



Scope of Practice for Non-Physician Certified Surgical Assistants

The National Surgical Assistant Association supports the American College of Surgeons concept that, *ideally, the first assistant at the operating table should be a qualified surgeon or a resident in an approved surgical education program. Residents at appropriate levels of training should be provided with opportunities to assist and participate in operations. If such assistants are not available, other physicians who are experienced in assisting may participate.*

*It may be necessary to utilize Non-Physicians as first assistants. Surgeon's Assistants (SAs) or physician's assistants (PAs) with additional surgical training should meet national standards and be credentialed by the appropriate local authority. These individuals are not authorized to operate independently. **

If the hospital utilizes Non-Physician Surgical Assistants, the hospital should establish criteria, qualifications and a credentialing process to grant specific privileges to individual practitioners based on each individual practitioner's compliance with the privileging/credentialing criteria and in accordance with Federal and State laws and regulations. This would include significant surgical services tasks conducted by these practitioners while under the direction and supervision of an MD/DO.

When a practitioner may perform certain surgical procedures under supervision, the specific tasks/procedures and the degree of supervision (to include whether or not the supervising practitioner is physically present in the same OR, in line of sight of the practitioner being supervised) be delineated in that practitioner's surgical privileges and included on the surgical roster.

Accountability for physician supervision of surgical assistants may be determined by a variety of methods; however, the NSAA supports the designation of "Personal Supervision", meaning the supervising physician is within the facility in which the surgical assistant is functioning.

Therefore, it is the position of the NSAA that individuals, who hold a valid credential of CSA, have the knowledge and experience to perform significant surgical tasks, and in addition, apply and remove splints/casts, place Foley catheters, IV's, and Arterial lines, administer local anesthesia, and other such procedures as requested and necessary based on each individual assistant's compliance with their privileging/credentialing criteria.

*** American College of Surgeons
Statements on Principles**

I. QUALIFICATIONS OF THE RESPONSIBLE SURGEON G. Surgical assistants

http://www.facs.org/fellows_info/statements/stonprin.html