Council, 27 March 2014

Results of profession-specific standards of proficiency consultation for operating department practitioners

Executive summary and recommendations

Introduction

We are currently reviewing the profession-specific standards of proficiency for the professions we regulate. The review of the profession-specific standards follows from the Council's approval of new generic standards of proficiency in March 2011.

To ensure the process is manageable, we are reviewing the profession-specific standards in small groups of professions at a time. At the start of each review, we contact each of the professional bodies for the relevant professions and ask for their suggestions on any changes that they consider necessary. We then use their suggestions to revise the standards for public consultation.

Following a review of the standards by the professional bodies for operating department practitioners – the College of Operating Department Practitioners and the Association for Perioperative Practice – we publically consulted on the draft standards between 15 July and 18 October 2013.

Decisions on the revision of the standards post-consultation were informed by an operating department practitioner and former member of the Education and Training Committee.

The attached consultation response analysis and revised draft standards of proficiency for operating department practitioners were considered and recommended to Council by the Education and Training Committee at its meeting in March 2014. The attached papers are for the Council's consideration and approval for publication.

Decision

The Council is invited to:

- discuss the attached paper;
- agree the revised standards of proficiency for operating department practitioners as set out in appendix one (subject to minor editing amendments and formal legal scrutiny); and
- agree the text of the consultation analysis document (subject to minor editing amendments and formal legal scrutiny).

Background information

- Paper for Education and Training Committee, 6 June 2013, (enclosure 10 at www.hpc-uk.org/aboutus/committees/archive/index.asp?id=649)
- Paper agreed by Council, 4 July 2013, (enclosure 13 at www.hpc-uk.org/aboutus/committees/archive/index.asp?id=636)
- Paper agreed by Education and Training Committee, 6 March 2014, (enclosure 5 at www.hpc-uk.org/aboutus/committees/archive/index.asp?id=661)

Resource implications

The resource implications of this round of consultation are accounted for in the Policy and Standards Department planning for 2013/14. The resource implications of the ongoing process of review and eventual publication of the revised standards of proficiency have been taken into account in the Policy and Standards workplan for 2013/14, and will continue to be taken into account in future years.

Financial implications

The financial implications include the costs associated with a series of public consultations on new draft standards and publication of new standards for 15 professions. These costs are accounted in department planning for 2013/14. We anticipate further costs in 2014/15 for further consultations and publication of further revised standards.

Appendices

- Appendix one: Revised standards of proficiency for operating department practitioners following the consultation
- Appendix two: List of additional standards suggested by respondents to the consultation
- Appendix three: List of amendments to the standards suggested by respondents to the consultation

Date of paper

13 March 2014

Consultation on proposed profession-specific standards of proficiency for operating department practitioners

Analysis of responses to the consultation on proposed profession-specific standards of proficiency for operating department practitioners, and our decisions resulting from responses received

1. Introduction

About the consultation

1.1 We consulted between 15 July 2013 and 18 October 2013 on proposed changes to the professions-specific standards of proficiency for operating department practitioners (ODPs).

1.2 The standards of proficiency set out what we expect professionals on our Register—known as "registrants"—to know, understand, and be able to do when they apply to join our Register. We consulted on proposed changes to the standards as part of our regular periodic review of the standards.

1.3 We informed a range of stakeholders about the consultation including professional bodies, employers, and education and training providers, advertised the consultation on our website, and issued a press release.

1.4 We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this responses document from our website: www.hcpc-uk.org/aboutus/consultations/closed

About us

1.5 We are a regulator and we were set up to protect the public. To do this, we keep a register of health and care professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called "registrants".

1.6 We currently regulate 16 health and care professions:

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Social workers in England
- Speech and language therapists

Reviewing the standards of proficiency

1.7 The standards of proficiency for operating department practitioners are designed to set out safe and effective practice in the profession. They do so by describing what professionals must know, understand, and be able to do in order to apply to join our Register.

