Brighton and Sussex University Hospitals NHS Trust

Brighton and Sussex University Hospitals

Role Developments in the Operating Department; Surgical First Assistant policy

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Contents

1. Introduction

This policy underpins the educational framework and policy for those with the appropriate training and education to perform the first assistant role. This includes Surgical Care Practitioners, non-medical Surgical First Assistants, non-medical Surgical First Assistants with extended skills, and scrub practitioners who are required to undertake the dual role in defined circumstances.

1.1 Prior to health care policy changes in 2005, the role of 'first assistant' was predominantly a medical role where doctors provided surgical assistance to the surgeon. Following the implementation of the European Working Time Regulations junior doctors were not always available and as a consequence perioperative non-medical practitioners took on this role of 'first assistant'. This role became known as the 'Advanced Scrub Practitioner' (which was a nationally recognised qualification achieved through validated training at Level 6). In the 25 years since the Oxford Heart Centre in England appointed the first British nurse to be formally trained as a surgical assistant, the number of non-medical staff undertaking advancing surgical roles has increased in order to backfill the deficit of a surgical work force (Quick and Hall 2014).

In 2011 The Royal College of Surgeons of England (RCSE 2011) called for greater clarity in regards to the wide range of titles currently used by practitioners assisting in surgery, so as to ensure patient safety and staff. In 2012 the Perioperative Care Collaborative (PCC) released an update position statement which advised that the title, role and responsibilities of the role had been reviewed (PCC 2012). The PCC further updated their guidelines in April 2018 (PCC 2018). This policy has therefore been reviewed and updated to reflect the standards and recommendations as set out in the PCC's latest position statement.

The role title Advanced Scrub Practitioner has been changed to Surgical First Assistant (SFA), to ensure consistency. Within this policy the term SFA encompasses all current Advanced Scrub Practitioners within BSUH University NHS Hospitals Trust, and therefore the term 'SFA' will be used throughout. The SFA title will be used to describe those with part one and with extended skills (part two- suturing and wound closure) of the SFA qualification.

1.3 The SFA is a very different role to that of the scrub practitioner with very different responsibilities and accountabilities. Best practice advises that a registered practitioner undertaking the role of the SFA must be an additional member of the surgical team (not the perioperative team) with a clearly defined role and should NOT assume the additional duties of the scrub practitioner (PCC 2018), see section 6 for definitions and boundaries of roles. By assuming these additional responsibilities the SFA / scrub practitioner is said to be practising in a 'dual role'; this role also attracts different responsibilities and accountability. The PCC (2018) strongly advises that organisations that require practitioners to practice in the 'dual role' should endorse this decision by a policy that fully supports the practice and be based on a risk assessment to ensure patient safety. A local policy must also be in place that identifies the skills, knowledge and competencies required to undertake the role along with the categories of surgery for which the employing organisation determines the dual role as being acceptable.

1.4 There is an explicit distinction between a trained SFA, and a trained SFA with extended skills with regard to boundaries of practice(Section 6 identifies these boundaries). This

policy does not currently cover the role boundaries of the Surgical Care Practitioner, which is a Masters level qualification.

2. Purpose

2.1 To facilitate the efficient and safe working of the operating theatre (in relation to the lack of availability of medical first assistants) by providing validated training for non-medical staff performing the dual role and SFA role.

2.2 To provide clarity on the elements of assistance to the surgeon, acceptable within the definition of scrub practitioner role, dual role and SFA.

2.3 To ensure that non-medical practitioners undertaking the dual role and SFA role, understand their own accountability and responsibilities with respect of these roles.

2.4 To outline the competency standards required of scrub personnel to perform the dual role and SFA role

2.6 To demonstrate provision of quality care and a competent service

3. Definitions

3.1 Scrub Practitioner:

A scrub practitioner is a registered adult or child branch nurse or registered operating department practitioner (ODP), whose main responsibility is to manage the intra-operative care of the patient and to ensure a safe operating field and practice, predominantly:

- Anticipation and preparation of surgeon's requirements for instrumentation, sutures and swabs
- Tracking and accounting for all instruments, swabs and miscellaneous items used during surgery
- Ensuring that a sterile field is maintained

3.2 Surgical First Assistant and Surgical First Assistant with Extended Skills:

3.2.1 The SFA works within a Clinical Governance framework primarily during the intraoperative phase of the patient's care. Working as part of the operating theatre team, the practitioner provides skilled informed assistance to the operating surgeon.

