Nationally Transferable Roles:

Musculoskeletal Practitioner – Arthroplasty: Hip and Knee

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1.0 Introduction

The significant progress that has been made to improve the patient pathway to deliver better access times in musculoskeletal (MSK) services is widely recognised but it is also clear that sustaining reduced access times across all MSK conditions continues to challenge many organisations. The current focus on quality, innovation, productivity and prevention (QIPP) will further increase the pressure on already stretched services and will require further service redesign to ensure sustainable delivery of high quality services for musculoskeletal patients.
A significant contribution to the re-design of services in some health economies has been achieved through the development of advanced practitioner roles, mainly from the nursing and AHP professions, who undertake duties that have traditionally been carried out by medical staff. The development of these roles has been on a local level with little consistency in approach, assessment, tasks undertaken, training and governance.

During the British Hip Society Annual Meeting in Manchester in 2009 the President of the Arthroplasty Care Practitioners Association (Morag Trayner) and the President of the British Hip Soicety (Peter Kay) led an interactive voting session to explore the current state and training of Arthroplasy Practitioners by presenting a survey conducted by the Arthroplasty Practitioners Association on the number, role and development of Arthroplasty Practitioners to date. Following a number of presentations about the Arthroplasty Practitioner role across the UK, the delegates, consisting of over 180 surgeons and 60 Practitioners from mixed professional backgrounds, as well as representatives from the department of health, industry and researchers, then voted on the future need for such roles and the need for there to be national transferable competences to recognise and further develop the role nationally. The meeting gave an overwhelming mandate to develop the roles nationally with a competence based framework to acknowledge, develop and standardise the skills required and recognise these on a national basis whist preserving local control and development.

Discussions at the Department of Health MSK Board confirmed the need for more work to be done to support the development of advanced practitioners within the speciality. Clinicians and Managers were in agreement that there were significant opportunities for the expansion of the Practitioner role across MSK services in response to both the QIPP agenda and the availability of junior medical staff in light of the European Working Time Directive (EWTD). A DH sponsored project was initiated in 2009 with the mandate to develop a competency framework supported by an assessment process for existing and new staff all of which would be nationally transferrable. It was agreed that the first post to be considered would be for staff working in hip and knee arthroplasty.

Competency Framework

Skills for Health, in conjunction with the Arthroplasty Care Practitioners Association (ACPA) using the Nationally Transferable Roles methodology developed a competence based, role profile mapped to the patient pathway. The mapping of the competences to the pathway identified four key separate stages:

- Pre-operative
- Intra-operative
- Acute post operative up to 6 weeks
- Follow up from 6 weeks post surgery

A set of core/common competences for the level of the role and the speciality has been agreed, as well as a discreet set of competences for each stage of the pathway. Each set provides a starting point for staff and organisations to identify and develop the role to meet their own needs. Competences can be added using the Skills for Health competence tools to meet gaps that may have resulted in different local service provision. However competences cannot be removed from the agreed profiles. The components that underpin these tasks and competences have been shared with, and agreed by, the British Orthopaedic Association (BOA) and the Hip and Knee Associations (BHS and BASK).

Work Based Assessment

A core group, including Peter Kay (BOA & BHS), Ann Price and Lindsay Smith (ACPA), Ian Stockley (BHS) and Richard Parkinson (BASK), led the development of the assessment documentation for both existing staff and new staff. The endorsement and support of these Societies has been crucial to the development, and hopefully, the success of the information.

The assessment documentation is based upon the assessment process used for orthopaedic trainees. Five separate forms have been developed (rather than four to match the pathway stages described above) to acknowledge that the pre-operative (new patient assessment) stage can require two separate skills sets: one for assessing if a patient requires surgery; and the other to assess the patient's fitness for surgery.

The documentation includes a section for identifying specific learning needs and actions required to enable the post-holder to be fully competent in their role.

The assessment would be carried out initially by the consultant or a nominated representative but it is hoped that over time experienced practitioners will be able to fulfil this role for their more junior colleagues.

Pay

The issue of Agenda for Change (AfC) bandings and pay was not considered in detail by the Steering Group as individual organisations needed to have the flexibility to tailor roles to the needs of their service.

Regulation

Currently, advanced practitioners are regulated within the scope of practice determined by their respective professional bodies. However, the recommendation from the Commission for the Future of Nursing and Midwifery for stricter criteria for advanced status may impact the way in which advanced practitioners are regulated in the future.

