



Clinical focus supporting policy into practice

The Perioperative Care Collaborative **Position Statement**

SURGICAL FIRST ASSISTANT (formerly the 'Advanced Scrub Practitioner')

In 2011 The Royal College of Surgeons of England (RCSEng 2011) called for greater clarity in relation to the wide range of titles currently in use by practitioners assisting in surgery, stating that confusion as to their meaning could potentially be a safety risk for patients and clinical staff. In recognition of this, the Perioperative Care Collaborative (PCC) has reviewed the title, roles and responsibilities of the Advanced Scrub Practitioner (ASP).

CURRENT POSITION

The PCC recommends that any perioperative practitioner who participates in the role of the Surgical First Assistant (SFA) must have demonstrable skills and an underpinning knowledge beyond the standard level of knowledge expected of a qualified perioperative practitioner. The SFA role can be defined as the role undertaken by a registered practitioner who provides continuous competent and dedicated assistance under the direct supervision of the operating surgeon throughout the procedure, whilst not performing any form of surgical intervention. This distinguishes the role from that of the Scrub Practitioner who may provide assistance on an 'as required' and risk-assessed basis particularly during minor procedures, such as carpal tunnel release, within the context of and without compromise to the scrub role. The roles and responsibilities associated with the scrub practitioner and the SFA are defined in Table 1.

Key recommendations:

- The role of the SFA must be undertaken by someone who has successfully achieved a programme of study that has been benchmarked against nationally recognised competencies* underpinning the knowledge and skills required for the role.
- The role of the SFA must be included in the job description/specification of the individual undertaking the role.
- SFAs should give consideration to the necessity of indemnity cover. This is essential for those working in private practice.
- The role of the SFA should be supported by an organisational policy.
- The SFA's name must be recorded within the patient's documentation.
- The need for the SFA should be requested in advance by the surgical team and rostered as an additional member of the perioperative team.

* National recognised and university accredited competencies such as the ASP Toolkit (NAASP available from AfPP) or the CODP BSc in Operating Department Practice April 2011.

DUAL ROLE

A practitioner undertaking the role of the SFA must be an additional member of the surgical team. The practitioner acting as Scrub Practitioner must manage the intraoperative care required by the patient and must not assume the additional duties such as that of the SFA. In the event that an employer considers that a dual role is required, (e.g. in minor surgery), then this decision should be endorsed **by a policy** that fully supports this practice and should also be based on a risk assessment of each situation in order to ensure patient safety.



The policy should identify the skills, knowledge and competencies required and the category of surgery and situations for which the employing organisation determines the SFA or dual role as acceptable. If this is not in place, as part of an effective clinical governance framework, then practitioners must **not** undertake either the SFA or dual role. Guidelines are crucial in establishing the vicarious liability of the employer if the employer is to be responsible for any acts or omissions of the employee undertaking the SFA role within the sphere of their employment.

To reduce inappropriate assistance, the department should ensure that SFA support is pre-scheduled within theatre list planning where possible.

A practitioner who has successfully completed training of the nationally recognised competencies can undertake the role of SFA. Employing organisations must ensure that access to appropriate training is facilitated for practitioners undertaking this role and will ensure that registered practitioners can demonstrate their competence in accordance with the requirements of their professional registration. The SFA's knowledge and skills are integral to the new pre-registration curriculum document for the BSc in Operating Department Practice, College of Operating Department Practitioners April 2011.

Table 1

Roles and Responsibilities	Scrub Practitioner	Surgical First Assistant
Enhancing the communication link between theatre, patient and ward, including preoperative assessment and postoperative care evaluation	✓	✓
Involved in the team completion of the Surgical Safety Checklist for all surgical interventions as part of the 'Five Steps to Safer Surgery' – brief; sign in; time out - or equivalent process used throughout the countries of the UK	✓	✓
Assisting with patient positioning, including tissue viability assessment	✓	✓
Skin preparation prior to surgery	✓	✓
Draping as required	✓	✓
Application of dressings as required	✓	✓
Male urethral catheterisation, providing training has been undertaken and evidence of competency can be demonstrated	✓	✓
Use and maintenance of specialised surgical equipment relevant to area of working	✓	✓
Assist in the transfer of patient to postoperative/ anaesthetic care unit	✓	✓
Cutting of superficial sutures, e.g. skin sutures	✓	✓
Superficial skin and tissue retraction	✓	✓
Assistance with superficial wound closure	✓	✓
Cutting of deep sutures and ligatures under direct supervision of the operating surgeon		✓
Nerve and deep tissue retraction (NB – retractors should not be placed by the SFA but by the operating surgeon)		✓
Handling of tissue and manipulation of organs for exposure or access		✓
Assisting with haemostasis in order to secure and maintain a clear operating field including indirect application of surgical diathermy by the surgeon ¹		✓
Use of suction as guided by the operating surgeon		✓
Camera manipulation for minimal invasive access surgery		✓
Assistance with wound closure		✓

