Healthcare Improvement Scotland | SHTG Advice on health technologies

SHTG Assessment
January 2026

In response to enquiry from NHSScotland Workforce Diversification Subgroup

The potential use of Surgical Care Practitioners (SCPs) to perform high-volume, low-complexity surgical clinic work and procedures

Key messages

- Variation in Surgical Care Practitioner (SCP) roles, training and scope of practice across clinical settings, combined with a limited and heterogeneous evidence base, means we cannot draw definitive conclusions about their clinical effectiveness, safety or cost effectiveness in performing high-volume, low-complexity procedures in Scotland.
    - The published literature indicates that SCPs performed selected procedures safely, leading to improvements in waiting times and patient satisfaction. The findings are specific to procedures within a particular setting and should not be assumed to apply across different specialties or contexts.
    - A case study from NHS Forth Valley showed SCPs successfully carried out non-complex urology procedures including vasectomies and circumcisions. Vasectomy service data illustrated an improvement in patient throughput and a reduction in waiting times. These findings are specific to the NHS Forth Valley one-stop outpatient service model.
- For SCPs to be scaled across NHSScotland, clear governance structures, standardised training pathways and ongoing evidence collection and evaluation mechanisms are essential to ensure safety, quality and consistency of care.

What were we asked to look at?

In April 2025, the NHS Executive Leadership Group established a Workforce Diversification sub-group to identify scalable workforce innovations across NHSScotland. The group's initial priority was to develop a value case for the national rollout of surgical care practitioners (SCPs), which would start with small tests-of-change. To inform the value case, we were asked to produce a Scottish Health Technology Group (SHTG) Assessment evaluating the clinical effectiveness, cost effectiveness, and any patient experience or safety issues associated with integrating SCPs into the surgical care pathway.

Why is this important?

SCPs have been part of the NHS workforce since the 1990s, though their deployment has mainly been in England. In Scotland, their integration into the service has been limited. SCPs undergo specialised training that equips them to perform a range of tasks usually carried out by medically qualified staff. This includes outpatient clinic work in selected specialties, diagnostic investigations, and low-complexity but high-volume surgical procedures (such as carpal tunnel release and vasectomies), which often have long waiting lists. The successful expansion of SCP roles within NHSScotland has the potential to provide benefits. These include reducing waiting times for patients, reducing reliance on agency staff, improving service productivity, enhancing patient satisfaction and freeing up resources for use elsewhere in the NHS.

What was our approach?

To produce our SHTG Assessment, we reviewed the published literature on the clinical and cost effectiveness, patient experience and safety of employing SCPs in surgical care. We were unable to develop an economic model for NHSScotland because of limited data, but summaries of the local data presented to us are included in this Assessment.

What next?

The SHTG Assessment will contribute to the value case that will be presented to the NHS Executive Leadership Group to inform decisions on SCP deployment across NHSScotland.

Key points from evidence

1. The job title 'Surgical Care Practitioner (SCP)' is not clearly defined. It is used to refer to a diverse group of professionals whose roles and responsibilities vary significantly across clinical settings and medical specialties. Additionally, the same role may be described using different titles both within the United Kingdom (UK) and internationally. As a result, the available evidence is highly heterogeneous, making it difficult to draw a single, definitive conclusion about the clinical effectiveness, safety or cost effectiveness of employing SCPs.
2. A systematic review from 2022 of the international literature on 'nurse-surgeons' (that is, nurses performing surgeries autonomously, including SCPs) found generally positive outcomes across 25 studies, including high patient satisfaction, comparable or lower complication rates, maintained or improved quality of care, and reduced waiting times. The evidence base was rated as low to moderate quality. The wide variation in scope of practice across the included studies limits the direct applicability of the review to SCPs working within NHSScotland.
3. A UK-based evidence review from 2020 included ten studies on SCPs. While the included studies suggested that SCPs may contribute to improved clinical outcomes, reduced operating times and resource savings, the authors noted that the evidence was limited by methodological weaknesses in the included studies. The review highlighted the need for more rigorous research to evaluate the impact of SCPs.
4. Based on the evidence identified, we are unable to draw definitive or comprehensive conclusions regarding the safety of employing SCPs in surgical care. The studies reviewed did not report an increase in complications when procedures were performed by an SCP.
5. We identified two UK studies that explored patient perceptions of SCPs. A study from 2024 carried out at Nottingham University Hospitals Trust reported that 25 out of 27 respondents (93%) found virtual follow up by SCPs after surgery for achalasia (a condition that affects oesophageal function and impairs swallowing) acceptable. A study from 2009 (n=190) described the results of a survey conducted across three Ear, Nose and Throat (ENT) outpatient departments within the Worcester Acute Hospitals Trust. The authors highlighted that many patients confused SCPs with doctors (49%), that the majority preferred procedures to be performed by medically qualified professionals (92%) and that patients wanted to be informed if treated by non-medical staff (94%). Most respondents (79%) said that they would rather wait longer to be treated by a doctor.