Pilot

A number of units across England, and one from Scotland, used the tools and gave feedback to the central team about the relevance to current and developing practice; the content and format of the tools. This has now been incorporated into the documentation and after final sign off from the relevant bodies will be made widely available.

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2.0 Nationally Transferable Roles Template

A nationally transferable role (NTR) is a named cluster of competences and related activities, that is applicable, relevant and replicable across different geographic locations in the UK. An NTR may be either a whole job levelled to the Career Framework e.g. advanced orthopaedic practitioner or a subset of various jobs at different levels of the Career Framework, e.g. point of care testing.

The template is designed to enable a common understanding and communication of nationally transferable roles, initially in support of the English Reducing Waiting Times (RWT) programme. It can be used to help define the learning and development needs for staff already working in these roles and to support the establishment of nationally transferable roles where appropriate. In development of this template Skills for Health seeks to provide some consistency of approach to defining the skills and competences needed to fulfil the requirements of a UK wide nationally transferable role.

All nationally transferable roles will have common or 'core' competences, plus speciality/pathway specific competences. Over time, these will be supported by appropriate competence based learning and development packages. All competences are drawn from national occupational standards or national workforce competences.

The term 'competence' is used throughout the document and relates to national occupational standards or national workforce competences. Full details of which may be found at the Skills for Health website www.skillsforhealth.org.uk

A sample competence (PCS15: Assist in the preparation of patients for operative and clinically invasive procedures can be found at https://tools.skillsforhealth.org.uk/competence/show/id/396)

More information regarding nationally transferable roles can be found at www.skillsforhealth.org.uk/nationally-transferable-roles

