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A STUDY OF THE SKILLS, EDUCATION, AND QUALIFICATIONS OF NURSES PERFORMING DERMATOLOGICAL SURGERY IN THE UNITED KINGDOM

Lynsey Eddy, Dr Richelle Duffy

Summary: In recognition of the variations in clinical practice in this field, the establishment of standardised guidance for the education, continuing professional development and clinical supervision requirements for nurses performing surgery is paramount for the effective management of skin cancer. While some valuable guidance documents are readily available such as those provided by the British Dermatological Nursing Group, their application should be adopted as standard across UK Trusts. The implementation of a recordable register for nurses in this field would further help to monitor and evaluate the efficacy of the strategies identified above.

Eddy L, Duffy R. A study of the skills, education, and qualifications of nurses performing dermatological surgery in the United Kingdom. *Dermatological Nursing* 2019. **18(4)**:10-15

Abstract

Background: There has been a significant expansion of the nurse's role in the field of dermatological surgery in recent years. Yet, how this role has developed varies significantly from Trust to Trust, and anecdotal evidence indicates a high degree of inconsistency in the clinical roles undertaken.

Aim: This study aims to explore the skills, education, and qualifications of nurse's performing dermatological surgery in the United Kingdom. Findings being used to determine the training and supervision needs of nurse surgeons and implications for high quality care provision.

Method: Data was collected using an electronic online questionnaire, distributed nationally to members of the British Dermatological Nursing Group (BDNG). Specifically, nurses identifying as nurse surgeons were targeted.

Results: 56 nurses responded and the findings demonstrate significant variations in the advanced roles adopted, the levels of education undertaken and the clinical supervision provided.

Conclusion: It is clear from the findings that there are unacceptable variations in the support and education offered to nurse undertaking dermatological surgery in the UK making it difficult to benchmark care services.

KEY WORDS
- Nurse surgeons
- Dermatological surgery
- Training and education
- Clinical supervision

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Skin cancer is the most common form of cancer in the United Kingdom (UK), with at least 100,000 new cases now diagnosed each year.[1] Over the last 30 years, the incidence rates of both melanoma and non-melanoma skin cancer have more than doubled in the United Kingdom,[2] with a projected 7% increase year on year between 2014 and 2035. As a result, skin cancer now accounts for 20% of all recorded cancers nationally.[3]

Given the current national shortage of dermatologists and the limited number of available trainees, new models of care provision to address the challenges faced have been put in place. One such approach has been the increased involvement of nurses with advanced dermatological skills who regularly assess patients with potential skin malignancies and who commonly perform diagnostic and curative surgical procedures to aid the clinical management of these patients. Yet, robust evaluation of how nurses have been supported to develop their specialist roles in dermatology is lacking

and we have a limited understanding of the clinical, educational and managerial challenges faced.

Although the guidelines for training in some areas are broadly based upon that of dermatology registrars, more information regarding the practices of nurses undertaking these roles and their contribution to skin cancer management, would be beneficial to identify future training needs and implications for patient care. Dowling et al.,[4] also highlights concerns about the absence of universal standards for the education of clinical nurse specialists and nurse practitioners, documented training ranging from short courses to postgraduate study; a position hindering the advancement of nursing practice in the UK, despite professional bodies calling for all nurses to obtain a master's degree before using the title of advanced practitioner.[5]

Consequently, titles used within dermatology vary significantly and commonly include; practice nurse, dermatology staff nurse, clinical nurse specialist and surgical nurse practitioner,[6,7] leading to difficulties in benchmarking care standards and robust evaluation of the treatment, care, and support provided to dermatology patients.

Aim of the study

The primary aim of this study is to examine the skills, education, and qualifications of nurses performing dermatological surgery in the UK and explore the implications for the advancement of surgical competence in the management of skin cancer. It also provides a valuable opportunity to share knowledge about the contemporary field of practice among nurse surgeons within the skin cancer arena, and support colleagues to advance their education, seek wider training opportunities and most importantly, optimise patient outcomes.

Methods

Data was collected using an electronic online questionnaire distributed to members of the British Dermatological Nursing Group from March to April 2019. Specifically, those identifying as nurse surgeons in the management of skin cancer were approached and topics explored included geographical location, job title, pay band, professional qualifications, clinical background, surgical competence, education, training, and additional responsibilities. Participants were also given the opportunity to provide free text qualitative comments, or add further information deemed relevant to the study. The questionnaire included a personalised invitation letter and electronic informed consent was gained from each participant. Data was analysed using the JISC Online survey software and prior to commencing the study, full ethical approval was obtained from a university ethics committee.

