

Surgical care practitioner dissertation guide

[Health & Medicine](#), [Hospital](#)



The following article is a guide on how to approach a dissertation about surgical care practitioners. This would be helpful for students looking to gain a perspective in the subject.

Background

Since its introduction there has been much hostility towards the new professional role of the surgical care practitioner (SCP) within the surgical community. However as the outlook of the NHS is rapidly being modified and European influence in the form of the European Workforce Team are being directed and beginning to have effect in the UK, it is evidently proving to have a huge impact on the UK workforce [1].

The introduction of the SCP role was created to alleviate the problems of unsustainable turnover and training of doctors. The role of SCPS both complements the government's commitment to enhancing career opportunities within the field of healthcare and also develops a flexible training framework that is built on the competence of individuals' rather than fixed traditional roles such those of doctors and nurses [1].

The SCP role is considered to be a nationally transferable role (NTR), a number of new roles, which emerged to reduce the waiting times across the UK. Consequently four groupings were created consisting of 30 new roles; amongst them the SCP is part of the "Advanced practitioner" group [2][3].

Guy's and St Thomas' NHS Foundation Trust reveal the cost savings of some advanced practitioner roles which have for "each half-day session stated as

saving ? 10k per year in consultant time". Additionally, the time saved by the consultant can be diverted to increased surgery time [3].

References

[1] Kneebone. R New professional roles in surgery. Would be effective in selected surgical settings and can offer benefits. BMJ 2005; 330: 803-4

[2] Skills forhealth. Impact of Nationally Transferable Roles on Productivity - Building an Evidence Base, March 2010

[3] <http://www.skillsforhealth.org.uk/rethinking-roles-and-services/national-transferable-roles/advanced-practitioner.aspx>

General Structure

When was the SCP role introduced within the UK and why

What can the SCP do in the operating theater (OT)

What evidence is there of time/cost efficiency thus far (E. g. cost of training, patient care, effects on surgeons etc)

Has the introduction of the SCP role reflected a great deal of improvement within the OT and if so - evidence to back this up.

What is the future for this new and emerging role within the NHS across the UK
Have attitudes changed
What are the effects on other professionals, which traditionally take up this role