



Day Surgery: Criteria Led Discharge for Registered Practitioners

Clinical Competence Workbook
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As one of several “building blocks”, to support the delivery of high quality, safe, effective, person centred care, integral to Day Surgery care, a Short Life Working Group (SLWG) was convened. The SLWG had cross board and multi professional membership and was chaired by Dr Dawn Orr, Nurse Consultant NHS 24.

The SLWG was tasked with exploring the potential of expanding Criteria Led Discharge (CLD) for day surgery in health boards across Scotland.

Identified CLD Benefits:

- Improve patient experience and patient flow
- Reduce length of stay (LoS) by empowering registered healthcare professionals (RHCPs) to expedite discharge safely
- Enhancing safety of discharge using a robust, audited process which complies with locally agreed clinical criteria
- Enhance staff satisfaction and enable RHCPs to lead discharge without further consultant/medical decision-making thereby reducing interruptions to perioperative lists

Key principles of CLD:

The following key principles regarding CLD were established at the outset:

- Safe and effective evidence based protocol, clinical guidelines and best practice
- Adapted or new discharge process, using criteria
- High quality, safe, effective, person care delivery by staff supported with appropriate education and training
- CLD developed by RHCPs and professional expertise acknowledged
- Patient selection and management of discharge process supported by effective governance
- Informed patients throughout the care journey with written discharge information provided
- Safe: criteria, clinical judgment, assurance (literature evidences no increased readmission with appropriate patient selection, staff education and training)

The following table outlines the criteria, key enablers, suggested implementation approach and approach to training, education and competencies:

Criteria	Key Enablers	Suggested Implementation Approach	Training, education and competencies:
<ul style="list-style-type: none"> • Specific to clinical complexity, assessed on a case by case basis taking cognisance of the clinical situation • Specific to group of patients (locally agreed protocols and pathways) • Depends on the clinical setting and type of discharge e.g. simple or complex • Flexible, can be adapted regardless of complexity or severity of condition 	<ul style="list-style-type: none"> • Joint leadership approach – nursing, medical, Allied Healthcare Professionals (AHP) • Clear process for communicating the change to all relevant stakeholders • Effective multidisciplinary team approach 	<ul style="list-style-type: none"> • Define aim, objectives, scope and secure executive, operational and clinical sponsorship, buy-in and endorsement • MDT project team, roles, responsibilities, governance • Have a clear Project plan • Prepare staff with the relevant education and training • Gather baseline data to evidence improvement 	<ul style="list-style-type: none"> • Carry out a Service Needs Analysis (SNA) and Training Needs Analysis (TNA) • Consider Advanced practice TNA (CNOD Transforming Roles/HEI/HB requirements) • Developing service, clinical protocol and care pathway • Keep training logs - CPD, reflections, practice feedback and clinical supervision • Ensure all relevant staff complete appropriate training

Suggested evaluation of anticipated benefits:

- Patient feedback/satisfaction, quality measures, complaints, compliments, adverse events
- Positive change in time of discharge
- Positive change in time from decision to discharge to actual discharge
- Positive change in number of weekend discharge (as appropriate)

Short Life Working Group Process:

The document has been produced through the following steps:

1. Carried out Global research and literature review supported by NES
2. Canvassed across NHS Scotland to understand what was already in place?
3. Stakeholder engagement and MDT, cross board group membership
4. The SLWG developed and agreed a draft set of competencies and an associated discharge checklist
5. The competencies were tested in three health boards and the feedback was used to amend document which was then amended and shared with the group for further comment
6. The competency document has progressed through the CfSD governance routes
7. Potential to be hosted on TURAS

Materials included in literature summary were derived from the following documents:

- NHS England (2012) Improvement guidance for writing a criteria-led discharge policy
- NHS Brighton and Sussex University Hospitals NHS Trust (2019) Criteria Led Discharger (CLD) Implementation Guide
- Queensland Healthcare Improvement Unit (2020) Criteria Led Discharge (CLD) Guideline
- NSW Agency for Clinical innovation (2016) Criteria Led Discharge: A resource to support the implementation of CLD
- Lees-Deutsch, Liz and Robinson, Jane (2018) A systematic review of criteria-led discharge patient discharge, J Nurse Care Qual, 34 (2), pp. 121-126

Name of Learner

Supervisor/Assessor.....