Advanced Practitioner Roles

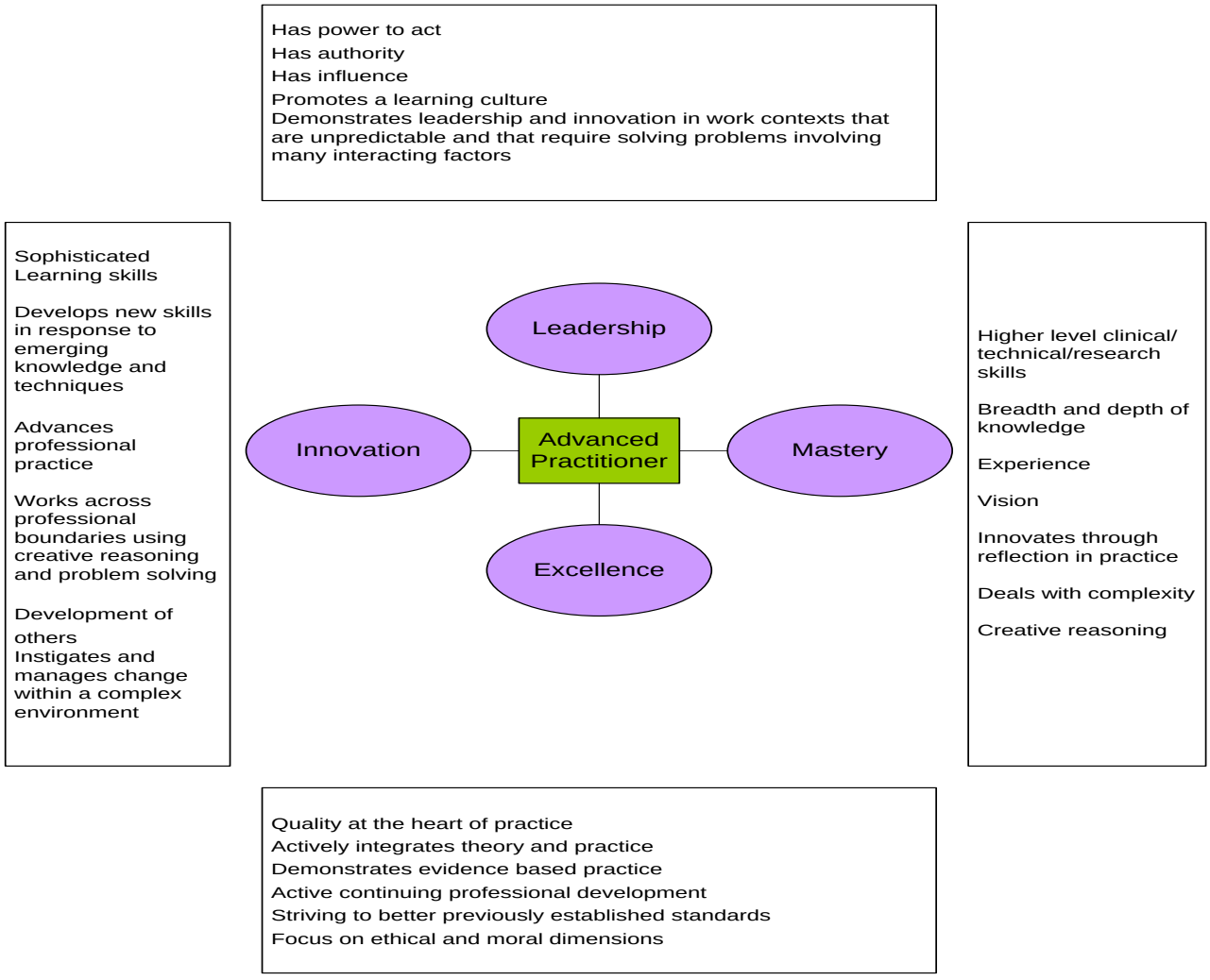
Definition of the Advanced Practitioner

Whilst recognising that some professions have already defined the advanced practitioner; the definition of an advanced practitioner used in this template is intended to be applicable to all professional and occupational groups. This definition is based on the level 7 descriptors that inform the career framework for health and therefore is useful to employers.

Advanced practitioners are experienced professionals who have developed their skills and theoretical knowledge to a very high standard, performing a highly complex role and continuously developing their practice within a defined field and/or having management responsibilities for a section/small department. They will have their own caseload or work area responsibilities.

Source: Skills for Health CF team

An advanced practitioner will demonstrate the following:



The characteristics of an advanced practitioner have been developed by Skills for Health through working with employers and practitioners. They are intended to be broad descriptors which can be interpreted or contextualised at a local level.

Further information regarding the role of the advanced practitioner has been used to support these findings

Brown G., Esdaile S.A., Ryan S.E., (eds) (2004) Becoming an Advanced Healthcare Practitioner Butterworth Heinemann London

The Department of Health (2006) The National Education and Competence Framework for Advanced Critical Care Practitioners A discussion document

Royal College of Nursing (2008) Advanced Nurse Practitioners, An RCN Guide to the Advanced Nurse Practitioner Role, Competences and Programme Accreditation

College of Occupational Therapists (2006) Post qualifying framework: a resource for occupational therapists (core) London: COT

All advanced practitioner roles will have the following common/core competences. Specific competences to the role have then been identified. Any additional competences specific to the locality should be identified locally using National Occupational Standards/National Workforce Competences and added to the template using the same format.

Common/Core Competences for Advanced Practitioners:

Underpinning Principle	Reference Function	Competence
1. Communication	1.2, Communicate effectively	HSC21 Communicate with, and complete records for individuals GEN22 Communicate effectively with individuals CHS104 Brief the team for an individuals intervention
2. Equality & Diversity	2.2 Promote equality of opportunity and diversity in your organisation 2.4 Promote a culture that values and respects the diversity of individuals 2.5,Ensure your own actions support the equality diversity rights and responsibilities of individuals	HSC3111 Promote the equality diversity rights and responsibilities of individuals HSC3116 Contribute to promoting a culture that values and respects the diversity of individuals HSC234 Ensure your own actions support the equality diversity rights and responsibilities of individuals
3. Health, Safety & Security	3.2 Ensure health and safety requirements are met in your area of responsibility 3.9 Support the health and safety of yourself and individuals 3.15 Protect yourself from the risk of violence at work Miscellaneous	M&LE6 Ensure health and safety requirements are met in your area of responsibility HSC22,Support the health and safety of yourself and individuals ENTO_WRV1 Make sure your actions contribute to a positive and safe working culture HCS_D5 Comply with legal requirements for patient/ client confidentiality

4. Safeguard and Protect Individuals	4.2, Ensure your own actions support the care protection and well being of individuals 4.3, Act within the limits of your competence and authority	HSC24 Ensure your own actions support the care protection and well being of individuals HSC35 Promote choice well being and the protection of individuals GEN63 Act within the limits of your competence and authority
B: Planning for and addressing health requirements.	B2.2.1 Provide life support	CHS36 Provide basic life support
F: Development and sharing of information and knowledge on health.	F3.2.2,Conduct investigations in a research and development topic F3.2.8 Evaluate and report on application of research and development findings	R&D_8 Conduct investigations in selected research and development topics R&D 8a assist in the research work R&D_15 Evaluate and report on the application of research and development findings within practice R&D14: Translate research and development findings into practice hfm_F2.1.10: Provide expert advice M&L A3: Develop your personal networks

Scope of the Role: Arthroplasty Practitioner

An arthroplasty practitioner delivers management and care, throughout the pre-operative, intra-operative, immediate post-operative and follow-up stages of the patient journey, to patients undergoing arthroplasty surgery.

