



Clinical focus supporting policy into practice

# The Perioperative Care Collaborative Position Statement

## The Role of the Perioperative Healthcare Assistant in the Surgical Care Team

*CAVEAT: When reading this position statement the term 'perioperative healthcare assistant (PHCA)' replaces all previous terminology for support workers in the perioperative setting. The change in title is designed to reflect that this is a caring role within the specialist perioperative environment. The Perioperative Care Collaborative (PCC) defines a perioperative healthcare assistant as a non-registered staff member of the perioperative team.*

### INTRODUCTION

The aim of this position statement by the PCC is to set out the principles and guidance relating to both the PHCA scope of practice and their undertaking of delegated interventions and tasks in perioperative roles. Both employers and registered practitioners are required to ensure that patient safety is paramount. This should be a primary consideration when delegating roles to a PHCA, which should also comply with the regulatory standards. (NMC, 2018: Para 11; HCPC, 2016: Para 4). In England and Wales the Workforce Standards of the National Safety Standards for Invasive Procedures (NHSI, 2015) are an additional source of guidance.

The number of PHCAs employed within the National Health Service (NHS) and Independent Sector has increased rapidly in recent years across all elements of healthcare. The number of staff employed as PHCAs within perioperative teams has also increased and the PCC has recognised diversity in their roles and in the standards and quality of underpinning education and training. Furthermore, the PCC considers that PHCAs provide a valuable contribution to the multidisciplinary team and in the delivery of quality patient care in the perioperative environment.

The PCC considers that the Skills for Health (2009-19) 'National Occupational Standards for Support Worker and Assistant Practitioner – Theatres' are the benchmark core competencies that all training programmes must meet. These competencies provide a national standard and access to this training is available and recognised in all four countries of the UK. It is recognised that these competencies may be embedded within a formal educational course, for example a Foundation Degree (FdSc).

This Position Statement therefore outlines the principles of best practice in supporting the practice of the PHCA within the perioperative team. The PCC advocates that these principles should be acknowledged and recognised by all registered practitioners and adopted by all employing organisations, in line with local frameworks for clinical governance.

### ROLE

The PCC have recognised the following roles within the perioperative team which are included within the broad PHCA term used in this document [however it is recognised that different titles may apply at a local level]:

- Perioperative Healthcare Assistant - a generic role supporting care to patients during the perioperative journey with in the operating department.
- Assistant Theatre Practitioners who have successfully completed FdSc Assistant Theatre Practitioner (or recognised equivalents) course and are able to work within the scrub role.

Both roles will have a job description that clearly defines their role, responsibility and accountability. Their role and clinical activity will therefore be measured against this job description and as such it will become their 'scope of practice'.

## GENERAL PRINCIPLES

The PCC recognises that responsibility for the training of PHCAs rests with individual employing organisations. This has resulted in a wide variation in the quality and standards of training provided, and the PCC asserts that it is essential that there is parity in training for this key role.

*The PCC recommend that to promote public confidence, patient safety and clinical excellence, employing organisations must ensure that:*

- **PHCAs are competent for the role they undertake, having been trained and assessed in accordance with the requirements of the relevant National Occupational Standards for their role.**
- **PHCAs are provided with a detailed job description/specification/contract of employment outlining the parameters of their approved scope of practice.**
- **Each employing authority should define a list of approved procedures which can be undertaken by PHCAs in the scrub role.**
- **PHCAs are supervised by a Registered Nurse or ODP in the delivery of patient care tasks commensurate with their approved scope of practice.**
- **PHCAs are provided with instruction regarding the principles of vicarious liability, teamwork and delegation and the accountability owed to the patient and employer through civil, criminal and employment law.**
- **PHCAs must have undertaken human factors and non-technical skills training as part of the perioperative team.**
- **There is a registered scrub practitioner competent in the procedures being performed (nurse or ODP, Band 5 or equivalent) within the surgical team. It is not acceptable for the only registrant in the theatre to be the anaesthetic practitioner (CODP, 2018)**
- **There is an appropriate risk assessment completed for non-elective and potentially high-risk procedures to ensure that the individual undertaking the scrub role is able to respond to potential adverse events.**

## GUIDANCE FOR EMPLOYING ORGANISATIONS

The minimum underpinning knowledge and competence that the PHCA must demonstrate to perform the perioperative roles are in line with the relevant National Occupational Standards for Perioperative Care, and are assessed via formal qualification frameworks. The PCC requires that in-house programmes must have external validation or equivalence to the national occupational standards for the specific role undertaken.