3.2.2 The role of the SFA can be described 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 surgical intervention (PCC 2012 & 2018).

3.2.3. 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 underpinning the knowledge and skills required for the role (PCC 2018).

3.2.4 The role of the SFA does not include any activity for which they have not been trained or those that fall under the remit of the SCP (see section 6).

3.2.5 Some SFAs may be required to acquire Extended Skills. This requires attendance at an approved training programme, and further mentorship and training by a surgeon. The extended skills may include suturing to close incisions, direct application of diathermy, and other skills as required by the service and taught. As with all advanced roles, the SFA with extended skills must only practice within their sphere of competence.

The Dual Role:

3.2.6 The 'Dual Role' occurs when a perioperative practitioner (nurse / ODP) simultaneously delivers both scrub practitioner and SFA role whilst under the direct supervision of the surgeon. All perioperative practitioners are discouraged from taking on a dual role, because the ability to concentrate on each set of responsibilities may be compromised. Exceptions to this are outlined later in the policy.

4 Responsibilities, Accountabilities and Duties

4.1 Responsibility of the Trust Board.

4.1.1 To ensure that the Trust complies with this policy.

4.1.2 The Trust agrees that theatre practitioners who have undertaken appropriate SFA training may work in the role of Surgical First Assistant.

4.1.3 The Trust agrees that qualified SFAs and scrub practitioners who have successfully completed an appropriate SFA or dual role training programme may work in the capacity of "dual role" as defined in this policy and departmental appendices.

4.2 Responsibility of Divisional Managers

To ensure that the division for which they are responsible complies with this policy through review of registers held by departmental managers.

4.3 Responsibility of Departmental and Line Managers

4.3.1 To ensure that staff are aware of the policy through departmental communications.

4.3.2 To ensure that only staff qualified either as an SFA or who have successfully completed an in-house training programme for dual role undertake the dual role and new and existing staff receive appropriate information regarding training for SFA and dual role.

4.3.3 To ensure correct equipment and personal protective equipment is readily available and used appropriately.

4.3.4 To maintain an up-to-date register within their department that explicitly identifies SFAs and trainee SFAs and practitioners that may dual role.

4.4 Responsibility of individual Scrub Practitioners and SFAs

4.4.1 All scrub practitioners and SFAs must be aware of this policy and practice within this policy, with particular reference to the PCC position statement on Surgical Care Practitioners.

4.4.2 All Scrub Practitioners and SFAs must keep their practice up to date.

4.4.3 All Scrub Practitioners and SFAs must participate in on going education and mentorship roles.

4.4.4. All SFAs are encouraged to maintain a portfolio to demonstrate their ongoing professional development and competencies. This is of particular importance if undertaking Extended Skills in the SFA role.

5. Policy

5.1 Professional and clinical training / practice requirements

5.1.1 Following successful completion of the Band 5 (and/or Band 6) scrub practitioner competencies the scrub practitioner may:

- Assist with patient positioning including tissue viability assessment
- Assist with skin preparation prior to surgery
- Assist with draping
- Superficial skin and tissue retraction
- Handle instruments safely and appropriately
- Perform male / female catheterisation, as assessed competent to do so
- Cut visible sutures and ties
- Use and ensure maintenance of specialised surgical equipment relevant to area of working
- Assistance with superficial wound closure
- Apply dressings
- Transfer the patient to the recovery area, with the anaesthetist

5.1.2 The roles listed in 5.1.1 will only be undertaken in collaboration with and under the direct supervision of the operating surgeon.

