



THE ARTHROPLASTY PRACTITIONER

THE DEVELOPMENT OF AN
NATIONALLY TRANSFERABLE ROLE

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Underpinning Mandate

- Survey by the ACPA of membership as to tasks / roles February 2009
- Hip and knee arthroplasty staff worked across the pathway, hospital based. 46% with some academic training, mainly had informal skills training, 14% had competency assessment



Underpinning Mandate

- Survey at BOA conference March 2009 by Peter Kay demonstrated:
- **Practitioners valued** across the pathway
F/U = 92% Pre-op = 84% Theatres = 80%
Post-op ward care = 65% Triage = 39%
- Competency assessment = 89%
- Nationally agreed standards = 84%



Glen Cove USA May 2009

- Opportunity to explore a method of patient pathway efficiency
- Developed by Mr Eugene Krauss orthopaedic surgeon
- Clear staff roles, particularly that of physicians extender – a physician assistant or advanced nurse practitioner
- Effective admin systems support and monitor clinical activity and standards



Reasons for local UK successes.....

- Support from Consultant staff
- Support from the professional associations
- Continued extension of roles within the professions
- Improvements in the patient pathway
- Single point of contact for patient
- Improved patient satisfaction
- Increased productivity
- Delivery of 18 week operational standard



KEY SUPPORT

- Dh 18w Workforce Lead – Maxine Foster
- NHS Elect – Eilis Parker, Nicola Chandler
- Glen Cove [USA] model of success
- Competency development within NHS / Skills for Health
- Modernisation: New ways of working
- Quality agenda: patient focussed

KEY ISSUES



- **Opportunity** for service redesign in order to sustain short waits and reliably deliver 18 week pathway
- Various arthroplasty practitioner roles had already been developed locally but required **consistency** in approach, tasks undertaken, training and assessment
- **National validation** of role: supports the governance issues to protect both patients and staff



AUGUST 2009

- Key **tasks and functions** across the patient pathway provided by the ACPA members
- Presented to BOA Congress: well received by specialist societies **BHS / BASK**
- **Consensus** Event held in London to inform stakeholders of project [SHAs, Professional bodies etc]

NATIONAL STEERING GROUP

- Set up Aug 2009 by Eilis Parker, NHS Elect, meeting 2 monthly
- Chaired by Andrew Foster, CEO WWL NHS FT
- Comprising: Eilis Parker, Nicola Chandler [NHS Elect] Peter Kay [President BOA], Sandra Rowan [Skills for Health] Juliette Swift [SHA] Kathryn Lowe, Judith Roberts [Edgehill University]



