# Draft standards of proficiency for operating department practitioners

This document sets out the proposed changes to the standards of proficiency for operating department practitioners. Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. We have moved some standards around to ensure the generic standards are at the top of each section, and so are numbered consistently across all the professions. Feedback relating to these standards should be provided in **Part A: Generic standards** of the survey.

White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions. Feedback relating to these standards should be provided in **Part B: Profession-specific standards** of the survey.

Where we have proposed to create a new standard, we have created a new row and assigned this a letter. This is to make it easier to refer back to when providing feedback. Please note the order of some of these standards may be subject to change. Once we have determined what changes we are going to make, we will update the numbering of the standards.

We have endeavoured to make the proposed changes as clear as possible. However, we are aware that this is still a complicated document. We have therefore created a 'clean' version of the standards, available on the consultation page. If you have any questions about the proposed changes, you can email consultation@hcpc-uk.org or call the Policy and Standards team on 020 7840 9815, and a member of the team will be able to talk through this document and the changes. **Please note, due to COVID-19, as the team is working from home, the above phone line is not manned. Instead, you will be prompted to leave a message**.

The current standards of proficiency for operating department practitioners are available to download and view for comparison at https://www.hcpc-uk.org/standards/standards-of-proficiency/operating-department-practitioners/

| No. | Standard | Proposed amendments |
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| **Registrant operating department practitioners must:** | | |
| **1** | **be able to practise safely and effectively within their scope of practice** | |
| 1.1 | know the limits of their practice and when to seek advice or refer to another professional | know the limits of their practice and when to seek advice or refer to another professional **or service** |
| 1.2 | recognise the need to manage their own workload and resources effectively and be able to practise accordingly | recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively** |
| **2** | **be able to practise within the legal and ethical boundaries of their profession** | |
| 2.1 | understand the need to act in the best interests of service users at all times | understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times |
| 2.A | | **understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary** |
| 2.2 | understand what is required of them by the Health and Care Professions Council | |
| 2.3 | understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing | |
| 2.4 | recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility | |
| 2.5 | know about current legislation applicable to the work of their profession | understand the importance of and be able to obtain informed consent |

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| | | *Moved from 2.7* |
| 2.6 | be able to practise in accordance with relevant medicines legislation | be able to exercise a professional duty of care<br>*Moved from 2.9* |
| 2.7 | understand the importance of and be able to obtain informed consent | **understand** ~~know~~ about current legislation applicable to the work of their profession<br>*Moved from 2.5* |
| 2.8 | understand the complexity of caring for vulnerable persons in perioperative and other healthcare settings, and the need to adapt care as necessary | be able to practise in accordance with relevant medicines legislation<br>*Moved from 2.6* |
| 2.9 | be able to exercise a professional duty of care | understand the complexity of caring for vulnerable persons in perioperative and other healthcare settings, and the need to adapt care as necessary<br>*Moved from 2.8* |
| **3** | **be able to maintain fitness to practise** | |
| 3.1 | understand the need to maintain high standards of personal and professional conduct | |
| 3.2 | understand the importance of maintaining their own health | understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively** |
| 3.A | | **understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary** |
| 3.3 | understand both the need to keep skills and knowledge up to date and the importance of career-long learning | understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuous professional development** |
| **4** | **be able to practise as an autonomous professional, exercising their own professional judgement** | |

| 4.1 | be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem | recognise that they are personally responsible for and must be able to justify their decisions<br>*Moved from 4.4 to emphasise importance of this standard* |
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| 4.2 | be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately | ~~be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem~~ **be able to use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary**<br>*Moved from 4.1* |
| 4.3 | be able to initiate resolution of problems and be able to exercise personal initiative | be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately<br>*Moved from 4.2* |
| 4.4 | recognise that they are personally responsible for and must be able to justify their decisions | be able to make and receive appropriate referrals<br>*Moved from 4.5* |
| 4.5 | be able to make and receive appropriate referrals | be able to initiate resolution of problems and be able to exercise personal initiative<br>*Moved from 4.3* |
| 4.A | | be able to demonstrate a logical and systematic approach to problem solving<br>*Moved from standard 14* |
| 4.B | | be able to use research, reasoning and problem solving skills to determine appropriate actions<br>*Moved from standard 14* |
| 4.6 | understand the importance of participation in training, supervision and mentoring | understand the importance of **active** participation in training, supervision and mentoring<br>*Moved from 4.6* |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | |

