



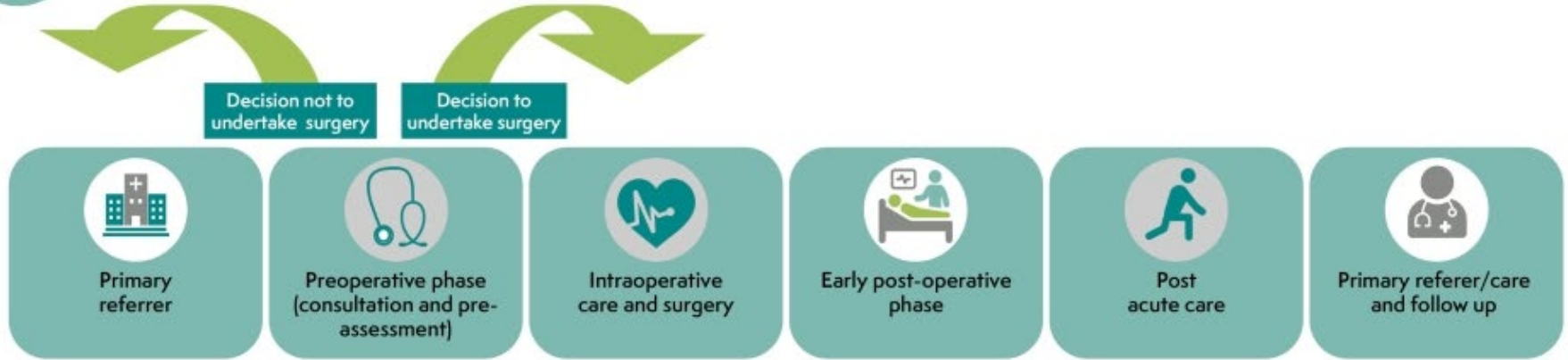
Centre for
Perioperative Care

**Developing a Perioperative Care
Curriculum: friend or foe
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Education Lead
CPOC**

Declaration of Interests

- Curriculum Development funded by Health Education England, NHS England
- Clinical Director, Perioperative Medicine, Manchester University NHS Foundation Trust
- Visiting Chair, Manchester Metropolitan University

Consider the Perioperative Patient Journey



Large team of Health Care Professionals and administrative staff that make this happen

Increasing complexity requires expertise and consistency

High quality education underpins this

Education in Perioperative **Medicine**

- FRCA Stages 1 2 & 3
- MSC Programmes in POM
 - University College London
 - Manchester Metropolitan University
 - Brighton and Sussex Medical School
- JRCTB Geriatrics Special Interest

FRCA Curriculum Stage 2

- Individualised perioperative care to ASA 1-4 patients for elective surgery and ASA 1-3 emergency patients, focusing on optimising patient experience and outcome
- How advanced physiological testing is indicated, interpret data & stratify risk
- How religious, cultural, and lifestyle factors may influence healthcare choices, such as blood transfusions, implants

FRCA Curriculum Stage 2

- Impact co-existing disease / surgical complexity has on care, ie frailty, cognitive impairment, substance abuse, obesity
- Modify factors associated with abnormal perioperative nutritional status periop
- Management of haematological conditions eg anaemia & coagulopathy

Perioperative Public Health FRCA

INDIVIDUAL HEALTH

- Smoking Cessation
- Increase Activity Levels
- Optimise Nutrition
- Reduce Obesity
- Control substance misuse
- Managing anxiety
- Medicines management

POPULATION HEALTH

- Managing and minimising postop complications
- Cost-beneficial healthcare
- Supporting interventions in areas of health deprivation

Partnership with patients & carers

Potential Gaps in FRCA POM curricula

- Scoring systems, risk prediction tools, functional assessment
- Postoperative complications
 - Recognition & management
- Pharmacology & medicines reconciliation
- Behavioural science in health promotion
- Models of care between community & hospital services

