

Life of Surgical Care Practitioners in Cardiothoracic surgery: It is sad, but true.

The Surgical Care Practitioners (SCP) have been assisting with cardiothoracic (CT) surgery for the past 3 decades. Surgical care practitioners have been rising in numbers due to the high demand in the perioperative practice. Many surgical specialities use their SCPs to work in pre, peri and postoperative areas. However, in cardiothoracic surgery they have always been used to work intraoperatively. This culture is changing and some of the CT SCPs are working in robotic surgeries and running specialist outpatient clinics. The workload for the SCPs is increasing, and they are left to work independently to perform minor surgical procedures in many hospitals.

These practitioners need to be trained nationally with no variations. Some hospitals are still training them locally with no competency based, higher education and without any academic input. This raises a huge concern for the patient and trainee safety. It is important to ensure quality and rigorous examination for the SCP training and assessment during their training period with a good academic education and clinical exit exam. It is sad that most of the Advance Nurse Practitioners who do preoperative and postoperative work have an MSc in advanced practice – but SCP's (who work in all three areas) do not need any recognisable professional qualifications. There is a curriculum developed by the Department of Health in 2014 and universities have started the MSc programme but still CT surgeries do not send their trainee SCPs and appoint them to do in-house training.

I strongly believe that hospital managers and surgeons underestimate the workload and the job of cardiothoracic surgical practitioners. It is important for SCPs to understand the underpinning knowledge and good rationale behind taking any clinical decisions about patients.

Some hospitals are using the SCPs to work across many surgical specialities without any appropriate academic qualifications. There are no guidelines, regulations, job security or professional identity for these practitioners except local job descriptions and vicarious liability from the employer. These practitioners are asked to work for long hours with no risk assessment (some of them working five days a week) and most of them suffer from severe neck, knee and back pains (almost 95%). These practitioners are in between the nursing and surgeon's management or even perfusionists who do not understand the need for them. Most of the SCPs do not have proper continuous professional development, no money pot for study leave or study time allocated in their job plan.

I hope that Professional Registration will bring the above-mentioned problems to an end. The current registering bodies such as the Nursing and Midwifery Council and the Health Care Professional Council do not recognise the SCP role as a job. We are all registered as adult nurses or adult ODPs with no continuous professional development or standardisation of role. We are called varyingly as theatre assistant, surgical assistant, surgical practitioners, surgical care practitioners with many different salary scales depending upon the hospital management. According to the New Glassdoor research report 2018, CT SCPs are in seventh place as highly earning and highly qualified professionals in the USA. In the UK, we are still struggling to obtain our professional registration and identity.

Most of the CT SCPs have not joined any associations because they feel that they do not get anything from these associations. I completely agree with them because I feel there is no point paying money to the associations when there is no support for professional registration and national recognition as a SCP. This issue has been highlighted to many associations for the past 20 years, but we still are on the same page.

It is vital for the General Medical Council, both Royal Colleges of Surgeons and CT societies to explore the urgent need for professional registration for these practitioners. Otherwise, this profession will soon cease to exist.

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