An arthroplasty practitioner may be involved in the whole of the patient pathway or in specific sections of the pathway.
Competences for arthroplasty have been identified in the following categories:

- Core to all advanced practitioner roles
- Core to all arthroplasty practitioners
- Specific to four discreet aspects of the role.

Therefore all advanced practitioner roles delivering any aspect of arthroplasty care will include the two sets of core competences plus one or more of the specific competence sets related to their local interpretation of the role.

It may be necessary for a small number of additional competences to be added to the template dependent upon local need.

NB Competences may be added locally but they cannot be removed from the agreed profiles contained in this document.

Specific competences have been identified for roles delivering care in four defined stages of the patient journey.

Pre-operative Roles
These roles relate to the delivery of management and care to patients undergoing arthroplasty surgery throughout the pre-operative stage. This stage of the patient journey is defined as the time prior to entering theatre and includes out-patient and in-patient care. It may also include triage roles located in primary or secondary care.

Intra-operative Roles
These roles relate to the delivery of management and care to patients undergoing arthroplasty surgery, throughout the intra-operative stage. This stage of the patient journey is defined as the time the patient is in theatre and recovery. It may also include roles defined as surgical practitioner.

Immediate Post-operative Roles
These roles relate to the delivery of management and care to patients undergoing arthroplasty surgery throughout the immediate post-operative stage. This stage of the patient journey is identified as the time from leaving recovery until six weeks post surgery and includes in patient and outpatient care.

Follow-up Roles
These roles relate to the delivery of management and care throughout the follow-up stage of the patient journey, to patients undergoing arthroplasty surgery. This stage of the patient journey is identified as the time from six weeks post-surgery.

Basic Information

Named Role	Advanced Practitioner Arthroplasty
Clinical Pathway	Orthopaedics
Sample Job Description Available	Yes
Experience required	Relevant professional qualification, considerable work experience in orthopaedics
Career Framework Level	7

Common/Core competences for all arthroplasty practitioner roles

Underpinning Principle	Reference Function	Competence
Assessment	A - Assessment and Investigation of health	EUSC05 Review presenting condition and determine the appropriate intervention for the individual EUSC02 Obtain supporting information to inform the assessment of an individual EUSC03 Coordinate further assessments and investigations of an individual prior to

		initiation of an intervention EUSC04 Determine an individual's state of physical health and fitness CHS167 Obtain valid consent or authorisation
Planning/preparation for and addressing of health requirements	B - Planning/preparation for and addressing of health requirements	PE1: Enable individuals to make informed health choices and decisions CHS6: Move & position individuals
Promotion and protection of the health of the public	C Promotion and protection of the health of the public	PHS08 Improve the quality of health and healthcare interventions and services through audit and evaluation
Develop and share information and knowledge on health	F - Develop and share information and knowledge on health	SS38 Produce coded clinical data
Management and administration of health care	G Management and administration of health care	CHS170 Develop clinical protocols for delivery of services CHS171 Develop procedures for delivery of services GEN68 Monitor compliance with quality systems GEN23 Monitor your own work practices CfA209 Store, retrieve and archive information LLUK IL3/5 Organise information and material PE2 Manage information and materials for access by patients and carers
Education and learning around health	H Education and learning around health	LLUK CDB5 Create opportunities for learning from practice and experience M&L D7 Providing learning opportunities for colleagues GEN35 Provide supervision to other individuals