The non-medical Perioperative Team

Nurses

- Preoperative
 - Surgical Ward staff
 - Theatre staff
 - Critical Care
 - Enhanced Care
 - Clinical Nurse Specialists
- Pharmacists
 - Physiotherapists
 - ODP & Anaesthesia Associates
 - Occupational Therapists
 - Management & administrative support

Extended Surgical Team

RCSEng 2016 'A question of balance'



2016-23

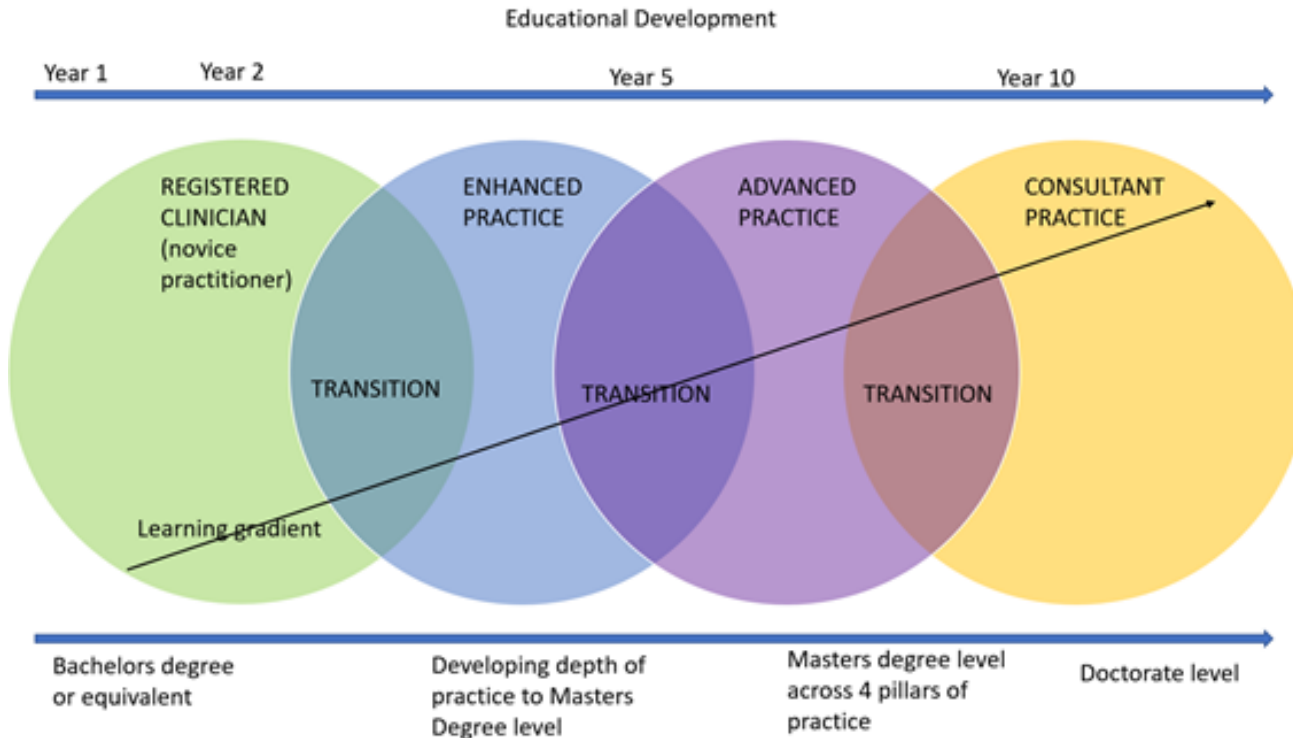
Widespread implementation of Extended Teams

Changing role of trainee surgeons

Surgical Care Practitioners

Acknowledgement of POM supporting teams

Levels of Practice



Advanced Practice Clinician: verified portfolio of evidence at a Masters level of practice across all four pillars of practice - minimum of 5 years post-grad experience

Enhanced and Advanced Practitioners: Modernising care...Love the job you hate



Wellcome Images



Advanced Practice HEE 2016

‘a level of practice characterised by a high level of autonomy and complex decision-making’

