suitable candidates to the development of other members of the multidisciplinary team. For patients [3].

Additional driving factors of reduced number of suitable candidates to fill non-deanery training positions from within the UK and Ireland, the difficulties recruiting overseas doctors and the increasing reliance on locum staff that are expensive and of uncertain standards, have focused on the development of other members of the multidisciplinary team.

Planning for the deficit in service provision focused work within the Society for Cardiothoracic Surgery (SCTS) in Great Britain and Ireland as early as 2005, when joint work was undertaken with the Department of Health [4] and subsequently in 2007 with a national benchmarking survey documenting current and future policy for workforce development within the Cardiothoracic Speciality. It examined the practice implications for the strategic future of cardiothoracic surgical provision and sought the views of all professions involved in service delivery.

Each unit within the UK and Ireland was asked to document their existing surgical, nursing and allied health professional (AHP) staffing structure and describes the roles of the AHP workforce involved in all clinical areas throughout the patient journey. The survey aimed to reveal the range of solutions that had been adopted in 2007 and to help inform the speciality about how the service may be delivered in the future. The conclusions suggested that service delivery demanded an expansion in the number of nurse practitioners who hold a qualification for non-medical prescribing, health assessment, patient examination and critical decision-making. The solution was that practitioners must have the knowledge, experience and decision-making skills to deliver expert care while working within the multi-disciplinary team throughout the patient journey.

The results also suggested that such a workforce would help to address national and local targets for cardiothoracic surgery.

REFERENCES


Re: Advanced care nurse practitioners can safely provide sole resident cover for level three patients: impact on outcomes, cost and work patterns in a cardiac surgery programme

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The pressure to challenge the traditional models of the cardiothoracic service provision has never been greater than now. The need to develop a workforce more suited to the future of cardiothoracic service delivery has been pushed to the forefront of organizational structures by a number of factors.

Within Europe, the traditional plethora of junior doctors is threatened by the implementation of the European Working Time Directive [1]. The work from Nottingham Hospital is ground-breaking within the UK and Ireland [2]. It sets the context for new ways of working that meet the need of modern training of the junior medical staff and underpin excellence in delivery for patients [3]. Additional driving factors of reduced number of suitable candidates to fill non-deanery training positions from within the UK and Ireland, the difficulties recruiting overseas doctors and the increasing reliance on locum staff that are expensive and of uncertain standards, have focused on the development of other members of the multidisciplinary team.

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In this month’s journal, Skinner et al. [1] present a study that seeks to demonstrate that specifically trained advanced nurse practitioners can safely and efficiently provide sole resident cover within a cardiac surgical intensive care unit (ICU), without...