Specific Competences
Preoperative Roles

Underpinning Principle	Reference Function	Competence
Assessment	A - Assessment and Investigation of health	CHS105: Agree the nature and purpose of investigation into an individual's health status CHS 106 Request imaging investigations to provide information on an individual's health status and needs CHS38: Plan assessment of an individual's health status CHS178: Determine investigations required to meet clinical need CHS118: Form a professional judgment of an individual's health condition hfm_A2.5.3: Assess system/organ function using standard procedures hfm_A2.5.4: Assess system/organ function using specialised procedures hfm_A2.2.3: Request investigations to provide information on an individual's health status and needs CHS83 Interpret the findings of healthcare investigations CHS120: Establish an individual's suitability to undergo an intervention EUSC52: Assess an individuals' needs for psychological, emotional or social rehabilitation
Planning and preparation	B - Planning/preparation for and addressing of health requirements	CHS121: Prioritise treatment and care for individuals according to their health status and needs CHS41: Develop and agree treatment plans for individuals CHS44: Plan activities, interventions and treatments to achieve specified health goals hfm_B2.8.1: Prescribe pharmaceuticals to achieve specified health goals CHD HK1 Prepare prescriptions for prescription-only medicines

		CHS73 Perform aspiration and/or injection of joints and soft tissue structures EUSC19 Administer pharmaceutical interventions CHS99 Refer individuals to specialist sources for assistance in meeting their health care needs CHS88: Co-ordinate the implementation and delivery of treatment plans CHS63 Enable individuals with long term conditions to manage their symptoms CHS64 Enable individuals to manage changes in their long term conditions CHS53: Evaluate the delivery of care plans to meet the needs of individuals

Specific Competences for Intra-operative Roles

Underpinning Principle	Reference Function	Competence
Planning and Preparation	B - Planning/preparation for and addressing of health requirements	PCS1 Prepare for and transport patients to, within and from the perioperative care environment PCS13 Prepare and dress for scrubbed clinical roles EUSC22 Manage airways, breathing and circulation during a surgical intervention PCS23 Assist in the transfer and positioning of patients within the perioperative environment PCS15: Assist in the preparation of patients for operative and clinically invasive procedures EUSC20 Use pre-planned methods to manage blood loss EUSC 33 Maintain access to the invasive site during an intervention EUSC23 Maintain the viability of a surgical site PCS20 Operate equipment for intra-

		operative blood salvage and collect blood EUSC41 Close an invasive intervention site EUSC19 Administer pharmaceutical interventions PCS16 Provide surgical instrumentation and items for the surgical team and maintain the sterile field PCS17 Receive and handle clinical specimens within the sterile field PCS18 Prepare, apply and attach dressings, wound supports and drains to patients EUSC24 Bring an individual back to consciousness following an intervention EUSC07 Prioritise individuals for further assessment, treatment and care

Specific Competences for Post-operative Roles

Underpinning Principle	Reference Function	Competence
Assessment	A - Assessment and Investigation of health	CHS105: Agree the nature and purpose of investigation into an individual's health status CHS 106 Request imaging investigations to provide information on an individual's health status and needs CHS38: Plan assessment of an individual's health status CHS178: Determine investigations required to meet clinical need CHS118: Form a professional judgment of an individual's health condition hfm_A2.5.3: Assess system/organ function using standard procedures hfm_A2.5.4: Assess system/organ function using specialised procedures hfm_A2.2.3: Request investigations to provide information on an individual's health status and needs

		CHS83 Interpret the findings of healthcare investigations HSC376: Obtain venous blood samples CHS120: Establish an individual's suitability to undergo an intervention EUSC52: Assess an individuals' needs for psychological, emotional or social rehabilitation
Planning and preparation	B - Planning/preparation for and addressing of health requirements	CHS47: Monitor and assess patients following treatments CHS63 Enable individuals with long term conditions to manage their symptoms CHS64 Enable individuals to manage changes in their long term conditions EUSC19 Administer pharmaceutical interventions EUSC07 Prioritise individuals for further assessment, treatment and care CHS99 Refer individuals to specialist sources for assistance in meeting their health care needs CHS53: Evaluate the delivery of care plans to meet the needs of individuals

Specific Competences for Follow-up Roles

Underpinning Principle	Reference Function	Competence
Assessment	A - Assessment and Investigation of health	CHS38: Plan assessment of an individual's health status EUSC52: Assess an individuals' needs for psychological, emotional or social rehabilitation CHS 106 Request imaging investigations to provide information on an individual's health status and needs hfm_A2.2.3: Request investigations to provide information on an individual's health status and needs

		CHS83 Interpret the findings of healthcare investigations CHS178: Determine investigations required to meet clinical need CHS118: Form a professional judgment of an individual's health condition
Planning and preparation	B - Planning/preparation for and addressing of health requirements	CHS47: Monitor and assess patients following treatments CHS64 Enable individuals to manage changes in their long term conditions CHS99 Refer individuals to specialist sources for assistance in meeting their health care needs CHS53: Evaluate the delivery of care plans to meet the needs of individuals

Locality Specific Competences

In this space you can define additional competences which are essential for your local needs.