1.8 The standards play an important role in public protection. When a professional applies for or renews their registration, or if concerns are raised about their competence while they are registered with us, we use the standards of proficiency in checking whether they have the necessary knowledge and skills to be able to practise their profession safely and effectively.

1.9 The standards of proficiency are divided into generic standards, which apply to all the professions on our Register, and standards specific to each individual profession. Under the new structure, most of the standards of proficiency will be profession-specific, listed under 15 new generic standards.

1.10 The purpose of the generic standards is to recognise commonality across all the professions that we regulate, while the purpose of the profession-specific standards is to set out additional standards for operating department practitioners related to the generic standard.

1.11 We consulted on changes to the generic standards of proficiency between July and October 2010.[1] The new generic standards have now been agreed by our Council and were not the subject of this consultation.

1.12 The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. We regularly review the standards of proficiency to:

- reflect current practice or changes in the scope of practice of each profession;
- update the language where needed to ensure it is relevant to the practice of each profession and to reflect current terminology;
- reflect the standard content of pre-registration education programmes;
- clarify the intention of existing standards; and
- correct omissions or avoid duplication.

1.13 Our initial revision of the profession-specific standards was informed by discussions with the professional bodies for operating department practitioners – The College of Operating Department Practitioners and

[1] You can find more information about the consultation on our website here: www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=110

the Association for Perioperative Practice. We then consulted on these draft revisions.

1.14 In consulting on proposed changes to the standards, we asked our stakeholders to consider whether the changes we have suggested to the profession-specific standards of proficiency for each profession are appropriate, and whether other changes are necessary. We have used the responses we received to help us decide if any further amendments are needed.

1.15 Once the final sets of standards are approved, they will be published. We will work with education providers to gradually phase-in the new standards after they are published.

About this document

1.16 This document summarises the responses we received to the consultation. The results of this consultation will be used to revise the proposed standards of proficiency for operating department practitioners.

1.17 The document is divided into the following sections.

- **Section two** explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
- **Section three** summarises the general comments we received in response to the consultation.
- **Section four** outlines the comments we received in relation to specific questions within the consultation.
- **Section five** outlines our responses to the comments we received and the changes we are making as a result.
- **Section six** lists the organisations which responded to the consultation.

1.18 This paper also has three appendices.

- Appendix one lists the standards after consultation (subject to minor editing amendments and legal scrutiny).
- Appendix two lists all the comments we received suggesting additional standards.
- Appendix three lists all the comments we received suggesting amendments to the drafted standards.

1.19 In this document, “you” or “your” is a reference to respondents to the consultation, “we”, “us” and “our” are references to the HCPC.

2. Analysing your responses

2.1 Now that the consultation has ended, we have analysed all the responses we received. Whilst we cannot include all of the responses in this document, a summary of responses can be found in sections three and four.

Method of recording and analysis

2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. yes; no; partly; don't know). Where we received responses by email or by letter, we recorded each response in a similar manner.