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Definitions

The definition of **Surgical Care Practitioner (SCP)** varies within the UK and internationally. For the purpose of this work, we are using the following definition:

In Scotland, an SCP is a registered non-medical healthcare professional who has completed additional training to take on advanced responsibilities in surgical care. SCPs are members of the surgical team and work under the supervision of a consultant surgeon. They contribute to patient care throughout the surgical journey. In the NHSScotland healthcare setting, SCPs can have a role in outpatient clinics, day-case surgery and in the delivery of pre-operative, intra-operative and post-operative care. They carry out defined clinical tasks and surgical procedures, in line with national standards and governance. SCPs also contribute to clinical supervision, education and service improvement, supporting safe and effective person-centred care.

Introduction

SCPs were first introduced in the UK in the cardiothoracic surgical setting in Oxford in the early 1990s, after which their role evolved into other surgical specialties, including orthopaedics and general surgery.[1] During this period, other advanced practitioner roles (such as anaesthetic, endoscopy, and emergency care) were also developed.

This SHTG Assessment will inform a value case for the integration of SCPs into multidisciplinary surgical teams for the delivery of selected non-complex high-volume surgical procedures in Scotland. The value case will enable the NHS Executive Leadership Group to make an informed decision as to whether to invest in small tests of change as a route to the national scaling of SCPs in NHSScotland.

Research question

What is the clinical effectiveness, cost effectiveness, safety and patient experience associated with integrating SCPs into multidisciplinary surgical teams for the delivery of selected non-complex, high-volume surgical procedures, spanning the entire care pathway from referral to discharge?

Literature search

A systematic search of the secondary literature was carried out between 19 and 20 May 2025 to identify systematic reviews, health technology assessments and other evidence-based reports. Medline, Embase and CINAHL databases were also searched for systematic reviews and meta-analyses.

The primary literature was systematically searched between 19 and 20 May 2025 in the following databases: Medline, Embase and CINAHL. Results were limited to English-language publications.

Key websites were searched for guidelines, policy documents, clinical summaries, economic studies and ongoing trials.

Concepts used in all searches included surgical care practitioner, surgical advanced practitioner, nurse endoscopist, nurse cystoscopist, nurse hysteroscopist, nurse biopsy, physician extender, nurse practitioner, clinical nurse specialist and perioperative specialist practitioner. A full list of the resources searched and terms used is available on request.

SCP role description

SCPs are registered healthcare professionals who are not medically qualified doctors but have advanced their clinical roles through accredited specialist education and training. As members of the surgical team, they provide wide-ranging care across all stages of the patient pathway from referral to discharge.[3] SCPs are trained to carry out minor surgical procedures under appropriate supervision and within their allowed scope of practice (for example, wound closures and carpal tunnel surgeries). SCPs may also assist surgeons during complex procedures, for example harvesting veins during coronary artery bypass grafting.

SCPs report directly to the consultant surgeon, with whom they develop a continuous working relationship. This collaboration may free consultant surgeons to dedicate more time to supervising trainees and facilitating educational sessions. Additionally, SCPs may help surgeons settle into rotations more quickly.[4]

An online survey conducted in the UK in 2019 aimed to explore the role of SCPs.[5] A total of 92 SCPs completed the questionnaire, though only three were based in Scotland. The majority of respondents were from the South of England (27%), followed by South Wales (11%). We do not know how many SCPs were eligible to take part in the survey, so the results may not fully represent all SCPs. Key findings from the survey are summarised below.

- Most respondents worked in general surgery (32%), trauma and orthopaedics (28%) or cardiothoracic surgery (21%).
- A substantial proportion reported spending the majority of their time in operating theatres: 36% spent half their time, 29% spent three quarters of their time and 23% spent all their time in theatres.
- Regarding clinic work, 56% reported spending a quarter of their time in clinics, while 30% said they rarely attended clinics.
- When it came to ward duties, 53% stated they ‘rarely if ever’ worked on wards and 35% spent less than a quarter of their time there.