Introduction:

This competency workbook is designed to assist you to develop, demonstrate and record your competence in relation to Criteria Led Discharge (CLD). Following satisfactory completion of the competencies you will be assessed as competent to perform CLD of an identified group of patients. Each Health board and speciality can include specific competencies for their own area at Competency 7.

Registered Practitioners (RP) should consider their registration and accountability when delegating discharge responsibilities to non-registrants.

CLD is a delegated responsibility for the discharge of a patient following an agreed care plan, criteria, and rationale. The clinical plan is agreed by the consultant leading the patient’s care and delegated to you as identified RP caring for the patient. You will be required to demonstrate, with supporting evidence that you have the appropriate knowledge, skills, and experience to deliver high quality, safe, effective, person-centred care. (Scottish Government 2010) in this role. The importance of learning, development and competence is highlighted by The Nursing and Midwifery Council Code (2015) Sections:

- 13 Recognise and work within the limits of your competence
- 13.5 complete the necessary training before carrying out a new role
- 22.3 keep your knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance

- Be a RP with the appropriate knowledge and experience (general guidance within 12-18 months or as per local guidance and organisational requirements)
- Have a designated Supervisor/Assessor who provides continuous mentorship, support, supervision, and assessment
- Revalidate competencies with a Supervisor/Assessor annually to ensure skill development and maintenance

Work based learning is a core component of CLD which facilitates your development and achievement of proficiency with this clinical process. The competency workbook provides the direction for your learning and assessment strategy. The evidence recorded reflects the knowledge development, critical understanding, and practical/clinical/technical skills developed during your learning period and clinical placement and provides an ongoing record of your progress.

The concept of competence is fundamental to role, autonomy, and accountability as an individual and employee within each Board. The achievement of competence is necessary to demonstrate effective functioning within the scope of the DSDT Role, to aid identification of personal development. Four pillars of practice define the core role and function of the CLD role

- Clinical practice
- Leadership
- Facilitation of learning
- Evidence, research, and development.

What are competencies?

Competencies are a measure by which the organisation ensures and can demonstrate, the required and measurable, knowledge, skills, and abilities of its workforce, to support and ensure a clinically effective service is provided for the people of Scotland.

NHS accepted definition of competence:

Competence is defined as: “A determination of an individual’s skills, knowledge and capability to meet defined expectations” JCAHO 2005, p.444.

This is achieved through the integrated application of knowledge, skills, values, experience, contacting external knowledge resources and tools to problem solve or perform an activity. (Kunzman, C. 2006)

Why is competence important?

The concept of competence is fundamental to the autonomy and accountability of each individual employee. The achievement of competence is necessary to provide a measure of effective functioning of performance against role requirements.

Investment in the development of these competencies as a guide to the following activities:

- Recruitment of individuals with the appropriate qualities
- Quality Assured Training Programme
- Professional development
- Performance management

References:

- Beecroft PC, Kinsman L, Krozek C. RN internship: outcomes of a one-year pilot program. J Nurs Adm. 2001; 31(12):575-582.
- Joint Commission Reference Assessing Hospital Staff Competence (2007) www.jcinc.com/889/ www.jcinc.com/889/ The Joint Commission Guide to Staff Education (2002)

- <http://www.knowledge.scot.nhs.uk/home/learning-and-cpd/competence-framework-for-child-and-adolescent-mental-health-services.aspx>

Evidencing Competence:

- Competency is assessed based on 5 competence levels and aligned to Benner's (1984) Novice to Expert continuum which recognises development in line with different stages of professional growth



Level of Competence	Benner's (1984) definition
1. Development required	Novice
2. Developing	Advanced Beginner
3. Developing Well	Competent
4. Highly Developed	Proficient
5. Exceeds Expectations	Expert

Benner assessment criteria

Standard	Criteria
1. Novice	Novices have no experience of the situation in which they find themselves, and they Operate by closely following rules laid down by others. They perform a series of tasks Without understanding, or referring to, the context within which they are operating.
2. Advanced Beginner	Advanced beginners demonstrate a degree of flexibility in their performance and interpret the rules to meet the needs of the situation, maintaining throughout the safety of the patient, colleagues, others, and self. They can relate to the current situation based on prior learning.