- ability to manage complete clinical care in partnership with patients/carers
- analysis and synthesis of complex problems across a range of settings
- innovative solutions to enhance patient experience and improve outcomes

Multiprofessional Framework in Advanced Practice HEE 2017

4 Pillars of Practice

1. Clinical Practice
2. Leadership & management
3. Education
4. Research

Capabilities in Practice

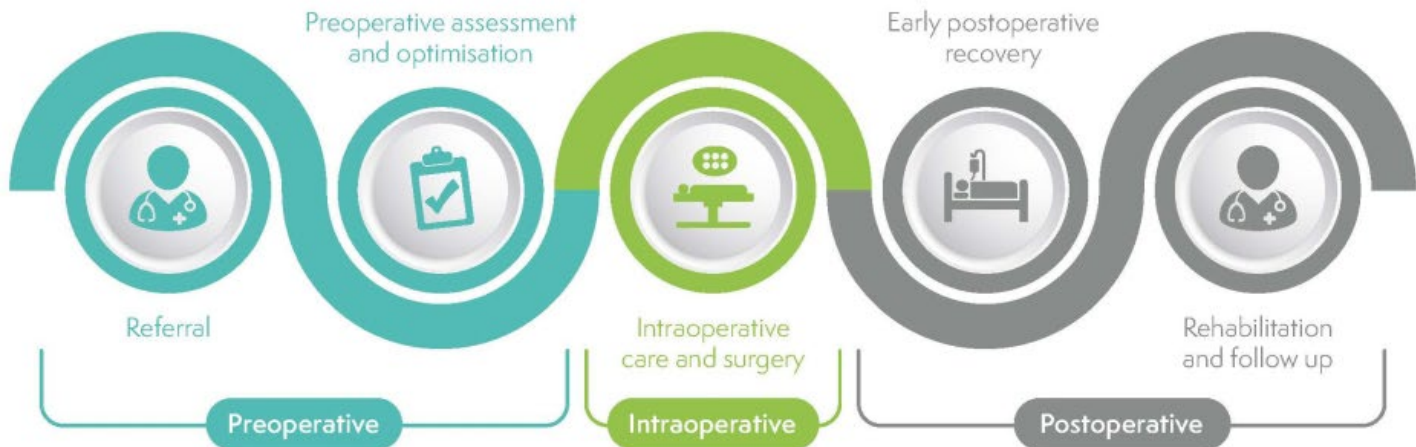
- **Core** CiPs – ethics; comms; NHS; QI; R & I
- **Generic** Clinical CiPs – history; examination; diagnosis; MDT; EoL care & resus
- **Specialty** CiPs

Advanced Crit Care Practitioner

FICM curriculum updated 2022-3

- 4 pillars of Advanced Practice
- Applied to Intensive Care Medicine & the care of the critically ill adult patient
- Same Core Capabilities in Practice
- Specialist Capabilities based on FICM curriculum

The Perioperative Pathway



Key Principles

- Patient centered care
- Shared decision making
- Joined up team working
- Technology that works

Core Competencies

- **Recognise & Optimise** long term conditions, frailty, anaemia and diabetes
- **Support Patients** to stop smoking, be active and exercise more, reduce alcohol, improve nutrition, prepare mentally and manage their weight
- **Assess Risk** with anticipation and prevention of complications
- **Plan** the perioperative period and discharge
- **Rehabilitate** to community

Curriculum for Multiprofessional Practice in Perioperative Care: Domains

1. Preoperative Assessment & Preparation
2. Post-operative care and complications
3. Discharge planning & rehabilitation

Opportunities from different professions

Perioperative Workforce Development Needs

- POM model of care for surgical patients
 - Assessment & shared decision making
 - Prehabilitation to rehabilitation
 - Enhanced & ward-based postoperative care
- Integrated across services
- Addressing health inequality
- Widening entrustable activities across team

Practitioners in POC

- Work in POA **and** post operative care
- Co-ordinate prehabilitation
 - Triage to digital-based or 1-to-1
- Integral part of service developments
 - Remote POA
 - Prehabilitation & Surgery School
 - Enhanced Care Areas