5.2 Clinically the SFA may carry out (in addition to the roles listed in 6.1 and 6.2) the following:

1) SFA:

- Cutting of deep sutures and ligatures under direct supervision of operating surgeon
- Nerve and deep tissue retraction (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 the indirect application of surgical diathermy by the surgeon
- Use of suction as guided by the operating surgeon
- Camera manipulation for minimally invasive surgery
- Assistance with wound closure

2) SFA *with extended skills:*

- Maintaining haemostasis by knot tying and direct application of electro-surgical diathermy to tissue
- Application of cast bandages
- Superficial wound closure
- Fixation of surgical drains
- Local anaesthetic wound infiltration

5.3.6 The following are the remit of a Level 7 educated Surgical Care Practitioner, and therefore SFAs MAY NOT:

- Apply haemostats or ligaclips to vessels
- Suture any tissue (apart from superficial wound closure)

5.2 Dual Role

The 'Dual Role' occurs when a perioperative practitioner (nurse/ODP) simultaneously delivers both scrub practitioner and SFA role whilst under the direct supervision of the surgeon. All perioperative practitioners are discouraged from taking on a dual role, because the ability to concentrate on each set of responsibilities may be compromised. The RACH theatres do recognise that a dual role may be required out of hours,(Appendix 2)..

The Trust does not advocate the use of the dual role, unless this practice is endorsed by a local risk assessment and clarification within this policy. The organisation accepts that under certain circumstances, elements of the dual role may be required of the scrub practitioner. This may involve emergency procedures until further help and assistance has arrived. However, at no time should the scrub practitioner be required to undertake any activity that results in their prime responsibilities as scrub practitioner being compromised.

5.3 Professional and clinical training/practice requirements for Surgical First Assistant

5.3.1 The SFA must NOT assume that the surgeon is legally liable for the SFA; the SFA remains accountable for his or her own actions and therefore, MUST have a clear understanding of his or her professional accountability and responsibility. In the event that an SFA is questioned in a court of law the 'Bolam test' and the 'Wilsher case' would be applied in that he or she would have their standard of care measured against that of a medical practitioner.

5.3.2. The SFA must have a job description that clearly outlines his or her scope of practice, responsibilities and boundaries (see appendix 3 for example job description)

5.3.3. Scrub Practitioners who wish to train for and undertake this role must have reached a 'proficient' level of perioperative practice and have a minimum of one year operating theatre experience in order to gain access to the SFA training.

5.3.4 Scrub practitioners may only practice in the SFA role with the agreement of the theatre manager, the consultant surgeon and the patient – who must give consent to the surgeon performing their surgery and mentor when training.

5.3.7 The SFA retains the right to refuse to undertake any part of the role if he or she believes that it is outside of their scope of practice.

5.3.8 All SFAs must document his or her interventions within the patient's notes or integrated care pathway and sign as present in the operating register.

5.3.9 Once trained, the SFA is responsible for maintaining his or her competencies and required standards of practice. RACH practitioners are expected to follow the Core Practice Guidelines for SFAs.

6. Training Implications

6.1 All new theatre practitioners will undertake theatre competencies specific to their band. Existing staff will be competency assessed as required.

6.2 Perioperative practitioners wishing to undertake the SFA role must be a competent (practices independently without direct supervision) and experienced scrub practitioner.

6.3 SFA competencies can only be signed off by a mentor SFA and a consultant surgeon acting in the role as clinical supervisor of the trainee SFA

6.4 Theatre practitioners undertaking the SFA training must ensure that they have taken out a personal indemnity insurance policy, in order to complete practice hours outside of their contracted hours.

6.5 Dual role training programmes are specific to each theatre department. Perioperative practitioners who are not SFA trained but are required to undertake the dual role must have successfully completed a validated in-house dual role training programme.

6.6 Dual role competencies can only be signed off by a mentor SFA who is authorised to practice under this policy

7 Monitoring Arrangements

Measurable Policy Objective	***Monitoring / Audit Method***	***Frequency***	***Responsibility for performing monitoring***	***Where is monitoring reported and which groups / committees will be responsible for progressing and reviewing action plans***
Staff undertaking SFA role have had appropriate training	Theatre manager to retain evidence of staff training who undertake role	Ongoing	Theatre Managers	Perioperative Standards Forum

8 Due Regard Assessment Screening

As an NHS organisation, BSUH is under a statutory duty to set out arrangements to assess and consult on whether this policy and function impacts on equality. This policy does not discriminate against any groups on the basis of race, ethnic origin, nationality, gender, culture, religion or belief, sexual orientation, age, disability, gender identity, marriage/civil partnership status, pregnancy and maternity.