Go to the Health Functional Map to begin your search for the competences related to the additional tasks or functions you have identified.

Use the competence tools to access any additional competences at www.skillsforhealth.org.uk

All competences are cross referenced to the knowledge and skills framework (KSF).

Underpinning Principle	Reference Function	Competence

Indicative Learning and Development

Nationally transferable roles may be underpinned by a range of learning and development activities to ensure both competence and role confidence. The learning and development included within the template is by nature indicative. In some cases it is endorsed by professional bodies and/or special interest groups and accredited by an awarding body. Each practitioner should use the assessment tools contained in this pack to identify their own learning needs.

Nationally transferable role	Arthroplasty Practitioner
Formal endorsed learning	
Informal learning	Work based demonstration of competence against agreed criteria Locally provided and driven programmes of learning regarding anaesthetics protocols, radiography, tissue viability,
Summary of learning and development including aims	
Duration	Variable
National Occupational Standards/National Workforce Competences used	Learning opportunities which should be based on national occupational standards or national workforce standards
Credits (including framework used)	
Accreditation	
APEL and progression	Modules may in some cases be used towards related further studies.
Programme structure	Modular structure with blended learning approach
Resources required, e.g. placement learning, preceptors, accredited assessors etc	Study time and clinical supervision Supervision of a consultant grade surgeon
Quality Assurance	Through HEI quality systems for formal learning opportunities
Policies included in programme documentation	Equal opportunities, diversity and accessibility Appeals procedure
Funding	To be agreed locally
Leading to registration or membership with:	

3.0 Work Based Assessment Tools

a. The tools are based upon the tools in the Orthopaedic Curriculum and Assessment Project (OCAP) used in the training of junior medical staff.
Locally, the use of the assessment forms will guide practitioners and their employers to existing courses and educational opportunities to assure appropriate training within these roles. If collated across a number of organisations, the forms can also be used by educational institutions as a guide to future course content and work has already been undertaken with academic institutions to develop this further.

The forms can also be used as the basis for job descriptions and person specifications in the recruitment process for the appointment of new practitioners in an orthopaedic unit.

b. User Guide / How to complete the WBA

There are 5 Work Based Assessment Tools, which reflect activities across the whole of the arthroplasty pathway. Individuals and organisations can use some (or all) of the tools depending where their Musculoskeletal Practitioners currently, or would like to extend, their practice.
It is felt that the initial Assessors are likely to be Consultant Orthopaedic Surgeons but it is anticipated that Senior Practitioners will be able to use the tools with new starters/junior practitioners in the near future.
The tools can be used for a number of reasons, which might include:

i. Learning needs assessment – perhaps for a new starter or someone developing new skills in different parts of the pathway
ii. In training competency assessment
iii. Annual appraisal competency assessment
iv. Where a Practitioner is transferring organisations, thereby avoiding the need to duplicate training and/or assessment

For each task and/or competence a choice of three 'scores' is applied:

N = not observed or not appropriate
U = unmet learning need
S = Satisfactory (against the reason for the assessment)