3. Competent	Competent practitioners are consciously aware of long-term effects of their actions. They can plan the most satisfactory outcome of a situation and take the appropriate action to achieve the planned aims. This requires conscious, abstract, analytical contemplation of the situation.
4. Proficient	Proficient practitioners use their expertise to critically analyse and evaluate situations. They can identify the more important elements of a situation and make decisions based on a broad perspective.
5 Expert	Experts can focus on a relevant part of a situation without conscious consideration. They will use their intuition based on vast experience to follow a course of action which they 'know' is appropriate. An expert practitioner develops a feel for situations and a vision of possibilities. Not all members of the multi-professional teams can reach this level; achievement could be assisted by techniques such as critical incident analysis.

Benner P (1984) *From Novice to Expert* Menlo-Park: Addison Wesley Publishing Company

Section 1.1: Self-Assessment and Reflection:

This helps you to explore, prepare and present the evidence required for assessment of each competency. Before your assessment you should consider how you will present your knowledge and skills to your Practice Supervisor

Date	Reference to Competency Statement	Activity	Reflection - What I have learnt

Section 1.2 Post self-assessment discussion with practice supervisor

This should be a two-way conversation to agree the learner's starting point on the Benner's Model i.e., Novice to Expert and should be used to evidence progress through the competency levels.

Record of conversations between supervisor and learner	Date	Level agreed between supervisor and learner	Comments Supervisor	Comments Learner
<i>Initial level setting</i>	<i>09/05/2023</i>	<i>Novice</i>	<i>Discussed initial level with AA – agreed Novice as NQN</i>	<i>Discussed and agreed level with Supervisor</i>
<i>First review of evidence =</i>	<i>09/06/2023</i>	<i>Advanced Beginner</i>	<i>AA has demonstrated a good understanding of the concepts and provided relevant evidence as per competencies including observation of practice</i>	<i>I have found my conversation with my supervisor helpful, and we have agreed I have progressed to level 2 Advanced beginner</i>

Competency 1 – Communication

Actively, and with empathy and compassion, engage with patients/carers/callers to achieve optimum standards of communication

	Competency Statement	Sub ref	Indicators	Potential sources of Evidence/Practice Hours	Competence Level				
					1	2	3	4	5
1.1	Actively engages in , developing and completing therapeutic relationships through the use of appropriate communication & interpersonal skills	1.1.1	Demonstrate an understanding of the principles and processes of effective communication and their application to support the patient journey	1-2-1s Patient and partner feedback CPD					
		1.1.2	Recognise the patient as an equal partner obtaining patient agreement on level of care						
		1.1.3	Demonstrate appropriate interaction and communication with patients employing empathy and understanding to presenting situation						
		1.1.4	Observed utilising listening, questioning, probing skills and verbal cues from patients/carers, to analyse and interpret problem/need.						
1.2	Demonstrates the knowledge, skills and abilities required to communicate effectively utilising available resources	1.2.1	Assimilates and records patient data accurately in accordance with organisational record keeping standards	Review record keeping practice					
		1.2.2	Accesses, considers and utilises available clinical data to inform decision making						
1.3	Demonstrates awareness of relevant legislation and compliance with organisational policies relating to confidentiality	1.3.1	Identify and report situations whereby patient/caller confidentiality may be compromised						
		1.3.2	Recognises level of accountability and practice within key employment, legislative and organisational policies which underpin the role						

	Competency Statement	Sub ref	Indicators	Potential sources of Evidence/Practice Hours	Competence Level				
					1	2	3	4	5
1.4	Demonstrates practice in accordance with ethical, legal and organisational policy that focuses on the interests and wellbeing of patient / carer / caller.	1.4.1	Undertake patient reviews in line with guidelines and policies whilst managing complexities arising from ethical and legal dilemmas and promoting patient safety and positive risk taking	1-2-1s Patient and partner feedback e Learning completion					
		1.4.2	Recognises and values the role of the family, carers, and support networks in the provision of support and care	Observed practice Case reviews					

