Clinical focus supporting policy into practice

The Perioperative Care Collaborative

Position Statement

The Role of the Nursing Associate in the Surgical Care Team

INTRODUCTION

The aim of this position statement by the PCC is to set out the principles and guidance relating to both the Nursing Associate (NA) scope of practice and their role within perioperative care. The NA will bridge the gap between the Registered Nurse (RN) and Perioperative Healthcare Assistant (PHCA), contributing to integrated care. Both employers and registered practitioners are required to ensure that patient safety is paramount. This should be a primary consideration when delegating roles to an NA, which should also comply with the regulatory standards. (NMC, 2018: Para 11; HCPC, 2016: Para 4). In England and Wales, the Workforce Standards of the National Safety Standards for Invasive Procedures (NHSI, 2015) are an additional source of guidance

The role of the Nursing Associate (NA) was launched by Health Education England in 2016, to bridge the gap between the unregulated healthcare support worker and the Registered Nurse., following recommendations of the Willis Report (2015). In 2018 the Nursing and Midwifery Council (NMC) regulated the role, publishing the Standards of Proficiency for Nursing Associate, and the first wave of Nursing Associates registered with the NMC in January 2019. The numbers of NAs employed within the National Health Service (NHS) and Independent Sector in England are slowly starting to build across all elements of healthcare, although these numbers are relatively small at this point. However, as the main route for training is through apprenticeships, the numbers of NAs within the perioperative team has the potential to increase as employers look to develop their own Perioperative Healthcare Assistants.

The NMC validated programme prepares the NA to be a generic practitioner, and on qualification will be able to apply for Band 4 roles. The NMC identifies that once practising 'nursing associates can undertake further education and training and demonstrate additional knowledge and skills, enhancing their competence as other registered professionals routinely do' (NMC 2018) The PCC considers that RNAs have the potential to provide a valuable contribution to the multidisciplinary team and in the delivery of quality patient care in the perioperative environment.

The PCC considers that the NA should meet the same specific perioperative competencies as Registered Nurse as outlined in the National Core Curriculum for Perioperative Nursing competencies (2017 PCC).

This Position Statement therefore outlines the principles of best practice in supporting the practice of the NA within the perioperative team. The PCC advocates that these principles should be acknowledged and recognised by all registered practitioners and adopted by all employing organisations, in line with local frameworks for clinical governance.

ROLE

The PCC have recognised that the Nursing Associate (NA) may have a Band 4 role either within scrub or recovery.

Both roles will have a job description that clearly defines their role, responsibility, and accountability. Their role and clinical activity will therefore be measured against this job description and as such it will become their 'scope of practice'.

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GENERAL PRINCIPLES

The PCC recognises that responsibility for the training of Nursing Associates (NAs) on qualification rests with individual employing organisations. This has resulted in a wide variation in the quality and standards of training provided, and the PCC asserts that it is essential that there is parity in training for this key role.

The PCC recommend that to promote public confidence, patient safety and clinical excellence, employing organisations must ensure that:

- **NAs are competent for the role they undertake, having been trained and assessed in accordance with the requirements of the relevant National Occupational Standards for their role.**
- **NAs are provided with a detailed job description/specification/contract of employment outlining the parameters of their approved scope of practice.**
- **NAs are provided with instruction regarding the principles of vicarious liability, teamwork and delegation and the accountability owed to the patient and employer through civil, criminal and employment law.**

GUIDANCE FOR EMPLOYING ORGANISATIONS

The minimum underpinning knowledge and competence that the Nursing Associate (NA) must demonstrate to perform the perioperative roles are in line with the relevant National Occupational Standards for Perioperative Care and are assessed via formal qualification frameworks. The PCC requires that in-house programmes must have external validation or equivalence to the national occupational standards for the specific role undertaken.

To support the development of the role and the individual, whilst ensuring the standard of care provided the PCC requires:

- The NA can evidence competency in their specific area of practice, for example scrub or recovery
- Employers aim to support a career development pathway for the individual via the annual appraisal process, this may include development by accessing local training or level 6 CPD modules or supporting access to into pre-registration nursing/ODP courses.

The PCC considers the NA role as central to the perioperative team and as such they should form part of the team allocation and planning process. The PCC therefore recommends that skill mix must be calculated at a level that ensures:

- An appropriate number of registered staff holding either a primary or post-graduate qualification on operating department practice are assigned (NAtSSIPs, 2015)
- Optimisation of the quality of perioperative care,
- Promotion of the principles of risk management,
- Recognition of the demands that situational decision making generates, given the variance in patient dependency across perioperative settings.
- Appropriate delegation to and support of the perioperative nursing associate
- That the Anaesthetic practitioner does not have another responsibility.
- A management framework that underpins the responsibilities associated with delegation.

GUIDANCE FOR REGISTERED PRACTITIONERS

It is imperative that registered practitioners are fully aware that they retain professional accountability for the appropriateness of the delegation of care to the NA. This requirement is explicitly stated in both the HCPC Standards of conduct, performance and ethics (HCPC 2016) and the NMC Code (NMC 2018). NAs are however responsible for their actions in law and thus are accountable to the patient and to the employer.

The principles of delegation and the responsibilities of registered practitioners are clearly focussed when harm is judged to have been caused to a patient because of a perceived breach in the standard of care provided. In circumstances that have resulted in harm and where negligence is established, it is important to be aware that the appropriateness of the delegated activity will be examined to determine the associated liability.

DELEGATION

Patient safety is paramount and the PCC is of the view that the responsibility for the overall management of the patient's care lies with the nominated registered nurse or ODP leading the team. It is important to note that when a registered nurse or ODP delegates a role to an NA, this registrant must be competent themselves in the delegated task and a member of the surgical team in the same theatre.