Existing SCP service in NHSScotland

An unpublished survey conducted by NHS Education for Scotland (NES) in 2025 provided insights into the distribution of SCPs across specialties in Scotland. The survey was sent to 26 SCPs identified by NES, of whom 21 responded. Among the respondents, six were working in cardiothoracic surgery and six in plastic surgery. The remaining SCPs were employed in orthopaedics, general surgery, gynaecology and urology (Personal communication, S Given, Head of Programme – Workforce

Education and Career Development (Acute) Nursing, Midwifery and Allied Health Professionals, NES, August 2025).

Case study: NHS Forth Valley urology SCPs

In the 2020/2021 financial year, an SCP joined NHS Forth Valley's urology service, followed by the recruitment of a second SCP in 2022/2023. The SCPs began undertaking non-complex procedures (primarily vasectomies and circumcisions) previously performed by consultant surgeons. Vasectomies and circumcisions are now carried out in NHS Forth Valley under local anaesthetic as part of an SCP-led outpatient one-stop appointment model. Figures 1 and 2 illustrate the board's transformation in service delivery, with nearly all procedures carried out by SCPs (Personal communication, D Bond, Programme Manager, Planned Care, NHS Forth Valley).

Figure 1: Vasectomies in NHS Forth Valley – SCP or consultant delivered

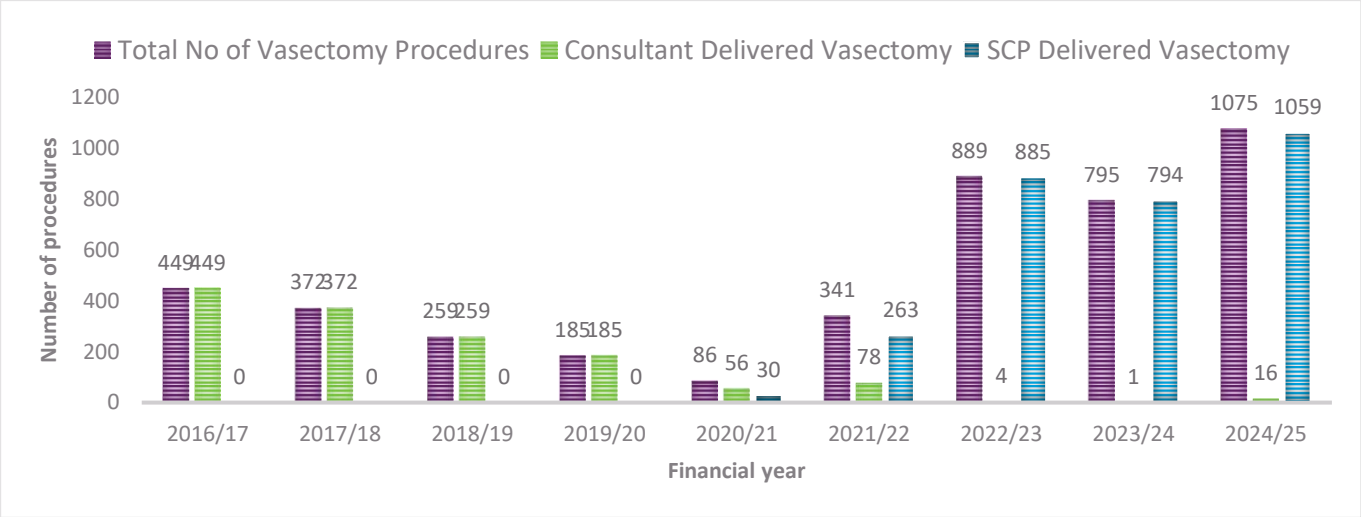
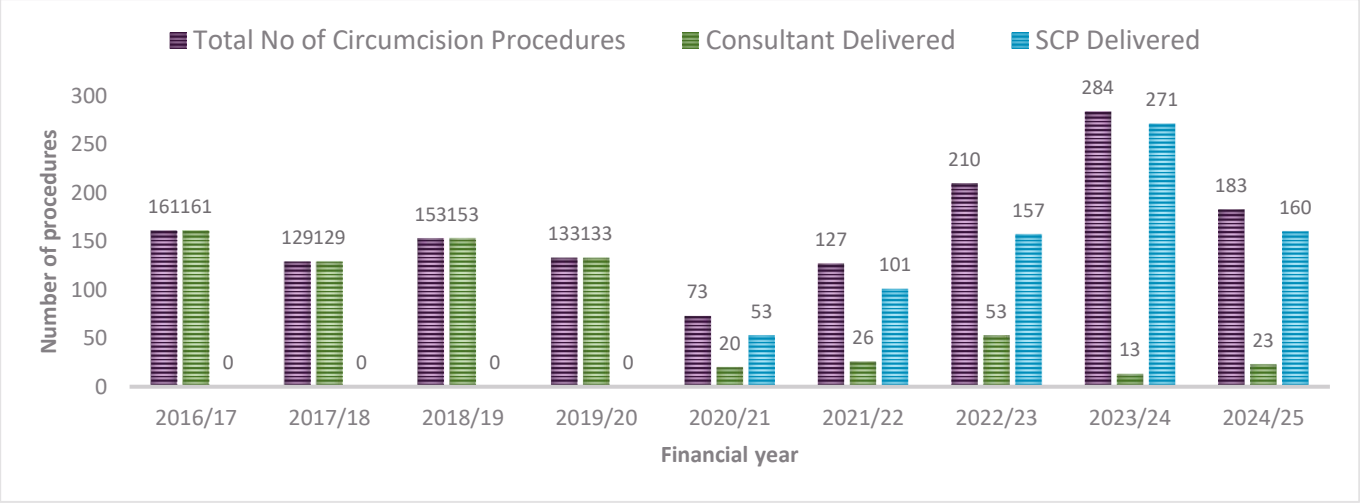
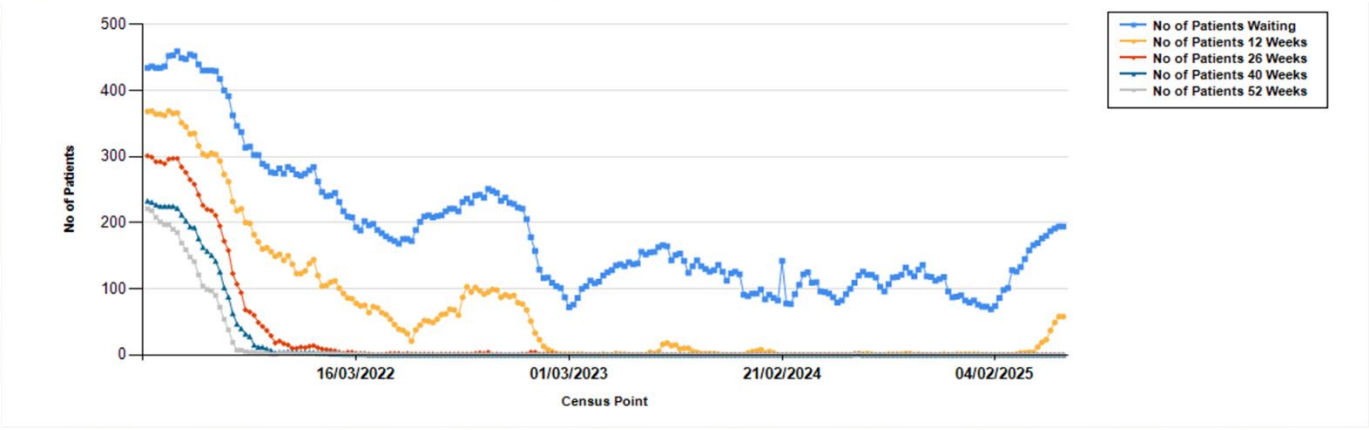


Figure 2: Circumcisions in NHS Forth Valley – SCP or consultant delivered



Since the introduction of the SCP-led service, the number of people waiting for a vasectomy has reduced, with most people being seen within 12 weeks (Figure 3).

Figure 3: Vasectomies in NHS Forth Valley – waiting times



Figures 1–3 indicate a shift in service delivery and management of waiting times. Although the SCP-led service may free up consultant surgeon time to focus on more complex urological procedures, the overall impact on NHS Forth Valley's urology service remains unknown. Further data collection is recommended to assess the wider effect of the SCP-led service.

