

# Addressing workforce issues: The role of the SCP within the extended surgical team

Sally Stuart



**Sally Stuart** qualified as a nurse in 1993 and instantly developed a keen interest in surgical practice and after 10 years of experiencing a wide range of surgical specialties as a scrub practitioner, was appointed as an Surgical Care Practitioner in general surgery.

After moving into academia 2019, Sally now leads the MSc in Surgical Care Practice at Edge Hill University. She is the current chair of the Association of Surgical Care Practice and is on multiple national working groups to promote the advancement of the SCP role within the extended surgical team.

In the United Kingdom, the extended surgical team (EST) includes a variety of healthcare professionals who collaborate to provide safe and effective surgical care. Those members include medically and non-medically trained and educated professionals. This article explores the impact of the non-medically trained workforce, specifically the role of the Surgical Care Practitioner (SCP) on patient care, how SCPs complement and collaborate within the EST, how they are trained and educated and how SCPs are integral to achieving the goals of the NHS Long Term Workforce Plan.

It is important to recognise that non-medically trained practitioners supporting the extended surgical team is not a new concept. Nursing support was required to assist surgeons during times of conflict, and it was in the 19th century, during Florence Nightingale's nursing career, that the first surgical nurse assistant role was conceived, the registered nurse's role included preparing wounds for surgery and assisting during operations<sup>1</sup>.

If we proceed to the early 1990s two important policy-influencing documents emerged. There was overwhelming evidence that the junior doctors hours of work of should be reduced<sup>2</sup> and it had been known for some time that long hours not only impacted on the physical and mental health of doctors in training but also that there was potential to harm patients. Reports supported the contention that stress associated with sleep deprivation was an important factor in unnecessary patient morbidity and mortality<sup>3</sup>. There was mention at this stage of how important non-medical practitioners would become to support surgical services. However, at this time nurses were limited to basic nursing duties and not permitted to undertake skills outside of their scope of practice due to the rules set by the

Department of Health and Social Security (DHSS) in the 1970s. In 1992, the UK Central Council, who preceded the Nursing and Midwifery Council, introduced a new scope of professional practice guidance for nurses<sup>4</sup> which was profoundly influenced by practices in the USA<sup>5</sup>. The result of this major change was a plethora of nursing roles and the emergence of the new concept of advanced nursing practice. Within surgery, nursing roles emerged to assist surgeons. These roles were developed locally and with 'in house' training and education programmes<sup>6,7</sup>. However, without national standards for training and education there is the potential for confusion and variable standards. The primary objective of these roles is not to replace doctors but to produce practitioners, who use their experience, knowledge and skills to complement and collaborate with the existing surgical team<sup>8</sup>.

## Governance of Medical Associate Professionals

SCPs currently sit within the Medical Associates Professions (MAPs) group, alongside Physicians Associates (PA) and Anaesthetic Associates (AA). The MAPs group was established by Health Education England (HEE) in 2014 to include these professional groups under a single umbrella along with Advanced Critical Care Practitioners. HEE had intended to develop and shape post-registration education, training and careers and to support a move towards statutory regulation by the General Medical Council<sup>9</sup>. The PA and AA roles were specifically designed to find a solution to workforce shortages outlined in the NHS People Plan and have been amplified in the NHS Long Term Workforce Plan. The majority of PAs and AAs are recruited from a Biological Sciences background with limited clinical experience. The roles are currently unregulated.



In contrast, recruits to SCP training mainly come from either a nursing background with Nursing and Midwifery Council registration or an operating department practitioner background with Health and Care Professions Council registration. Entry criteria include a minimum of 18 months of post-registration experience.

The current controversy of MAPs roles in clinical practice reflects concerns surrounding patient safety and reducing training opportunities of junior doctors<sup>10</sup>. MAPs in surgery cannot and must not be used to replace surgeons. They must always work within a clearly defined scope of practice and under the supervision of appropriately qualified and experienced senior surgeons. Despite the controversies, there is evidence from both the USA<sup>11</sup> and the UK<sup>12,13</sup> that clearly demonstrates the positive impact MAPs skills and expertise have in improving medical care.

