

Introducing the new President and Executive team



**DR. BHUVANESWARI KRISHNAMOORTHY, MPHIL, PHD, FFPC (ED), PFHEA.
PRESIDENT OF ASSOCIATION OF CARDIOTHORACIC SCP AND NATIONAL EDUCATIONAL LEAD FOR SCTS AHP.**

President

The Surgical Care Practitioner by ACT SCP

President: Dr. Bhuvaneswari Krishnamoorthy

I am happy to take over this honourable role from Mrs. Chrissie Birkett (ex-president) from April 2019 for the next 3 years. I know that it will not be easy to undertake this role as every responsibility comes with its challenges but I will try my best to fulfil everyone's expectations. I would like to transform our association and bring in new members who can be the future pillar of this association's growth.

I have done my best to bring continuous professional development courses to the CT SCPs for the past 9 years. It is time to bring all of us together and to make big changes in this association. We can only make these changes if you are all with us as an association and we treat ACT SCP as a force in which we can all be involved. The coming together of each individual is so important, and this organisation will only go from strength to strength if we all think of how we can jointly make it better. Please come and join us.

As a start, here are a few new changes of what has taken place in our association:

- I would like to welcome all the new executive team members (please see their summary profiles below)
- New Logo from ACSA to ACT SCP (Association of Cardiothoracic Surgical Care Practitioners)
- New website with more educational and interactive activities
- Working together with the Royal College of Surgeons for the SCP registration
- SCP exam as a clinical exit exam
- Date to add to your diary: 24th of November 2019 ACT SCP first annual meeting in Birmingham

In this issue on page 10 please take a look at the article regarding our professional status and on page 11-12 we have included the recent NICE guidance on PICO dressings.

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National Secretary

Jeni Palima



First and foremost, I would just like to take this opportunity to introduce myself as the newly appointed National Secretary of the Association of Cardio-Thoracic Surgical Care Practitioners.

Correspondence from the association will generally be circulated by myself. If you have any burning questions or enquiries, please do not hesitate to contact me and I'll be very happy to help.

The association has long been involved in the standardisation of SCP training and has been representing CT-SCPs within the Society of Cardiothoracic Surgery, actively contributing to national debates, AGMs and vocalising the need for better recognition and regulation of the SCP role. The latter is something we can't do alone. We need a united front from all CT-SCPs across the country for our voices to be heard. Apart from the many benefits that joint membership offers, we need numbers.

The new ACT-SCP website is now up and running. Your log in details for the ACSA website should still work if you have renewed your ACSA/SCTS joint membership via GoCardless at the start of this year. If you have any problems, do let me know and I'll look into getting your access sorted.

If you haven't renewed or if you know of any colleagues who are not yet a member, we strongly encourage you to re-register and invite your colleagues to do same. There is strength in numbers, and standing together will play a huge part in affecting change.

Jeni Palima
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Cardiac

Cristina Ruiz Segria / Tracey Cox



I am Cristina Ruiz Segria, a Cardiothoracic Surgical Care Practitioner at James Cook University Hospital working in a busy and modern cardiac unit. Although I originally trained in Spain as a nurse, I completed my BSc Degree in Surgical Care Practice and Masters in Advanced Clinical Practice and Non - Medical prescribing at Teeside University the North East of the UK. My role as an SCP involves working as a first and second assistant in theatre, radial and vein (open and endoscopic) harvesting and femoral cutdown for mini mitral surgery. I participate in readmissions and I also run a nurse led outpatients clinic alongside my on call duties.

I was part of the first team to proctor Cardiac Advanced Life Support in Spain and am also an active member of EACTS for Allied Health Professionals. I have participated in several education programmes for SCTS, including being the lead author of Cardiothoracic Non - Medical prescribing.

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Hi, I am Tracey and I have been an SCP at Coventry for almost 17 years. I work predominantly in Cardiac Surgery and I am a lead in Surgical Site Infection (SSI). I continually monitor and audit our SSI and send the data for coronary artery graft surgery to Public Health England (PHE). I am passionate about the future development of the SCP role and have recently been involved in student examinations for the Royal College Exam.

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Innovation

Katherine Hodder



I am honoured to take on the role of Innovation chair at ACT SCP.

I feel that I can bring a motivated, forward thinking approach to ACT SCP and within my position at The Royal Brompton, potential to help encourage and influence change for the better, for SCPs. I am extremely driven and since training have always continued to push and develop myself for the benefit of the team, the trust and my patients.

I would enjoy working within ACT SCP as I feel I could learn greatly from the wider community of SCPs and also help push SCP development, support and awareness for the role in the future.