Clinical effectiveness

Our literature search identified a systematic review,[6] a comprehensive overview[1] and two small retrospective studies.[7, 8]

Secondary evidence

The systematic review (Grota et al, 2022) assessed the impact of 'nurse-surgeons' on patient-centered perioperative outcomes.[6] The authors used robust and well-documented methodologies, with clearly defined inclusion criteria and a broad review scope encompassing all study types. Nurse-surgeons were defined as nurses who perform surgical procedures autonomously. The scope of practice for nurse-surgeons varied and in some cases, extended beyond that of SCPs. For example, the review included studies on nurse-surgeons performing procedures such as endoscopy, cystoscopy and hysteroscopy. Studies were included irrespective of the nurses' professional titles or specialties.

The review included 25 studies: two randomised controlled trials (RCTs), eight non-randomised quantitative studies and 15 quantitative descriptive studies. All studies were assessed as having low to moderate methodological quality, resulting in an overall body of evidence rated as low to moderate certainty. Thirteen studies were from the UK, four from the United States, two from Australia and one each from India, Norway, Uganda, Kenya, Somalia, the Democratic Republic of Congo and Hong Kong.

Of the 25 studies, 17 were conducted in outpatient clinic settings, five in operating rooms or theatres and three in endoscopy units. Across all studies, nurse-surgeons performed 14,629 surgical procedures. The surgeries spanned 13 specialties: urology, gastroenterology, ophthalmology, oncology, obstetrics, gynaecology, otolaryngology, vascular surgery, dermatology, cardiothoracic surgery, orthopaedics, hand surgery and general surgery. Procedures performed by nurse-surgeons included carpal tunnel release, circumcision, corneal crosslinking, manual vacuum aspiration, ear and

nasal foreign body removal, tongue-tie lysis, nasopharyngoscopy, flexible laryngoscopy, functional endoscopic evaluation of swallowing, simple laceration repair, drainage of peritonsillar abscess, stroboscopy, nasal cautery, removal of minor skin lesions and bone marrow aspiration. Although the authors refer to these procedures as 'surgeries', some of them, such as endoscopies, are not traditionally performed exclusively by surgeons. The authors compare outcomes of nurse-surgeons with those of 'physicians', a category that appears to encompass both surgeons and other medical doctors.

The review authors presented narrative results. Across the 25 studies, 48 patient-oriented outcomes were reported. Of these, 16 outcomes (33%) related to patient satisfaction and experience, 14 (29%) to perioperative complications, ten (21%) to the quality of surgical care and eight (17%) to waiting times.

- **Patient satisfaction**: 16 studies reported positive or a high level of support for nurse-surgeons. No studies reported any patient dissatisfaction or bad experience with nurse-surgeons performing their surgery.
- **Perioperative complications**: 14 studies reported that the number of complications arising from the nurse-surgeon group was either similar to or fewer than in the physician group. None reported a higher incidence of perioperative mortality in the nurse-surgeon group in comparison with the physician group.
- **Quality of surgical care**: 10 studies reported on the quality of perioperative care provided by nurse-surgeons to patients undergoing surgery and all reported that, compared with physicians or surgeons, the standard of care was either maintained or improved.
- **Waiting lists**: Eight studies reported a reduction in patients' waiting time to have their surgery as a result of the involvement of SCPs. The authors cited two UK studies, one of which reported a 5-year reduction in hysteroscopy waiting times from 8 ± 6 weeks to 2 ± 2 weeks ($p < 0.001$), based on comparisons of 139 patients in 2000 and 102 patients in 2005, along with a decrease in clinic waiting times from 10 ± 30 minutes to 2 ± 10 minutes ($p = 0.005$). The second study from a dermatology department (number of patients not given) reported a decrease in patient waiting time for a biopsy from 8 weeks to 0 weeks, and for a simple excision procedure (usually performed by a physician) from 8 weeks to 2 weeks.

The review authors emphasised the need for further high-quality research, particularly RCTs, to better evaluate the impact of nurse-surgeons on patient and health system outcomes.

Our literature search identified an evidence overview (Shegafi et al, 2020), based on a systematic literature search, though studies included were not formally appraised and the narrative review was high-level.[1] It aimed to synthesise the current evidence on the clinical impact of employing SCPs, with an emphasis on the cardiothoracic surgical field. Ten studies were identified, three of which were included in the review by Grota et al. One study investigated cardiothoracic SCPs. The authors noted that the studies had methodological flaws and that further research is required to determine the true impact of SCPs. The authors identified three themes, summarised below.