9 Links to other policies

Uniform and Dress Code Policy

Standard Principles of Infection Prevention & Control

Hand hygiene policy

Asepsis and Surgical Asepsis in the Operating Department

Accountable items, Swab, Instrument and Needle Check and Count Policy

Local Safety Standard for Prosthesis Verification

Local Safety Standard for Correct side surgery

Checking Pregnancy before Surgery

10 Associated Documentation

None

11 References

Bolam v Friern Hospital Management Committee case. 1957. English tort law. Bolam holds that the law imposes a duty of care between a doctor and his patient, but the standard of that care is a matter of medical judgement.

European Law. 1998. European Working Time Regulations. Information available from: https://www.bma.org.uk/advice/employment/working-hours/ewtd [Online; last accessed 12.10.17].

Quick and Hall 2014. Surgical First Assistant – Frequently asked questions. AfPP. Available from: *https://www.afpp.org.uk/filegrab/faqs-sfa-dual-role.pdf?ref=1929* [Online; last accessed 12.10.17].

Royal College of Surgeons of England. RCSE 2011. Position Statement – Surgical First Assistant. Available from: https://www.rcseng.ac.uk/library-and-publications/college-publications/docs/rcs-position-statement-surgical-assistants/ [Online: last accessed 12.10.17].

Royal College of Surgeons. 2017. *A Question of Balance; the extended surgical team.* https://www.rcseng.ac.uk/library-and-publications/college-publications/docs/question-of-balance/ [Online; last accessed 12.10.17].

The Perioperative Care Collaborative. 2012. Surgical First Assistant Position Statement. https://www.afpp.org.uk/filegrab/1sfa-position-statement-november2102-l-.pdf [Online; last accessed 12.10.17].

The Perioperative Care Collaborative. 2018. Surgical First Assistant Role Position Statement.https://www.afpp.org.uk/filegrab/sfa-position-statement-final-april-2018.pdf?ref=2181 [Online; last accessed 15.06.18].

https://www.afpp.org.uk/filegrab/sfa-position-statement-final-april-2018.pdf?ref=2181

Wilsher v Essex Area Health Authority case. 1988. *English* tort *law case* concerning the "material increase of risk" test for causation

Appendix 1 Due Regard Assessment

		Yes/No	Comments
1.	**Does the document/guidance affect one group less or more favourably than another on the basis of:**		
	• Age	No	
	• Disability	No	
	• Gender	No	
	• Gender identity	No	
	• Marriage and civil partnership	No	
	• Pregnancy and maternity	No	
	• Race	No	
	• Religion or belief	No	
	• Sexual orientation, including lesbian, gay and bisexual people	No	
2.	**Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?**	No	
3.	**If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?**		
4.	**Is the impact of the document/guidance likely to be negative?**	No	
5.	**If so, can the impact be avoided?**	n/a	
6.	**What alternative is there to achieving the document/guidance without the impact?**	n/a	
7.	**Can we reduce the impact by taking different action and, if not, what, if any, are the reasons why the policy should continue in its current form?**	n/a	
8.	**Has the policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)**		

If you have identified a potential discriminatory impact of this policy, please refer it to the Perioperative Lead Nurse, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Lead Perioperative Practice Educators or Perioperative Lead Nurse via trust email.

Appendix 2 : Departmental Dual Role Guidance

1. The Dual Role at Royal Alexandra Children's Hospital (RACH)

1. The children's hospital have a unique circumstance for the provision of the operating service out of hours, which requires this team to have a locally agreed training programme with competencies for this and undertaken and in-house training programme and has been signed off as competent by a mentor SFA to undertake the dual role for set procedures (see appendices).

