Trust Policy	Worcestershire Acute Hospitals NHS Trust

Policy for the Surgical First Assistant Role

Department / Service:	Countywide Operating theatres
Originator:	Andy Fryer, Education & Training Facilitator Theatres
Accountable Director:	TBC
Approved by:	Anaesthetics and Theatre Governance Meeting
Date of approval:	19th April 2023
First Revision Due: **This is the most current document and should be used until a revised version is in place**	19th April 2026
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Operating theatres
Target staff categories	All Theatre Staff

Policy Overview:
This document aims to provide guidance and recommendations of practice to ensure competence as a skilled practitioner. **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.

Key amendments to this Document:

Date	Amendment	By:
April 2023	New document approved	Anaesthetics and Theatre Governance Meeting

Contents page:

1. Introduction

The role of Surgical First Assistant is the role undertaken by the registered practitioner who provides continuous, competent and dedicated surgical assistance to the operating surgeon throughout surgery.
SFA's are part of the surgical team under the direct supervision of the operating surgeon.
Where a 'dual role' is required in minor surgery this must be risk assessed for each individual situation to ensure patient safety.

2. Scope of this document:

This policy sets out the requirements that are necessary to perform in the role of Surgical First Assistant. As well as providing guidance and recommendations for training and practice.

3. Definitions

Theatre Scrub Practitioner - Any qualified nurse or Operating Department Practitioner trained in theatre practice and is assessed and acknowledged as competent to routinely and regularly act as a 'scrubbed person' for surgery.

First Assistant – The theatre practitioner assisting the surgeon in place of a doctor (Maybe first or second assistant depending on the need for one or two assistants)
The registered nurse or ODP will have completed a validated university programme of study that meets nationally recognised standards (CODP2018, AfPP 2016, CODP 2011)

Dual Role – A role where the scrub practitioner can provide limited assistance to the operating surgeon without assuming the duties of a SFA and without compromising their primary role as a scrub practitioner.

4. Surgical First Assistants roles and responsibilities:

The SFA will be required to take appropriate action to attain the roles and responsibilities laid down by the Perioperative Care Collaborative (PCC) position statement and the Royal College of Surgeons (Table 1) and the expectation of the Trust stated within this policy.

Maintaining competence and undertake any refresher training as necessary.

Maintaining a logbook of the cases with which they have been involved as a SFA. They must be willing to surrender this to the Trust when requested.

The SFA can transfer their skills to new specialities following agreed educational development support.

The Surgical First Assistant is a separate role to that of a Scrub practitioner and as such should be staffed by a separate individual. It is not possible to act as a Surgical First Assistant and a Scrub Practitioner at the same time, unless the case has

been previously risk assessed and agreed through the divisional management team with input from the theatre matron and senior surgical team leaders

In an emergency situation it will be acceptable for the scrub practitioner to undertake assisting duties that maybe outside of this scope of practice. This is to secure patients safety whilst awaiting for appropriate additional resource to be found.
This will include sudden and unexpected bleeding during elective surgery and will require the practitioner to assist in controlling the bleeding. If the bleeding becomes persistent additional assistance must be immediately sought.

According to the Perioperative Care Collaboration statement the Surgical First assistant will be able to assist within the following areas:

- 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
- Male/Female urethral catheterisation- providing training has been provided and evidence of competency can be demonstrated

There are certain actions that the SFA should not be allowed to undertake and these will include:

- Nerve and deep tissue retraction (unless under direct supervision)
- Suturing of skin or any other layers

- Direct application of electro surgical diathermy to tissues
- Applying haemostats

The SFA's name and designation must be recorded within the perioperative documentation. .

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.

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

Surgical First Assistants should 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.

5. Monitoring & compliance (responsibilities)

The Theatre manager and Senior Team leaders are responsible for ensuring that all staff follow the guidance set out in this policy

All individual WAHT staff are responsible for adherence to this policy.

Recruitment & Development Leads will ensure the standard of the first assisting in theatres adheres to the policy

Reporting Arrangements will be the DATIX Incident Reporting System

Team Leaders will Audit compliance and report to Senior Team Leaders and Theatre Manager

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.

7. Training/Support

All Surgical First Assistants within WAHT will have undertaken a recognised degree level module in this area or equivalent and also be able to demonstrate maintenance of the required competencies before undertaking the role

The scrub practitioner and SFA must all accept responsibility for updating knowledge, skills and competence required in order to fulfil the role. Surgical First Assistants should keep an active logbook of cases for their professional records.

A knowledge and understanding of this process will form part of the induction competencies of all clinical staff.

8. References

Perioperative Care Collaboration Position Statement Surgical First Assistant. April 2018

Royal College of Surgeons Surgical care Team Guidance Framework 2016

Afpp Association for Perioperative practice 2016

CODP College of Operating department Practitioners 2019

9. Policy Review

This Policy with be reviewed every two years.
Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author must ensure the revised document is taken through the standard consultation, approval and dissemination processes.

9. Approval process

Governance leads for surgery , Medicine and Obstetrics, Senior Theatre Matron, Theatre Matron, Team leaders, Recruitment & Development Leads Theatre.

Appendix 1

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.

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 SF can only move of 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	✓	✓

10.1 Equality requirements

Equality assessment Supporting Document 1

10.2 Financial risk assessment

Financial risk assessment Supporting Document 2

Supporting Document 1 - Equality Impact Assessment Tool

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

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

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 SFA module £756
	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