Competency 2 - Personal and People Development

Develops oneself and contribute to the development of others

	Competency Statement	Sub ref	Indicators	Potential sources of Evidence/Practice Hours	Competence Level				
					1	2	3	4	5
2.1	Demonstrates personal accountability and responsibility for competence through completion of the competencies and progress through the Benner's levels and enhances personal development and safe practice through peer support, self-reflection, peer levelling, attendance at training sessions and other learning opportunities	2.1.1	Maintain personal accountability and responsibility for competence specific to the CLD role and within team, workplace and organisation expectations	Observation Case based discussions Written/reflective practice 1-2-1s Patient and partner feedback e Learning completion					
2.1.2		Identify personal development needs by engaging in self/peer reflection activities to aid promotion, maintenance, enhancement and improvement of competence levels							
2.1.3		Recognise and take action to meet any knowledge/skills deficit which may have an impact on delivery of care within current sphere of practice							
2.1.4		Contribute to the learning experiences of self and others through formal and informal sharing of knowledge							
2.1.5		Demonstrate and apply new skills and knowledge in practice acquired following formal training and development							

Competency 3 - Health and Safety utilising Decision Support Tools

Undertake responsibilities to ensure a safe environment for self and others, taking into account health and safety legislation, ensuring no acts or omission compromise their own safety or that of others

	Competency Statement	Sub ref	Indicators	Potential sources of Evidence/ Practice Hours	Competence Level		
					1 4	2 5	3
3.1	Be observed undertaking responsibilities safely and effectively to ensure a safe environment for self and others taking into account health and safety legislation, ensuring no acts or omission compromises personal safety or that of others	3.1.1	Articulate and evidence relevant knowledge and understanding in relation to local policy and guidelines pertaining to CLD and appropriate application of practice	Observation and discussion			
		3.1.2	Completes paperwork and formal reports actual or potential incidents/accidents in accordance with organisational policies				
		3.1.3	Demonstrate knowledge and understanding of legislation, policies and good practice relating to health and safety in the workplace				

Competency 4 - DSDT Specific Competencies – Benefits of CLD to the patient

	Competency Statement	Sub ref	Indicators	Potential sources of Evidence/Practice Hours	Competence Level		
					1 4	2 5	3
1.1	The Learner is able to describe which patients may be suitable for CLD and the associated rationale and is able to describe which patients may not be suitable for CLD and the associated rationale	1.1.1	Demonstrates appropriate knowledge of local/national policy and Standard Operating Procedures relating to patient safety, clinical governance and accountability	Case study discussion Observed practice Reflection			
		1.1.2	Demonstrates sufficiently detailed knowledge and practical skills to safely monitor and document a patient's vital signs				
		1.1.3	Demonstrates appropriate knowledge of emergency local/national protocols within the Day Surgery Unit/theatre and locate emergency equipment				
		1.1.4	Demonstrates appropriate knowledge of the VTE prophylaxis policy, including the rational for safe use of graduated compression stockings, pneumatic compression devices and anti-thrombolytic agents				
		1.1.5	Demonstrates detailed knowledge of documentation to describe and discuss: Consent form; Theatre Checklist; Pressure area chart; Drug prescription chart; Medical records; DNACPR, AWI, POA, Guardianship				
		1.1.6	Demonstrates detailed knowledge of safety checks to describe and discuss: DSU/Theatre IT system; Theatre lists; Patient Labels; Patient name bands; Consent; Surgery site marked; Allergies; Metal work identified; DVT prophylaxis; Normothermia				
		1.1.7	Demonstrates detailed knowledge of 'moving and handling' to describe and discuss: Pat-slides; Slide sheets; Hover mattress				
		1.1.8	Demonstrates detailed knowledge of patient positioning to describe and discuss: Supine; Prone; Lithotomy; Left/Right Lateral; Trendelenburg; Reverse Trendelenburg and how this could impact post-operative care				

	Competency Statement	Sub ref	Indicators	Potential sources of Evidence/Practice Hours	Competence Level				
					1	2	3	4	5
		1.1.9	Demonstrates detailed knowledge of emergency protocols to describe and discuss: Cardiac Arrest; Major Haemorrhage; Anaphylaxis; Cardiac Defibrillator; Blood Bank; Level 1/Rapid infusers; Difficult intubation trolley; Malignant Hypothermia						
		1.1.10	Demonstrates detailed knowledge of pressure area care to describe and discuss: Pressure Ulcer Risk Assessment Tool; Tissue Viability; Gel pads; Pressure relieving aids; Theatre table attachments and how this could impact post operatively						
		1.1.11	Demonstrates detailed knowledge of patient's vital signs to describe and discuss: Blood Pressure; Oxygen Saturation; ECG; Arterial Pressure; Central Venous Pressure; Capnography; Respiratory rate						