The supervising practitioner must ensure they remain in the theatre and are present for key events, for example safety counts. It is not appropriate to combine this responsibility with any other role:

- The anaesthetic practitioner cannot supervise the NA as this compromises their primary responsibility to work with the anaesthetist and support the anaesthetic care of the patient.
- In obstetric theatres, the midwife with responsibility for the maternity care of the mother and baby cannot supervise the NA.

The PCC therefore recommends that registered practitioners consider the following questions when delegating activities:

- **Is there a rationale for delegating the task? Is it appropriate to delegate the task?**
- **Who is the most appropriate person to undertake this task?**
- **Is the activity to be delegated within the NA's approved scope of practice and supported by a job description and departmental policy?**
- **What training and education has the NA received to date? And has their competence been assessed in accordance with the National Occupational Standards?**
- **Are arrangements in place to ensure supervision of the NA by a registered practitioner in the surgical team and within the theatre throughout the delegated activity?**
- **Is the supervising practitioner competent themselves to carry out the role being supervised?**
- **Does the NA agree to accept the delegated task provided they have had the required training?**
- **Has attention been given to assessing the complexity of the task and the individual patient?**
- **Has the complexity of the anaesthetic/surgery and the patient's dependency level been taken into consideration?**

PCC STANDARDS AND RECOMMENDED PRACTICE

Nursing Associates (NAs) should work towards and complete the mandatory units of the Skills for Health (2009-19) National Occupational Standard for the perioperative PHCA. Once completed there are optional continuing development units that should be obtained. When an NA is fulfilling the scrub role (directly supervised by a registered nurse or ODP [band 5 or equivalent]):

- **All swab, instrument and needle counts must be conducted with a registered nurse or ODP, who is a member of the scrub team. (AfPP 2016).**
- **The supervising registered nurse or ODP who has delegated the care must be present in the operating theatre for the duration of the operative procedure, as part of the surgical team.**
- **The supervising registered nurse or ODP must verify that the patient care record and other documentation have been completed satisfactorily by the NA.**

PCC considers that NAs undertaking the scrub role require the ability to be aware of the potential for sudden change in the patient's condition and/or procedure, and that the individual can recognise such changes and to respond with an appropriate and rapid response.

The principles of risk management must be applied to determine the range of procedures for which NAs may perform the scrub role. Registered nurses and ODPs are advised to consider the principles of risk assessment when making the decision to delegate a task to a PHCA.

The PCC welcomes the development of the NA as contributing to the versatility of the perioperative team, enhancing the role of the NA, and contributing to both patient and service needs within a clinical governance framework.

To maximise this role therefore the PCC requires:

- Employing organisations must develop a departmental policy that details agreed operative procedures to be undertaken by NAs. Such a policy should be developed within a clinical governance and risk management framework to ensure that the identified procedures are appropriate. It is expected that the Assistant Theatre Practitioner will be able to scrub for a range of cases within a specific speciality.
- The role is identified in the NAs individual job description/specification. Such actions will then ensure that the scrub role is clearly accepted as a mutually agreed activity of employment in relation to vicarious liability.

Table 1: The Surgical Care Team Role Boundaries [This is not intended to be an exhaustive list]

Roles and Responsibilities	Perioperative Healthcare Assistant	Assistant Theatre Practitioner	Registered Nursing Associate±	Registered Scrub Practitioner±
Establish and maintain a safe surgical environment	√	√	√	√
Participate in the Five Steps for Safer Surgery including the WHO safe surgery checklist	√	√	√	√
Circulate for a full range of cases.	√	√	√	√
Collection and preparation of specimens	√	√	√	√ **Accountable for labelling**
Application of tourniquet*	√**	√**	√**	√
Application of diathermy plate*	√**	√**	√**	√
Acting in the scrub role for approved procedures		√	√	√
Acting in the scrub role across a full range of cases			√	√
Assisting with patient positioning, including tissue viability assessment	√	√	√	√
Skin preparation and draping prior to surgery			√	√
Prepare medicines for administration by the operating surgeon (i.e. local infiltration)		√ **Under direct supervision**	√	√
Superficial skin and tissue retraction with cutting of superficial sutures				√
Application of non-invasive dressings as required and appropriate to speciality		√	√	√

± Who has completed a specific perioperative qualification
*May be completed by the registered anaesthetic practitioner (ODP or nurse) depending on local practice.
** Only where specific additional training has been undertaken and within identified scope of practice.

REFERENCES AND FURTHER READING

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Association for Perioperative Practice (2017) *Accountable items, swab, instrument, and sharps count (Poster) [online]http://www.afpp.org.uk/careers/Standards-Guidance [Accessed January 2020]*
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Perioperative Care Collaborative (2017) *National Core Curriculum for Perioperative Nursing*
Skills for Health (2009-19) *Perioperative care support units/Perioperative care surgical support units: information available from: www.skillsforhealth.org.uk/frameworks*

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 from professional organisations which represent those delivering care in the perioperative environment and is as follows:
Association for Perioperative Practice (AfPP)
Association of Anaesthesia Associates (AAA)
British Anaesthetic and Recovery Nurses Association (BARNA)
British Association of Day Surgery (BADS)
College of Operating Department Practitioners (CODP)
Independent Healthcare Providers Network (IHPN)
Royal College of Anaesthetists & Centre for Perioperative Care (RCOA & CPOC)
Royal College of Nursing Perioperative Forum (RCN)
Royal College of Surgeons Edinburgh (RCSEd)
Royal College of Surgeons of England (RCSEng)

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