the cervix	2

10C: Obstetrics and Gynaecology – optional clinical/technical skills

	Required level of supervision
Colposcopy and biopsy	2

Appendix 5 Triggered assessments

(An example of an holistic operative competence assessment for a whole or part of an operation)

For detailed explanation of the triggered assessment process see section 5.4.3

An operative competence assessment process suitable for core and specialty, part and full procedures (See GPPS RCSEng, 2003).

The process leading up to and for triggered assessments

The learner will:

- At the start of the assessment period have indicated and agreed with their supervisor the procedures/operations they hope to assess during the specific period (see table 6 for guidance)
- Collect evidence (a log) in their portfolio that these procedures had been practised and logged appropriate to the triggered assessment
- Provide evidence of their discussions with their supervisor on their progress and their readiness to trigger an assessment.

There are the following elements to the triggered assessment (providing a holistic assessment in real practice)

- Pre-operative
- Operative
- Post-operative
- Reflective account by trainee SCP
- Debrief and final outcome decision by the clinical supervisor and mentor
- Record of the outcome by indicating a level of supervision and advice for future processes.

Triggered assessment form for technical and operative procedures

Name:	**Specialty:**	
Supervisor:	**Procedure/Operation:**	**Date:**

The trainee must:	**Assessor's comments**	**Outcome: tick if standard approved**
Pre-operative Communicate appropriately with the other members of the theatre team		
Greet the patient appropriately and identifies the patient with the notes and takes/checks consent		
Confirm appropriateness of operation		
Confirm with patient the need to proceed		
Confirm/mark the operative site/side appropriately		
Prepare and position and drape the patient correctly		
Operative Performs the procedure/operation according to specialty protocol		
Post-operative Dress the wound appropriately		
Make operative record and post-operative plan		
Check patient in recovery		
Be able verbally to demonstrate a reasonable knowledge of the condition during procedure		
Demonstrates the attitudes and professional manner appropriate for a trainee SCP		
Reflective account of their performance Conduct a reflective debriefing after the procedure and presents it to the assessors		

Account of debriefing prior to final assessment outcome:

(Including ability to be realistically self critical in relation to this operation and the professional responsibilities involved in the process)

1. Comment by assessor of the use of theoretical knowledge

2. Comments from the assessor on the reflective notes of learner

Assessment outcome

Trainee		Date
Assessor		

Level	Theoretical knowledge	Non-operative clinical skills	Technical and operative skills	Level approved
1	Trainee SCP has demonstrated progress from needing to be told the principles and theoretical knowledge underpinning their practice to knowing and understanding them.	Trainee SCP has demonstrated their clinical skills and underpinning knowledge to assess and manage patients pre and post-operative with the supervising consultant surgeon in the immediate vicinity.	Trainee SCP has demonstrated their ability to assist fully a surgeon during a surgical procedure.	
2	Trainee SCP has demonstrated their ability to utilise and critique their knowledge and understanding of the principles underpinning their clinical practice.	Trainee SCP has demonstrated their ability and competence to undertake and critique, in the pre and post-operative environment, tasks delegated by the operating surgeon who is in the same clinical environment.	Trainee SCP has demonstrated their ability and competence to undertake a technical procedure delegated to them by the operating surgeon who remains within the theatre suite.	

Advice for the next step:

Signatures _____ Date _____

Supervisor _____ Trainee SCP _____

Other assessors

1. _____

2. _____

Appendix 6 Existing Surgical Care Practitioners

Existing SCPs may have already obtained the equivalent education and training as a SCP, and will not be required to undertake the new SCP programme. Existing SCPs will be required to demonstrate the equivalent standard of education related to the period of their training. Furthermore existing SCPs will be expected to demonstrate continued professional development within their role of Surgical Care Practitioner and related to their individual job description and job plan.

The SCPs deemed to be qualified will have:

- A registered professional qualification in a recognised area of healthcare (e.g. Operating Department Practitioner, Nursing)
- Developed skills and experience assisting the surgeon prior to this programme
- Developed a portfolio of evidence demonstrating their experience, training and education as a SCP
- Current or recent* employment in an SCP role

They may already have undertaken and successfully completed verifiable professional development. For example, by completing:

- English National Board (ENB) N77 / D10 courses
- Cardiac Surgical Assistants Diploma.

*Recency of practice requirements are defined by the statutory regulator

The Curriculum Framework for the Surgical Care Practitioner was developed by a working party with representatives from the following organisations

The British Orthopaedic Trainees Association

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