2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

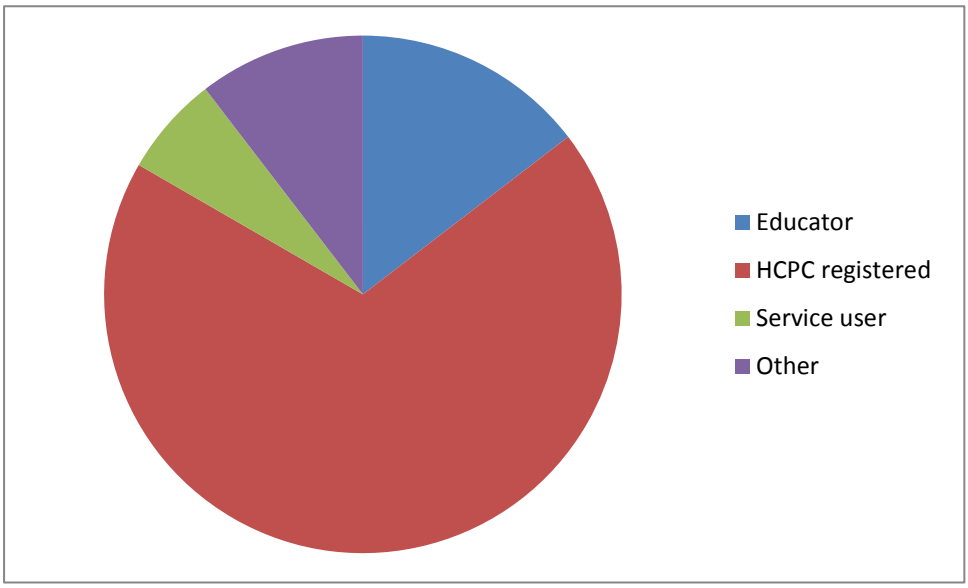
Statistics

2.4 48 (69 per cent) of responses were received from individuals – of which **33 (69 per cent)** were from HCPC registered professionals – and 22 (31 per cent) from organisations.

2.5 The breakdown of respondents and of responses to each question is shown in the graphs and tables which follow.

Graph 1 – Breakdown of individual responses

Respondents were asked to select the category that best described them.



Graph 2 – Breakdown of organisation responses

Respondents were asked to select the category that best described their organisation.

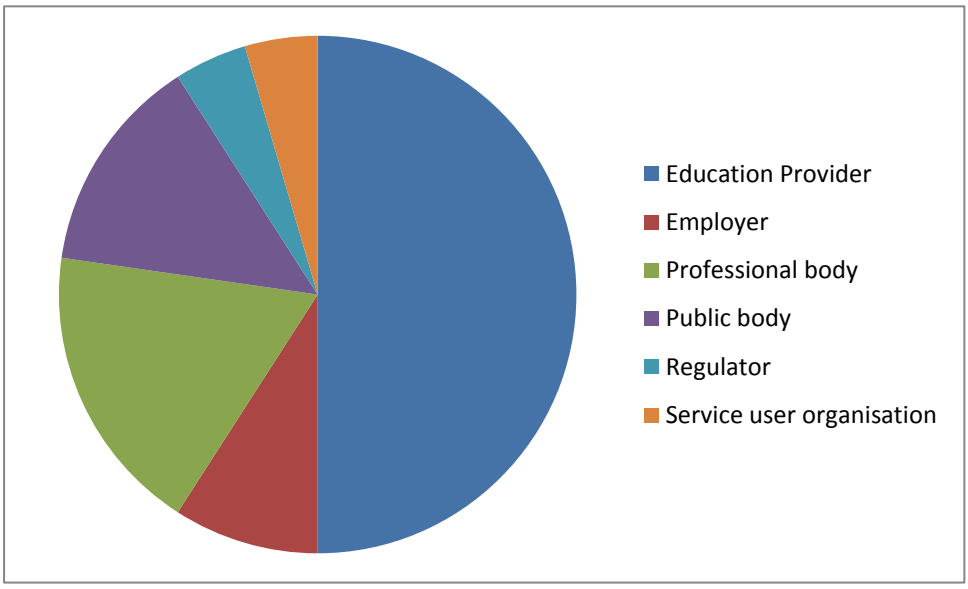


Table 1 – Breakdown of responses to each question

Questions	Yes	No	Partly	Don't know
1. Do you think the standards are at a threshold level necessary for safe and effective practice?	58 (83%)	1 (1%)	9 (13%)	2 (3%)
2. Do you think any additional standards are necessary?	25 (36%)	38 (54%)	N/A	7 (10%)
3. Do you think there are any standards which should be reworded or removed?	23 (33%)	34 (49%)	N/A	13 (19%)
4. Do you have any comments about the language used in the standards?	16 (23%)	52 (74%)	N/A	2 (3%)