To support the development of the role and the individual, whilst ensuring the standard of care provided the PCC requires:

- New starters successfully complete the care certificate within the probation period.
- The PHCA can evidence competency in their specific area of practice, for example the specific surgical speciality.
- Employers consider the availability of apprenticeship routes to support education and training.
- Employers aim to support a career development pathway for the individual via the annual appraisal process, this may include development towards ATP or supporting access to into pre-registration nursing/ODP courses.

The PCC considers the PHCA roles as central to the perioperative team and as such they should form part of the team allocation and planning process. The PCC therefore recommends that skill mix must be calculated at a level that ensures:

- An appropriate number of registered staff holding either a primary or post-graduate qualification on operating department practice are assigned (NATSSIPs, 2015)
- Optimisation of the quality of perioperative care,
- Promotion of the principles of risk management,
- Recognition of the demands that situational decision making generates, given the variance in patient dependency across perioperative settings.
- Appropriate delegation to and support of the perioperative healthcare assistant.
- That the Anaesthetic practitioner does not have another responsibility.
- A management framework that underpins the responsibilities associated with delegation.

## GUIDANCE FOR REGISTERED PRACTITIONERS

The PCC recognises that in the absence of a regulatory framework for PHCAs, registered practitioners are often uncertain of their responsibilities when delegating activities to a PHCA.

It is imperative that registered practitioners are fully aware that they retain professional accountability for the appropriateness of the delegation of care to the PHCA. This requirement is explicitly stated in both the HCPC Standards of conduct, performance and ethics (HCPC 2016) and the NMC Code (NMC 2018). PHCAs are however responsible for their actions in law and thus are accountable to the patient and to the employer.

The principles of delegation and the responsibilities of PHCAs and registered practitioners are clearly focussed when harm is judged to have been caused to a patient because of a perceived breach in the standard of care provided. In circumstances that have resulted in harm and where negligence is established, it is important to be aware that the appropriateness of the delegated activity will be examined to determine the associated liability.

## DELEGATION

Patient safety is paramount and the PCC is of the view that the responsibility for the overall management of the patient's care lies with the nominated registered nurse or ODP leading the team. It is important to note that when a registered nurse or ODP delegates a role to a PHCA, this registrant must be competent themselves in the delegated task and a member of the surgical team in the same theatre. The supervising practitioner must ensure they remain in the theatre and are present for key events, for example safety counts. It is not appropriate to combine this responsibility with any other role:

- The anaesthetic practitioner cannot supervise the PHCA as this compromises their primary responsibility to work with the anaesthetist and support the anaesthetic care of the patient.
- In obstetric theatres, the midwife with responsibility for the maternity care of the mother and baby cannot supervise the PHCA.

**The PCC therefore recommends that registered practitioners consider the following questions when delegating activities:**

- **Is there a rationale for delegating the task? Is it appropriate to delegate the task?**
- **Who is the most appropriate person to undertake this task?**
- **Is the activity to be delegated within the PHCA's approved scope of practice and supported by a job description and departmental policy?**
- **What training and education has the PHCA received to date? And has their competence been assessed in accordance with the National Occupational Standards?**
- **Are arrangements in place to ensure supervision of the PHCA worker by a registered practitioner in the surgical team and within the theatre throughout the delegated activity?**
- **Is the supervising practitioner competent themselves to carry out the role being supervised?**
- **Does the PHCA agree to accept the delegated task provided they have had the required training?**
- **Has attention been given to assessing the complexity of the task and the individual patient?**
- **Has the complexity of the anaesthetic/surgery and the patient's dependency level been taken into consideration?**

## PCC STANDARDS AND RECOMMENDED PRACTICE

PHCAs should work towards and complete the mandatory units of the Skills for Health (2009-19) National Occupational Standard for the perioperative PHCA. Once completed there are optional continuing development units that should be obtained. When a PHCA is fulfilling the scrub role (directly supervised by a registered nurse or ODP [band 5 or equivalent]):

- **All swab, instrument and needle counts must be conducted with a registered nurse or ODP, who is a member of the scrub team. (AfPP 2016).**
- **The supervising registered nurse or ODP who has delegated the care must be present in the operating theatre for the duration of the operative procedure, as part of the surgical team.**
- **The supervising registered nurse or ODP must verify that the patient care record and other documentation have been completed satisfactorily by the PHCA.**

PCC considers that PHCAs undertaking the scrub role require the ability to be aware of the potential for sudden change in the patient's condition and/or procedure, and that the individual is able to recognise such changes and to respond with an appropriate and rapid response.

The principles of risk management must be applied to determine the range of procedures for which PHCAs may perform the scrub role. Registered nurses and ODPs are advised to consider the principles of risk assessment when making the decision to delegate a task to a PHCA.