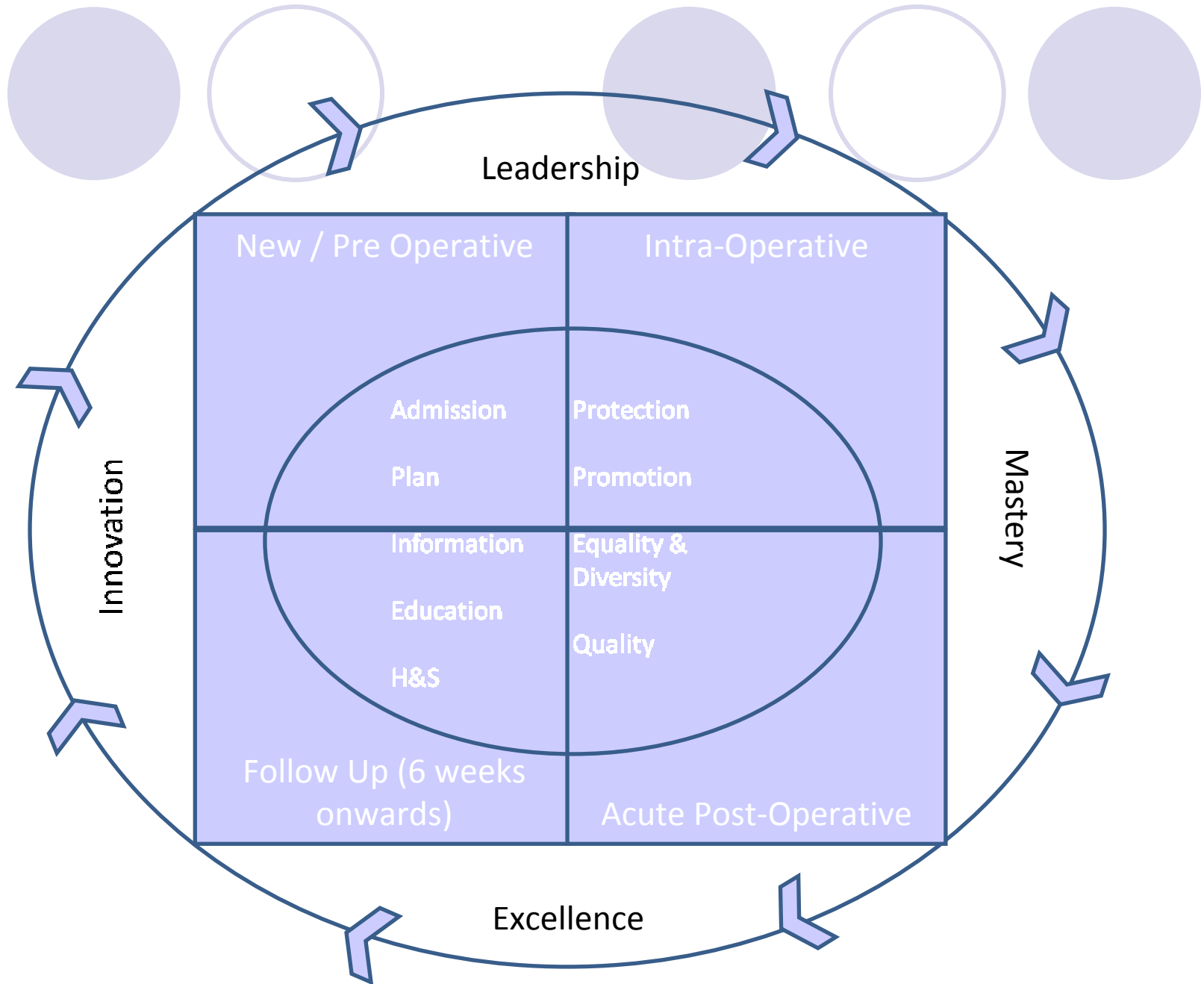
ACPA and Skills for Health

- Jill Pope and Ann Price representing ACPA worked with Sandra Rowan from Skills for Health
- Using the previously determined tasks and functions a competency framework was developed
- Core competencies underpinning the whole pathway
- 4 area specific competencies
- Overarching advanced practitioner descriptors

Scope of Role



- Delivers management and care to patients undergoing hip and knee arthroplasty
- Patient pathway has 4 broad areas with the first area being subdivided into **New or Pre-op**, **Intra-operative**, **Post-operative up to 6/52** and **Follow up**
- May be involved in **all or part of** the patient pathway



Examples of Core Competencies: Advanced Practitioner

- Communication
 - Equality and Diversity
 - Health, Safety and Security
 - Safeguard and Protect Individuals
 - Planning for and Addressing Health Requirements
 - Development and Sharing of Information and Knowledge on Health
- HSC21
 - HSC3111
 - HSC22
 - HSC24
 - CHS36
 - R&D8a

Examples of Core Competencies: Arthroplasty Practitioner

- Assessment and Investigation of Health
- Management and Administration of Health Care
- Education and Learning around Health
- EUSC05
- PE2
- M&LD7



Area specific competencies

- New / Pre operative

- Intra-operative

- Post –operative

- Follow- up

- CHS41

- CHS120

- PCS18

- CHS83

- CHS47

In summary.....



- All advanced arthroplasty practitioners must have both sets of core competencies plus 1 or more area specific sets
- Depending on local need more competencies may be added but none may be removed from the final agreed template document
- Job evaluation and pay to be determined by local AfC procedures based upon accurate job descriptions and person specifications.

Assessment: work in progress by Peter Kay and colleagues

- Framework predominantly devised by Orthopaedic surgeons
- Based on OCAP assessment tool used by Orthopaedic trainees
- Practice Based Assessment of key pathway areas
- Defines curriculum
- Links to ensure all competency statements are assessed
- Links with KSF dimensions for NHS staff

Arthroplasty Practitioner New Patient hip and Knee PBA

Practitioner:		Assessor:		Date:	
Start Time:		End Time:		Duration:	
Number of Patients:	Hip	Knee	Location of clinic:	Difficulties in performing PBA:	
Score: N = Not observed or not appropriate U = Unsatisfactory S = Satisfactory					
Competencies and Deficiencies			Score	Comments	
			N U S		
Clinic Administration					
	Ensure all clinical information is available Referral letter, imaging etc				
	Ensure appropriate environment, Equipment Examination couch, privacy				
	Ensure administrative support appropriate Documentation, Letter/e-mail generation				

	Level at which perioperative care PBA was Performed	Tick	Comments
0	Insufficient evidence to observed to support a judgment		
1	Unable to offer preoperative care for hip and knee patients		
2	Able to offer perioperative care for hip and knee patients under supervision of consultant, registrar or senior practitioner		
3	Able to offer perioperative care for hip knee patients with limited supervision with consultant, registrar or senior practitioner available to attend on site		
4	Able to offer perioperative care for hip and knee patients independently without direct supervision but practitioner available		

Practitioner:
Signed
Dated

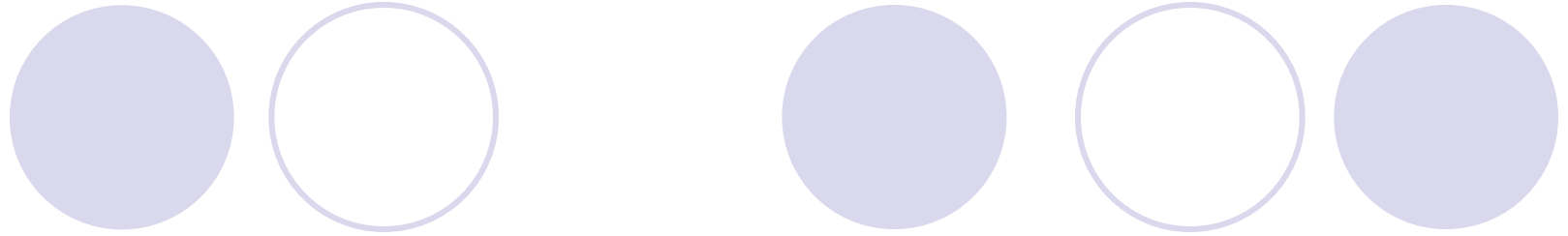
Assessor:

Signed
Dated



Next steps.....

- Mapping of competencies to Assessment tools
- Assessment tool pilot
- Consensus meeting April 15th
- Presentation to key stakeholders
- Pilot within NW region but others wanted
- Professional mandate from BOA and ACPA
- Publication and promotion



THANKYOU