Supplement: Scope of practice for surgical technologist

Background

A surgical technologist is an allied health professional who works as part of an OR team providing surgical care to patients in a variety of settings. According to *Job Description: Surgical Technologist*, a statement approved by the Association of Surgical Technologists (AST), the American College of Surgeons (ACS), Accreditation Review Committee on Education in Surgical Technology and Surgical Assisting (ARC/STSA), and Commission on Accreditation of Allied Health Education Programs (CAAHEP), “surgical technologists work under the supervision of a surgeon to facilitate the safe and effective conduct of invasive surgical procedures, ensuring that the operating room environment is safe, that equipment functions properly, and that the operative procedure is conducted under conditions that maximize patient safety.”

The majority of surgical technologists work in hospital surgical suites, emergency rooms, and outpatient surgical centers. Some surgical technologists are privately employed by physicians or work as self-employed technologists. According to the Bureau of Labor Statistics, the demand for surgical technologists continues to grow as the population ages and the necessity of surgical procedures continues to rise.

A high school diploma or equivalent is a prerequisite to becoming a surgical technologist. Students then must complete a surgical technologist training program. Accredited programs vary from nine to 15 months for a diploma or certificate to two years for an associate’s degree.

After completing training, surgical technologists can take the Certified Surgical Technologist (CST) national examination offered by the National Board of Surgical Technology and Surgical Assisting (NBSTSA). To be eligible for testing, individuals must be graduates of a surgical technology program accredited by the CAAHEP or the Accrediting Bureau of Health Education Schools (ABHES) or a current or previous CST.

Position of certification boards

**NBSTSA**

The NBSTSA is the certifying agency for surgical technologists. The NBSTSA is solely responsible for all decisions regarding the eligibility for and granting, denial, renewal, maintenance, and revocation of NBSTSA certification for surgical technologists.
To obtain certification, candidates sit for the CST exam offered by the NBSTSA. To be eligible to take the exam, candidates must provide documentation showing that they are currently or were previously a CST or a graduate of a CAAHEP- or ABHES-accredited surgical technologist program.

Certification must be renewed every four years by examination or by completing 60 units of continuing education credits that meet the requirements of the NBSTSA during the four-year certification period. Failure to renew by examination or continuing education results in the expiration of the certification. To become certified again, applicants must reapply to take the national certifying examination and pay the appropriate exam fee.

### Positions of societies, academies, colleges, and associations

**ACOS**

The American College of Osteopathic Surgeons (ACOS) has no position on defining the scope of practice for surgical technologists.

**ACS**

In its revised December 2005 *Statement on Surgical Technology Training and Certification*, the ACS defines surgical technologists as individuals with specialized education who function as members of the surgical team in the role of scrub person.

The ACS states that surgical technology programs are accredited by ARC/STSA, a collaborative effort of the AST and the ACS, under the auspices of CAAHEP. The programs vary from nine to 15 months for a diploma or certificate to two years for an associate’s degree. Graduates of accredited programs are eligible for certification by the NBSTSA.

The ACS supports adequate education and training of all surgical technologists, the accreditation of all surgical technology education programs, and examination for certification of all graduates of accredited surgical technology educational programs.

The ACS states that surgical technologists are individuals with specialized education who function as members of the surgical team in the role of scrub person. With additional education and training, some surgical technologists function in the role of surgical first assistant.

**ACS/AST/CAAHEP**

The ACS, AST, and CAAHEP approved *Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology*. 
In their 2004 revised statement, surgical technologists are defined as allied health professionals who work as part of a team of medical practitioners providing surgical care to patients. They have expertise in the theory and application of sterile and aseptic technique. They are also knowledgeable in human anatomy, surgical procedures, and implementation tools and technologies to facilitate a physician’s performance of invasive therapeutic and diagnostic procedures.

**AMA**

In its 2009–2010 *Health Careers Directory*, the AMA states that surgical technologists are allied health professionals working with surgeons and other medical practitioners to provide surgical care to patients in a variety of settings.

It states that training programs range in length from nine to 24 months. The recommended prerequisite to training is a high school diploma or equivalent. The CAAHEP subject areas and requirements for supervised clinical practice in the OR, including commonly performed procedures, are also referenced in the *Health Careers Directory*.

According to the AMA, CSTs work in three OR roles: the scrub person, second assistant, and circulator. The duties for each role are as follows:

- **In the scrub role**, the surgical technologist handles the instruments, supplies, and equipment necessary during the surgical procedure. He or she understands the procedure being performed and anticipates the needs of the surgeon. The surgical technologist ensures quality patient care during the procedure and maintains the sterile field.