Table 2 – Breakdown of responses by respondent type

	Individuals					Organisations			
	Yes	No	Partly	Don't Know		Yes	No	Partly	Don't Know
Question 1	41 (85%)	1 (2%)	5 (10%)	1 (2%)		17 (77%)	0 (0%)	4 (18%)	1 (5%)
Question 2	16 (33%)	25 (52%)	N/A	7 (15%)		9 (41%)	13 (59%)	N/A	0 (0%)
Question 3	10 (21%)	25 (52%)	N/A	13 (27%)		13 (59%)	9 (41%)	N/A	0 (0%)
Question 4	8 (17%)	38 (79%)	N/A	2 (4%)		8 (36%)	14 (64%)	N/A	0 (0%)

- Percentages in the tables above have been rounded to the nearest whole number and therefore may not add to 100 per cent.
- Question five invited any further comments rather than a "yes" or "no" answers so it is not included in the above tables.

3. General comments

3.1 This section outlines general themes that arose from the responses we received to the consultation.

"Generic" and profession-specific standards content

3.2 Several respondents were concerned about the content of the "generic" and profession-specific standards and/or possible omissions. The following provides an overview of the main concerns.

3.3 A few respondents thought the wording of some generic and profession-specific standards was weak, vague, unclear or ambiguous. This included:

- Standard eleven – be able to reflect on and review practice – and its profession-specific standards; and
- Standard 7.1 – be aware of the limits of the concept of confidentiality.

3.4 A few respondents commented that the profession-specific standards under standard 14 needed to be renumbered. One respondent commented that standard 14 did not have a logical order.

3.5 One respondent commented on numeracy. They suggested that operating department practitioners should acquire a level of numeracy equivalent to nurses. They referred to operating department practitioners being numerate and safe when using clinical calculations.

3.6 Several respondents commented on communication issues in the standards. This included:

- uncertainty over the use of operating department practitioners' interpersonal skills to encourage the active participation of service users;
- extending the communication requirements of operating department practitioners outside of the perioperative environment; and
- identifying the impact of the specific condition on a service user's individual communication needs.

3.7 Other respondents sought the inclusion of additional profession-specific standards and detail in the following areas.

- Additional clarity on where operating department practitioners can undertake or arrange investigations.
- An onus for an operating department practitioner to act where a service user is at risk and report same.
- Ensuring that the specific roles that an operating department practitioner is involved in – including anaesthetic, surgical and post-anaesthetic recovery practitioners – are given more prominence in the standards.

- The inclusion of profession-specific standards under generic standard six – be able to practice in a non-discriminatory manner – with two respondents seeking a definition for discrimination.

Use of “be able to”/“understand” etc.

3.8 Whilst some respondents supported the use of such phrases as “know”, “be able to” and “understand” which made the standards more accessible and usable, a number of other respondents were concerned about this choice of construction. For example, one respondent did not support the usage of “know”, “understand” and “be able to” rather than “must”. This respondent was concerned that in an attempt to cater for prospective registrants the standards had been lowered for current registrants.

3.9 Whereas another respondent supported the use of phrases such as “understand” to cater for prospective registrants, who might not be able to undertake a specific role or procedure on joining the Register but to be aware of them. This would allow for future development opportunities for registrants as they extend their scope of practice.

3.10 One respondent argued that the use of “to have an understanding” was not a “proficiency”. Whereas another respondent commented that the use of “understand” or “be able to” was not the same as demonstrating competency and understanding. This respondent supported the use of annual appraisals to achieve this objective. Other concerns from respondents included how we would measure “understand” and/or work in an “appropriate” manner when assessing fitness to practise. A further question was raised over what constitutes an appropriate and satisfactory understanding.

3.11 Other respondents had concerns over whether “understand” meant that registrants would actually be required to carry out a role or procedure, as opposed to simply understanding it. This included:

- catheterisation; and
- the role of a surgical first assistant.

“Patients” and “service users”

3.12 A few respondents were concerned about consistency in terminology for “service users” or “patients”, particularly in standard eight.

Scope of practice and areas of professionalism:

3.13 Several respondents were concerned that the standards did not fully take account of those operating department practitioners who work in more advanced roles and who utilise specialised skills sets.