Competency 5 - Record Keeping

	Competency Statement	Sub ref	Indicators	Potential sources of Evidence/Practice Hours	Competence Level				
					1	2	3	4	5
2.1	The Learner is able to articulate the principles of effective and appropriate record keeping	2.1.1	Demonstrates appropriate knowledge of local/national policy and Standard Operating Procedures relating to documentation and recording of information	Review of completed documentation Discussion Case base discussion					
		2.1.2	Demonstrates detailed knowledge and practical skills in keeping an accurate paper record if the electronic patient record system is non-functioning						
		2.1.3	Demonstrates detailed knowledge of the importance of maintaining clear, accurate and attributable documentation and record keeping						
		2.1.4	Demonstrates appropriate knowledge of Data Protection within the documentation and recording of information						
		2.1.5	Demonstrates detailed knowledge and practical skills the procedure for receiving patients into the day surgery environment						
		2.1.6	Demonstrates detailed knowledge of patient documentation to describe and discuss: Name bands; Theatre checklist; Consent; Drug prescription; Fluid Balance; Pressure score; NEWS chart; Blood transfusion record; DNACPR; Medical Records (hard copy/online); Theatre IT System						
		2.1.7	Demonstrates detailed knowledge of legal ethical issues to describe and discuss: NMC/HPC Code; Data Protection Act 1998; Freedom of Information (Scotland) Act 2002; NHS code of Practice; Information Quality Assurances						

Competency 6 - Policy and Procedure

	Competency Statement	Sub ref	Indicators	Potential sources of Evidence/Practice Hours	Competence Level				
					1	2	3	4	5
3.1	The Learner is able to demonstrate an ability to locate & follow the CLD information recorded on the patient's Operation Note/case record/EPR	3.1.1	Demonstrates appropriate knowledge of local/national policy and Standard Operating Procedures relating to legal and ethical considerations in patient care	Observed practice					
		3.1.2	Demonstrates detailed knowledge of different types of consent for patients undergoing surgery						
		3.1.3	Demonstrates detailed knowledge and practical skills when acting as the patient's advocate.						
		3.1.4	Demonstrates detailed knowledge to discuss your role when acting as the patient's advocate and when conflict may occur						
		3.1.5	Demonstrates detailed knowledge Adults with Incapacity (Scotland) Act 2000 in relation to treatment						
		3.1.6	Demonstrates detailed knowledge of legal frameworks to describe and discuss Local/National policies; NMC/HCPC code; Data Protection Act 1998; Freedom of Information (Scotland) Act 2002; NHS code of Practice. Information Quality Assurances (Scottish Government 2010); Mental Health (Scotland) Act 2015; Power of attorney						
		3.1.7	Demonstrates detailed knowledge of legal consent to describe and discuss: Written: Verbal; Adult without capacity; Refusal of consent; Children; Photography/Recording; Human products						
		3.1.8	Demonstrates detailed knowledge of ethical issues to describe and discuss: Religious beliefs; Organ Procurement and Transplantation; Medical Futility						

Competency 7 – Speciality specific competencies

	Competency Statement	Sub ref	Indicators	Potential sources of Evidence/Practice Hours	Competence Level		
					1 4	2 5	3
		4.1.1					
		4.1.2					
		4.1.3					
		4.1.4					
		4.1.5					

Section 3: Summative Sign-off from Practice Supervisor/ Assessor

I..... (Print Supervisors name) verify that

..... (Print Learner's name)

- Has / has not (delete as appropriate) undertaken the appropriate CLD experiences to support the learning and development associated with these competencies
- Has / has not (delete as appropriate) provided evidence to support the learning in relation to clinical and practice activities, that link theory to practice
- Has / has not (delete as appropriate) achieved the competence detailed in this workbook

Signature Date:

Section 4: Learning Resources and Links

Study skills	https://learn.nes.nhs.scot/3875/skills-for-learning-at-work/study-skills Good Practice e.g. How effective are my study skills
Tips for writing reports etc	https://learn.nes.nhs.scot/2763/skills-for-learning-at-work/study-skills/reading-writing-and-numeracy/help-with-writing Good Practice e.g. Report writing
Referencing / citations	https://learn.nes.nhs.scot/2739/skills-for-learning-at-work/study-skills/time-management-note-taking-and-referencing http://www.knowledge.scot.nhs.uk/home/current-awareness/managing-references.aspx
Finding information – what	https://learn.nes.nhs.scot/2870/skills-for-learning-at-work/finding-information/what-do-you-need-to-find http://www.knowledge.scot.nhs.uk/home/information-skills-training.aspx
Finding information – where to look	https://learn.nes.nhs.scot/2875/skills-for-learning-at-work/finding-information/where-to-find-what-you-need
Searching the literature	https://learn.nes.nhs.scot/16571/skills-for-learning-at-work/finding-information/what-do-you-need-to-find/how-to-search-the-literature-effectively Search tips: https://sway.office.com/ZLXC3DUMiBzPwgyB
Quality assuring information you find	https://learn.nes.nhs.scot/3075/skills-for-learning-at-work/finding-information/quality-assure
Keeping up to date / alerting	http://www.knowledge.scot.nhs.uk/home/current-awareness.aspx
Digital skills - essential	https://learn.nes.nhs.scot/2781/skills-for-learning-at-work/essential-digital-skills

Digital skills - Using Teams	https://learn.nes.nhs.scot/2788/skills-for-learning-at-work/essential-digital-skills/digital-tools-for-the-workplace
Teams Hub	NHSS M365 Skills Hub
Sharing knowledge with others and collaborating online	https://learn.nes.nhs.scot/2926/skills-for-learning-at-work/sharing-knowledge
Copyright info	https://learn.nes.nhs.scot/36550/copyright
Designing learning for online delivery	https://learn.nes.nhs.scot/1908/guidance-for-educators

References:

- Nursing and Midwifery Council (NMC), 2015. The code: professional standards of practice and behaviour for nurses and midwives. London: NMC.
- Scottish Government, 2010. The Healthcare Quality Strategy for NHS Scotland. Edinburgh.
- LEES, L. (2007).
- North West London Hospitals Trust, 2006. Nurse-Led Discharge Policy. London
- The Scottish Government (2018) Transforming Nursing, Midwifery and Health Professions Roles: Transforming Education and Career Developing in Nursing, <https://www.gov.scot/publications/transforming-nmahp-education-career-development-paper-5/>
- NHS Education for Scotland (NES) Education & Career Pathway¹

- Education and career develop pathways model:
- Adapted from Cooper, M.A, McDowell, J., and Raeside L. (2019) the similarities and differences between advanced nurse practitioners and clinical nurse specialists. *British Journal of Nursing* 28 (20) p1308-1314.
- <https://www.gov.scot/publications/transforming-nursing-midwifery-health-profession-nmahp-roles-review-clinical-nurse-specialist-nurse-practitioner-roles-within-scotland/>

Appendix – List Members of the Short Life Working Group

NHS 24	Dawn Orr (Chair)	NHS Golden Jubilee	Carolyn McCafferty
Scottish Government	William Findlay	NHS Grampian	Aileen McKinley
CfSD	Brenda Wilson		Eleanor Binnie-McLeod
	Phil Korsah		Fiona Murray
	Anna Betzlbacher		Katy Styles
	Linda Patterson		Serena Venegoni
NHS Education for Scotland	Charlie Sinclair		Vanessa Smith
	Susan Donaldson		Gemma Brand
	Darren Middleton	NHS Greater Glasgow and Clyde	Cheryl Dunford
NHS Scotland Academy	Clair Graham		Genevieve Lowe
	Fiona Green		John Gaffney
NHS Ayrshire and Arran	Fiona Brown		Lorna Prentice
	Fiona King		Mairi MacKenzie
NHS Forth Valley	Jacqui Brown		Neil Logan
	Mandy Clark		Sharlene Baillie
NHS Golden Jubilee	Leanne Fyfe		Louisa Finlayson
	Linda Nesbitt		Laura Lucas
	Cameron Murray		Rachel Loudon
	Zoe Watkins	NHS Highland	Fiona Grist
	Hayley Doak		Jean Martin
	Jane Maxwell	NHS Lothian	Andrew Marchant
	Lesley Bruce		Claire Morrison
	Jane Gaffney		Anne Scott
	Gail McLay		Kirstie Tinkler
	Paula Mulheron	NHS Orkney	Lucy Flett
			Pamela Walker

NHS Shetland

NHS Tayside

NHS Western Isles

Amanda McDermott

Janet Bright

Paul Michie

Frances Robertson