



ROLE:

Surgical First Assistant

ROLE DEFINITION

Surgical first assistants are registered healthcare professionals who provide continuous competent and dedicated assistance under the direct supervision of the operating surgeon throughout the procedure, while not performing any form of surgical intervention.

AREA OF PRACTICE

Primarily intraoperative work, although pre- and postoperative visits may also be part of the role.

OVERVIEW OF TASKS AND ACTIVITIES

- Improving communication between theatre, patient and ward.
- Involvement in the team completion of the WHO surgical safety checklist for all surgical interventions.
- Male and female urethral catheterisation.
- Assistance with patient positioning, including tissue viability assessment.
- Skin preparation prior to surgery and draping.
- Use and maintenance of specialised surgical equipment relevant to the area of their work.
- Handling of tissues and manipulation of organs for exposure or access under direct observation of the operating surgeon.
- Superficial and deep tissue retraction (NB. retractors should not be placed by the SFA but by the operating surgeon).
- Assistance with haemostasis to secure and maintain a clear operating field, including indirect application of surgical diathermy as directed by the operating surgeon (NB. activities such as application of direct electro surgical diathermy to body tissue, applying haemostats or ligaclips to vessels and cast bandaging are the remit of the surgeon, supervised surgical trainee or surgical care practitioners and not the SFA).
- Use of suctions guided by the operating surgeon.
- Camera and instrument manipulation under the direction of the surgeon during minimal access surgery (NB. camera insertion and application of instruments should be performed by the operating surgeon).
- Cutting of deep sutures and ligatures.
- Simple wound closure and skin suturing (see below *).
- Application of dressings.
- Assistance with the transfer of patients to the postoperative anaesthetic care unit.

SUPERVISION AND MANAGEMENT

- Clinical responsibility to the consultant surgeon once trained.
- Day-to-day work under the direction of the operating surgeon and the theatre management team.
- Line management as part of the theatre team.

AUTONOMY

- The surgical first assistant works under the direct supervision of a surgeon who must remain in theatre until surgery is completed.
- (*) SFAs are not allowed to undertake tasks considered to be surgical interventions. However, they are allowed to undertake skin suturing to close simple wounds provided they have received appropriate training and assessment (eg through the *Intercollegiate Basic Surgical Skills* course or through demonstrating competence at the same level).

TRAINING

- Successful completion of a nationally recognised programme of study. There are two training routes:
 - A university accredited programme, such as the College of Operating Department Practitioners' BSc in operating department practice. NB. Universities that offer accredited modules for SFAs must ensure that the programme offered follows the recommendations of the Perioperative Care Collaborative.
 - An in-house training package supported by the AfPP SFA Competency Toolkit.

ELIGIBILITY FOR ENTRY INTO THE TRAINING

- Registration as a healthcare professional (eg nurse, operating department practitioner or physiotherapist).
- 12 months of post-registration experience.
- Aptitude for clinical and operative practice.

PROFESSIONAL ACCOUNTABILITY

- Nursing and Midwifery Council, or Health and Care Professions Council, for their original, non-extended roles.
- It is recommended that SFAs follow the AfPP voluntary code of conduct for registered practitioners working in advanced surgical roles, as well as the codes of conduct and performance of their regulatory bodies.

BANDING

Band 5–7

FURTHER INFORMATION

Association for Perioperative Practice Surgical First Assistant Competency Toolkit