3.14 These respondents sought the inclusion of additional standards for the following procedures and roles which included:

- intravenous cannulation;
- involvement in patient group directions;
- IV therapy;
- patient blood management and products; and
- drug administration.

3.15 A few respondents were concerned that newly qualified operating department practitioners might not be able to undertake some of the roles and procedures detailed in the standards. These roles included:

- undertaking appropriate interventions;
- understanding a patient’s elimination needs; and
- administering blood products.

3.16 Two respondents outlined their concerns for newly qualified operating department practitioners in a number of areas which included:

- questioning whether newly qualified operating department practitioners would have acquired these skills on completion of their training;
- observing that advanced skills are usually acquired post-registration; and
- questioning whether employers would require newly qualified operating department practitioners to have these advanced skills or prefer other graduate skills.

Understand a patient’s elimination needs

3.17 Four respondents had concerns about standard 14.3. One respondent suggested that the focus of this standard should be on fluid balance/homeostasis in general rather than just elimination, as they argued that it plays a major role in the perioperative management of service users. They also suggested the linking or amalgamation of standards 14.3 and 14.5.

Role of the “surgical first assistant”

3.18 A number of respondents were concerned about the standard relating to understanding the role of the surgical first assistant. These included:

- questioning why this standard was included when they claimed that an operating department practitioner cannot perform the role;
- observing that some trusts don’t employ surgical first assistants;
- outlining confusion over the title, terminology used and meaning of the role;
- voicing concerns over operating department practitioners acting as surgical first assistants and the possible impacts on career progression;
- questioning whether an operating department practitioner would be required to undertake the role of surgical first assistant, as opposed to understanding the role; and
- enquiring how we would measure “understand” in this context.

3.19 However, one respondent commended us for providing greater clarity on the use of surgical titles – when referring to the surgical first assistant – in the standards.

Education thresholds for operating department practitioners

3.20 Several respondents commented that the standards should raise the minimum education thresholds for operating department practitioners from a Diploma of Higher Education to a three year BSc undergraduate degree. There were a number of reasons proposed for this.

- It would take account of the changing scope of practice.
- There was a concern that the required competencies in the standards could not be covered by an aspirant operating department practitioner, who completed a Diploma of Higher Education.

Interaction with other frameworks

3.21 A few respondents mentioned other frameworks, which outline good practice in a number of areas.

- The appropriate delegation of duties to others similar to the Nursing and Midwifery Council’s (NMC) code.
- To cater for operating department practitioners who work abroad and outside of UK legal requirements but maintain registration with us. This respondent referred to the NMC’s standards of conduct, performance and ethics for guidance in this area.
- The selection of appropriate mentors for operating department practitioners using the guidance offered by the College of Operating Department Practitioners (CODP).

Emphasis on local policy

3.22 Two respondents commented that individual profession-specific standards should refer to complying with “local trust policy” or in accordance with “local policy”. For example, the standards relating to clinical practice for operating department practitioners which include the administration and monitoring of drugs and undertaking appropriate interventions and so on.

3.23 With regard to interventions, one respondent commented that there needs to be further guidance in this area in order to remove any ambiguity on what interventions are and are not permissible for registrants.

4. Comments in response to specific questions

4.1 This section contains comments made in response to specific questions within the consultation document.

Question 1. Do you think the standards are at a threshold level necessary for safe and effective practice?

4.2 The vast majority of respondents (82 per cent) agreed that the draft standards are set at a threshold level necessary for safe and effective practice.

4.3 There was a slight discrepancy in responses to this question, as 85 per cent of individual responses indicated that this was the case while a slightly lower 77 per cent of organisations answered the same.

4.4 Some of these respondents commented that the standards:

- reflect the changes – and future requirements – within the perioperative and practice environment;
- allow and take account for the expansion of an operating department practitioner's role and required competencies; and
- provide clarity of what is expected of registrants and prospective registrants alike.

