



ROLE:

Surgical Care Practitioner

ROLE DEFINITION

Surgical care practitioners are registered healthcare professionals who have extended the scope of their practice by completing an RCS-accredited training programme (or other programme in the case of those practitioners who have been practising since before the establishment of the RCS-accredited training). They work as members of the surgical team and their main responsibilities are to support surgeons and other professionals before, during and after surgical procedures. They can perform some surgical interventions and carry out preoperative and postoperative care under the supervision of a senior surgeon.

AREA OF PRACTICE

Intra- and perioperative environment, including theatre, wards and clinics, usually within a specific surgical specialty. This can include both elective and emergency work within the practitioner's scope of practice.

OVERVIEW OF TASKS AND ACTIVITIES

- Clinics – seeing specific preoperative patients and listing them for surgical procedures, as well as seeing postoperative patients for follow-up.
- Preoperative assessment processes including clinical examination and enhanced recovery education as directed by the surgical team.
- Arrangement of pre- and postoperative investigations as part of the MDT.
- Participation in the consent process in their areas of practice.
- Liaison with surgical staff, as well as theatre, ward and clerical staff, on relevant issues including theatre lists to support coherent service provision.
- Participation in the WHO safe surgery checklist.
- Preparation of patients for surgery including venepuncture, male and female catheterisation, patient positioning and preparation.
- Undertaking of surgical procedures as part of the MDT for the respective surgical specialty under the supervision and direction of the operating surgeon.
- Acting as first or second assistant as directed by the supervising surgeon.
- Facilitation of continuity of care.
- Daily ward rounds, making assessments and formulating plans for postoperative care.
- Writing of operation notes and ward round note taking.
- Postoperative care, including wound assessment, initial treatment and identification of surgical problems and complications.
- Identification of acute deterioration of patients with knowledge of early warning scores.
- Provision of support to on-call and emergency services.
- Evaluation and documentation of care, including the discharge process and follow-up care arrangements, including writing discharge summaries and liaising with primary care.
- Facilitation of the training by supporting a training session or providing delegated care to a patient while the supervising surgeon is conducting a training session.
- Research, development, education and audit within the surgical department.
- Prescription of medications relevant to their individual specialty following appropriate training for non-medically qualified prescribers.

SUPERVISION AND MANAGEMENT

- Clinical responsibility to the consultant surgeon.
- Day-to-day work under the direction of the operating surgeon and as a member of the surgical care team.
- Line management as part of the surgical team and under the direction of the responsible consultant.

During the two-year training, the SCP will be assigned a named responsible consultant who will serve as clinical supervisor and mentor for the duration of the training programme.

AUTONOMY AND INDEPENDENT WORK

- Pre-determined level of autonomy and supervision, agreed on a case-by-case basis with the responsible consultant surgeon.
- Once the surgeon is satisfied the SCP works safely and competently within his or her role, the surgeon can arrange for proximal supervision (where the consultant surgeon is not in theatre but his or her location is within the hospital, and can be easily contactable).

TRAINING

- Two-year programme at master's level, accredited by the RCS and comprising both a theoretical and a practical element.
- In the second year there is specialisation in a chosen surgical specialty.
- All competencies should be assessed and signed off by the responsible consultant. These should be documented in the SCP training portfolio.

ELIGIBILITY FOR ENTRY INTO THE TRAINING

- Registration as a healthcare professional (eg nurse, operating department practitioner or physiotherapist).
- 18 months of post-registration experience.
- Evidence of ability to study at master's degree level.
- Aptitude for clinical and operative practice.

PROFESSIONAL ACCOUNTABILITY

- Nursing and Midwifery Council, or Health and Care Professions Council, for their original, non-extended roles.
- It is recommended that SCPs follow the Association for Perioperative Practice voluntary code of conduct for registered practitioners working in advanced surgical roles, as well as the codes of conduct and performance of their regulatory bodies.

NB. At the time of writing of this document, the UK health departments were consulting on further options for professional assurance and appropriate regulation for medical associate professions, including SCPs.

BANDING

Between 7 – 8b
Trained SCP: Band 7
Senior SCP: Band 8a
Lead SCP: Band 8b

FURTHER INFORMATION

The Curriculum Framework for the Surgical Care Practitioner, RCS, 2014