

Policy for the Surgical First Assistant Role

Department / Service:	Countywide Operating Theatres
Originator:	Education & Training Facilitator Theatres
Accountable Director:	Clinical Director for Theatres & Anaesthetics
Approved by:	Theatres, Anaesthetics, Critical Care and Sterile Services Governance Group.
Date of approval:	15 th April 2026
Revision Due:	15 th April 2029
This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Countywide Operating Theatres
Target staff categories	All Theatre Staff.

Policy Overview:

This policy provides guidance and recommendations for the role of the **Surgical First Assistant (SFA)** within Worcestershire Acute Hospitals NHS Trust.

The SFA is a registered practitioner who provides continuous, safe, and competent surgical assistance to the operating surgeon as part of the surgical team.

The policy outlines the required education, competencies, scope of practice, governance, and accountability, to ensure safe, consistent, and high-quality perioperative care.

Key amendments to this Document:

Date	Amendment	By:
April 2023	New document approved	Anaesthetics and Theatre Governance Meeting
March 2026	Document reviewed and updated.	Theatres, Anaesthetics, Critical Care & Sterile Services Governance Group

Contents:

1. Introduction
2. Scope of this Document
3. Fundamental Requirements for the SFA Role
4. Dual Role Considerations
5. Governance and Professional Accountability
6. Core Clinical Functions of the SFA
7. Development of Extended Practice
8. Documentation and Record Keeping
9. Monitoring and Compliance
10. References and Supporting Guidance

10.1 Equality requirements

10.2 Financial Risk Assessment

10.3 Consultation Process

10.4 Approval Process

Supporting Documents

Supporting Document 1	Equality Impact Assessment
Supporting Document 2	Financial Risk Assessment

Appendices

Appendix 1 - The Perioperative Care Collaborative Position Statement SFA.

1. Introduction

The Surgical First Assistant (SFA) is a registered practitioner who provides continuous, safe, and effective support to the operating surgeon throughout surgical procedures. Working as part of the wider surgical team, the SFA always remains under the direct supervision of the surgeon (PCC, 2018; RCS, current).

This policy outlines how the SFA role is applied within Worcestershire Acute Hospitals NHS Trust (WAHT), ensuring alignment with national guidance and professional standards (AfPP, 2023).

2. Scope of this Document

This document sets out the requirements for undertaking the SFA role within WAHT. It covers education, competence, accountability, indemnity, clinical scope, and governance.

The policy supports safe and consistent practice in line with nationally recognised perioperative and regulatory standards (PCC, 2018; AfPP, 2023; HCPC, 2024; NMC, 2018).

3. Fundamental Requirements for the SFA Role

Based on national guidance (PCC, 2018; AfPP, 2023), practitioners undertaking the SFA role should:

- Have completed a university-accredited programme that provides the knowledge and technical skills needed for first assisting.
- Have the SFA role clearly described in their job description and supported by organisational policy.
- Maintain appropriate professional indemnity (HCPC, 2024; NMC, 2018).
- Ensure their role and designation are recorded in the perioperative documentation.
- Be rostered as an additional member of the theatre team rather than replacing the scrub practitioner.
- Only extend their scope of practice following completion of further approved education and governance approval.

4. Dual Role Considerations

The primary responsibility of the scrub practitioner is patient care during surgery. Therefore, taking on SFA duties simultaneously is not standard practice (PCC, 2018; AfPP, 2023).

Where service needs require a dual role in limited, low-risk procedures, this should only occur if:

- The practitioner is appropriately competent.
- The practice is supported by an approved Trust policy and governance process.
- A case-by-case risk assessment ensures patient safety.
- The procedures, competencies, and circumstances are clearly defined.

If these safeguards are not in place, dual role working must not take place.

5. Governance and Professional Accountability

To maintain safe practice, the SFA should only undertake duties when supported by an organisational policy. The role must be included in employment documentation and scope of

practice. Practitioners must adhere to updated HCPC standards and hold appropriate indemnity (HCPC, 2024; NMC, 2018).

The SFA should be planned and documented as an additional team member during theatre list preparation. Ongoing education, supervision, and professional development must be supported by the organisation. SFAs remain accountable for their decisions and actions, and any activity outside competence or authorised scope must be declined and escalated (PCC, 2018; AfPP, 2023; HCPC, 2024; NMC, 2018; RCS, current).

6. Core Clinical Functions of the SFA

With appropriate training and competency assessment, the SFA may assist the surgeon in tasks such as patient positioning, site preparation and draping, superficial tissue retraction, supporting exposure, managing deeper retraction under direct instruction, cutting deeper sutures or ligatures when directed, assisting with haemostasis, using suction or minimally invasive camera control, and applying dressings (PCC, 2018; AfPP, 2023).

These activities clearly differentiate the SFA role from the scrub practitioner.

7. Development of Extended Practice

The SFA role may be expanded where service needs require and robust governance, education, and competency assessment are in place (PCC, 2018; AfPP, 2023). Prior to undertaking extended skills, the SFA must complete additional accredited education, undertake supervised workplace practice and competency assessment, maintain a procedural log, and perform new skills only under appropriate supervision and current risk assessment.