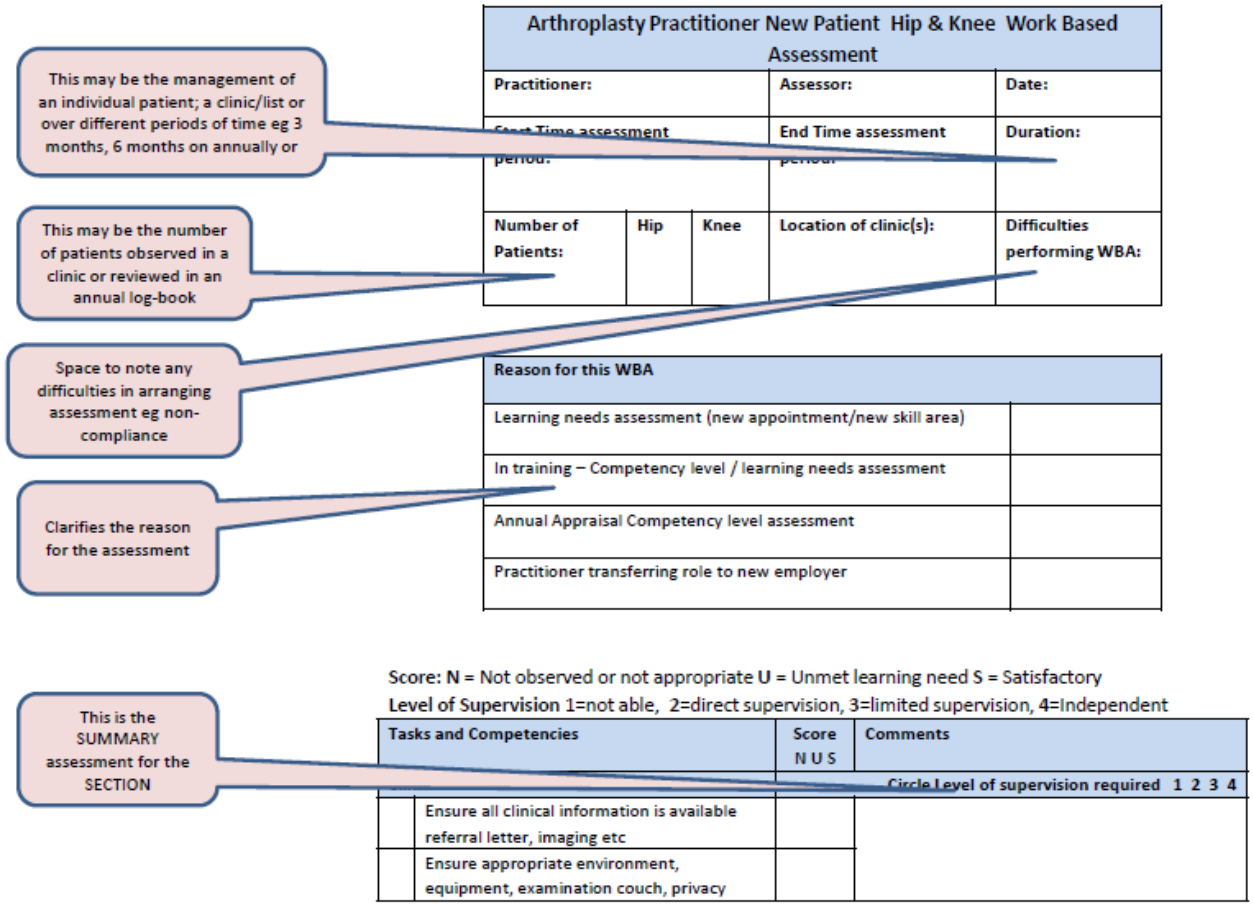
For each section the Assessor then identifies the level of supervision that is required (scale of 1-4), relative to the reason for the assessment. That is, it is entirely appropriate that a Practitioner developing new skills would not be suitable to work independently at the start of training but that the tool can be used to mark progress towards independent practice.

1 = unable to perform the task/competence
2 = requires direct supervision
3 = limited supervision
4 = independent

Additional locally agreed tasks and competences can be added in response to local service need.

Action plans can be identified at the end of the WBA with specific training needs. This can then be used at the basis for personal development plans and discussions with other line managers who may not be the assessor undertaking the WBA.

The WBAs can be used to assess practice on a given day/clinic/list but can also be used to reflect assessment over a longer period of time.



This may be the management of an individual patient; a clinic/list or over different periods of time eg 3 months, 6 months on annually or

This may be the number of patients observed in a clinic or reviewed in an annual log-book

Space to note any difficulties in arranging assessment eg non-compliance

Clarifies the reason for the assessment

This is the SUMMARY assessment for the SECTION

Arthroplasty Practitioner New Patient Hip & Knee Work Based Assessment

Practitioner:	Assessor:	Date:
Start Time assessment period:	End Time assessment period:	Duration:

Number of Patients:	Hip	Knee	Location of clinic(s):	Difficulties performing WBA:

Reason for this WBA	
Learning needs assessment (new appointment/new skill area)	
In training – Competency level / learning needs assessment	
Annual Appraisal Competency level assessment	
Practitioner transferring role to new employer	

Score: N = Not observed or not appropriate **U** = Unmet learning need **S** = Satisfactory
Level of Supervision 1=not able, 2=direct supervision, 3=limited supervision, 4=Independent

	Tasks and Competencies	Score N U S	Comments
			Circle Level of supervision required 1 2 3 4
	Ensure all clinical information is available referral letter, imaging etc		
	Ensure appropriate environment, equipment, examination couch, privacy		