Robust evaluation of how nurses have been supported to develop their specialist roles in dermatology

Results

The online questionnaire was sent out over a four-week period to all members of the British Dermatological Nursing Group and a total of 56 responses were received. Due to the lack of a recordable register of nurses working as nurse surgeons, it was not possible to calculate the total potential respondents, and therefore the subsequent response rate. However, the number of respondents and their geographical location provides a sound representation of nurse surgeons in UK hospitals (Figure 1). Although the highest response rates correlated with the largest demographic populations, it did not correlate with the areas with the highest incidence of diagnosed skin cancers. For example, the South West has one of the highest UK incidence of skin cancers, but only three respondents returned a questionnaire, a finding that may have implications for staffing levels and care provision.[8]

Clinical experience

Given the specialist nature of the nurse surgeon role, it was unsurprising to see that most of the respondents held a wealth of clinical experience in terms of years worked, the mean time spent in post being 11.5 years (Figure 2). This indicated that that most nurses performing surgery had firmly consolidated their nursing roles and gained extensive clinical experience prior to undertaking advanced practice roles.

Professional background and discipline

The professional background and clinical discipline of nurse surgeons showed a degree of homogeneity. Holding experience in a number of connected disciplines, the most prevalent was dermatological setting (n=29) and it was interesting to note that despite specifically targeting nurses performing surgery only a small proportion (n=11) cited experience as nurse surgeons.

