

The Perioperative Care Collaborative Position Statement

Optimising the contribution of the **PERIOPERATIVE SUPPORT WORKER**



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Position Statement

Optimising the contribution of the Perioperative Support Worker

CAVEAT When reading this position statement the term 'support worker' should be regarded as interchangeable with that of 'auxiliary' and 'health care assistant' (HCA). The Perioperative Care Collaborative (PCC) defines a healthcare support worker as a non-registered staff member of the perioperative team. However, the PCC is aware of ongoing discussions and a Department of Health consultation relating to the regulation of this group of staff and acknowledge that this definition may require review at a later date.

INTRODUCTION

The number of support staff employed within the National Health Service (NHS) and Independent Sector has increased rapidly in recent years across all elements of healthcare. As the number of staff employed as support workers within perioperative teams has increased, the PCC has observed diversity in their roles and in the standards and quality of underpinning education and training. Furthermore, the PCC considers that support workers provide a valuable contribution to the multidisciplinary team and in the delivery of quality patient care in the perioperative environment. However, the primary concern of the PCC remains focused on patient safety and protection, irrespective of the structure of the multi disciplinary team.

The PCC considers that the perioperative care support and perioperative care surgical support units of the National Occupational Standards, developed by Skills for Health, to be the most appropriate training programme for support workers employed within perioperative services. These units provide a national standard as access to this training is available and recognised in all four countries of the UK. Staff who have completed this training programme have obtained a validated qualification in the circulating role.

The above mentioned diversity may be attributed to a number of factors; including work that has been undertaken in the modernisation of the workforce, and changes in service needs. However, it is important to remember that at the time of writing, support workers are not yet regulated and this omission is of concern to the PCC in view of the role developments of this occupational group involved in direct patient care. This Position Statement therefore outlines the PCC's view as to the principles of best practice in the employment and utilisation of support workers. The PCC advocates that these principles should be recognised by all registered practitioners and adopted by all employing organisations, in line with local frameworks for Clinical Governance.

GUIDANCE FOR EMPLOYING ORGANISATIONS

The PCC recognises that responsibility for the training of support workers rests with individual employing organisations. However, this has resulted in wide variation in the quality and standards of training provided, which the PCC regard as unsatisfactory.

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

- Support workers are competent for the role they undertake, having been trained and assessed in accordance with the requirements of National Qualification Frameworks and the relevant NHS Knowledge and Skills Framework outline for their job.
- Support workers are provided with a detailed job description/specification/contract of employment outlining the parameters of their approved sphere of practice.
- Support workers are supervised by a Registered Nurse or Operating Department Practitioner in the delivery of patient care tasks commensurate with their approved sphere of practice.
- Support workers 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.

The PCC is aware of the development of many new roles within healthcare, including the development of roles for support workers within the recovery unit. Consequently, the PCC does not consider it appropriate to publish a specific position statement on these developments at the present time in relation to the recovery of patients from anaesthesia. However the PCC emphasises that the above



recommendations should be observed for the reasons stated and also recommends that only registered practitioners with appropriate skills should undertake care for patients:

- WHO REQUIRE AIRWAY MAINTENANCE,
- WHO ARE IN THE IMMEDIATE POST ANAESTHESIA PHASE OF CARE,
- WHOSE CLINICAL CONDITION, MEDICAL STATUS, OPERATIVE PROCEDURE REQUIRES THAT THEY BE CARED FOR BY A REGISTERED PRACTITIONER WITH THE NECESSARY SKILLS AND KNOWLEDGE WITHIN THE RECOVERY TEAM.

GUIDANCE FOR REGISTERED PRACTITIONERS

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

It is imperative that registered practitioners are fully aware that they retain professional accountability for the appropriateness of the delegation of care to the support worker. This requirement is explicitly stated in both the Health Professions Council *Standards of conduct, performance and ethics* and the Nursing and Midwifery Council *Code of Professional Conduct: Standards for conduct, performance and ethics*. The PCC regard it as essential that registered practitioners understand that all support workers are responsible in Civil, Criminal and Contract Law for their actions and thus are accountable to the patient and to the employer. Further information on these responsibilities may be found in the National Practitioner Publication, *Introducing Assistant Theatre Practitioners A Best Practice Guide*.

The principles of delegation and the responsibilities of support workers and registered practitioners are brought into sharp focus when harm is judged to have been caused to a patient because of a perceived breach in the standard of care provided by a support worker. The standard of care is determined by the 'Bolam Test', established in the case of *Bolam v Friern Hospital Management Committee* [1957] All ER 118 and the

Case of *Wilsher v Essex AHA* [1988] All ER 871, and would be the standard of care to which the practitioner would be measured against in the event that their acts or omissions are questioned in a court of law. The first case has established how the expected standard of care would be defined and against which a practitioner would be measured in the event that they were involved in a case that went to court. The *Wilsher* case established how the clinical responsibility of the practitioners concerned would be determined and again, practitioners may find that they would be measured against such findings.

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.

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

- How much attention has been given to assessing the complexity of the task?
- Does the complexity of the anaesthetic/surgery and the patient's dependency level need to be taken into consideration?
- Is it appropriate to delegate the task?
- Is the activity to be delegated within the support worker's approved sphere of practice and supported by a job description and departmental policy?
- What training and education has the support worker received to date?
- Has the support worker's competence been assessed in line with National Occupational Standards, via the relevant N/SVQs?
- Are arrangements in place to ensure supervision of the support worker by a registered practitioner during the delegated activity?



SUPPORT WORKERS: THE NHS SKILLS ESCALATOR AND WORKFORCE MODERNISATION

The PCC endorses the view that workforce modernisation is dependent upon reform and improvement which requires a review of the contribution of all members of the perioperative team.

A process of continuous improvement is necessary to ensure that perioperative care meets the changing needs of patients. This process involves analysing perioperative tasks and subsequent aligning of job descriptions and training of staff to ensure that the most appropriately skilled member of the team is deployed to complete the required task contributing to the patient's care. The PCC advocates that, to ensure quality patient care, organisational staffing establishments must be developed with regard to clinical governance frameworks.

The PCC regard it as essential that staffing establishments take account of, and clearly determine, the ratio of registered to non-registered practitioners required to provide quality patient care.

Staffing ratios must be calculated at a level which facilitates:

- 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.

The PCC regards regulation as essential in promoting patient safety and protecting the public. At the time of writing, work is ongoing in identifying and evaluating the most effective framework and process for the regulation of support workers and other non registered staff employed in healthcare

Bibliography

Bolam v Friern Hospital Management Committee [1957] All ER 118

National Practitioner Programme 2006 *Introducing Assistant Theatre Practitioners A Best Practice Guide* London DH

Health Professions Council 2003 *Standards of conduct, performance and ethics* London HPC

Nursing and Midwifery Council 2004 *Code of Professional Conduct: Standards for conduct performance and ethics* London NMC

Perioperative care support units/Perioperative care surgical support units: information available from www.skillsforhealth.org.uk/frameworks

Wilsher v Essex AHA [1988] All ER 871

THE PERIOPERATIVE CARE COLLABORATIVE

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 as follows:

- Association for Perioperative Practice
- Association of Operating Department Practitioners
- British Anaesthetic and Recovery Nurses Association
- British Association of Day Surgery
- Independent Health Care Advisory Services
- PROPRIUS: Forum for Perioperative Education
- Royal College of Nursing Perioperative and Surgical Nursing Forum
- Royal College of Surgeons of England

The Perioperative Care Collaborative has formulated the above guidance for all practitioners working in the perioperative environment.