Career development Periop Teams

- Preoperative Nurse
- ICU nurses / ACCCP's
- Anaesthesia Associates*
- Physiotherapists
- Pharmacists
- Occupation Therapists



*Need to be registered

Curriculum in POC

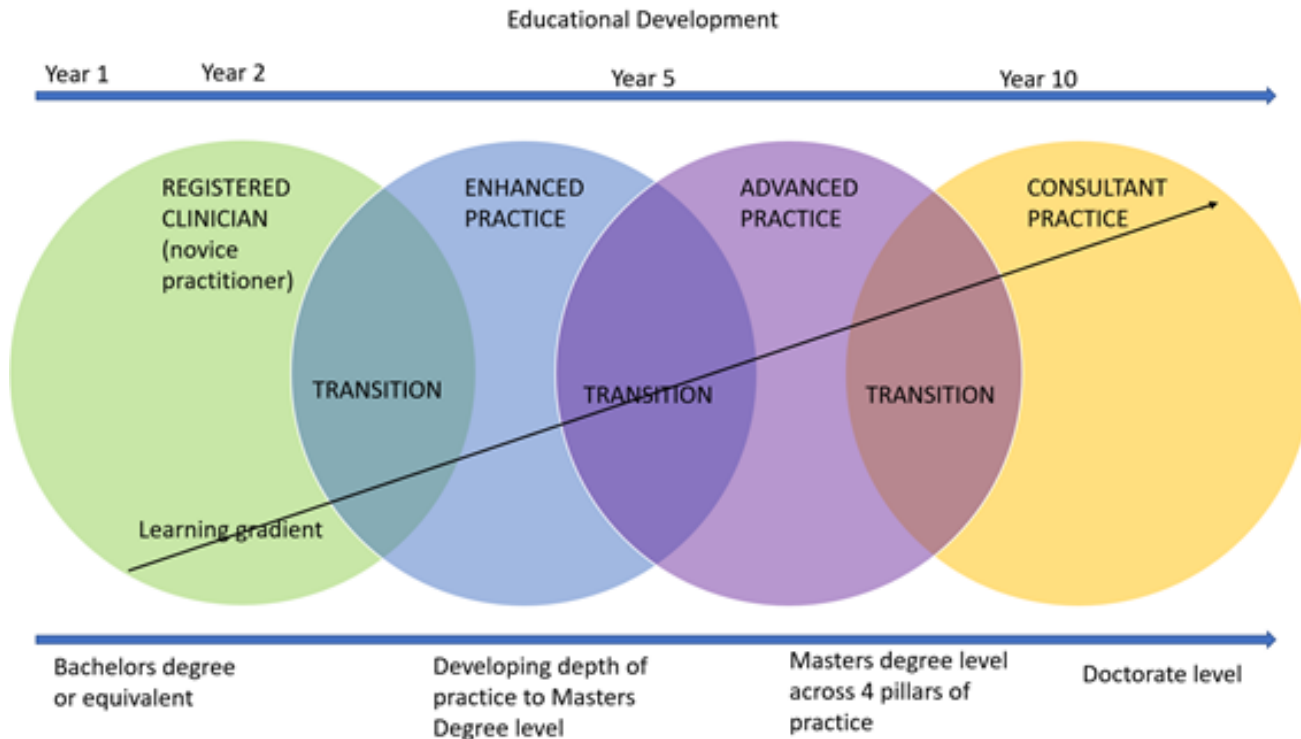
FRIEND

- Fits with new models of healthcare:
 - Enhanced Recovery / GIRFT
 - Prehab / rehab
 - Integrated care
- Multiprofessional
- Patient centred
- Value proposition for NHS

FOE

- Already exists in:
 - FRCA
 - Geriatrics
 - Surgical Care Practitioner
- Who will train and supervise?
- Who will do it?

Levels of Practice- show of hands



Where to target to initial Perioperative Curriculum

Enhanced (Post-registration)

Advanced (Masters)

Consultant (GMC)



CPOC is a partnership between:



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Any questions?