



## **Foundational Principles of Surgical Technology\***

The following is an officially adopted statement of the House of Delegates of the Association of Surgical Technologists (AST) as of May 31, 1997. This statement will be referred to as “Role Definitions and Qualifications.” A related resolution makes the official statement of AST on Role Definitions and Qualifications for the Surgical Technologist.

The AST House of Delegates passed three resolutions that laid the groundwork for the profession and determined future directions for surgical technology. These resolutions included:

- Affirmation of Principles for the Recommended Standards of Practice
- A General Statement of Intent
- Surgical Technology: A Subdomain of Medicine

### **Affirmation of Principles for the Recommended Standards of Practice**

**Resolved,** The House of Delegates of the Association of Surgical Technologists, Inc (AST), affirms the following statements as principles to be used in the formation of the Recommended Standards of Practice, Role Definitions and Qualifications:

1. Certification through the process and procedures established by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) should be required to work in the field of surgical technology. (This principle is inclusive of any other title or use of language that refers to a role within the sterile field of scrub person, first assistant, or second assistant that is not covered by another licensed health-care provider such as registered nurses.)
2. Candidacy for certification is appropriately linked to graduation from an accredited surgical technology program.
3. The associate degree is the preferred academic credential for surgical technology.
4. The *Core Curriculum for Surgical Technology*® shall be considered the appropriate educational guide for curriculum design and statement of the expected base of knowledge for entry-level into the field of surgical technology.
5. The *Core Curriculum for Surgical First Assisting*® shall be considered the appropriate educational guide for curriculum design and statement of the expected base of knowledge for entry-level into the field of surgical first assisting.
6. Expanded practice role qualifications presume that the CST meets all the competencies required for the specific role but allows for documented experience to stand for academic credentials when appropriate.

### **A General Statement of Intent**

**Resolved**, The House of Delegates of the Association of Surgical Technologists, Inc (AST), affirms the following statement of intent:

1. The Association of Surgical Technologists has historically believed and continues to believe in an inclusive approach to role definition as related to credential and does not intend to exclude any appropriately educated and credentialed health-care professional from performing in roles for which he or she is prepared and competent.
2. The Association of Surgical Technologists believes that the patient is best served when Certified Surgical Technologists, physicians, nurses, and other allied health professional in the perioperative setting are performing the roles and tasks for which they are uniquely qualified.
3. The Association of Surgical Technologists affirms that surgical first assisting may be performed by physicians, physician's assistants, registered nurses, Certified Surgical Technologists (CST), and Certified First Assistant (CFA) who are appropriately prepared and competent to perform the tasks defined by the American College of Surgeons.
4. Because the Certified Surgical Technologist is the professional in the operating room who has been specifically educated in asepsis, sterile technique, surgical procedures and intraoperative patient care, the Association of Surgical Technologists affirms that the Certified Surgical Technologist is the most appropriate professional to serve in the intraoperative scrub role. The Association of Surgical Technologists strongly supports the principle that for optimal surgical patient care, a Certified Surgical Technologist is necessary and should be required on each surgical case.
5. The Association of Surgical Technologists affirms that there are many tasks that may be appropriately delegated to noncredentialed individuals; however, these tasks do not include any role or task within the sterile field, the unsupervised positioning of patients, the handling of medications, or other specific tasks that are sufficiently dangerous as to warrant control by an appropriately credentialed individual.

**Rationale:** The resolution is viewed as self-explanatory and further amplifies the profession's highly specialized education, the critical role of Certified Surgical Technologists in surgery; and in order to optimize quality surgical patient care, the need to require the presence of a CST during every surgical case.

### **Surgical Technology: A Subdomain of Medicine**

**Resolved**, The House of Delegates of the Association of Surgical Technologists, Inc (AST), affirms the following statement as a position statement regarding the basic nature of the field of surgical technology:

*Whereas*, the surgical technologist is educated using the medical model,

*Whereas*, the surgical technologist is educated and trained to the specific tasks required in surgical services,

*Whereas*, the surgical technologist is educated to provide patient care anywhere invasive therapeutic or diagnostic procedures are performed,

*Whereas*, the surgical technologist provides patient care primarily through service to the physician/surgeon, and

*Whereas*, the overlap of certain tasks performed by surgical technologists with tasks performed by the registered nurse does not constitute a valid argument that these constitute the same domain,

***Be it resolved***, The House of Delegates of the Association of Surgical Technologists, Inc (AST), affirms its position that surgical technology is a subdomain of medicine and that any state regulation of the credentialing process ought to be placed under either the medical practice act or an allied health practice act;

***Be it further resolved***, that the House of Delegates affirms a distinction between regulation of the credential and the administrative practice of supervision and delegation that may be relegated by policy and procedures as seen appropriate in each state or institution.