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National Membership

Hailian Lui



I started my SCP training in Royal Papworth Hospital in March 2016, throughout my training I was intensively involved in the whole patient care pathway by delivering best quality care through pre-operative assessment, post-operative follow up, and intra-operative interventions.

I am very happy to take this position at ACT SCP. I consider myself as a very passionate and enthusiastic person. I have just recently completed the MSc course; I am very keen to put what I have learnt from university into supporting the ACT SCP society. As a newly qualified SCP, I am fresh and energetic; I would love to contribute my time and passion towards the development of the SCP field.

I believe we can better support all new trainee SCPs at national level by encouraging the involvement of qualified SCPs, particularly our senior SCPs, to work together as a group, hold regular meetings and national level activities.

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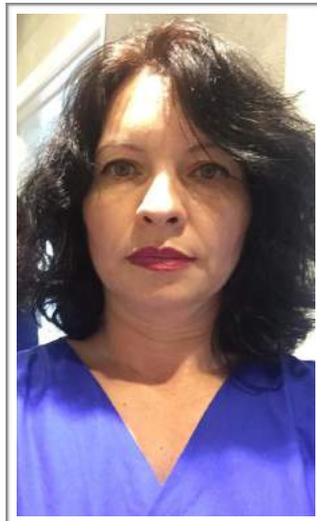
Education

Richard Thomson / Angela Jarca



It is an honour to take the role as Education with ACT-SCP alongside Angela, as an experienced SCP, hopefully I will be able to continue all the good work by the previous education chair. I am part of a team of SCP's in Hull, we work in both Thoracic and Cardiac theatres and have taken the lead on many projects both locally and Nationally. Education is part of our daily routine but I also have experienced in lecturing and examining, I am an ALS and CALS instructor who is looking forward to the challenge of arranging study opportunities for our members.

richardthomson1973@gmail.com



I have been working in Southampton as an SCP since 2011. Qualified in 2013, I have been the team leader of a team of five since 2018. I have audited and introduced the EVH in Southampton, with our case numbers increasing year by year. I have created the SCP led wound clinic, generating an income for the department and creating better patient flow. I will also be a 2019 examiner at the SCP exam at RCSEd, taking over from the deputy chair in ACSA.

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Paediatric

Nisha Nair



I am currently working as a Senior Surgical Care Practitioner in Adult & Paediatric Cardiac Surgery at St Thomas' Hospital, London. My current experience includes:

- Leading and managing the development and integration of a team of SCPs including trainee positions
- Monitoring the performance of SCP's with regard to personal development and outcomes of clinical activity
- Participating in operative procedures and aspects of pre- and post- operative care of surgical patients
- Holding a responsibility to lead in the training and education of appropriate members of the multidisciplinary team through teaching (skills, research and audit)

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National Treasurer and Website

Ana Eka / Janesh Nair



I am Anna, a Cardiothoracic SCP with an Operating Department Practitioner background, working at King's College Hospital in London for the last twelve years. I have been involved with RCS Edinburgh as an examiner for the SCP exam and has been associated (originally ACSA now ACTSCP) with the national group since my training days.

I joined the executive team a few years ago as secretary and has held other posts in that time.

I am committed to ensure fair working and training conditions for SCPs, as well as gaining official recognition for the important role we undertake as part of Cardiothoracic multidisciplinary teams all over the country.

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I am Janesh and I work as an SCP in Wythenshawe Hospital, Manchester. I am very experienced and is competent and proficient at performing endoscopic vein harvesting as well as open vein harvesting and a highly skilled first assistant. I have been involved nationally by teaching and presenting at national conferences. I am very honoured to be part of the ACTSCP committee and I endeavour to be a great resource for advice.

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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 patient and trainee safety. It is important to ensure quality and rigorous examination for 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 undertake 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 pain (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 an 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 may soon cease to exist.

Dr. Bhuvanewari Krishnamoorthy, MPhil, PhD, FFPC (Ed), PFHEA
President of Association of Cardiothoracic SCP and National Educational Lead for SCTS AHP

Has your PICO usage gone up?

09/05/2019 - NICE published guidance on using PICO dressings (MTG43)

Recommendations

Evidence supports the case for adopting PICO negative pressure wound dressings for closed surgical incisions in the NHS. They are associated with fewer surgical site infections and seromas compared with standard wound dressings.

PICO negative pressure wound dressings should be considered as an option for closed surgical incisions in people who are at high risk of developing surgical site infections.

Cost modelling suggests that PICO negative pressure wound dressings provide extra clinical benefits at a similar overall cost compared with standard wound dressings.