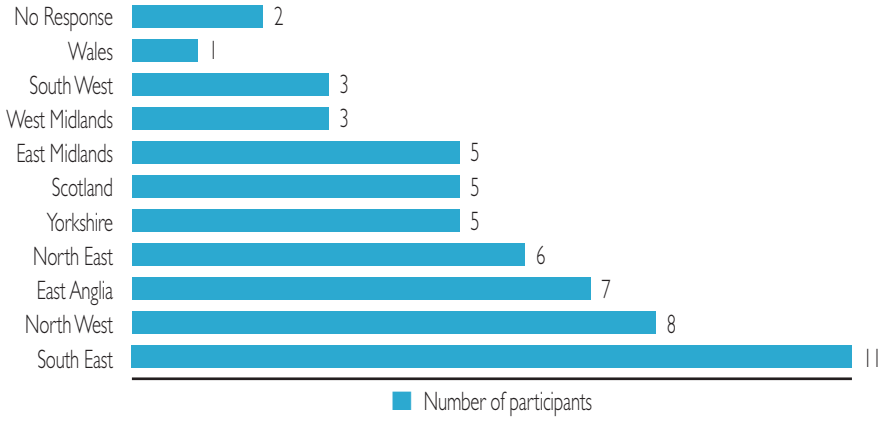

Figure 1
Geographical location of respondents

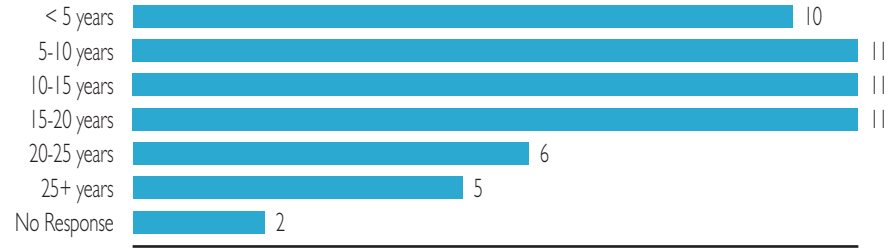

Figure 2

Years of clinical experience

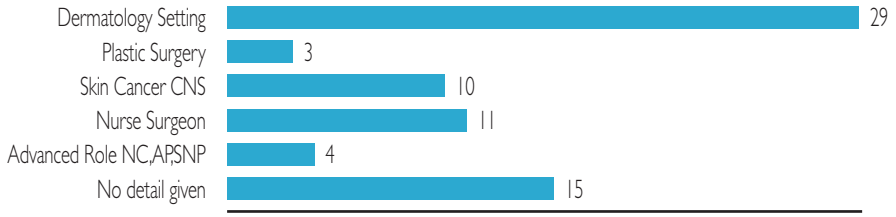

Figure 3

Professional background and experience

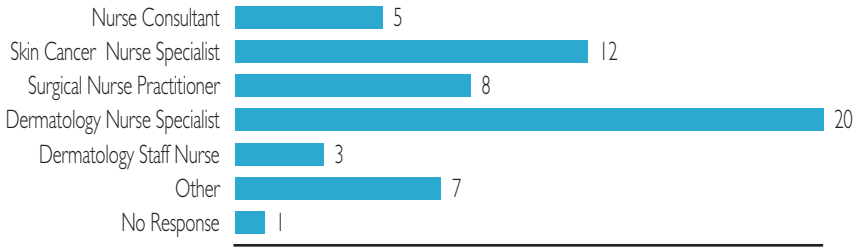

Figure 4

Job title

A significant number (n=15) failed to provide any data on their professional background (Figure 3). A lack of acknowledgement on how previous roles had prepared them to undertake an advanced practice role is a cause for concern as reflecting on the significance of clinical practise is a key factor in improving performance and assuring safety.[9]

Current job title and pay banding

The job titles held by respondents varied as reflected in the wider literature which identifies concerns over role clarification in advanced practice.[10] Despite this position, most of the respondents identified as specialists and held a degree of seniority both in terms of education and pay banding. A smaller number (n=3) were employed as staff nurses, on Band 5 contracts indicating disparity in how roles are banded, and subsequently remunerated in line with the national 'Agenda for Change' regime.[11] Performing surgery for skin cancer is widely accepted as an extended role for nurses and as such carries far greater responsibility and accountability given the potential implications should things go wrong, and potential complications. Therefore, it is unacceptable that nurses are undertaking these roles without the commensurate renumeration and professional credibility.[12]

Titles used within dermatology vary significantly and commonly include; practice nurse, dermatology staff nurse, clinical nurse specialist and surgical nurse practitioner

Training and education

A significant number of participants had undertaken formal accredited education, the most common being a university-led module on skin surgery (n= 43). Successful completion contributed to professional qualifications, usually as part of a higher education award or as part of a level 7 masters award. Others had undertaken external training courses, provided by the British Dermatological Nursing Group and the British Society for Dermatology Surgery (n=10). Experiential and work-based learning also featured highly, and participants identified several local training opportunities within their employing departments to prepare them for their role (n=47). Direct supervision by a more senior clinician – usually a consultant dermatologist or plastic surgeon helped to consolidate skills and provided an opportunity to evaluate competency.

While most respondents participated in continuous professional development (CPD) at a local level, nine participants responded that they had not undertaken any local training or education. Given the complexity of the surgical role and advances in treatment, it is expected that as accountable practitioners working in advanced roles, they engage in continuous opportunities for personal development to assure safe and effective practice. Reasons for a lack of local CPD were explored by some respondents, who reported an absence of perceived support from medical colleagues and tensions arising from medical trainees taking priority over their own professional development.

Procedural competencies

In addition to formal education, respondents were asked about

demonstrating procedural competency prior to undertaking surgical procedures (Figure 5). As expected, responses indicated diversity in the roles assessed, the most commonly assessed competency being punch biopsy (n=53). Worryingly, one participant was not required to achieve, or formally record, competency in any aspect prior to performing independent skin surgery, raising concerns about safe practice and appropriate training for this practitioner.

The procedural competencies assessed were often the most straightforward and commonly performed, frequency reducing as the complexity increased. Reassuringly, the most complex procedures such as head and neck excisions +/- complex reconstructions, were found to be performed by participants employed in the most senior roles and holding commensurate educational qualifications.

Clinical supervision

Working in advanced roles incorporating skin surgery requires a sound knowledge base of anatomical structures, as well as the ability to manage complications of local anaesthetic +/- surgery and, in some cases, complex reconstructions. Consequently, best practice advocates the availability of clinical supervision for surgical practitioners to access advice, support and guidance should it be required.[13]

Within the study, although a significant number of respondents (n=36) reported having access to clinical supervision, a number reported having no access to supervision (n=8), intermittent, or long arm supervision (n=12). Comments on this topic highlighted the detrimental impact of balancing the competing demands of medical trainee supervision and a lack of qualified supervisors. One of the most junior nurses performing surgery (Band 5) reported having no access to clinical supervision when performing surgical procedures and a lack of access to external training, localised training being provided by a Band 5 colleague in their department. This raises major concerns about the competence of practitioners

The online questionnaire was sent out over a four-week period to all members of the British Dermatological Nursing Group and a total of 56 responses were received

to perform invasive surgical procedures given the lack of formal education, support or ongoing guidance.