It has also become clear that there is a difference in governance between PA/AAs and SCPs. There is an evolving view that SCPs should no longer sit within the MAPs group due to differences in post-graduate training

**“The defined role of SCPs is to assist in surgical procedures and manage pre-operative and post-operative care and play a crucial role in the extended surgical team. They help maintain continuity of care by performing tasks that can be delegated to non-medically qualified staff.”**

and education, scope of practice and SCPs are already registered with a regulatory body. The Intercollegiate Extended Surgical Team Board is having preliminary discussions with NHSE Workforce, Training and Education to determine how this could develop.

### Professional role of SCPs

The defined role of SCPs is to assist in surgical procedures and manage pre-operative and post-operative care and play a crucial role in the extended surgical team. They help maintain continuity of care by performing tasks that can be delegated to non-medically qualified staff<sup>14</sup>. This ensures that patients receive consistent and high-quality care throughout their surgical journey. SCPs work under the supervision of consultant surgeons and assist before, during, and after surgical procedures. They are trained to perform some surgical interventions which helps streamline the surgical process. An underpinning principle of all that they do is to facilitate the training and education of surgical trainees by taking on responsibilities to allow surgical trainees to access more training opportunities. >>



### Training and education of SCPs

The first SCP curriculum focussed on skills acquisition based on workplace learning rather than breadth and depth of knowledge and understanding. Entry requirements were non-specific and links to higher education institutes were proposed but not compulsory<sup>15</sup>. In 2014, the second edition of the curriculum was published by the Royal College of Surgeons of England following a robust and extensive review conducted by a multiprofessional working group. Changes were driven by the workforce needs of healthcare providers, where SCPs were managing the clinical care of patients and assisting with technical and operative interventions. The 2014 curriculum provided clear and systematic RCS accreditation processes for Higher Education Institutes (HEI) wishing to provide programmes, clarity of the scope of practice of SCP and assured a national standard for core and specialty knowledge and skills acquisition<sup>16</sup>.

In 2022, RCS England and RCS Edinburgh published a revised SCP curriculum to set the clinical, technical and professional standards expected of a professional practitioner working in this defined role of surgical care<sup>17</sup> addressing the needs of a rapidly evolving UK healthcare system. The overall aim of the programme is to produce competent and capable SCPs

based on the four pillars of advanced clinical practice: clinical practice, leadership and management, education and research<sup>18</sup>. The curriculum adopts a spiral approach, with each year of study progressively building on the knowledge, skills, attitudes and behaviours developed in previous years. Designed to be completed over three years, the programme is completed in two phases, with phase 1 that spans years 1 and 2 of the programme being focused on the development of generic clinical, technical and professional knowledge and skills. Phase 2 is the final year of the programme and focuses on the development of surgical specialty specific clinical, technical and professional knowledge and skills<sup>17</sup>.

The curriculum is designed to ensure that all Trainee SCPs (TSCP) become self-directed and self-aware learners through a diverse range of learning and teaching opportunities both in and out of programmes. Each TSCP will focus on their personal and professional development, based on an initial learning/training analysis, to ensure that they have opportunity to achieve their optimum potential throughout the programme, evidenced in their e-portfolios.

To commence SCP training candidates are required to be a registered practitioner, be appointed as a trainee SCP, with at least

18 months experience in surgical care and will meet the academic requirements of the RCS accredited HEI. They must identify appropriate educational and clinical supervisors who will provide and facilitate teaching, learning and assessment in practice<sup>17</sup>. In addition, other experienced medical and non-medical practitioners facilitate a multidisciplinary approach to work-place based learning.

### Conclusion

The extended surgical team is a key component of the NHS Long Term Workforce Plan (LTWP), which aims to ensure a regulated, sustainable and effective healthcare workforce by expanding the number of new and extended roles to increase the breadth of skills of the multidisciplinary team to better meet the needs of patients<sup>19</sup>. This workforce expansion includes a plan to fill gaps in the current workforce and meet the needs of a growing and aging population. Overall, the extended surgical team is integral to achieving the goals of the NHS Long Term Workforce Plan, ensuring high quality, sustainable healthcare for the future. ■

### References

References can be found online at [www.boa.ac.uk/publications/JTO](http://www.boa.ac.uk/publications/JTO).