4.5 Several respondents agreed that the standards were at a threshold level necessary for safe and effective practice. However, they qualified this support by suggesting that the minimum education threshold for operating department practitioners be increased from a Diploma of Higher Education to a three year BSc undergraduate degree. However, this was not universal as one respondent suggested that there should be several entry levels for an operating department practitioner to register.

4.6 A number of respondents **did not** or only **partly** agreed that the standards were set at a threshold level necessary for safe and effective practice (one and twelve per cent respectively).

4.7 Two respondents were concerned over the lack of emphasis on a professional "exercising their own professional judgement" in the draft standards. This included the omission of the current standard 1.a.6 and the use of professional judgement for referrals and identifying patient care needs. (However, this content was included in the consultation document under generic standards 1, 4 and 14.)

Question 2. Do you think any additional standards are necessary?

4.8 The majority of respondents did not think that any additional standards were necessary. With 54 per cent stating this to be the case, as opposed

to 36 per cent stating that additional standards were necessary. The reasons provided by respondents for not proposing additional standards included:

- that no obvious gaps were found;
- the standards were in line with the evolving scope of practice of an operating department practitioner;
- the standards were comprehensive;
- the standards covered the required core competencies, role and requirements for an operating department practitioner; and
- the standards allowed for an expansion of the operating department practitioner's role.

4.9 However, some respondents suggested that additional standards were necessary. There was a small difference in the responses received from organisations and those received from individuals, with only 33 per cent of individuals indicating that additional standards were necessary, while 41 per cent of organisations answered the same.

4.10 All of the additional standards suggested by respondents are set out in appendix two. The main areas suggested by respondents included the following.

- The acquisition and maintenance of a minimum standard of numeracy and accurate calculations.
- Additional standards to cater for operating department practitioners in advanced roles and who utilise specialised skills sets with regard to blood products, drug administration, intravenous cannulation and so on.
- To raise the minimum educational thresholds for an operating department practitioners.
- To cater for operating department practitioners who work in other countries and outside of the UK jurisdiction but maintain registration with us.
- Reference to patient group directions.

Question 3. Do you think there are any standards which should be reworded or removed?

4.11 The majority of respondents (49 per cent) did not think the standards needed to be amended. There was some discrepancy between respondents who wished to have standards reworded or removed. 59 per cent of organisations supported amendments, but only 21 per cent of individual respondents were in agreement with this.

4.12 Some of the suggestions we received were based on concerns about the general use of language in the standards, these concerns have been summarised in response to question four below.

4.13 We have listed all the proposed amendments to the standards in appendix three. Respondents suggested changes to the standards for a number of reasons which are detailed below. The standards should:

- clarify how an operating department practitioner would need to manage their workload and resources effectively and be able to practise accordingly;
- refer to a wider range of healthcare settings outside of the perioperative environment for the care of vulnerable persons;
- ensure that operating department practitioners understand the importance to maintain not only their health but wellbeing;
- highlight continuing professional development (CPD);
- provide a definition for discrimination;
- clarify the limits of the concept of confidentiality;
- provide more detail on the use of interpersonal skills to encourage the active participation of service users;
- provide more detail and clarity on standard 11 on being able to reflect on and review practice;
- provide more detail on advanced skills and responsibilities for operating department practitioners;
- clarify the type of investigations that an operating department practitioner would be expected to undertake;
- clarify issues related to the role of the surgical first assistant; and
- clarify the level of proficiency and advanced skills that new graduates are required to have.

Question 4. Do you have any comments about the language used in the standards?

4.14 The majority of respondents indicated that they had no comments to make about the language used in the standards. Other respondents commented that the wording was appropriate, clear, understandable and concise. There was a noticeable discrepancy in the responses we received as only 17 per cent of individuals commented on the use of language, while 36 per cent of organisations did the same.

4.15 However, other respondents suggested that the language of the standards could be further improved. This section aims to address the areas of language commented upon by multiple respondents, though all comments and suggestions received on the wording of the standards are listed in appendix three.