A number of respondents (n=11) also reported having no clinical protocols in place for nurse-led surgery and three failed to answer, raising concerns about how nurse surgeons are supported in their decision-making and what strategies are in place to reduce variations in care delivery. This is a position further complicated by the finding that most (n= 39) routinely change clinical management plans based on their own clinical judgement, meaning three respondents are making high-risk clinical decisions without clear clinical supervision and a potential lack of clinical protocols.

Diagnosis

The diagnostic element of the nursing role in skin cancer surgery is often deemed controversial and can be largely dependent on buy-in from senior medical clinicians and management teams in individual hospital Trusts.[14] Within the study, 26 nurses diagnosed skin cancers and saw two-week referrals from Band 6 upwards, and 30 did not; reassuringly, none of the Band 5 nurses answered yes to diagnosing skin cancers. Yet, it is noteworthy that one Band 8 nurse (identified as a skin cancer clinical nurse specialist) did not diagnose skin cancers, yet accepted responsibility for changing the management plan of patients, and controversially does not have a protocol in place for nurse-led surgery. The impact of this is two-fold, firstly in order to alter a management plan of a potentially cancerous lesion clinicians must hold the commensurate diagnostic experience. Secondly, working without a protocol for nurse-led surgery fails to protect the individual and the Trust from potential litigation should practices be called into question.

Qualitative data further illustrates widespread inconsistencies in the professional responsibilities of nurse surgeons and respondents identify several areas of continuing professional development given the increasing complexity of cases and the procedures undertaken. Subjects also discussed the impact of the lack of consistency in the roles undertaken and limited understanding of their role within the wider hospital setting – a position encapsulated by a perception that their contribution was not generally valued.

Discussion

In common with other areas of advanced nursing practice, this study illustrates that professional titles among

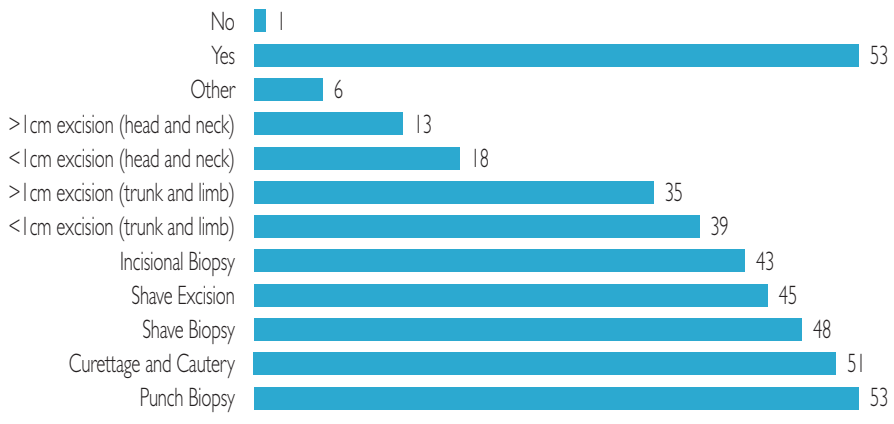

Figure 5

Procedural competencies

nurses performing dermatological surgery appear to be dependent upon local agreements within Trusts.[9] Job descriptions are similarly generic and whilst this can allow for the development of roles over time, it can also create significant challenges in the preparation and support available for these practitioners. One tangible outcome being the stark disparity in the pay received for undertaking a surgical role despite the significant levels of accountability and responsibility held by the respondents. Whilst it is pleasing to find many of the participants were Band 7 staff members, the difference in banding in relation to job role is not always clear, or wholly dependent upon the relationship to surgical competence and additional responsibilities. Therefore, banding and job titles need to be more clearly delineated and the complexity of procedures performed should be directly correlated to the job descriptions held, professional title and pay reward.