- **Clinical and service outcomes**: Six studies were included under this theme, including two prospective empirical studies, three audits and one service evaluation. One study focused on SCPs in cardiac surgery, two studies were in general surgery, one study in vascular surgery and two studies in orthopaedics.

  The review reported that SCP assistance in cardiac surgery was associated with significantly better outcomes compared with surgical trainees, such as reduced operation time and cross-clamp time (both p=0.0001).

  SCPs were reported to deliver safe and efficient care during minor surgical procedures (such as the removal of sebaceous cysts, skin tags, basal cell papillomas and lipomas).

  One study found that SCP assistance during orthopaedic surgery reduced mean operating time compared with assistance from an orthopaedic trainee (65 minutes versus 93 minutes, p<0.001), while another reported SCPs had a lower hip aspiration failure rate than surgeons (8.6% versus 20.7%, p<0.001).

- **Workforce impact**: Two studies exploring clinical workflow and cost savings were identified. One study showed that a telephone clinic for carpal tunnel surgery follow-up conducted by an SCP saved approximately £45,958 in staff resource use over 2 years. The other study found that SCPs improved general surgery outpatient clinic flow by preventing 175 inappropriate referrals, saving around 35 new appointments per month.

- **Colleagues' opinion**: Two studies investigated the value of SCPs from a broader team perspective. One study captured surgeons' opinions, and the other study captured the opinions of junior scrub nurses. Both groups thought that SCPs enhanced patients' experience and provided benefits to members of the surgical team, the practitioner and the employing organisation.

Primary evidence

We found two additional small retrospective case series from the UK examining the safety and effectiveness of SCPs undertaking specific surgical procedures: transrectal ultrasound (TRUS) prostate biopsies[8] and laparoscopic cholecystectomies.[7] Given the low number of participants and the reliance on a single SCP, these studies are at a substantial risk of bias, and their conclusions should be interpreted with caution. Performing laparoscopic cholecystectomies would fall outside the scope of practice of SCPs within NHSScotland. A summary of the studies is provided below.

- Ononye et al (2024) evaluated the outcomes of TRUS prostate biopsies performed by an SCP. Data from 218 patients were analysed, revealing a cancer detection rate of 59% (128/218), which the authors noted is consistent with previously reported rates ranging from 33% to 57%. A low complication rate of 1% was observed, with three minor complications recorded. Based on this experience with a single individual, the authors concluded that, with appropriate training, support and supervision, SCPs can safely and effectively perform systematic TRUS prostate biopsies.[8]

- Odogwu et al (2024) conducted a retrospective review of 170 laparoscopic cholecystectomies carried out by a single SCP. Of these, 53 procedures were assisted by a consultant, 110 by a

specialist or associate specialist grade doctor and seven by a core trainee. The majority of patients (139/170, 81.7%) were discharged on the day of surgery, while 24 (14.1%) required an overnight stay. No major complications were reported.[7]

The Health Education England EST pilot project

A related initiative, relating to extended surgical teams (ESTs), has been piloted by Health Education England. While not directly relevant to our research question, it is included as an example of integration of multiprofessional roles within surgical teams.

Health Education England launched the EST pilot in November 2020 to integrate multiprofessional roles within surgical teams.[2] While the EST includes consultants, doctors in training, and Specialty and Associate Specialist (SAS) doctors, its main focus is on roles such as advanced clinical practitioners, physician associates, prescribing pharmacists, and SCPs.

Phase 1 of the pilot programme began in January 2021, involving eight NHS sites across England**.** These sites used ESTs in a variety of clinical settings, encompassing both elective and emergency care, and spanning multiple surgical specialties, including general surgery, trauma and orthopaedics, cardiothoracic surgery, plastic surgery and urology. The evaluation found ESTs delivered safe, effective care and were well-received by staff and patients. Economic analysis of two sites suggested financial viability and positive return on investment.

The evaluation of phase 2 (January to December 2022) of the EST pilot continued to report benefits for both trainees and patients. Challenges around staff retention within the EST workforce were noted.[2]

Although broader than our focus on SCPs carrying out high-volume, low-complexity procedures, the EST pilot demonstrates the potential from enabling non-medically trained professionals to expand clinical roles through accredited education and training.

Safety

Our search did not identify any evidence relating specifically to the safety of employing SCPs in surgical care.

