

## **Health Professions Council - 3rd October 2007**

### **Review of the standards of proficiency for operating department practitioners**

#### **Executive Summary and Recommendations**

##### **Introduction**

On 19 June 2007 a meeting was held to review the profession-specific standards of proficiency for operating department practitioners.

The attached paper is the document for consultation, incorporating the amended draft of the standards.

##### **Decision**

The Council is invited to agree:

- that a consultation should be held on proposed new profession-specific standards for operating department practitioners; and
- the text of the consultation document.

If agreed, a consultation would then be held between November 2007 and January 2008. The consultation would seek the views of operating department practitioner stakeholders, including relevant professional bodies and education providers.

It should be noted that due to the timing of Committee meetings and paper deadlines, at the time of being submitted, this paper had not yet been considered by the Education and Training Committee on September 27<sup>th</sup> 2007.

It is therefore proposed that feedback from the Education and Training Committee on this paper and its recommendations will be given verbally to Council on 4<sup>th</sup> October. If the Education and Training Committee's suggestions or feedback are substantial and warrant significant changes, then with the President's agreement, this paper may be withdrawn, amended, and re-considered at a subsequent meeting.

##### **Background information**

Revised standards, including generic standards, for the first 12 professions were agreed by the Council at their meeting on 31 May 2007.

At its meeting on 14 December 2006, the Council agreed a workplan for future standards work, which incorporated a timetable for subsequent periodic review of

the standards. The next periodic review of the standards of proficiency is scheduled for the 2010/11 financial year.

The standards workplan can be found online here:

[www.hpc-](http://www.hpc-uk.org/assets/documents/100017D6council_meeting_20061214_enclosure06.pdf)

[uk.org/assets/documents/100017D6council\\_meeting\\_20061214\\_enclosure06.pdf](http://www.hpc-uk.org/assets/documents/100017D6council_meeting_20061214_enclosure06.pdf)

### **Resource implications**

Time to organise the consultation mailing, process, analyse and summarise consultation responses. This forms part of the Policy & Standards workplan for 2007-2008.

### **Financial implications**

The costs of undertaking a consultation include printing and mailing to the consultation list. These are accounted for within the Policy & Standards budget for 2007-2008.

### **Background papers**

Paper considered by the Education and Training Committee on 28 September 2006:

[http://www.hpc-](http://www.hpc-uk.org/assets/documents/100014BDeducation_and_training_committee_20060928_enclosure08.pdf)

[uk.org/assets/documents/100014BDeducation\\_and\\_training\\_committee\\_20060928\\_enclosure08.pdf](http://www.hpc-uk.org/assets/documents/100014BDeducation_and_training_committee_20060928_enclosure08.pdf)

### **Appendices**

None

### **Date of paper**

17<sup>th</sup> September 2007

## **Standards of proficiency for operating department practitioners – consultation**

### **Introduction**

We are launching a consultation on revised profession-specific standards of proficiency for operating department practitioners.

The standards of proficiency are the standards that we consider necessary for the safe and effective practice of each of the professions we regulate. We first published the standards for the Operating Department Practitioners in October 2004. We said that we would try not to make any changes for at least the first two years (during the transitional ‘grandparenting’ period) but that we would keep the standards under review and update them if necessary to take account of changes in practice.

### **The standards**

Article 5(2)(a) of the Health Professions Order 2001 (“the order”) says that we must:

“...establish the standards of proficiency **necessary** to be admitted to the different parts of the register being the standards it considers **necessary** for **safe and effective practice** under that part of the register” (emphasis added).

This means that we must publish standards for each of the professions that we regulate which are the ‘necessary’ or ‘minimum’ that we consider to be essential for safe and effective practice.

The standards play a central role in how someone becomes and remains registered with us:

- We approve education programmes to make sure that they allow students to meet these standards when they graduate.
- We assess applications from applicants who have trained overseas and some applications via our grandparenting process against these standards. If an applicant meets these standards they are eligible to be registered.
- If a registrant’s competence is called into question we will look at these standards in deciding whether we need to take any action.

Every time a health professional registered with us renews their registration, we ask them to sign a declaration to confirm that they continue to meet the standards of proficiency which apply to them.

### **Generic standards**

The standards are divided into generic standards which apply to all of the 13 professions we currently regulate and standards individual to each profession (profession-specific standards). The generic standards of proficiency are not the subject of this consultation.