4.16 Other general comments we received about the language of the standards included:

- proof-reading for clarity;
- providing additional terminology, for example, emphasis on “analysis and critical thinking”, “evidence informed”, “research informed”, “leadership”, “manage change”, “work with service users”, “safe and effective care” and “professional judgement” (with the possible inclusion of the latter two in the generic standards);

- observing similarity between standards; and
- pointing to ambiguity with regard to some of the words and/or phrases used within the standards.

Question 5: Do you have any other comments on the standards?

4.17 Several respondents indicated that they had other comments to make regarding the standards. However, where similar points have been raised elsewhere these comments have not been included here in order to avoid duplication. Some respondents:

- sought the inclusion of guidance for returners to practice although they acknowledged this was not strictly a standard of proficiency response;
- sought clarity on the duties carried out by an operating department practitioner in conjunction with an anaesthetist and accountability for same;
- commented that when a registrant's ability is questioned it should be managed appropriately; and
- welcomed the layout of the new standards.

5. Our responses

5.1 We received a range of comments about the standards during the consultation process, including suggested amendments and possible additional standards, which we have carefully considered. The following section outlines our responses to these comments and suggestions including the changes we will make to the draft standards.

Level of detail in the standards

5.2 A number of comments we received suggested additional standards and amendments to provide more prescriptive detail about the requirements of operating department practitioners. A few respondents were concerned that the high level nature of the standards may allow for multiple interpretations and create a disparity of competency across registrants. For example, would newly qualified operating department practitioners be able to undertake all the roles and procedures detailed in the standards?

5.3 We considered the following in deciding whether we should make suggested changes or amendments:

- Is the standard necessary for safe and effective practice?
- Is the standard set at the threshold level for entry to the Register?
- Does the standard reflect existing requirements for operating department practitioners on entry into the profession?
- Does the standard reflect existing education and training?
- Is the standard written in a broad and flexible way so that it can apply to the different environments in which operating department practitioners might practise or the different groups that they might work with?

5.4 The standards set out the abilities necessary to practise in a profession. However, the standards are not a curriculum document nor are they intended to be a list of activities which registrants must undertake in any situation. For example, a registrant needs to “be able to maintain confidentiality” on entry to the Register. However, this is an ability and does not mean that there will not be situations where information might need to be shared with, or disclosed to others in the interests of service users or the public.

5.5 Part of our focus for the review of the standards is to ensure that the standards are relevant to the scope of practice and care within the operating department practitioners’ profession. When making decisions about whether to make changes to the standards, we must therefore consider whether the changes would make the standards too specific or would limit the scope of the standards.

5.6 We also aim to avoid duplication in the standards, to ensure they are clearly worded, and maintain consistency between different professions' standards wherever possible and appropriate.

Use of "be able to" and "understand" etc.

5.7 We intentionally use phrases such as "understand", "know", and "be able to" rather than "must". This is so the standards remain applicable to current registrants in maintaining their fitness to practise, as well as prospective registrants who have not yet started practising and are applying to be registered for the first time. It also makes sure that the standards are also written in a similar way to the learning outcomes set for pre-registration education programmes.

5.8 It is important to note the current standards of proficiency use verbs and starting phrases in the same way as the proposed new profession-specific standards of proficiency. We have not experienced any difficulty in applying the current wording of the standards of proficiency in the way some respondents have anticipated.

Education thresholds for ODPs

5.9 Several respondents commented that the standards should raise the minimum education threshold level of qualification for entry to the Register for operating department practitioners. Furthermore, we note the Council of Deans of Health's recent statement calling for us to raise the threshold for pre-registration education programmes for operating department practitioners from the current Diploma of Higher Education to a Bachelor's degree with honours (BSc Hons).

5.10 The threshold level of qualification for entry to the Register is set out in the first standard of our standards of education and training (SET 1). This standard was not the subject of this consultation. We have no present plans to consult on amending this standard to change the threshold level for operating department practitioners. The vast majority of education programmes for operating department practitioners are delivered at the threshold of Diploma of Higher Education and only a relatively few are currently delivered at BSc Honours degree level. However, we keep all our standards under regular review, so we may revisit this issue in the future.