The dual role will be performed specifically and uniquely by scrub practitioners who have completed a validated SFA course of training or who have completed the Band 5 (or/and Band 6) Theatre Practitioner competencies and an in-house competency based training that delivers specific dual role training delivered by an SFA. The children's theatre manager is responsible for ensuring that scrub practitioners undertaking any elements of the dual role have been appropriately trained and have been assessed against the agreed competencies

1.1 Current on- call staffing arrangements within the RACH do not allow for an SFA to be available when a medical first assistant is not, therefore scrub practitioners are required to fulfil the dual role when on-call and in certain circumstances.

1.2 Scrub practitioners remain accountable and responsible for their own actions and therefore must not undertake the dual role until fully competent to do so and provision is made within the job description.

1.3 Dual role scrub practitioners retain the right to refuse to undertake the dual role if they feel it is outside their scope of practice or would compromise their safe management of the intra-operative care of the patient or operating field

1.4 The dual role will be performed specifically and uniquely by scrub practitioners who have completed a validated SFA course of training or who have completed an in-house competency based training as per the Provision of assistance to the surgeon by advanced scrub practitioners, surgical first assistants and scrub practitioners undertaking the dual role policy. The theatre manager is responsible for ensuring that scrub practitioners undertaking any elements of the dual role, have been appropriately trained and have been assessed against the agreed competencies.

1.4 Dual role scrub practitioners must be fully competent in the following areas:

- Skin preparation prior to surgery
- Draping
- Skin and tissue retraction
- Handling of tissue and manipulation of organs for exposure or access
- Handling instruments
- Cutting of sutures and ties
- Assisting with haemostasis in order to secure and maintain a clear operating field
- Use of suction
- Indirect application of electro-cautery under supervision

- Use and maintenance of specialised surgical equipment relevant to area of working
- Assistance with wound closure (only if this does not prevent the scrub practitioner from carrying out appropriate closure counts)
- Application of dressing
- Transfer of patient to the recovery area

1.6 At RACH Dual role practitioners may only dual role for the following procedures:

- Appendicectomy
- Testicular exploration
- Groin surgery
- Suturing
- Minor fractures with open reduction and internal fixation (without nerve or circulatory damage /compromise)

1.7 Scrub practitioners are not permitted to perform in a dual role for major abdominal, compound open fractures or any neonatal surgery.

2. The Dual Role in the Dermatology theatres

The dermatology service also has a unique set of circumstances which requires the scrub practitioner to dual role. This is because the medical staffing template does not include provision of assistants. In this type of surgery, the scrub practitioners may assist under the direct supervision of the surgeon.

3. Dual Role in Neurosurgical Theatres

Due to the nature of on-call and out of hours emergency work, there may be occasions when a scrub practitioner is required to perform a dual role. The surgeons must not presume that the scrub practitioner is competent to dual role; this must be discussed prior to the procedure.

The Neuro Theatre Manager will develop a competency assessment tool, based on the Children's Hospital format.

For example, procedures may include:

Burr Hole (Not other cranial procedures)

Minor spinal procedures

4. Dual Role in the Sussex Eye Hospital (SEH) theatres

In SEH it is sometimes necessary for the person scrubbed looking after the instrument trolley to act as an assistant to the surgeon operating. This is necessary in the following forms of ophthalmic surgery:

- Squint surgery

- External Retinal surgery
- Minor Oculoplastic surgery.

This is necessary when there are no junior doctors available to do this.

The scrub practitioner undertaking this role must have been signed off as competent to do so and be under the supervision of the Ophthalmic Surgeon doing the operation. Because of the limited view and small nature of the area it will be the Surgeons responsibility to place any instrument and instruct the Scrub Practitioner how to hold the instrument, and in which direction any pulling is needed and any suture to be cut.

A competency signed off by the clinicians is the only document that justifies the person being able to assist. Each specialist needs to sign this to cover the areas of surgery where this assistance is justified.