We consulted on revised standards for the first 12 professions we regulated between October 2006 and February 2007. This included changes to the generic standards which will apply to all the professions, included operating department practitioners. The new standards were agreed by our Council in May 2007 and become effective for the first 12 professions on 1 November 2007.

When the profession-specific standards for operating department practitioners are published following this consultation, these new generic standards will apply at that time.

**Reviewing the standards of proficiency for operating department practitioners**

In June 2007 we held a meeting with representatives from professional bodies and associations representing operating department practitioners, and members of our Education and Training Committee. As part of the meeting, we considered whether the existing standards needed to be amended or whether any additional standards were necessary.

We would like to thank the following for their input at the meeting:

Alan Mount	Alternate operating department practitioner member of Council
Eileen Thornton	Alternate physiotherapist member of Council and Chair of the Education and Training Committee
Jane Wardle	College of Operating Department Practitioners
John Tarant	Association for Perioperative Practice
Penny Joyce	College of Operating Department Practitioners
Sheila Drayton	Lay member of Council
Sherran Milton	Association for Perioperative Practice
Nick Clarke	College of Operating Department Practitioners

The changes agreed at that meeting are put forward in this document. The changes proposed are relative minor in nature and are to:

- reflect standard safe and effective operating department practice;
- reflect the standard content of pre-registration education programmes;
- clarify the intention of the existing standards; and to
- correct any existing errors.

## Your responses

We would welcome your comments about the standards in whatever format is convenient for you. However, you might wish to address the questions below:

1. Do you agree with the changes we have made to the existing standards?
2. Do you think any additional standards are necessary?
3. Do you think there are any standards which might be reworded?

This consultation will put the Council's proposed standards before a wide range of stakeholders, including professional bodies, employers, higher education institutions and others with an interest in our work. We would like to invite any individual or organisation with an interest in these issues to respond to this consultation. The consultation will run until **x/x/2008** and further copies of the documents will be available on our website to download.

If you would like to respond to this consultation, please send your response to:

Standards of proficiency consultation – operating department practitioners  
Policy and Standards department  
Health Professions Council  
Park House  
184 Kennington Park Road  
London  
SE11 4BU

E-mail: [consultation@hpc-uk.org](mailto:consultation@hpc-uk.org)

Website: [www.hpc-uk.org/aboutus/consultations](http://www.hpc-uk.org/aboutus/consultations)

If you would prefer your response not to be made public, please indicate this when you respond. We will publish on our website a summary of the responses we receive, and the decisions we have taken as a result.

We look forward to receiving your comments

Yours sincerely

Eileen Thornton  
Chair of the Education and Training Committee

## Standards for operating department practitioners

### Key:

*In this document:*

The generic standards are shown in black type

The profession-specific standards are shown in *black italicised type*

Deleted words or standards are shown in black or *black italicised type*  
~~struck-through~~

New standards or additional wording is shown in ***bold italicised type***

## Expectations of a health professional

### 1a: Professional autonomy and accountability

Registrant operating department practitioners must:

- 1a.1 be able to practise within the legal and ethical boundaries of their profession
  - understand the need to act in the best interests of service users at all times
  - understand what is required of them by the Health Professions Council
  - understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
  - be aware of current UK legislation applicable to the work of their profession
  - ***be able to practise in accordance with relevant medicines legislation***
- 1a.2 be able to practise in a non-discriminatory manner
- 1a.3 understand the importance of and be able to maintain confidentiality
- 1a.4 understand the importance of and be able to obtain informed consent
- 1a.5 be able to exercise a professional duty of care
- 1a.6 be able to practise as an autonomous professional, exercising their own professional judgement
  - be able to assess a 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 initiate resolution of problems and be able to exercise personal initiative

- know the limits of their practice and when to seek advice or refer to another professional
- recognise that they are personally responsible for and must be able to justify their decisions

1a.7 recognise the need for effective self-management of workload and resources and be able to practise accordingly

1a.8 understand the obligation to maintain fitness to practise

- understand the need to practise safely and effectively within their scope of practice
- understand the need to maintain high standards of personal conduct
- understand the importance of maintaining their own health
- understand both the need to keep skills and knowledge up to date and the importance of career-long learning

## 1b: Professional relationships

Registrant operating department practitioners must:

- 1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers
- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
  - 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 make appropriate referrals
- 1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team
- ***be able to use effective communication skills when sharing information about patients with other members of the multi-disciplinary team***
- 1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users their relatives and carers
- 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<sup>1</sup>
  - understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
  - be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
  - be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
  - 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 use an appropriate interpreter to assist service users whose first language is not English, wherever possible
  - 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
- *be able to identify anxiety and stress in patients, carers and others, and recognise the potential impact upon communication*

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<sup>1</sup> The International English Testing System (IELTS) tests competence in spoken and written English. 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), have to provide evidence that they reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.