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| 5.1 | understand the requirement to adapt practice to meet the needs of different groups and individuals | understand the **need** ~~requirement~~ to adapt practice to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals |
| 5.A | | **be aware of the impact of their own values and beliefs on practice** |
| 5.B | | be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, **disability,** ethnicity, gender, **marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs<br>*Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication* |
| **6** | **be able to practise in a non-discriminatory manner** | be able to practise in a non-discriminatory **and inclusive** manner |
| 6.A | | **be aware of the characteristics and consequences of barriers to inclusion** |
| **7** | **understand the importance of and be able to maintain confidentiality** | |
| 7.1 | be aware of the limits of the concept of confidentiality | |
| 7.2 | understand the principles of information governance and be aware of the safe and effective use of health and social care information | understand the principles of information governance and be aware of the safe and effective use of health**,** ~~and~~ social care **and other relevant** information |
| 7.3 | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public | |
| **8** | **be able to communicate effectively** | |

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| 8.1 | be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others | be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice, instruction and professional opinion to~~ service users, **carers,** colleagues and others |
| 8.2 | be able to use effective communication skills when sharing information about service users with other members of the multidisciplinary team | ~~be able to use effective communication skills when sharing information about service users with other members of the multidisciplinary team~~<br>*Moved to 8.D* |
| 8.3 | be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1]<br><br>[1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.* | |
| 8.4 | understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability | ~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~<br>*Captured by the new standards below* |
| 8.5 | be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others | ~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~<br>*Captured by the new standards below* |
| 8.6 | be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be | ~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected~~ |

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|  | affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs | ~~by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~ *Moved to standard 5* |
| 8.7 | understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions | ~~understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~ *Captured by the new standards below* |
| 8.8 | understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible | ~~understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~ *Captured by the new standards below* |
| 8.A |  | **be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate** |
| 8.B |  | **be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible** |
| 8.C |  | be able to use information and communication technologies appropriate to their practice *Moved from standard 14* |
| 8.D |  | be able to use effective communication skills when sharing information about service users with other members of the multidisciplinary team *Moved from 8.2* |
| 8.9 | be able to identify anxiety and stress in service users, carers and others, and recognise the potential impact upon communication | be able to identify anxiety and stress in **service users** ~~patients~~, carers **yourself** and others and recognise the potential impact upon communication |
| 8.10 | recognise the need to use interpersonal skills to encourage the active participation of service users | ~~recognise the need to use interpersonal skills to encourage the active participation of service users~~ *Captured by the new standards above* |

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| 8.11 | be able to use effective communication skills in the reception and identification of service users, and in the transfer of service users to the care of others | |
| **9** | **be able to work appropriately with others** | |
| 9.1 | be able to work, where appropriate, in partnership with service users, other professionals, support staff and others | be able to work, where appropriate, in partnership with service users, **their relatives and carers,** other professionals, support staff and others |
| 9.2 | understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team | |
| 9.3 | understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals | be able to contribute effectively to work undertaken as part of a multi-disciplinary team<br>*Moved from 9.4* |
| 9.A | | **understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice** |
| 9.4 | be able to contribute effectively to work undertaken as part of a multi-disciplinary team | understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals<br>*Moved from 9.3* |
| 9.5 | understand and be able to apply psychological and sociological principles to maintain effective relationships | |
| **10** | **be able to maintain records appropriately** | |
| 10.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | |
| 10.2 | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines | |

| 11 | **be able to reflect on and review practice** | |
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| 11.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | |
| 11.2 | recognise the value of case conferences and other methods of review | |
| 11.A | | **be able to participate in team debriefings following treatment, procedures or interventions** |
| **12** | **be able to assure the quality of their practice** | |
| 12.1 | be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures | be able to engage in evidence-based practice, ~~evaluate practice systematically and participate in audit procedures~~ |
| 12.2 | be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care | be able to gather **and use feedback and** information, including qualitative and quantitative data, ~~that helps~~ to evaluate the response~~s~~ of service users to their care |
| 12.3 | be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures | ~~be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures~~ <br> *Captured by the new standard below* |
| 12.4 | be able to maintain an effective audit trail and work towards continual improvement | be able to **monitor and systematically evaluate the quality of practice, and** maintain an effective audit trail **to** ~~and~~ work towards continual improvement |
| 12.5 | be aware of, and be able to participate in, quality assurance programmes, where appropriate | ~~be aware of, and be able to participate in, quality assurance programmes, where appropriate~~ <br> *Captured by the new standard below* |
| 12.A | | **be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures** |
| 12.6 | be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user | |