4. Useful Links

www.boa.ac.uk - British Orthopaedic Association (BOA)

www.acpa-uk.net – Arthroplasty Care Practitioners Association (ACPA)

www.skillsforhealth.org.uk - Skills for Health (SfH)

www.britishhipsociety.com – British Hip Society (BHS)

www.baskonline.com - British Association for Surgery of the Knee

www.naasp.org.uk – National Association of Assistants in Surgical Practice (NAASP)

www.ocap.org.uk – Orthopaedic Competence Assessment Project

5. Appendices

a) Representatives at the Consensus events

29th September 2009

Sarah Bazin	AHP, CSP	Lucy Blinko	Skills for Health
Lucy Brown	NHS North West	Nicola Chandler	NHS Elect
Andrew Foster (chair)	CEO Wrightington, Wigan & Leigh FT (WWL)	Maxine Foster	Director, Department of Health
Peter Kay	Consultant Orthopaedic Surgeon, WWL FT & BOA rep	Susan Laflin	Orthopaedic Nurse Practitioner, West Suffolk Hospital
Kathryn Lowe	Edge Hill University	Brian Lucas	Orthopaedic Advanced Practice Nurse, Whipps Cross Hospital
John McRoberts	Orthopaedic Nurse Practitioner, West Suffolk Hospital	Eilis Parker	NHS Elect
Matthew Porteous	Consultant Orthopaedic Surgeon, West Suffolk Hospital	Ann Price	Orthopaedic Advanced Practitioner, WWL
Judith Roberts	Edge Hill University	Kirsty Robinson	National Association of Assistants in Surgical Practice
Sandra Rowan	Skills for Health	Lindsay Smith	President ACPA
Piers Young	DH Intensive Support Team		

15th April 2010

Sarah Bazin – AHP representative	John McRoberts - Orthopaedic Nurse Practitioner, West Suffolk Hospitals
Lucy Blinko – Skills for Health	Peter Mobbs *(joined the meeting from item 3)* Consultant Orthopaedic Surgeon
Nicola Chandler – NHS Elect (minute taker)	Alan Nye – GP
Susie Durrell – Consultant Physiotherapist	Eilis Parker – NHS Elect
Andrew Foster (Chair) CEO, Wrightington Wigan and Leigh NHS Trust	Ann Price – Nurse Practitioner, WWL
Maxine Foster – DH 18w Workforce Lead	Judith Roberts - Edge Hill University
Peter Kay – Consultant Orthopaedic Surgeon	Charlie Sheldon – Chief Nurse, RNOH Stanmore

Susan Laflin – Orthopaedic Nurse Practitioner, West Suffolk Hospitals	Lindsay Smith – President ACPA
Kathryn Lowe – Edge Hill University	Juliette Swift – NHS North West
Brian Lucas - Orthopaedic Advanced Practice Nurse, Whipps Cross University Hospital	

b) Pilot sites

i) Wrightington, Wigan and Leigh NHS Trust
ii) West Suffolk Hospitals NHS Trust
iii) Wirral University Teaching Hospital NHS Foundation Trust
iv) Sheffield Teaching Hospitals NHS Foundation Trust
v) Edinburgh Royal Infirmary

c) DH 18 week MSK Co-ordinating group membership 2007-2010 (not inclusive)

Sarah Bazin	CSP
Ian Bayley	DH 18 weeks
Neil Betteridge	Arthritis Care
Paul Carroll	PCT Representative
John Carvell	BMA
Nigel Coomber	IST
Robin Davis	DH 18 weeks / IST
Caroline Dove	NHS Elect
Susie Durrell	CSP
Maxine Foster	DH Workforce
Paul Gregg	BOA / National Joint Registry
Kate Hall	NHS III
Joan Hester	British Pain Society
Sally Howard	Foundation Trust
David Isenberg	British Society Rheumatology
Peter Kay	British Orthopaedic Association
Steven Laitner	GP Representative / DH 18 weeks
Ros Meek	ARMA
Peter Mobbs	British Orthopaedic Directors
Alan Nye	GP Representative / DH 18 weeks
Susan Oliver	Rheumatology Societies
Cathy Price	British Pain Society
Sara Randall	Specialist Orthopaedic Hospitals
Rachel Yates	Specialist Orthopaedic Hospitals
Piers Young	DH 18 weeks
Caroline Dove	NHS Elect