TRUE INTER-PROFESSIONAL WORKING - A COMBINED ROTA FOR JUNIOR DOCTORS, NURSE PRACTITIONERS AND CARDIAC SURGICAL CARE PRACTITIONERS

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Northern General Hospital, Sheffield
Historical context

- Typical structure of SHO’s and Registrars
  - Some educationally approved posts
  - Some Clinical Fellow / Trust Grade posts

- Usual response to changes in hours of work

- A small number of Surgical Care Practitioners working in theatre
Drivers for change

- EWTD
- MMC
- Improving educational experience
- Improve consistency and quality of care
- Availability and quality of locum staff
- Affordability
Review undertaken

- Daytime workload and areas to cover
- Out of hours activity
- Available skill sets in different professional groups
- Availability and utility of education programs
- Previous achievements with SCP’s
- Plans drawn up........
Changes needed

Investment in:

- Developing the role of Nurse Practitioners in a Cardiothoracic Unit
- Increasing the numbers and roles of Surgical Care Practitioners
- Changes to numbers and roles of Junior Trainees
New staffing arrangements

- Nurse Practitioners
  - Perform most ward tasks normally carried out by F1 to CT2 doctors
  - 7 WTE, 5 currently qualified and working on the rota
- Training
  - Consultant mentor
  - Advanced physical assessment and consultation skills (APACS)
  - Non-medical prescribing (NMP)
  - Diagnostic imaging interpretation
  - Funded by Learning Beyond Registration fund from SHA
New staffing arrangements

- Surgical Care Practitioners
  - Extend role beyond theatre into Outpatients – particularly pre-assessment clinics
  - Trained with APACS course
  - Increase numbers from 4 to 7
  - Introduced out of hours on call rota
New staffing arrangements

- Junior Doctors
  - Trust Grade posts removed
  - Educationally recognised posts preserved
  - Need for night time on call reduced to 1 day per week
  - Rebanded 1b

- 1 F1

- 4 F2

- 3 Core Surgical Trainees
Inter-Professional Working

Ward

- Stable permanent non-medical workforce
- Transient medical workforce
- Daily business ward rounds carried out by
  - SpD,
  - FT or CST Dr
  - Nurse Practitioner
  - Nursing staff
- Protocols facilitate consistency of care
Inter-Professional Working

Out-patients

- New and follow up clinics are still carried out by medical staff
- Pre-assessment clinics involve
  - FT or CST Drs
  - SCP’s
  - OP Nurse Practitioner
- Protocols facilitate consistency of care
Inter-Professional Working

Theatres

- 3 or 4 lists each day
- Medical staff and SCP’s
- Need to consider case mix, educational and training needs
- Fellow lists
- Need for CST’s to average 2.5 days in theatre per week
Inter-Professional Working

- Rota
  - Ensure co-ordination of 3 strands of workforce
  - Run by Matron and Principle Surgical Care Practitioner
  - Rostering of junior medical staff influenced by educational needs – not all our F2 Drs want to do surgery
  - Out of hours junior doctors cover only 1 night per week, Monday, and 2 shifts at weekends
  - Out of hours Nurse Practitioners supported by Surgical Care Practitioner and Specialty Doctor
  - Implemented 1/8/09
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<th>TUE</th>
<th>WED</th>
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Sheffield Teaching Hospitals Foundation Trust
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Inter-Professional Working

- Stable permanent non-medical workforce
  - Positive influence on safety and culture
- Transient medical workforce
  - Easily integrates within this culture
  - Maximise educational opportunity
- Protocols
  - Common approach to post-operative management
Is the common rota acceptable?

- 40 copies sent out to all junior doctors who had worked the rota and consultants
- Electronic, no follow-up
- Responses
  - a) very satisfactory
  - b) satisfactory
  - c) much the same/no discernable difference
  - d) unsatisfactory
  - e) very unsatisfactory
Trainee questionnaire

1. Compared to other junior doctors rotas you have experienced/participated in would you consider the CT rota………

2. In relation to achieving your educational objectives (compared to other rotas) did you find the CT rota………

3. How would you rate the CT rota in relation to enhancing your training experience whilst in CT surgery………

4. In relation to requesting annual leave and study leave did you find the CT rota………

5. In relation to flexibility and changes in the rota e.g. for short notice requests for annual/study/carers leave did you find the CT rota………

6. Have you found the experience of a non medical practitioner undertaking your rota………

7. Have you found the experience of working with the Advanced Nurse Practitioners particularly in the ward areas………

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Consultant questionnaire

1. Compared to previous junior doctors rotas would you consider the current CT rota……..

2. In relation to the junior doctors achieving their educational objectives (compared to other rotas) do you find the CT rota……..

3. How would you rate the CT rota in relation to enhancing the junior doctors training experience whilst in CT surgery……..

4. In relation to service provision do you find the CT rota……..

5. In relation to flexibility and changes in the rota e.g. sickness/annual/study/carers leave do you find the CT rota……..

6. Have you found the experience of a non medical practitioner undertaking the rota……..

7. Have you found the experience of working with the Combined Junior Doctors/Surgical Care Practitioners Advanced Nurse Practitioners rota……..

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Is the common rota acceptable?

- **Response rate**
  - Overall 15/40 (37.5%)
  - Junior Doctors 9/30 (30%)
  - Consultants 6/10 (60%)

- Slightly disappointing!
Responses

- **Consultants**
  - All responses
  - 53% very satisfactory
  - 47% satisfactory

- **Trainees**
  - All responses
  - 62% very satisfactory
  - 36% satisfactory
  - 2% no change
Conclusions

- Combined rota administered by non-medical staff is acceptable to junior doctors and consultants

- First step in achieving true inter-professional working

- Requires further evaluation