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| 12.7 | recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes | recognise ~~the need to monitor and evaluate the quality of practice and~~ the value of contributing to the generation of data for quality assurance and improvement programmes *Captured by amendments above* |
| **13** | **understand the key concepts of the knowledge base relevant to their profession** | |
| 13.1 | understand the anatomy and physiology of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their profession | understand the ~~anatomy~~ **structure** and ~~physiology~~ **function** of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession *For consistency with the other profession's generic standards* |
| 13.2 | recognise disease and trauma processes, and how to apply this knowledge to the service user's perioperative care | be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process *Moved from 13.3* |
| 13.3 | be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process | recognise the role**(s)** of other professions in health and social care **and understand how they may relate to the role of ODP** *Moved from 13.4* |
| 13.4 | recognise the role of other professions in health and social care | understand the structure and function of health and social care services in the UK *Moved from 13.5* |
| 13.5 | understand the structure and function of health and social care services in the UK | recognise disease and trauma processes, and how to apply this knowledge to the service user's perioperative care *Moved from 13.2* |
| 13.6 | understand the concept of leadership and its application to practice | ~~understand the concept of leadership and its application to practice~~ *Addressed by a new standard on leadership under standard 9 (9.A)* |
| 13.7 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention | be aware of the main sequential stages of human development, including cognitive, emotional and social measures of maturation through the life-span *Moved from 13.8* |

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| 13.8 | be aware of the main sequential stages of human development, including cognitive, emotional and social measures of maturation through the life-span | understand the theoretical basis of, and the variety of approaches to, assessment and intervention<br>*Moved from 13.7* |
| 13.9 | understand relevant physiological parameters and how to interpret changes from the norm | |
| 13.10 | understand how to order, store, issue, prepare and administer prescribed drugs to service users, and monitor the effects of drugs on service users | understand the principles of operating department practice and their application to perioperative and other healthcare settings<br>*Moved from 13.11* |
| 13.11 | understand the principles of operating department practice and their application to perioperative and other healthcare settings | understand how to order, store~~, and~~ issue~~, prepare and administer prescribed~~ drugs to service users~~, and monitor the effects of drugs on service users~~ **safely and effectively**<br>*Moved from 13.10* |
| 13.12 | understand the pharmacokinetic and pharmacodynamic effects and contraindications of drugs used within the perioperative and acute setting | understand the pharmacokinetic and pharmacodynamic effects and contraindications of drugs used ~~within the perioperative and acute setting~~ |
| 13.13 | understand safe and current practice in a range of medical devices used for diagnostic, monitoring or therapeutic purposes in accordance with national and local guidelines, appropriate to their practice | |
| 13.14 | be able to calculate accurately prescribed drug dosages for individual service user needs | |
| 13.15 | understand the principles and practices of the management of clinical emergencies | |
| **14** | **be able to draw on appropriate knowledge and skills to inform practice** | |
| 14.1 | be able to change their practice as needed to take account of new developments or changing contexts | be able to change their practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts |
| 14.2 | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively | be able to gather appropriate information<br>*Moved from 14.13* |

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| 14.3 | understand service users' elimination needs, including male and female urinary catheterisation | be able to analyse and critically evaluate the information collected<br>*Moved from 14.18* |
| 14.4 | understand the role of the surgical first assistant in assisting with surgical intervention | be able to select and use appropriate assessment techniques<br>*Moved from 14.15* |
| 14.5 | be able to undertake appropriate anaesthetic, surgical and post-anaesthesia care interventions, including managing the service user's airway, respiration and circulation | be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment<br>*Moved from 14.16* |
| 14.6 | understand the management and processes involved in the administration of blood and blood products | be able to undertake or arrange investigations as appropriate<br>*Moved from 14.17* |
| 14.7 | be able to monitor and record fluid balance, and where appropriate, administer prescribed fluids in accordance with national and local guidelines | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively<br>*Moved from 14.2* |
| 14.8 | understand and recognise the need to monitor the effects of drugs and be able to take appropriate action in response to any significant change | be aware of a range of research methodologies<br>*Moved from 14.23* |
| 14.9 | be able to assess and monitor the service user's pain status and as appropriate administer prescribed pain relief in accordance with national and local guidelines | recognise the value of research to the critical evaluation of practice<br>*Moved from 14.22* |
| 14.10 | be able to modify and adapt practice to emergency situations | be able to **critically** evaluate research and other evidence to inform their own practice<br>*Moved from 14.24* |
| 14.11 | be able to receive and identify service users and their care needs | understand service users' elimination needs **and be able to undertake**, including **all gender** ~~male and female~~ urinary catheterisation<br>*Moved from 14.3* |
| 14.12 | be able to formulate specific and appropriate care plans including the setting of timescales | understand the role of the surgical first assistant in assisting with surgical intervention<br>*Moved from 14.4* |