The challenges of work-based learning and opportunities for ongoing continuing professional development have also been reflected in the study. While a number of respondents have received extensive in-house training and ongoing support, others have not, despite its importance in ensuring that competence is maintained, and high standards of patient care are preserved. This can in part be attributed to the availability of clinical supervisors which appear to be sporadic, a consequence being a small number of nurses are performing surgery without the appropriate and desired safety mechanisms in place. Given the association of clinical supervision with enhanced patient health outcomes dedicated support must always be provided to nurses undertaking advanced surgical roles.[15]

The need to underpin advanced practice with a strong governance framework, clear policies and guidelines has long been recognised as providing the basis for safe and effective care delivery (Imison et al., 2016).[16] Yet, findings from this study indicate that further governance is required in relation to the lack of dedicated protocols for nurse led surgery. Even among the most senior staff (Band 8), protocols for nurse-led surgery are not always in place and it is shocking to learn that in an extended role such as those incorporating surgery, nurses of all grades and experience are carrying out procedures without them. This not only has implications relating to governance and audit, but in protecting individual nurses from potential liability and litigation.

One of the most junior nurses performing surgery (Band 5) reported having no access to clinical supervision when performing surgical procedures

Similarly, concerns in relation to the amendment of management plans for patients with a potential, or actual skin malignancy are evident. As senior nurses with a wealth of clinical experience and professional qualifications, it is reasonable to expect that Band 8 practitioners would change management plans based upon their extensive knowledge and clinical judgement. Yet, the middle Bands 6 and 7 demonstrate diversity in this category, some undertaking this responsibility and others not. Likewise, one Band 5 reported that they would change the management plan despite performing few (0-3) sessions of surgery a week and holding no responsibility in diagnosing potentially cancerous skin lesions. This suggests that the level of clinical exposure and competence in diagnosis cannot safely be correlated with the amendment of a management plan and is outside of the scope of a Band 5 or 6 nurse. The impact of the practices examined above may lead to a delay in treatment and a subsequent breach of national cancer treatment targets, incurring financial penalties for the treating organization – or, in a worst-case scenario, a failure to appropriately manage a potentially life limiting skin malignancy.

Conclusion

This study aimed to explore the skills, education, and qualifications of nurses performing dermatological surgery in the United Kingdom. The findings present key areas of interest relating to clinical governance, training, education and implications for patient care and service provision.

Clinical governance relies on NHS organisations continually improving and safeguarding high standards of care. The findings from this study reveal that urgent changes are required in the governance of skin surgery undertaken by nurses performing dermatological surgery, including the systematic use and standardisation of clinical protocols to help manage risk and incident reporting. The findings suggest that some nurses in these advanced roles are at times working outside of professional and/or Trust approved guidelines, posing significant implications for patient safety, cancer treatment plans and professional indemnity.

Widespread disparity in the training and education of nurse surgeons is also evident, and there are discrepancies in the preparation of nurses to perform dermatological surgery. Whilst it is reassuring that the higher levels of education can be correlated with nurses undertaking the more complex procedures and subsequently higher-grade staff, there is a clear need for a national framework so that nurse surgeons can be assured they are working within robust evidence-based standards for practice. The paucity of continuing professional development opportunities also needs to be urgently addressed to ensure nurse surgeons can continually improve and assure the quality of their care.

Likewise, this study demonstrates widespread disparity in levels of clinical supervision, whilst it is recognised that the NHS has finite resources. It must also be acknowledged that if nurses are being asked to undertake highly accountable and responsible roles then commensurate support and training must always be available to them. As such, supervision and support should

The findings from this study reveal that urgent changes are required in the governance of skin surgery undertaken by nurses performing dermatological surgery

be allocated based on roles commonly undertaken, as opposed to individual discipline. The role of the clinical supervisor would also benefit from review, and as with parallel disciplines, appointments should be made based on the expertise of the supervisor in the specific field, rather than their discipline background.

In summary, the establishment of nationally accepted standards for the education, continuing professional development and clinical supervision requirements for nurse surgeons is paramount for the effective management of skin cancer. While some valuable guidance documents are readily available such as those provided by the British Dermatological Nursing Group, their application should be extended and standardised across UK Trusts. The implementation of a recordable register for nurse surgeons would further help to monitor and evaluate the efficacy of the strategies identified above. DN

Declaration of interest:
No conflict of interest.

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