- 1b.4 understand the need for effective communication throughout the care of the service user
- recognise the need to use interpersonal skills to encourage the active participation of service users
  - *be able to use effective communication skills in the reception and identification of patients, and transfer of patients to the care of others*

### **The skills required for the application of practice**

#### **2a: Identification and assessment of health and social care needs**

Registrant operating department practitioners must:

- 2a.1 be able to gather appropriate information  
*be able effectively to gather information relevant to the **peri-operative** care of patients with critical or non-critical conditions and in a range of emotional states*
- 2a.2 be able to select and use appropriate assessment techniques
- be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
- 2a.3 be able to undertake or arrange investigations as appropriate
- 2a.4 be able to analyse and critically evaluate the information collected

## 2b: Formulation and delivery of plans and strategies for meeting health and social care needs

Registrant operating department practitioners must:

- 2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions
- recognise the value of research to the critical evaluation of practice
  - be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures
  - be aware of a range of research methodologies
  - be able to demonstrate a logical and systematic approach to problem solving
  - 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*
- 2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements
- be able to change their practice as needed to take account of new developments
  - be able to demonstrate a level of skill in the use of information technology appropriate to their practice
- 2b.3 be able to formulate specific and appropriate management plans including the setting of timescales
- understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
- 2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully
- understand the need to maintain the safety of both service users and those involved in their care
  - *be able to undertake appropriate anaesthetic, surgical and post-anaesthesia care Interventions*
  - *be able to modify and adapt practice to emergency situations*
  - *promote and comply with measures designed to control infection*
  - **be able to position patients for safe and effective interventions**
  - **be able to receive and identify patients and their care needs**
- 2b.5 be able to maintain records appropriately
- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines
  - understand the need to use only accepted terminology in making records

## **2c: Critical evaluation of the impact of, or response to, the registrant's actions**

Registrant operating department practitioners must:

- 2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly
- 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 evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
  - 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
  - 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
- 2c.2 be able to audit, reflect on and review practice
- understand the principles of quality control and quality assurance
  - 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 able to maintain an effective audit trail and work towards continual improvement
  - participate in quality assurance programmes, where appropriate
  - understand the value of reflection on clinical practice and the need to record the outcome of such reflection
  - recognise the value of case conferences and other methods of review

## **3a: Knowledge, understanding and skills**

Registrant operating department practitioners must:

- 3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice
- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction
  - be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
  - recognise the role of other professions in health and social care
  - understand the theoretical basis of, and the variety of approaches to, assessment and intervention
  - *be aware of the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through the human life-span*

- *understand that aspects of psychology and sociology are fundamental to the practitioner's role in developing and maintaining effective working relationships*
- *understand normal and altered anatomy and physiology throughout the human life-span*
- *understand relevant physiological parameters and how to interpret changes from the normal*
- *recognise disease and trauma processes, and how to apply this knowledge to the planning of the patient's peri-operative care*
- *understand how to store, issue, prepare and administer prescribed drugs to patients, and monitor the effects of drugs on patients*
- *understand the principles of operating department practice and their application to peri-operative patient care in the anaesthetic, surgical and post- anaesthesia phases*
- *know the types, properties, function, effect and contra-indications of the drugs, gases, liquids and solutions commonly used within operating department practice*
- *understand the principles underpinning the safe and effective utilisation of equipment that is used for diagnostic, monitoring or therapeutic purposes in anaesthesia, surgery, post-anaesthesia care and resuscitation*
- ~~*understand the principles for receiving, identifying, transferring and positioning patients for clinical procedures*~~
- *understand the principles and practices of the management of clinical emergencies*

3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities

3a.3 understand the need to establish and maintain a safe practice environment

- *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 in accordance with health and safety legislation*
- *be able to select appropriate personal protective equipment and use it correctly*
- *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*
- *understand the nature and purpose of sterile fields, and the practitioner's individual role and responsibility for maintaining them*
- *understand and be able to apply appropriate moving and handling techniques*