

Position statement for Advanced Clinical Practitioners and Physician Associates as the Surgical Assistant

There is well established guidance on the provision of non-medical assistance in the operating theatre for practitioners educated specifically for the role eg Surgical Care Practitioners (SCP) and Surgical First Assistants (SFA)(Royal College of Surgeons of England, 2018)(The Perioperative Care Collaborative, 2018). There can, however, be a lack of consistency in undertaking this important role which may result from rota problems, staff shortages and working time regulations. This is supported by a recent survey of surgeons across the UK undertaken by the Royal College of Surgeons of Edinburgh which demonstrated that 25% of surgeons were not satisfied by the level of assistance they received in theatre with 43% stating that a second assistant was not always available for major cases if required.

Although it is acknowledged that other advanced practitioner groups ie Advanced Clinical Practitioners (ACP) and Physician Associates (PA) in the surgical team work primarily out with the theatre environment, there is increasing evidence that they may be requested to undertake these additional duties. Nevertheless there needs to be firm guidance for these practitioners who may undertake the role of surgical assistant to ensure that there is no compromise with respect to patient safety but also recognise that a) this is not their primary role and these practitioners are being asked to fill gaps in service provision and b) the practitioner may not be a permanent member of the surgical team (eg PA) .

The following key recommendations are made to ensure safe surgical practice

The role of surgical first assistant by a PA or ACP should only be undertaken by a regulated practitioner (ACP) or PA on the managed voluntary register of the Faculty of Physician Associates who has completed

- A programme of study to Masters level at a higher educational institution (HEI)
- Undertaken the competency assessment aspects of the Association of Perioperative Practice (AFPP) SFA Toolkit
- Completion of an appropriate surgical skills course eg RCSEd Key Skills, Intercollegiate Basic Surgical skills

The provision of a job description of the PA or ACP which specifically includes the role of surgical assistant and for which there needs to be appropriate indemnity cover to support this

Documentation on the part of the operating team and surgeon to ensure that the Assistant's name, designation are recorded in the Patient's operation record.

Practitioners must maintain a logbook of operative activity and ensure the maintenance of the Patient's confidentiality.

Consideration should be given to the fact that although their duties as an assistant may be required intermittently that a) provision must be made for practitioners to ensure that their skills and knowledge are maintained by regular exposure to the perioperative environment and b) their CPD must take into account the perioperative expectations placed upon them.

Practitioners should work within a management framework which provides them with a Clinical Supervisor who is a medically qualified practitioner (ie surgeon) who will be responsible for competency assessment of surgical skills, documentation of their role in the operation record and making recommendations for future training or CPD activity. When necessary a mentor is appointed to ensure that basic skills such as scrubbing up and familiarity with surgical instruments are maintained.

Clinical aspects of the PA/ACP role

The PA or ACP undertaking the role of surgical assistant must therefore develop the knowledge and skills which can be acquired through the SFA toolkit and attendance at a surgical skills course. In relation to the practical skills, assessment of competence and capability by the clinical supervisor can be completed using the work based assessment (WBA) tool, Direct Observation of a Procedural Skills (DOPS) which allows the supervisor to record the level of supervision and level of competence achieved until the practitioner is deemed to be level 4 competent (ie unsupervised). In addition, however, the practitioner will need to recognise and understand the non technical skills associated with the theatre environment ie situation awareness, communication and teamwork. Courses eg PINTS run by RCSEd Faculty of Perioperative Care, have been specifically developed for advanced perioperative practitioners in surgery for this purpose.

These additional duties must also be included as part of the ongoing assessment and appraisal of the PA/ACP. A recent guidance document "Establishing common standards for CPD, Assessment and Appraisal for Medical Associate Professionals" (2019) by HEE may be a useful reference.

The practitioner will need to become familiar with the processes involved in the pre and postoperative assessment of the patient but more importantly be directly involved in the team completion of the WHO Surgical Safety Checklist which takes place within the operating theatre. In relation to the clinical aspects of the assistant role, the following provides a list of practical or behavioural skills which the practitioner must become competent in

- Patient positioning for different procedures but recognising the potential for complications which may occur (eg nerve compression, pressure sores etc)
- Skin preparation including indications and contraindications for different solutions.
- Assessment of tissue viability
- The practical aspects of draping and sterility for different procedures.

- Knowledge of surgical instruments and use of medical devices in accordance with the manufacturer's instructions including the maintenance of these specialised pieces of equipment
- Principles of surgical retraction including different types of retractor used and their potential for complications
- Assisting with haemostasis to include indirect application of diathermy, which must be based on a knowledge of the different modes of diathermy and its complications.
- Use of suction as guided by the surgeon
- Assisting with a running suture eg during the performance of an anastomosis and cutting of both deep and superficial sutures and ligatures
- Camera manipulation for minimally invasive surgery
- Assisting with wound closure and application of wound dressings.

Summary

This document provides guidance for the qualified PA or ACP who may be required to be first Assistant to the operating surgeon. It is recommended that the practitioner undertaking this role becomes familiar with the stages of the relevant surgical procedures including the potential for complications prior to the actual operation. Safe decision making in the assisting role can only be achieved after the practitioner has become competent in the various clinical aspects of the role.

References

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