Examples of extended practice may include superficial local anaesthetic administration, skin closure, securing drains, and limited superficial haemostasis where these are authorised locally.

8. Documentation and Record Keeping

The SFA's identity and role must be recorded in perioperative documentation. Evidence of competence, education, and scope of practice must be maintained in accordance with professional regulation. Practice should align with Trust governance processes and national professional standards (PCC, 2018; AfPP, 2023; HCPC, 2024; NMC, 2018; RCS, current).

9. Monitoring and Compliance

Theatre leadership teams are responsible for implementing this policy. All staff must comply with the requirements outlined. Education and competency assurance will be monitored through recruitment, development, and appraisal processes. Any incidents or concerns must be reported through the Trust incident reporting system (AfPP, 2023; HCPC, 2024; NMC, 2018).

10. References and Supporting Guidance

- Association for Perioperative Practice (AfPP) (2023) *SFA Competency Toolkit*.
- College of Operating Department Practitioners (CODP) (2019) *Standards for Operating Department Practitioners*.
- Health and Care Professions Council (HCPC) (2024) *Standards of Conduct, Performance and Ethics; Standards of Proficiency for ODPs*.
- Nursing and Midwifery Council (NMC) (2018) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*.
- Perioperative Care Collaborative (PCC) (2018) *Surgical First Assistant Position Statement*.
- Royal College of Surgeons of England (RCS), current – SFA role guidance.

Note: The NMC is reviewing the Code and revalidation framework, with updates expected in 2027. (nmc.org.uk)

10.1. Policy Review

This policy will be reviewed every two years. Revisions may be made ahead of the review date when procedural updates are required. Where revisions significantly alter the overall policy, the author must ensure the updated document undergoes the standard consultation, approval, and dissemination processes.

10.2. Approval process

This document has been submitted to the following committees for approval:

Division	Committee / group
Women & Children’s Division	Obstetric Clinical Governance Committee.
Surgery	Clinical Governance Committee.
SCSD	SCSD Management Meeting.
SCSD	Theatres, Anaesthetics, Critical Care & Sterile Services Governance Meeting.

10.3. Equality requirements

See Supporting Document 1.

10.4 Financial risk assessment

See Supporting Document 2.

Supporting Document 1 - Equality Impact Assessment Tool
Equality and Health Inequalities Impact Assessment (EHIA) Tool
Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form

Please read HEIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust	
Other (please state)			

Name of Lead for Activity	Rebecca Price, Countywide Theatres Quality & Governance Team Leader.
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Rebecca Price	Countywide Theatres Quality & Governance Team Leader.	rebecca.price9@nhs.net
Date assessment completed	11/06/2026		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Policy for the Surgical First Assistant Role.			
What is the aim, purpose and/or intended outcomes of this Activity?	The policy provides guidance and recommendations for the role of the Surgical First Assistant (SFA) within Worcestershire Acute Hospitals NHS Trust. It also outlines the required education, competencies, scope of practice, governance, and accountability, to ensure safe, consistent, and high-quality perioperative care.			
Who will be affected by the development & implementation of this activity?	✓ ✓ <input type="checkbox"/>	Service User Patient Carers	✓ <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____

	<input type="checkbox"/>	Visitors	<input type="checkbox"/>
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?		
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	<ul style="list-style-type: none"> • Association for Perioperative Practice (AfPP) (2023) <i>SFA Competency Toolkit</i>. • College of Operating Department Practitioners (CODP) (2019) <i>Standards for Operating Department Practitioners</i>. • Health and Care Professions Council (HCPC) (2024) <i>Standards of Conduct, Performance and Ethics; Standards of Proficiency for ODPs</i>. • Nursing and Midwifery Council (NMC) (2018) <i>The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates</i>. • Perioperative Care Collaborative (PCC) (2018) <i>Surgical First Assistant Position Statement</i>. • Royal College of Surgeons of England (RCS), current – SFA role guidance. 		
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Not required because this policy is based on national standards and guidance.		
Summary of relevant findings	As above.		

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex		✓		
Sexual Orientation		✓		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

Section 4



What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A	N/A	N/A	N/A
How will you monitor these	N/A			

actions?	
When will you review this HEIA? (e.g in a service redesign, this HEIA should be revisited regularly throughout the design & implementation)	Upon review of the policy.

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

- 1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation
- 1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
- 1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing HEIA	Rebecca Price 
Date signed	11/06/2026
Comments:	
Signature of person the Leader Person for this activity	Rebecca Price 
Date signed	11/06/2026
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources.	No
2.	Does the implementation of this document require additional revenue?	Some costs to surgical divisions to backfill whilst theatre staff undertake this role.
3.	Does the implementation of this document require additional manpower?	Will need some backfill whilst individuals undertake the SFA role.
4.	Does the implementation of this document release any manpower costs through a change in practice?	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff?	Costs for the completion of the SFA module.
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Appendix 1 - The Perioperative Care Collaborative Position Statement SFA.



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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.



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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)



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