¹ Activities such as direct electro surgical diathermy to body tissues, applying haemostats or ligaclips to vessels, applying cast bandages, suturing skin or any other tissue layers are the remit of a Surgical Care Practitioner (SCP) and not the remit of the SFA. It is important to note, that as with all other roles, the SFA works within a local clinical governance framework, albeit primarily within the intraoperative phase.

Those practitioners who have qualified under this programme of study are able to act as an SFA on qualification, supported by the employing authority. Operating Department Practitioners who have qualified under prior registerable awards will need to demonstrate competencies as defined in the national recognised competencies for this role. Currently qualified ASP's should continue to practice within local governance restrictions.

Surgical First Assistants must **NOT** assume that a surgeon is automatically legally liable for their actions. They maintain accountability for their actions in accordance with their relevant professional standards of practice and must act to identify and minimise any risk to patients and maintain their duty of care. They retain the right to refuse to undertake the role if they believe they are not competent to take on this role.

Registered practitioners must not undertake the role of the SFA until the relevant organisation has a policy in place to support this clinical practice. The individual concerned must have this role specified within their job description/specification and contract of employment. Those working in private practice must ensure they have appropriate indemnity cover. *(If a practitioner is employed in an independent hospital and they are working within their job description then it would be expected that the independent hospital takes vicarious liability for their practice. It is only when the practitioner is working in private practice outside a formal employment contract that would absolutely require personal indemnity cover.)*

REFERENCES

College of Operating Department Practitioners 2011 *Curriculum Document, Bachelor of Science (Hons) in Operating Department Practice - England, Northern Ireland and Wales; Bachelor of Science in Operating Department Practice - Scotland, April 2011* London CODP

Royal College of Surgeons of England 2011 *Position statement - Surgical assistants* London RCS
www.rcseng.ac.uk/publications/docs/rcs-position-statement-surgical-assistants

FURTHER READING

Department of Health 2005 *Creating a Patient-led NHS Delivering the NHS Improvement Plan* London DH - England

Health and Care Professions Council 2008 *Standards of conduct, performance and ethics* London HPC

Independent Healthcare Advisory Services 2005 *Employers Guidance and Recommendations for the Utilisation of the Non Medical Practitioner working as the Advanced Scrub Practitioner (formerly First Assistant) within the independent sector* London IHAS (now superseded with this position statement)

National Practitioner Programme 2006 *Optimising the contribution of non-medical healthcare practitioners within the multi-professional team, A good practice checklist* London DH

Nursing & Midwifery Council 2008 *Code of Professional Conduct: Standards for Conduct, performance and ethics* London NMC

Scottish Executive Health Department December 2005 *National Workforce Planning Framework* Edinburgh NHS

Welsh Assembly Government 2005 *Designed for Life: Creating world class Health and Social Care for Wales in the 21st Century* Cardiff Welsh Assembly Government

Wilsher v Essex AHA (1988) All ER 871

Nursing & Midwifery Council Consultation 2005 *Framework for the standard for post-registration nursing* London NMC
www.nmc-uk.org/Get-involved/Consultations/Past-consultations/By-year/The-proposed-framework-for-the-standard-for-post-registration-nursing---February-2005

The PCC was formed in October 2002 with a clear aim to explore perioperative issues and reach a consensus view on how they should be addressed.

Membership of the Collaborative is as follows:

The Association for Perioperative Practice
The College of Operating Department Practitioners
British Association of Day Surgery
Independent Healthcare Advisory Services
PROPRIUS: Forum for Perioperative Education
Royal College of Nursing Perioperative Forum



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