



The Perioperative Care Collaborative POSITION STATEMENT

The provision of the non-medical
perioperative practitioner working as
first assistant to the surgeon



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Position statement

Role clarification – assessing the risks of the dual role

Setting the scene

Most perioperative practitioners are aware of the need for their roles to continually evolve and develop to meet the rapidly changing needs of the patient and the delivery of healthcare within the UK. This is particularly important as we strive to meet the implications of the European Working Time Regulations introduced in 1998 and the objectives of:

- **The NHS Plan: A plan for investment – A plan for reform in England** (Apr 2000)
- **Our National Health – a New Agenda in Scotland** (Dec 2000)
- **Improving Health – the NHS Plan for Wales** (Jan 2001)
- **Developing Better Services: Modernising Hospitals and Reforming Structures in Northern Ireland** (June 2002)

Many organisations, such as the Changing Workforce programme in England, have recognised the many talents that staff within the perioperative multi-disciplinary team bring to patient care. This recognition has prompted skill mix reviews and the introduction of new ways of working so that patients receive the care they need as soon as possible. Although the development of the non-medical practitioner as first assistant to the surgeon is not a new role, it is indeed firmly established in many operating theatre departments, the Perioperative Care Collaborative recognises that practitioners working in these roles require clarification of the expectations and implications of the role, in particular the legal and ethical implications of undertaking the dual role.

The Perioperative Care Collaborative therefore recognises that non-medical practitioners have acted as first assistant during procedures carried out when surgical assistance is not available from medical staff or during specific surgical procedures where access is limited. The aim of this position

statement is to ensure that practitioners undertaking such roles are informed of the associated risks of taking on such roles. Whilst there is no precedent in law, non-medical practitioners must be aware that when functioning as a first assistant they would in law be held to the standard of care expected from medical staff.

Definition: Advanced Scrub Practitioner

In January 2003, the Perioperative Care Collaborative reviewed the role of the non-medical perioperative practitioner working as first assistant to the surgeon and have re-defined the role and job description title of the first assistant to that of **ADVANCED SCRUB PRACTITIONER**. This new title reflects the NHS Lifelong Learning Strategy (Skills Escalator) developed by the Department of Health and acknowledges that practitioners undertaking advanced roles such as first assisting are 'expert practitioners'. The new advanced scrub practitioner title, which will replace the first assistant title, will also assist those agencies completing the job profile evaluation exercise for specialist theatre practitioners currently being undertaken as part of the Agenda for Change proposals.

The advanced scrub practitioner (first assistant) works within a clinical governance framework primarily during the intra-operative phase of the patients' care. Working as part of the operating room team, this practitioner provides skilled informed assistance to the operating surgeon.

The term advanced scrub practitioner can be defined as the role undertaken by a health care practitioner providing competent and skilled assistance under the direct supervision of the operating surgeon while not performing any form of surgical intervention. The advanced scrub practitioner should not be applying direct electrodiathermy to body tissues, apply haemostats or ligaclips to vessels, or apply cast bandages or

suture skin or any other tissue layers. Such tasks are the remit of a surgical assistant not the advanced scrub practitioner.

The Perioperative Care Collaborative recommends that the advanced scrub practitioner undertaking this role should have demonstrable comprehensive skills, competencies and underpinning knowledge beyond the standard level expected of a newly qualified theatre practitioner. Therefore registered practitioners are expected to produce evidence of lifelong learning within the perioperative field before undertaking a validated programme of study for this role.

The Perioperative Care Collaborative recommends that the role of advanced scrub practitioner must be undertaken by a competent practitioner who has received recognised training in this role, which may be in-house or through externally validated sources. The Perioperative Care Collaborative, whilst acknowledging that access to validated training in this role is limited, recommends that employing organisations ensure that the opportunity for validated training is facilitated for practitioners undertaking the advanced scrub

practitioner role. This will ensure that quality patient care is paramount and contribute to the provision of a standard of assistance to the surgeon that will achieve an optimal outcome for the patient.

The dual role

The Perioperative Care Collaborative recommends that a practitioner undertaking the role of the advanced scrub practitioner must be an additional member of the surgical team. The advanced scrub practitioner is a clearly defined role that must not be undertaken at the same time as the scrub role. The practitioner acting as scrubbed assistant must manage the intra-operative care required by the patient and must not assume additional duties of the advanced scrub practitioner.

The non-medical practitioner must never assume that a surgeon is automatically legally liable for the actions of a non-medical practitioner when functioning as an advanced scrub practitioner. The law states that whoever provides the care is responsible for the care given. Perioperative practitioners must maintain accountability for their

Advanced Scrub Practitioners specification

The specification/duties of the advanced scrub practitioner may include but are not limited to:

- enhancing communication link between theatre, patient and ward, including pre-operative assessment and post-operative care evaluation.
- assisting with patients' positioning, including tissue viability assessment
- skin preparation prior to surgery
- draping
- skin and tissue retraction
- handling of tissue and manipulation of organs for exposure or access
- handling instruments
- male/female catheterisation
- cutting of sutures and ties
- assisting with haemostasis in order to secure and maintain a clear operating field
- use of suction
- indirect application of electrocautery under supervision
- camera holding for minimal invasive access surgery

- use and maintenance of specialised surgical equipment relevant to area of working
- assistance with wound closure
- application of dressing
- transfer of patient to post anaesthetic care unit

The Perioperative Care Collaborative recommends that all advanced scrub practitioner interventions be documented within the patient's notes or integrated care plan.

actions as according to their relevant Professional Codes of Conduct. They must always act to identify and minimise any risk to patients and maintain their duty of care to the patient. Therefore they must retain the right to refuse to undertake the role of the advanced scrub practitioner if they believe they are not competent to take on this role.

Strategic planning

The Perioperative Care Collaborative recommends that the role or practice development of the non-medical practitioner undertaking the role of the advanced scrub practitioner should be planned for strategically by employing organisations.

Non-medical practitioners must not undertake the role of advanced scrub practitioner until the relevant organisation has a policy in place to support this clinical practice and the individual concerned has this expanded role specified within their job description and contract of employment. If the employing organisation accepts that the dual role is necessary due to the lack of availability of a medical first assistant this must be clearly identified in a local departmental policy. This policy should identify the skills, knowledge and competencies required to undertake the role and the category of surgery and situations for which the employing organisation determines the dual role as being acceptable. If this structure is not in place as part of an effective clinical governance framework then practitioners must not undertake either the advanced scrub practitioner or dual role.

These guidelines are crucial in determining the vicarious liability owed by an employer if the employer is to be responsible for any acts or omissions of the employee undertaking this role.

Finally, to maintain public trust and confidence, the Perioperative Care Collaborative recommends as good practice, that patients are informed where practitioners other than those traditionally involved in delivering the care are being utilised.

References

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The Perioperative Care Collaborative

The Perioperative Care Collaborative is a new perioperative organisation launched 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 includes the National Association of Theatre Nurses (NATN), the Royal College of Nursing Perioperative Forum (RCN), National Association of Assistants in Surgical Practice (NAASP), Association of Operating Department Practitioners (AODP), British Association of Anaesthetic and Recovery Nurses (BARNA), and the Independent Healthcare Association (IHA).

The Perioperative Care Collaborative has formulated the above guidance for all practitioners working in the perioperative environment.