The studies described in the clinical effectiveness section did not report an increase in complications or adverse events when procedures were performed by an SCP. The limited quality and quantity of the studies mean that it is not possible to draw conclusions from the literature regarding the safety of SCPs working in surgical care.

Patient and social aspects

Two UK-based studies of limited relevance were identified that evaluated patients' experiences or perceptions of SCPs.

A single-site study at Nottingham University Hospitals NHS Trust by Carvell et al (2009) evaluated the acceptability of virtual follow-up by SCPs for patients who had undergone surgery for achalasia (a condition that affects oesophageal function and impairs swallowing).[9] Standard care is for follow-up

to be delivered face-to-face in upper gastrointestinal clinics. Of the 39 patients invited to participate in the survey, 27 responded. Among respondents, 25 (93%) agreed or strongly agreed that virtual follow-up by an SCP was acceptable. Two participants disagreed, though the study did not investigate their reasons.

A cross-sectional, questionnaire-based survey was conducted across three ENT outpatient departments within the Worcester Acute Hospitals NHS Trust by Cheang et al (2009) to explore patient views on surgical procedures performed by non-medically qualified personnel.[10] Based on 190 completed responses, the findings were as follows:

- 49% of respondents believed that an SCP is a doctor
- 92% felt that surgical procedures should be performed by a medically qualified professional
- 94% stated that patients should be informed if their procedure is to be carried out by someone who is not medically qualified
- 79% indicated they would prefer to wait longer to be operated on by a doctor rather than undergo earlier surgery by a trained but non-medically qualified practitioner.

Cost effectiveness

A review of the available literature identified no relevant published economic evaluations. Scottish-specific data on the role of SCPs were not sufficient to support a cost-effectiveness analysis.

Key observations from the data obtained from NHS Forth Valley are summarised below.

- The data indicated that the total number of procedures performed by an SCP could improve patient throughput (see Figures 1–3).
- SCPs incur lower staffing costs than consultants, suggesting potential for cost savings.
- Findings from one clinical service or specialty cannot be assumed to apply across others. Differences in case complexity, service delivery models and workforce roles mean that evidence must be interpreted within its specific context, and generalisations should be made cautiously and supported by data.

Conclusion

This SHTG Assessment examined evidence about the role of SCPs in delivering surgical care for high-volume, low-complexity procedures across the whole patient pathway within NHSScotland. The current evidence base does not allow for definitive conclusions, although small scale, retrospective and methodologically weak studies suggest SCPs can provide safe, satisfactory, and high-quality care with minimal perioperative complications.

While individual SCPs will generally have clearly defined and specialised roles, the term ‘SCP’ encompasses a diverse group of professionals with varying qualifications, training and responsibilities across multiple clinical settings and medical specialties. The lack of a consistent definition, compounded by the use of alternative titles for similar roles both within the UK and

internationally, added to the complexity of the evidence review. This variability in terminology and scope further limits the generalisability of findings.

SCPs are already well established in parts of NHS England and early implementation in NHSScotland (such as in NHS Forth Valley's urology service) demonstrates promising results in terms of increased procedural throughput and reduced waiting times.

In summary, while further high-quality research is needed (particularly in the Scottish context) SCPs may offer a viable solution to some of the workforce and service delivery challenges facing surgical services. Before the employment of SCPs can be scaled up across NHSScotland, clear governance structures, standardised training pathways and ongoing evidence collection and evaluation mechanisms are essential to ensure the safety and quality of patient care and the consistency of SCP input into surgical care.

Identified research gaps

Given the limitations in the existing evidence on SCPs (because of variability in procedures, clinical settings and workforce models) there is a clear need for ongoing, procedure-specific data collection within the NHSScotland context. This should be guided by the SHTG Evidence Framework, to ensure the collection of consistent, robust and decision-relevant data. This will help build an evidence base that reflects local service delivery, patient populations and training standards. Without these data, it will be difficult to assess the broader impact of SCPs on clinical outcomes, safety, cost effectiveness and patient experience across NHSScotland.

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Appendix 1: abbreviations

ENT	ear, nose and throat
EST	extended surgical team
NES	NHS Education for Scotland
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
RCT	randomised controlled trial
SACRU	surgical ambulatory care receiving unit
SAS	Speciality and Associate Specialist
SCP	Surgical Care Practitioner
SDEC	same day emergency care
SHTG	Scottish Health Technologies Group
TRUS	transrectal ultrasound
UK	United Kingdom