

Guidance for the Assistant Practitioner role in perioperative support



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Overview

Assistant Theatre Practitioners (ATP) compliment the work of the perioperative team working with Surgeons, Anaesthetists and Registered Practitioners to ensure that every operative procedure is risk averse and patients are provided with safe, dignified and effective care. The ATP assists in patient care during surgery by supporting the multidisciplinary team in the perioperative care of the patient, under the supervision of a registered practitioner. The ATP as a scrub practitioner provides skilled assistance to the surgeon in the operating theatre within the sterile field.

The term 'skilled assistance' is limited to the handling of instrumentation, maintenance of the surgical field and completion of the necessary risk assurance processes associated with the operative procedure. The term 'skilled assistance' does not extend to activities associated with the role of first assistant/advanced scrub practitioner, (The Perioperative Care Collaborative (PCC 2015).

The Assistant Theatre Practitioner role

The Assistant Theatre Practitioner (ATP) role refers to a band 4 working within a health and social care setting who undertakes more advanced and complex skills and procedures beyond that of a traditional Support Worker or Health Care Assistant.

The role can be developed to meet the needs of both the service and service user demand, working within agreed protocols and be able to perform tasks previously only within the remit of Registered Practitioners.

The ATP completes a 2 year foundation degree in Health and Social Care (Assistant Practitioner) and will have a competency based portfolio. The portfolio includes a variety of evidence that relates to practice skills and competence, in addition to demonstrating the ATPs ability to link theory into practice.

The model within the North West is for the Trainee Assistant Practitioner (TAP) to attend University one day per week with the remainder of their training delivered via work based learning. Salary contributions are awarded to all commissioned places in addition to course fees being funded. The ATP role is clearly identified within Agenda for Change and The Skills for Health Career Framework, which supports the development of building capacity and capability within operating theatres.

Guidance for employing organisations

The Perioperative Care Collaborative (PCC, 2015) is of the view that the minimum underpinning knowledge and competence that the ATP must demonstrate in order to perform perioperative roles are in line with the Perioperative Care Support (PCS) national occupational standards developed by Skills for Health. These standards are recognised

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nationally in all four countries of the United Kingdom and can be embedded within the foundation degree (appendix 1).

In addition to the PCS standards which cover aspects of perioperative care such as circulating duties, the ATP in the “scrub role” must complete the scrub specific standards (PCS 13-18) in order to perform the scrub practitioner role.

The PCC considers that ATPs 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 scrub practitioner is able to recognise such changes and to respond with an appropriate and rapid response. It is for this reason that the PCC recommends that principles of risk management are applied to determine the range of elective procedures for which ATPs may perform the scrub role.

Such a risk assessment should be undertaken by the registered practitioner on each occasion that the scrub role is delegated to the ATP. This risk assessment should be undertaken in relation to the registered practitioner’s professional accountability and is in addition to the departmental risk assessments that should already have been undertaken prior to this role being introduced.

It is recommended that employing organisations develop a departmental policy that details agreed operative procedures to be undertaken by support workers. Such a policy should be developed within a clinical governance and risk management framework to ensure that the identified procedures are appropriate.

It is essential that this role is identified in the ATP’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. The PCC welcomes the development of the ATP as contributing to the versatility of the perioperative team, enhancing the role of the support worker and contributing to both patient and service needs within a clinical governance framework.

Recommendations for supervision and 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 registered practitioner.

It is important to note that when a registered practitioner delegates a role to an assistant practitioner, this registered practitioner should be a member of the perioperative team. The PCC recommends that the registered practitioner should directly supervise the ATP and that all delegated activities are within their scope of practice having been individually competency assessed against the appropriate national occupational standards.

Developments in practice

The scrub role

The PCC recommendations and guidance are an ideal starting point for those organisations looking to introduce the role for the first time and they provide a robust structure on which to base the ATP's scope of practice.