- **In the second assistant role**, the CST assists the surgeon and/or first assistant during the operative procedure by carrying out technical tasks other than cutting, clamping, and suturing of tissue. As directed by the surgeon, the second assisting technologist may hold retractors or instruments, sponge or suction the operative site, apply electrocautery to clamps on bleeders, cut suture material, connect the drain to the suction apparatus, and apply dressings to the closed wound.

- **In the circulating role**, the surgical technologist obtains additional instruments, supplies, and equipment necessary while the surgical procedure is in process. He or she monitors conditions in the OR and reassesses the needs of the patient and the surgical team.

**AOA**

The American Osteopathic Association (AOA) has no position on defining the scope of practice for surgical technologists.
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**AST**

The AST was formed in 1969 as the professional organization for surgical technologists and currently has more than 80,000 surgical technologists. The constituency for AST includes the ACS, the AMA, the American Hospital Association, and the Association of periOperative Registered Nurses (AORN).

According to the AST, the organization’s primary purpose is “to ensure that surgical technologists have the knowledge and skills to administer patient care of the highest quality” and to be the “principal provider in conjunction with more than 40 state organizations of continuing education for surgical technologists.” AST goes on to state that it collaborates with ARC/STSA and NBSTSA to set standards for education and certification and to represent the profession at state and national levels to ensure graduation from an accredited program in surgical technology and that all surgical technologists attain the CST credential as a condition of employment.

Additionally, the AST publishes *Core Curriculum for Surgical Technology*, Fifth Edition, which details the clinical case requirements as well as the content areas surgical technicians must learn. For more information on the clinical requirements, please visit [www.arst.org/pdfs/ExplanationoftheClinicalCaseRequirements.pdf](http://www.arst.org/pdfs/ExplanationoftheClinicalCaseRequirements.pdf).

**CAAHEP**

According to the CAAHEP, surgical technologists are an integral part of the team of medical practitioners providing surgical care to patients in a variety of settings. CAAHEP-accredited programs range from 12 to 24 months in duration. The recommended eligibility requirement for admission into a surgical technology program is a high school diploma or equivalent.

Program subject areas include:

➤ Medical terminology
➤ Professional ethics
➤ Legal aspects of surgical patient care
➤ Anatomy and physiology
➤ Microbiology
➤ Anesthesia
➤ Pharmacology
➤ Sterilization methods and aseptic technique
➤ Instruments, supplies, and equipment used in surgery
➤ Surgical patient care and safety precautions
➤ Operative procedures
➤ Biomedical sciences

Supervised clinical practice in the OR must include commonly performed procedures in:
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Practice area 169

➤ General surgery
➤ OB/GYN
➤ Ophthalmology
➤ Otorhinolaryngology
➤ Plastic surgery
➤ Urology
➤ Orthopedics
➤ Neurosurgery
➤ Thoracic surgery
➤ Cardiovascular surgery
➤ Peripheral vascular surgery

**ABHES**

The ABHES accredits institutions and programs that educate surgical technicians. According to the ABHES, the organization ensures the quality of the programs it accredits and assists in the improvement of the programs. This quality determination is accomplished by rigorous and systematic evaluation based on valid standards.

According to the ABHES' *Accreditation Manual*, surgical technologist education includes the following basic sciences: microbiology, anatomy and physiology, pathophysiology, and surgical pharmacology. Additionally, this education includes surgical procedures, case management, wound care and closure, and surgical patient care and safety.

The ABHES also states that preoperative case management duties include OR preparation, gathering of supplies and equipment, case setup, and preparation of the operative site with sterile drapes. Intraoperative case management duties include maintenance of the sterile field, passing instruments and medications to the surgeon and assistant, specimen care, and application of wound dressings. Postoperative case management duties include care and maintenance of equipment and instruments after use, and preparation of the OR for the next procedure.

Programs accredited by the ABHES must adhere to the AST’s *Core Curriculum for Surgical Technology*. The ABHES also requires graduates to complete 1,100 clock hours, including a 500-clock-hour externship.

**Positions of other interested parties**

**AORN**

The AORN publishes *Position Statement on Allied Health Care Providers and Support Personnel in the Perioperative Practice Setting*. The document states that perioperative RNs often legally delegate nursing activities to competent allied healthcare
providers, including surgical technologists. According to the AORN, surgical technologists “possess expertise in the theory and application of sterile and aseptic technique and combine the knowledge of human anatomy, surgical procedures, and implementation tools and technologies to facilitate a physician’s performance of invasive, therapeutic, and diagnostic procedures. Surgical technologists can achieve certification.”

**Positions of regulatory and accreditation bodies**

**CMS**

CMS has no formal position concerning a scope of practice for surgical technologists. However, CMS’ *Conditions of Participation* (CoP) include surgical services standard §482.51(a)(4), which states that hospitals must specify surgical privileges for each practitioner who performs surgical tasks. The CoPs go on to state that “if the hospital utilizes RNFAs, surgical PAs, or other non MD/DO surgical assistants, then the organization must establish qualifications, criteria, and a credentialing process to grant specific privileges … Important surgical tasks include: opening and closing, dissecting tissue, removing tissue, harvesting grafts, transplanting tissue, administering anesthesia, implanting devices and placing invasive lines.”