5. The Dual Role at Princess Royal Hospital (PRH), Royal Sussex County Hospital (RSCH) Theatre Level 5 and Day Surgery Unit

Current Arrangements and Ways of Working

Following successful completion of the Band 5 (experienced) Theatre Practitioner competencies and/or Band 6 Senior Theatre Practitioner competencies, the Theatre Practitioner will be competent to perform the following:

- Assist with patient positioning including tissue viability assessment
- Assist with skin preparation prior to surgery
- Assist with draping
- Handle instruments safely and appropriately
- Perform male / female catheterisation, as competent to do so
- Cut visible sutures and ties
- Application and use of suction
- Use and ensure maintenance of specialised surgical equipment relevant to area of working
- Apply dressings
- Transfer the patient to the recovery area

For Theatre Practitioners who have been deemed competent to carry out the dual role - by successfully completing a validated in-house dual role training programme, or a validated course - the following is a guide to possible procedures that may be suitable for a Theatre Practitioner to perform a dual role. The dual role will not be performed for any intra-abdominal procedures, or laparoscopic procedures.

General surgery minor hernia repair (no strangulation, no ischaemic bowel)

Minor sebaceous cyst / abscess

Orthopaedic / Trauma surgery Hand surgery / wrist surgery (where there is no nerve damage or vascular damage. Not compound open fractures)

- Head and Neck surgery - Tonsillectomy / Adenoidectomy
- Septoplasty / Antral Washouts / Functional Endoscopic Sinus Surgery (FESS)
- Minor ear surgery
- Dental surgery
- Breast surgery - all surgery except major (eg mastectomy), or reconstructive surgery
- Gynaecology / Obstetric surgery - Minor genitalia cysts / abscess / Minor vaginal anterior / posterior repair / Episiotomy, first or second degree tear
- Vascular surgery - minor varicose vein surgery / Minor toe amputation procedures
- Renal Access surgery- Fistula formation
- Urology surgery- minor testicular surgery / Male sterilisation / Circumcision / Minor external genitalia surgery

This is not an exhaustive list, but serves as a guide for those procedures which may be suitable for the Dual Role. The SFA should use the World Health Organisation (WHO) Team briefing to discuss the suitability of cases for Dual Role, or whether the SFA should concentrate solely on providing skilled assistance to the surgeon.

Appendix 3: Sample job description inclusion for SFAs

Conditions:

The practitioner will:

- At no time practice outside of those skills listed (see below).
- Remain under direct supervision of an appropriate and suitably qualified Medical or Surgical Care Practitioner whilst performing primary, secondary or other assistant duties.
- Ensure that all relevant personnel are aware of the practice and boundaries of practice undertaken by the Advanced Scrub Practitioner
- Ensure that appropriate means of informing patients of their remit of practice is in place.

Clinical skills remit (this should be made specific to the role i.e. dual role, SFA or SFA with extended skills, see section 6)):

Having successfully completed a nationally recognised SFA training / competency based in-house training (dual role only) programme the practitioner is competent to undertake the following duties under the direct supervision of the surgeon:

- Pre and Post-operative visits
- Apply dressings to surgical wounds
- Catheterise male and female patients
- Position the surgical patient
- Prepare the surgical site
- Drape the surgical site
- Provide assistance with tissue retraction, handling and surgical site exposure.
- Apply suction to the surgical site
- Handle surgical instruments as part of the surgical team
- Assist with suture and ligature management (non-invasive).
- Assist with surgical haemostasis
- Camera operate during basic Minimal Access Surgery

These amendments are subject to annual performance review.

Appendix 4: Booking procedure

For Theatre Practitioners who undertake an SFA role (when qualified, supported by the surgeon, or when training, supported by the surgeon and a mentor) the booking procedure is as follows:

It is the responsibility of the surgeon to ensure an assistant is available. Requests made to the Theatre Department for an assistant will be dealt with promptly. It may not always be possible for the Theatre Department to provide an assistant.

1. Surgeon requests a SFA at least 24 hours in advance of case, ideally 7 days in advance
2. The theatre manager/person in charge identifies and allocates an appropriate SFA if available,
3. Surgeon informed of decision, and procedure goes ahead.

However, if a SFA is not available, the requesting surgeon should be informed, and an alternative assistant identified by surgeon for the operation to proceed.

The attendance of all SFAs must be recorded in the Theatre register