The PCC welcomes the development of the PHCA as contributing to the versatility of the perioperative team, enhancing the role of the PHCA and contributing to both patient and service needs within a clinical governance framework. In order to maximise this role therefore the PCC requires:

- Employing organisations must develop a departmental policy that details agreed operative procedures to be undertaken by PHCAs. Such a policy should be developed within a clinical governance and risk management framework to ensure that the identified procedures are appropriate. It is expected that the Assistant Theatre Practitioner will be able to scrub for a range of cases within a specific speciality.
- The role is identified in the PHCA's individual job description/specification. Such actions will then ensure that the scrub role is clearly accepted as a mutually agreed activity of employment in relation to vicarious liability.

**Table 1: The Surgical Care Team Role Boundaries** [This is not intended to be an exhaustive list]

Roles and Responsibilities	Perioperative Healthcare Assistant	Assistant Theatre Practitioner	Registered Nursing Associate±	Registered Scrub Practitioner±
Establish and maintain a safe surgical environment	√	√	√	√
Participate in the Five Steps for Safer Surgery including the WHO safe surgery checklist	√	√	√	√
Circulate for a full range of cases.	√	√	√	√
Collection and preparation of specimens	√	√	√	√ <b>Accountable for labelling</b>
Application of tourniquet*	√**	√**	√**	√
Application of diathermy plate*	√**	√**	√**	√
Acting in the scrub role for approved procedures		√	√	√
Acting in the scrub role across a full range of cases			√	√
Assisting with patient positioning, including tissue viability assessment	√	√	√	√
Skin preparation and draping prior to surgery			√	√
Prepare medicines for administration by the operating surgeon (i.e. local infiltration)		√ <b>Under direct supervision</b>	√	√
Superficial skin and tissue retraction with cutting of superficial sutures				√
Application of non-invasive dressings as required and appropriate to speciality		√	√	√

± Who has completed a specific perioperative qualification

\*May be completed by the registered anaesthetic practitioner (ODP or nurse) depending on local practice.

\*\* Only where specific additional training has been undertaken and within identified scope of practice.

## REFERENCES AND FURTHER READING

- The Association of Anaesthetists (2018)** *The Anaesthesia Team*
- Association for Perioperative Practice (2017)** *Accountable items, swab, instrument and sharps count (Poster)* [online]<http://www.afpp.org.uk/careers/Standards-Guidance> [Accessed January 2020]
- Association for Perioperative Practice (2014)** *Staffing for Patients in the Perioperative Setting (3<sup>rd</sup> Ed)* Harrogate, AfPP
- Association for Perioperative Practice (2016)** *Accountable Items, Swab, Instrument and Needle Count (Clinical Guideline 8.1) In Standards and Recommendations for Safe Perioperative Practice (4th Ed)* Harrogate, AfPP
- College of Operating Department Practitioners et al (2009)** *Staffing of Obstetric Theatres - A Consensus Statement (Online)* Available from: <https://www.unison.org.uk/at-work/health-care/representing-you/unison-partnerships/codp/> (Accessed September 2019)
- College of Operating Department Practitioners (2018)** *Guidance on local implementation of the National Safety Standards for Invasive Procedures (NatSSIPs) - Workforce Issues.* Available from: <https://www.unison.org.uk/at-work/health-care/representing-you/unison-partnerships/codp/>
- Health and Care Professions Council (2016)** *Standards of conduct, performance and ethics* London, HCPC Available from: [www.hpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics](http://www.hpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics)
- NHS Improvement (2015)** *National Safety Standards for Invasive Procedures*
- Nursing and Midwifery Council (2009)** *Record keeping: Guidance for nurses and midwives* London, NMC
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- Nursing and Midwifery Council (2018)** *Standards of Proficiency for nursing associates* London NMC Available from [www.nmc-uk.org/publications/standards](http://www.nmc-uk.org/publications/standards)
- Skills for Health (2009-19)** *Perioperative care support units/Perioperative care surgical support units: information available from:* [www.skillsforhealth.org.uk/frameworks](http://www.skillsforhealth.org.uk/frameworks)
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The PCC was formed 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** is from professional organisations which represent those delivering care in the perioperative environment and is as follows:

- Association for Perioperative Practice (AfPP)
- Association of Anaesthesia Associates (AAA)
- British Anaesthetic and Recovery Nurses Association (BARNA)
- British Association of Day Surgery (BADS)
- College of Operating Department Practitioners (CODP)
- Independent Healthcare Providers Network – NHS Confederation (IHPN – NHSConfed)
- Royal College of Anaesthetists (RCOA)
- Royal College of Nursing Perioperative Forum (RCN)
- Royal College of Surgeons Edinburgh (RCSEd)