Why PICO is recommended by NICE

PICO negative pressure wound dressings are designed to allow an even distribution of negative pressure on the surface of a closed surgical incision. The system is also designed to be portable. Clinical evidence shows that using PICO dressings for closed surgical incisions can lead to fewer surgical site infections. Evidence also shows that using PICO dressings reduces the rate of seromas compared with standard wound dressings. Cost analyses suggest that using PICO dressings will not add to the overall costs of treatment.

Clinical evidence

The evidence came from 31 studies, 15 of these were randomised controlled trials, 8 of these compared the PICO to standard dressing these randomised controlled trials showed fewer SSI compared to standard dressing

Chayboyer et al. 2014, Gillespie et al. 2015, Witt-Najchrazak et al. 2015, Karlakki et al. 2016, O'Leary et al. 2016, Uchino et al. 2016, Hyldig et al. 2018 and Galiano et al. 2018.

Pooled effect estimates from a random-effects meta-analysis of the 8 studies showed a significant reduction in surgical site infection rates in favour of PICO dressings (n=1,804, odds ratio [OR] 0.51, 95% confidence interval [CI] 0.3 to 0.82; p=0.006).

Cost effectiveness

Smith and Nephew claim that 90 days after surgery there is a cost saving of £101 per person compared to standard dressing. NICE committee agreed that the companies cost model was adequate, however there was some "limitations" and made changes to more accurately the resources used in the NHS

NICE case based cost analysis model showed that 90 days after surgery "PICO dressings are are cost saving by around £6".

The analyses by surgery type showed that PICO was cost saving for colorectal, **cardiothoracic** and vascular surgery, but was not cost saving for orthopaedic, obstetric and plastic/breast surgery.

Patient selection

The expert agreed that careful patient selection is important, we have put together the experts risk factors and looked at the NICE guidance on SSI to try and decide which patients are high risk. (see table)

Risk factors according to NICE 2019 PICO recommendations	NICE Surgical Site Prevention and Treatment 2008 (updated 2019) Classification of "High risk"
AGE	Patients above 40 years old (general rule) 75 years and above (significant risk with all types of hip surgery) No specific age stated for Cardiothoracic surgery
Underlying illness	<ul style="list-style-type: none"> • ASA sore 3 and above • Diabetes - uncontrolled hyperglycemia (significant risk for cardiothoracic surgery) • Malnutrition • Low serum albumin - < / = 3.5g/dl • Anti - cancer therapy • Radiotherapy - within 90 days prior to surgery • Steroids • Peripheral Vascular Disease (PVD) (Independent risk factor for cardiac surgery)
Obesity	BMI 35 kg/m ² or more (significant risk for cardiac, spinal and c-section)
Smoking	Independent risk factor - 20 pack years
Wound classification	Clean / contaminated - Contaminated = higher risk
Complexity of procedure	Complexity - Measured by duration of surgery (National Nosocomial Infection Surveillance system NNISS) - "The patient is more at risk if the operation goes over the 75 percentile of the distribution of the operative time for a particular category of procedure
Re-operations	We believe that this is related to revisions, for example a revision of hip, but could this also be applied to our re-explorations?
Emergency surgery	Again this is difficult to assess if this is relevant to Cardiothoracic - NICE experts did not classify the emergency surgery.

EVENTS FINDER

The SCP related events over the next few months



ACT SCP

Association of Cardio-Thoracic
Surgical Care Practitioners

SEPTEMBER 2019

Robotic Study Day

Setting up and Docking the Robot
Emergency dills

Date: 13/09/2019

Venue: Castle Hill Hospital, East
Yorkshire

Contact: Richard Thomson

e-mail -

richardthomson1973@gmail.com

Description: For all interested in Robotic
Thoracic surgery

OCTOBER

European Association of Cardiac and Thoracic Surgery EACTS Annual Meeting

Date: 3-5/10/2019

Venue: Lisbon Congress centre, Portugal
website: EACTS.org

SCP trainee survival study day

Date: 11/10/2019

Venue: Suture centre Castle Hill Hospital

Contact:

richardthomson1973@gmail.com

Description: Full day on all aspects of the
SCP role including live case of SV
harvest

Exam Revision Course

2 days preparation for the RCS-Ed exam

Date: To be confirmed

Venue: To be confirmed

Contact: Richard Thomson

e-mail - richardthomson1973@gmail.com

Description: For all interested

NOVEMBER

ACT SCP Annual Meeting

Date: 24/11/2019

Venue: Birmingham

Contact: biblerabab@edgehill.ac.uk

1st Annual meeting for ACT-SCP

DECEMBER

RCSEd SCP Exit Exam

Date: TBC

Venue: TBC

Contact: Bhuvaneswari Krishnamoorthy/
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Description: For all interested