What is a surgical first assistant (SFA)? An SFA is a registered healthcare professional 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 (PCC 2012).

My line manager or consultant surgeon has identified a need for the SFA role. What do we do now? As with any innovative role in healthcare, a requirement for the role must be acknowledged by senior surgeons, managers and stakeholders. A clinical governance framework that includes risk assessment and the implementation or review of local policies and procedures will also need to be in place to support the practitioner undertaking the SCP role. A job description detailing the role and responsibilities of the SFA is essential. Registered practitioners must not undertake the SFA role until this clinical governance framework is in place.

Are there any pre-requisites? The SFA is a registered theatre practitioner (nurse or ODP); with evidence of at least 18 months post-qualifying scrub experience.

What training is required? The PCC (2012) recommend that the role of the SFA must only be undertaken by a practitioner who has successfully completed a nationally recognised competency training programme, such as the AfPP SFA Competency Toolkit. This can be used in combination with an SFA in-house training course developed by an individual healthcare provider.
organisation or an award or module run by a higher education institution. A commitment to continuing professional development along with an understanding of the professional, legal and ethical implications of extending practice is also required.

**I previously trained as an Advanced Scrub Practitioner – do I need to undertake any additional training?** Practitioners who completed similar SFA accredited awards, such as an Advanced Scrub Practitioner module, will be required to demonstrate competence defined by the AfPP SFA Competency toolkit (AfPP 2013). AfPP recommend that job titles and job descriptions are updated to reflect the role of the SFA as defined by the PCC (2012).

**I have been performing skin closure as an SFA, can I continue to do so?** The PCC is clear that the SFA should not perform anything that might be considered surgical intervention. If you are already working in an SFA post and have completed additional competency training in order to perform additional skills, such as skin suturing, and this responsibility is documented within your job description AfPP suggest that you may continue to do so. For new SFAs, suturing and local infiltration of wounds, for example, are no longer a recognised aspect of the role. If you are repeatedly asked to perform interventional skills outside the remit of the SFA role, it is probable that a re-evaluation of service needs is required as employment of a surgical care practitioner may be more beneficial to the surgical team. In this case, the career pathway for SCPs should be followed, with the associated academic framework (RCS 2014).

**As an SFA, who am I responsible to?**

The SFA is employed as a member of the theatre team and remains responsible to the theatre management team. In addition, The SFA is clinically responsible to the consultant surgeon, who
delegates aspects of surgical assistance to the SFA. As a registered practitioner the SFA also has a professional and legal responsibility to the patient through professional codes of conduct and a duty of care. In addition, you should follow the AfPP voluntary code of conduct (AfPP 2013) for registered practitioners working in advancing surgical roles, available from AfPP ASR SIG website.

**Does the surgeon have to be in theatre with me?** Yes, the SFA works under the direct supervision of a surgeon who must remain in theatre until surgery is complete.

**What does the SFA role involve?** The role encompasses intra operative care. Following competency training and under the direction of a consultant surgeon, the SFA may participate in:

- Involvement in the team completion of the ‘Five Steps to Safer Surgery’
- Assisting with the preparation of the patient, including urinary catheterisation, patient positioning, skin preparation and draping
- Providing assistance with surgical procedures, including retraction and cutting of ligatures/sutures, camera manipulation in minimal access surgery– **NB the retractors and camera must be placed/inserted by the surgeon**
- Application of dressings

**Do I need to take out additional liability insurance?**

Practitioners must ensure that liability insurance is up to date and sufficient for their level of practice. If the role is recognised by your employing organisation, then you may be covered by vicarious liability. It is your responsibility to check with your employer or trade union that
insurance is in place and sufficient. AfPP offers members the opportunity to take out a professional indemnity insurance policy.

**Are there policies about assisting in the private sector?**

Each of the major independent sector providers is a member of the Association of Independent Healthcare Organisations. Member providers have policies in place regarding surgical assistance in their hospitals.

**Is there an agency for assistants in the private sector?**

The AfPP team are not aware of any agencies specializing in non-medically qualified surgical assistance.

**I have been asked by one of my consultants to assist in the private sector. What should I do?**

Firstly, you need to ensure that you are not in breach of any of the terms of your NHS contract. NHS vicarious liability cover is not valid in the private sector so you will need to take out additional professional indemnity insurance, available from a number of organisations, including AfPP, The Medical Defence Union and Medical Protection Society. If there is time, contact the theatre manager of the private hospital you will be working in to ask what paperwork they will need from you. If this is not possible, ensure that you have a portfolio that contains:

- An up to date copy of your CV which includes details of your registration with your regulatory authority
- Proof of your Hepatitis B & C status
- Documents in support of your advancing surgical role (eg: AfPP SFA Toolkit or comparable document)
A copy of your job description

Do not under any circumstances be tempted to undertake surgical tasks outside your NHS job description / scope of practice; to do so would potentially invalidate your indemnity insurance and may result in you being reported to your regulatory authority by hospital staff.

You are entitled to be paid for your services – do not be afraid to discuss this with your consultant. Keep a record of all monies paid as you may have to declare them for tax purposes. Remember to enter all cases assisted in your logbook using best information governance practice.

If you have any further questions on undertaking or implementing the SFA role, please do not hesitate to contact AfPP on 01423 881300.

References and further reading