| 14.13 | be able to gather appropriate information | be able to undertake appropriate anaesthetic, surgical and post-anaesthesia care interventions, including managing the service user's airway, respiration and circulation **and providing assisted ventilation where necessary**<br>*Moved from 14.5* |
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| 14.14 | be able to effectively gather information relevant to the care of service users in a range of emotional states | understand the management and processes involved in the administration of blood and blood products<br>*Moved from 14.6* |
| 14.15 | be able to select and use appropriate assessment techniques | be able to monitor and record fluid balance, and where appropriate, administer prescribed fluids in accordance with national and local guidelines<br>*Moved from 14.7* |
| 14.A | | **be able to prepare and administer prescribed drugs to service users via a range of routes, including oral, rectal, topical and by intramuscular, subcutaneous and intravenous injection** |
| 14.16 | be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment | understand and recognise the need to monitor the effects of drugs and be able to take appropriate action in response to any significant change **or adverse reaction**<br>*Moved from 14.8* |
| 14.B | | **understand common abnormal blood physiology, including blood gas analysis, and be able to undertake venepuncture, cannulation and blood sampling** |
| 14.17 | be able to undertake or arrange investigations as appropriate | be able to assess and monitor the service user's pain status and as appropriate administer prescribed pain relief in accordance with national and local guidelines<br>*Moved from 14.9* |
| 14.18 | be able to analyse and critically evaluate the information collected | be able to modify and adapt practice to emergency situations<br>*Moved from 14.10* |
| 14.C | | **understand the principles of life support and be able to undertake the initial management of a service user in cardiac arrest** |

| 14.19 | be able to demonstrate a logical and systematic approach to problem solving | be able to demonstrate a logical and systematic approach to problem solving<br>*Moved to standard 4* |
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| 14.20 | be able to adapt and apply problem solving skills to clinical emergencies | be able to receive and identify service users and their care needs<br>*Moved from 14.11* |
| 14.D | | **be able to participate in the briefing and debriefing of perioperative teams and the use of surgical safety checklists** |
| 14.21 | be able to use research, reasoning and problem solving skills to determine appropriate actions | be able to use research, reasoning and problem solving skills to determine appropriate actions<br>*Moved to standard 4* |
| 14.22 | recognise the value of research to the critical evaluation of practice | be able to formulate specific and appropriate care plans including the setting of timescales<br>*Moved from 14.12* |
| 14.23 | be aware of a range of research methodologies | be able to effectively gather information relevant to the care of service users in a range of emotional states<br>*Moved from 14.14* |
| 14.24 | be able to evaluate research and other evidence to inform their own practice | be able to adapt and apply problem solving skills to clinical emergencies<br>*Moved from 14.20* |
| 14.25 | be able to use information and communication technologies appropriate to their practice | be able to use information and communication technologies appropriate to their practice<br>*Moved to standard 8* |
| **15** | **understand the need to establish and maintain a safe practice environment** | |
| 15.1 | understand the need to maintain the safety of both service users and those involved in their care | |
| 15.2 | be able to understand the impact of human factors within the perioperative / acute setting and the implications for service user safety | be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these |

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| | | *Moved from 15.3* |
| 15.3 | be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these | be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation<br>*Moved from 15.4* |
| 15.4 | be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation | be able to select appropriate personal protective equipment and use it correctly<br>*Moved from 15.5* |
| 15.5 | be able to select appropriate personal protective equipment and use it correctly | be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and others, including the use of hazard control and particularly infection control<br>*Moved from 15.6* |
| 15.6 | be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control | be able to understand the impact of human factors within the perioperative / acute setting and the implications for service user safety<br>*Moved from 15.2* |
| 15.7 | be able to promote and comply with measures designed to control infection | |
| 15.8 | understand the nature and purpose of sterile fields, and the practitioner's individual role and responsibility for maintaining them | |
| 15.9 | understand and be able to apply appropriate moving and handling techniques | |
| 15.10 | be able to position service users for safe and effective interventions | |
| 15.A | | **understand the principles and ensure the safe use of medical devices used in perioperative care, including:**<br>**-    electro-surgical devices;** |

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| | | - insuflators;<br>- surgical tourniquets;<br>- anaesthetic and service user monitoring equipment; and<br>- equipment for maintaining the service user's airway, respiration and circulation |