The Surgical First Assistant

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Session objectives

- To provide delegates with an understanding of the three levels of surgical assistance
- To explore the paperwork needed to establish a Surgical First Assistant Post
- To outline the current educational pathways
  - Costs
  - Tools
What do you mean you have to go to the ward NOW!!
Perioperative Care Collaborative

- RCN perioperative forum
- AfPP
- College of Operating Department Practitioners
- British Association of Day Surgery
- Independent Healthcare Advisory Service
- British Anaesthetic and Recovery Nurses Association
- +/- co-opted members from other healthcare groups
- +/- observers from other healthcare groups
Levels of surgical assistance as outlined by the PCC

- **Scrub Practitioner**
  - Risk assessed minor cases only

- **SFA**
  - Risk assessed
  - Role specific Job Description
  - Non interventional assistance

- **SCP**
  - Risk Assessed
  - Role Specific Job Description
  - Masters Level education
  - Interventional Assistance
  - Delegated elements of pre & post operative care
Surgical First Assistants (SFAs)

‘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 form of surgical intervention’

Perioperative Care Collaborative 2012
The Perioperative Care Collaborative (PCC) (2012)

‘The PCC recommends that any perioperative practitioner who participates in the role of Surgical First Assistant (SFA) must have demonstrable comprehensible skills and an underpinning knowledge beyond the standard level of knowledge expected of a qualified perioperative practitioner.’
Establishing an SFA post requires:

- Risk assessment
- Robust management and supervisory structure
- Update of post-holders’ job descriptions
- Collaboration between professional groups
- Opportunities to maintain skills
  - Relating to area of registration
  - SFA specific
- Appropriate educational framework
- Clear structure for booking SFA services
- Opportunities for CPD
- Opportunities for skills assessment
Legal considerations

‘if such situations arise where a nurse [sic] is expected to undertake tasks for which she [sic] is not trained, this must ultimately be referred to nurse management. If this proves ineffective then the nurse may need to take advantage of the whistle blower’s protection’

Dimond 2015
Legal considerations (ii)

‘the standard of care of the SCP must be that of the medical role which she [sic] is replacing’

Dimond 2015
Education and Training

- NIL
- In-house courses
- In-house course with academic input from Higher Education Institutions (HEI)
- AfPP SFA toolkit
- AfPP SFA toolkit with academic input from HEI
- BSc in Operating Department Practice
History of the AfPP SFA Toolkit

- 2003 – Toolkit developed by the National Association of Assistants in Surgical Practice (NAASP)
- 2012 NAASP merged with AfPP
- 2012 Publication of the Perioperative Care Collaborative’s position statement on the Surgical First Assistant (SFA)
- 2013 AfPP published the Surgical First Assistant Competency Toolkit
Aims of the AfPP SFA Toolkit

- To facilitate patient safety by:
- Providing a training programme containing clinical and theoretical elements
- Providing a structured framework that will enable practitioners to build a portfolio of evidence
- Facilitating an understanding of legal and ethical conflicts and issues of professional accountability
- Providing an appreciation of risk assessment
- Exploring the delivery of evidence based care
The SFA toolkit is well constructed

The contents of the toolkit have given me confidence in the SFA role
The contents of the SFA toolkit supported my education & training needs

- Strongly agree: 36%
- Agree: 64%
- Neither agree nor disagree: 9%

My mentor & Clinical Supervisor found the toolkit easy to use

- Agree: 82%
- Neither agree nor disagree: 9%
- Strongly agree: 9%
Training Costs

- The AfPP SFA Toolkit
  - Members £100
  - Non members £130
  - TIME

- Academic modules
  - £1600
  - TIME
DELEGATION

It is the responsibility of the person delegating the task to ensure that the person to whom they are delegating is suitably:

- Trained
- Competent
- Sufficiently experienced to perform the task safely

It is the responsibility of the delegating practitioner to ensure that appropriate supervision is provided
Frequently asked questions

- Can an SFA suture wounds?
- Can an SFA inject local anaesthetic into post surgical wounds?
- Can an SFA operate orthopaedic power tools?
- Can a perioperative practitioner who is also an SFA ‘camera hold’ when scrubbed to pass instruments?
- Why not, if I as the consultant am willing to take responsibility?
The SFA & 7 – day working

- SFAs remain part of the theatre team
- Conflict between staffing of the operating list and provision of surgical assistance
- Non interventional nature of the work
- Availability to free surgical trainees for learning opportunities
Take home message

- All institutions anticipating significant changes to their work pattern should strongly consider increasing its workforce of properly trained non medically qualified surgical assistants
- What will give you most ‘bang for your buck?
  - An SFA?
  - An SCP?
  - Both?
Association for Perioperative Practice, 2013. AfPP voluntary code of professional conduct for registered practitioners working in advancing roles. Harrogate: AfPP.
Bolam V Friern Hospital Management Committee (1957).
Bolitho V City and Hackney Health Authority (1997).