**The Joint Commission**

Note: The following is an excerpt from The Joint Commission Human Resource Standards. Accredited facilities should refer to the *Comprehensive Accreditation Manual for Hospitals* for a complete set of HR standards.

The Joint Commission has no formal position concerning the scope of practice for surgical technicians. The Joint Commission *Comprehensive Accreditation Manual for Hospitals* Human Resource standards apply to all staff members (employees, contractors, and nonemployees) who provide services in the healthcare organization.

The following Joint Commission EP has particular relevance to understanding the credentialing process for nonprivileged practitioners such as the surgical technician. HR.01.02.05, EP 7, states, “Before providing care, treatment, and services, the hospital confirms that nonemployees who are brought into the hospital by a licensed independent practitioner [LIP] to provide care, treatment, or services have the same qualifications and competencies required of employed individuals performing the same or similar services at the hospital.”

Two additional notes further define this EP. The first note states that the confirmation of qualifications and competencies can be accomplished through the hospital’s regular process or with the LIP who brought in the individual. The second note specifies that if the care, treatment, and services by the nonemployee are
not currently performed by anyone employed by the hospital, leadership must consult appropriate professional hospital guidelines for the required credentials and competencies.

The following HR standards are also applicable:

➤ The hospital has the necessary staff to support the care, treatment, and services it provides (HR.01.01.01).

➤ The hospital defines staff qualifications specific to their job responsibilities (HR.01.02.01).

➤ The hospital verifies staff qualifications (HR.01.02.05). EPs 1–5 state that the following is verified and documented in accordance with law, regulation, and hospital policy at the time of hire and when a staff member’s credentials are renewed, as applicable:
  – Current license, certification, or registration
  – Education and experience
  – Criminal background check
  – Health screening

➤ The information listed in the previous bullet is used to make decisions regarding staff job responsibilities (HR.01.02.05, EP 6).

➤ The hospital determines how staff function within the organization (HR.01.02.07). EPs 1–2 state that staff who provide care, treatment, or services possess a current license, certification, or registration if required by law and regulation, and practice within the scope of that license, certification, or registration.

➤ The hospital provides orientation to staff (HR.01.04.01). EPs 1–6 state that:
  – The hospital determines the key safety content of orientation provided to staff.
  – The hospital orients its staff to the key safety content before staff provide care, treatment, and services. Completion of this orientation is documented.
  – The hospital orients staff on the following and the orientation is documented: relevant hospitalwide and unit-specific policies and procedures; specific job duties, including those related to infection and managing pain; sensitivity to cultural diversity; and patient rights, including ethical aspects of care, treatment, and services.

➤ Staff participate in ongoing education and training, and their participation is documented (HR.01.05.03). EPs 1–13 (note that 9–12 do not exist) state that staff participate in ongoing education and training:
  – To maintain or increase their competency.
  – Whenever staff responsibilities change.
  – Specific to the needs of the patient population served by the hospital.
  – That incorporates the skills of team communication, collaboration, and coordination of care.
  – That includes information about the need to report unanticipated adverse events and how to report the events.
- On fall reduction activities.
- That addresses early warning signs of a change in a patient’s condition and how to respond to a deteriorating patient, including how and when to contact responsible clinicians. Education is provided to staff and LIPs who may request assistance and those who may respond to those requests.

➤ Staff are competent to perform their responsibilities (HR.01.06.01). EPs 1–15 (note that 7–14 do not exist) state that the hospital:
- Defines the competencies it requires of staff who provide care
- Uses assessment methods to determine the individual’s competence
- Assesses skills utilizing an individual with the appropriate educational background, experience, or related knowledge
- Conducts an initial assessment of staff competence as a part of orientation, and this assessment is documented
- Assesses and documents staff competence once every three years or more frequently as required by hospital policy, law, or regulation
- Takes action when a staff member’s competence does not meet expectations

➤ The hospital evaluates staff performance (HR.01.07.01). EPs 1–3 state that the hospital:
- Evaluates staff based on performance expectations that reflect their job responsibilities.
- Evaluates staff performance and documents the evaluation once every three years or more frequently as required by policy, law, or regulation.
- Reviews the competencies and performance of nonemployed individuals brought into the facility by an LIP at the same frequency as employees. This can be accomplished either by the LIP or the hospital.