Organisations that have a vast experience of developing the role have however, over time found the guidelines to be rather restrictive as the role has evolved and they have utilised departmental policies within a clinical governance framework in order to develop the role to fully support their individual service needs.

Some organisations have gradually moved away from the set "basket" of cases within a job description approach and now assess the suitability of cases on an individual case by case basis against the identified PCS national occupational standards. This is however still limited to elective surgery only and no emergency or life or limb threatening surgery is included in their scope of practice.

For example, one organisation has moved to an individual competency based skills set approach, whereby each ATP keeps a scrub log and undergoes a rigorous assessment process involving observation in practice, experiential learning and reflective writing. They are allocated an experienced qualified mentor for the full two years of their training in order to provide a consistent approach to the assessment process.

Each individual practitioner therefore will have their own skills set which informs their scope of practice. They develop specific technical skills, have a high degree of technical proficiency and exercise a degree of autonomy within the remit of their role.

The ATPs at this Trust can now scrub for most cutting cases in all the specialities both in day surgery and in patient theatres.

Supervision

Several organisations have also found that the guidelines regarding the supervision of the ATP in the scrub role are too rigid from a practical point of view.

One organisation has developed a policy entitled "Delegation and supervision of the non-registered practitioner, whilst undertaking the scrub role"

The policy lays out clear guidance regarding competence, delegation and remote supervision allowing the registered practitioner to assess the level of supervision required for the ATP depending on the delegated activity. This allows the registered practitioner to leave the immediate perioperative environment once they have ensured that there is a clearly identified contact available in case of emergency.

Conclusion

The role of the ATP is a valuable asset in all surgical specialities and is a valued addition to the theatre team.

The introduction of the role has led to an increased flexibility of the workforce and also gives the theatre team enhanced stability and structure, by adding to the available skill mix within perioperative care.

The ATP is an established role in many organisations and while most have considered the PCC guidelines in developing the role, having the ability to adapt the recommendations using robust departmental policies has been instrumental in ensuring that the role can evolve over time and has made it the success it is today in many organisations.

References

Perioperative Care Collaboration (2015, May). RCN Library, Optimising the contribution of the perioperative support worker. Retrieved June 17, from Royal College of Nursing: <https://www.rcn.org.uk/library/subject-guides/perioperative-care>

Skills For Health. (2011). Perioperative care support units. Retrieved June 17, from <https://tools.skillsforhealth.org.uk>

Local Trust Policy (2010) surg/pol/005 Delegation and Supervision of the Non Registered Practitioner, whilst undertaking The “Scrub” Role.

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Appendix 1.

Skills for Health National Occupational Standards - Perioperative Care Support

Competency	Competency Number
Prepare for and transport patients to, within and from the perioperative care environment	PCS1
Contribute to the safe use of medical devices in the perioperative environment	PCS2
Assist in the support and monitoring of patients within the perioperative environment	PCS5
Measure and record patients' body fluid output	PCS6
Assist the registered practitioner in the delivery of perioperative patient care	PCS7
Carry out delegated activities in receiving, handling and dispatching clinical specimens	PCS10
Prepare and dress for scrubbed clinical roles	PCS13
Prepare surgical instrumentation and supplementary items for the surgical team	PCS14
Assist in the preparation of patients for operative and clinically invasive procedures	PCS15
Provide surgical instrumentation and items for the surgical team and maintain the sterile field	PCS16
Receive and handle clinical specimens within the sterile field	PCS17
Prepare, apply and attach dressings, wound supports and drains to patients	PCS18
Assist in the transfer and positioning of patients within the perioperative environment	PCS23
Perform the non-scrubbed circulating role for perioperative procedures	PCS24
Carry out delegated activities in the anaesthetic environment/Post Anaesthetic Care Unit (PACU)	PCS25
Promote effective communication	SCDHSC0031
Promote health, safety and security in the work setting	SCDHSC0032
Provide basic life support	CHS36

Visit [Skills for Health](#) to access further detail on knowledge and understanding, and performance criteria relating to these competency statements.