Skill mix review: a well used term to facilitate safe, flexible, effective care delivery or a means of compromising perioperative professionalism?

The urgent need for safe and cost effective care is paramount in these challenging times given the stated deficit of £20 billion real terms investment over the next three years (DH 2010).

The education and skills development of all members of the perioperative team has resulted in some escalation of roles and duties that have crossed traditional professional boundaries, for example Advanced Scrub Practitioners and Assistant Theatre practitioners. AfPP has been supportive of role developments yet consistent in its views on the professional boundaries within which they should operate to safely balance the flexibility of the skilled perioperative team.

The advanced roles that registered staff undertake in surgical practice were fiercely supported by AfPP, with particular importance to the circumstances in which they could be practiced so as not to detriment the perioperative team as a working unit (PCC 2007). As medical cover and skill level is impacted by organisational pressures (including the WTD, staffing limits and the increase in patient acuity) we are aware as an organisation that departments are under increasing pressure to provide advanced support with limited resources. The danger we now face is that this may turn into an unwitting shift of roles, arguably affecting the quality and safety of care that we provide.

It is true that training can equip individuals to practice safely at defined levels of practice and if included in their job description are covered by the vicarious liability of their employer. Perhaps though, we need to mindful that if more roles are being undertaken by unregulated staff, this could potentially equate to a reduction of nurses and ODPs in the perioperative environment. If this transpires then the consequences of losing the skilled workplace teachers and supervisors, that registered staff currently fulfil to maintain this type of structure will probably be unsustainable.

Registration and regulation sets the professions and professionals apart from un-regulated colleagues and indeed many aspects of practice require advanced education and training. The professions are subject to public scrutiny and registrants are professionally and personally accountable to their professions, as well as employer (employment law) and indeed patients (civil and criminal law). If the pressure on budgets leads to a reduction in regulated professional roles then this could be potentially disastrous for the true foundation of perioperative patient safety; the skilled multiprofessional team.

This message does not seek to undermine any individuals or professions. It is hoped it will support frank discussions within organisations where skill mix review is ongoing. We can all contribute to ensure safe and cost effective care for our patients and influence the importance of a safely balanced perioperative team.

References
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