CRC draft criteria

Healthcare organizations must understand applicable regulatory and accreditation requirements when it comes to credentialing privileged and nonprivileged practitioners. This supplemental white paper cannot and does not cover all of the necessary decision points. You can find additional information in the following resources:

➤ *Solving the AHP Conundrum*
➤ *Core Privileges for AHPs*
➤ *The Comprehensive Healthcare Job Descriptions Manual*

The focus of this supplemental white paper is on practitioners (e.g., surgical technicians) who are not permitted to function independently or who are not required to be privileged through the medical staff process, but must be authorized through an HR process to provide clinical care to patients. This process is similar or identical to that used for employed staff to ensure that all individuals who are providing services in the organization are appropriately “credentialed” and that they are competent and appropriately trained to carry out their responsibilities.
When defining a scope of practice or job description for nonprivileged practitioners, hospitals should take full advantage of internal sources, such as the job descriptions HR already uses for employees performing the same or similar functions.

The following draft qualifications and scope of practice are intended to serve solely as a starting point for the development of an institution’s policy regarding this practice area. This scope of practice is not meant to be all-encompassing, but rather to define the types of activities and procedures that the majority of surgical technicians perform. Additionally, it cannot be expected or required that all CSTs perform every procedure listed. Each facility may uniquely define the roles and responsibilities of CSTs as applicable to meet their needs and scopes of service and in accordance with state regulations. The customization of the qualifications (criteria) and an accompanying scope of practice should be incorporated into the hospital’s existing job description format.

Applicants must meet the same minimum threshold job requirements that are required to be employed as a surgical technologist. Those minimum requirements may include the following:

- **Minimum education and training:** Completion of an accredited surgical technology training program (certificate or associate’s degree).
- **Required certifications/licensure:** NBSTSA CST.
- **Continuing competence assessment:** Applicants are subject to an [annual] competency assessment and must be able to demonstrate current clinical competence. Current NBSTSA certification is required.

In addition, continuing education related to surgical technology should be required.

**Job summary**

A scrub surgical technologist handles the instruments, supplies, and equipment during surgical procedures with an understanding of the procedure in order to anticipate the needs of the surgeon. Responsibilities include ensuring quality patient care during the operative procedure as well as maintenance of the sterile field.

Duties included in the scope of practice for a scrub surgical technologist may include the following:

- Assist in the following areas:
  - Draping of sterile field
  - Preparation of room for next patient
  - Terminal cleaning of room with other members of the surgical team
- Check supplies and equipment needed for surgical procedure
- Clean and prepare instruments for terminal sterilization
Gown and glove surgeon and assistants
Maintain standards of sterile technique during procedure
Pass instruments and other appropriate items to surgeon and assistants
Perform counts with circulator prior to the operation and before incision is closed
Prepare sterile dressings
Scrub, gown, and glove
Arrange and prepare sterile table with instruments, supplies, equipment, and medications/solutions needed for procedure

The second assisting surgical technologist assists the surgeon and/or first assistant by performing technical tasks other than cutting, clamping, and suturing of tissue.

Duties included in the scope of practice for a second assisting surgical technologist may include the following:
Apply dressings to the closed wound and electrocautery to clamps on bleeders
Connect drains to suction apparatus
Cut suture material, hold refractors or instruments as directed by the surgeon
Sponge or suction operative site

The circulating surgical technologist is responsible for procuring additional instruments, supplies, and equipment necessary during the surgical procedure, monitoring the conditions in the OR, and assessing the needs of the patient and the surgical team.

Duties included in the scope of practice for a circulating surgical technologist may include the following:
Anticipate the need for additional supplies during the procedure
Apply electrosurgical grounding pads, tourniquets, monitors, etc.
Assess comfort and safety measures and provide verbal and tactile reassurance to the patient
Assist in the following areas:
- Anesthesia personnel as needed
- Cleaning of room and preparing for next patient
- Transport of patient to the recovery room
Check patient’s chart, identify patient, verify surgery to be performed with consent forms, and bring patient to assigned OR
Keep accurate records throughout the procedure
Manage specimens
Obtain sterile and unsterile items needed, as appropriate
Open sterile supplies
Perform appropriate counts with scrub person
Perform urinary catheterization
Position and operate equipment needed for the procedure
Position patient
➤ Prepare the patient’s skin prior to draping by surgical team
➤ Secure dressings after incision closure
➤ Transfer patient to OR table

For more information

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Website: [www.facs.org](http://www.facs.org)

**American Medical Association**
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Chicago, IL 60610
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Website: [www.ama-assn.org](http://www.ama-assn.org)

**Association of periOperative Registered Nurses**
2170 South Parker Road, Suite 400
Denver, CO 80231
Telephone: 800/755-2676
Website: [www.aorn.org](http://www.aorn.org)

**Association of Surgical Technologists**
6 West Dry Creek Circle, Suite 200
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Fax: 303/694-9169
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**Centers for Medicare & Medicaid Services**
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Baltimore, MD 21244
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**Commission on Accreditation of Allied Health Education Programs**
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