Clinical focus supporting policy into practice

The Perioperative Care Collaborative

Position Statement

SURGICAL FIRST ASSISTANT

The SURGICAL FIRST ASSISTANT is the role undertaken by the registered practitioner who provides continuous, competent and dedicated surgical assistance to the operating surgeon throughout the surgery; Surgical First Assistants practice as part of the surgical team, under the direct supervision of the operating surgeon.

This Position Statement is a new document which supersedes the 2012 statement and reflects the evolution of the role of the Surgical First Assistant.

Key recommendations to ensure safe surgical practice

The PCC expects that any perioperative practitioner who undertakes the role of the Surgical First Assistant (SFA) must meet the key recommendations as follows:

- The role of the SFA should be undertaken by someone who has successfully completed a validated university programme of study that meets the nationally recognised standards (CODP 2018, AfPP 2016, CODP 2011), underpinning the knowledge and skills required for the role.
- The exact role of the SFA must be defined in the job description/person specification of the individual undertaking the role and supported by an organisational policy.
- SFAs must ensure that they have appropriate indemnity cover.
- The SFA's name and designation must be recorded within the perioperative documentation.
- The SFA should be rostered as an additional member of the perioperative team.
- The SFA scope of practice may be extended in line with service need but only following the successful completion of an appropriate certificated/credit-bearing award.

DUAL ROLE: Scrub Practitioner / SFA

The practitioner acting as Scrub Practitioner must be focused upon the management of the intraoperative care required by the patient and therefore 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 in minor surgery, then this must only be undertaken by a registered practitioner and the decision should be endorsed **by a policy** that fully supports this practice and should also be based on **a risk assessment** of each situation to ensure patient safety.

The policy and risk assessment should identify the skills, knowledge and competencies required and the category of surgery and situations for which the employing organisation determines the dual role as acceptable. If this is not in place, as part of an effective clinical governance framework, then scrub practitioners must **NOT** undertake SFA duties in a dual role.

Governance arrangements for the SFA role

The role of the SFA should be undertaken by someone who has successfully completed a validated university programme of study that meets the nationally recognised standards (CODP 2018, AfPP 2016, CODP 2011), underpinning the knowledge and skills required for the 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/person specification and contract of employment. In accordance with the requirements of their statutory regulator (HCPC 2016, NMC 2015) all SFAs must ensure they have appropriate indemnity cover to undertake the SFA role in the given setting. It is essential that there are clear clinical guidelines relating to the SFA role as these 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 scope of their employment.

The registered practitioner undertaking the SFA role is an additional member of the theatre team and as such the department must ensure that SFA support is scheduled and documented within the theatre list planning process. Employing organisations must support SFAs to access appropriate training and development to maintain clinical currency; this will support registered practitioners in maintaining their competence and developing their practice as part of their continued professional development, in accordance with the requirements of their statutory regulator.

Surgical First Assistants must **NOT** assume that a surgeon is automatically legally liable for the SFA's actions. The SFA maintains accountability for their own 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 must act in accordance with their professional responsibility to ensure their competency and fitness to practice; and must refuse to undertake any elements of the role if they believe they are not competent or are clearly identified as outside their individual scope of practice.

The following table is not an exhaustive list of all tasks undertaken by scrub practitioners and SFAs, nor is it a competency framework. The purpose of this table is to define the key boundaries between the remit of the registered practitioner in the scrub role and the surgical first assistant.

Table 1: The registered practitioner scrub and SFA role boundary

Roles and Responsibilities	Registered Scrub Practitioner	Surgical First Assistant
Assisting with patient positioning, including tissue viability assessment	√	√
Skin preparation and draping prior to surgery	√	√
Superficial skin and tissue retraction with cutting of superficial sutures	√	√
Handling of tissue and manipulation of organs for exposure or access		√
Nerve and deep tissue retraction (The SFA can only move or place retractors under the direct supervision of the operating surgeon)		√
Cutting of deep sutures and ligatures under direct supervision of the operating surgeon		√
Assisting with haemostasis in order to secure and maintain a clear operating field including indirect application of surgical diathermy by the surgeon		√
Use of suction as guided by the operating surgeon		√
Camera manipulation for minimal invasive access surgery		√
Application of dressings as required	√	√

SFA extended scope of practice

The PCC recognises and supports opportunities for SFAs to develop their scope of practice in accordance with service need and policies if required. This document aims therefore to reflect the development of the SFA role through the addition of further clinical skills and underpinning knowledge.

In order to undertake these additional skills, it is essential that the SFA has completed further appropriate education and training. This formal training should be delivered as part of a SFA university credit bearing course/ module and must include attendance of an approved surgical skills course, if the skills are not included as part of the module. It is highly recommended that best practice in the workplace should include a record / logbook of operative activity in addition to work based assessment of competency. This would form part of the practitioner's annual appraisal and professional revalidation. All risk assessments must be current and active, and all skills performed under the direct supervision of the operating surgeon.

Table 2: SFA extended scope of practice

	Surgical First Assistant Extended Scope of Practice
Administration of prescribed local Anaesthesia in superficial layers	√
Suturing of skin layers	√
Suturing and securing wound drains	√
Superficial haemostasis including surgical diathermy	√

REFERENCES

Association for Perioperative Practice 2016 **Surgical First Assistant Competency Toolkit** 3rd Edition, Harrogate, AfPP

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**, London, CODP

College of Operating Department Practitioners 2018 **Curriculum Document, Bachelor of Science (Hons) in Operating Department Practice - England, Northern Ireland and Wales; Bachelor of Science in Operating Department Practice - Scotland**, London, CODP

Health and Care Professions Council 2016 **Standards of conduct, performance and ethics** [online] http://www.hcpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics [Accessed April 2018]

Nursing and Midwifery Council 2015 **The Code: Professional standards of practice and behaviour for nurses and midwives** [online] https://www.nmc.org.uk/standards/code [Accessed April 2018]

Royal College of Surgeons of England 2011 **Position statement - Surgical assistants** [online] https://www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/rcs-position-statement-surgical-assistants [Accessed April 2018]

The Perioperative Care Collaborative

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 of Independent Healthcare Organisations (AIHO)
Association for Perioperative Practice (AfPP)
Association of Physicians' Assistants Anaesthesia (APAA)
British Anaesthetic and Recovery Nurses Association (BARNA)
British Association of Day Surgery (BADS)
College of Operating Department Practitioners (CODP)
Royal College of Anaesthetists (RCOA)
Royal College of Nursing Perioperative Forum (RCN)
Royal College of Surgeons Edinburgh (RCSEd)