The standards and scope of practice:

5.11 A number of respondents sought the inclusion of additional standards to cater for operating department practitioners who work in more advanced roles and who utilise specialised skills sets.

5.12 The standards set out the threshold proficiencies required of applicants when they first apply to join the Register. Once on the Register, every

time registrants renew their registration, they are asked to confirm that they continue to meet the standards of proficiency that apply to their own scope of practice - the area of their profession in which they have the knowledge, skills and experience to practise safely and effectively.

5.13 We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants may become more focused and specialised than that of newly registered colleagues. However, the standards are intended to set the threshold knowledge, understanding and skills required by a registrant for entry to our Register. Therefore, we do not outline or stipulate competencies above a threshold level.

Emphasis on local policy

5.14 We recognise that some of the clinical practice duties and requirements which operating department practitioners are expected to undertake is in fact determined by "local trust policy" or "local policy". However, the role of the standards is to set out the threshold competencies for entry to the profession throughout the UK, rather than to reflect local variations in service provision and policy.

Comments on specific standards:

5.15 A number of respondents highlighted concerns about three new and one amended profession-specific standards under generic standard 14. These concerns ranged from whether newly qualified operating department practitioners would actually possess these skills to whether employers would require them; and from seeking clarification and more prescriptive detail within the standards to acknowledging the impact of local policy conditions.

5.16 These profession-specific standards included:

- 14.3 – understand patient's elimination needs, including male and female urinary catheterisation;
- 14.4 – understand the role of the surgical first assistant in assisting with surgical intervention;
- 14.5 – be able to undertake appropriate anaesthetic, surgical and post-anaesthesia interventions, including managing the patient's airway, respiration, and circulation; and
- 14.6 – understand the management and processes involved in the administration of blood and blood products.

5.17 We have carefully considered and noted these comments. However, we have concluded that, on balance, we are satisfied that these standards do reflect the threshold entry requirement for entry to the Register as an operating department practitioner.

Our decisions

5.18 We have made a number of changes to the standards based on the comments we received in consultation as summarised below. The draft revised standards following consultation can be found in appendix one.

- With regard to consistency in terminology we have decided to remove reference to “patients” and only refer to “service users” throughout the standards including in 8.2, 8.9, 8.11 13.2, 13.10, 13.14, 14.3, 14.9, 14.11, 14.14, and 15.10.
- We have made some minor editing amendments to individual standards to correct mistakes and/or omissions.
- We have made a minor amendment to standard 2.8 with regard to understanding the complexity of caring for vulnerable persons in a number of settings.
- We have amended standard 14.7 to refer to “fluid balance” as this would be a more appropriate clinical term.

6. List of respondents

Below is a list of all the organisations that responded to the consultation.

Association for Perioperative Practice
Birmingham City University – operating department practitioner team, Faculty of Health
Cardiff University
Care Quality Commission
College of Operating Department Practitioners
Council of Deans of Health
Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI)
East Midlands Local Education and Training Board (LETB)
Health Education Thames Valley and Health Education Wessex
Imperial Health Care
Independent Healthcare Advisory Services
London South Bank University
Oxford Brookes University
Sheffield Hallam University
South East Coast Ambulance Service NHS Foundation Trust
Staffordshire University – operating department practitioner team
UK Cell Salvage Action Group
University of Central Lancashire
University of East Anglia – operating department practice
University of Surrey
University of West London

Appendix 1: Draft standards of proficiency for operating department practitioners

New standards and amendments to standards are shown in **bold and underlined**. Deletions are shown in ~~strikethrough~~. The standards in this section are subject to legal scrutiny and may be subject to minor editing amendments prior to publication.

No.	Standard
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
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly
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
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
2.6	be able to practise in accordance with relevant medicines legislation
2.7	understand the importance of and be able to obtain informed consent
2.8	understand the complexity of caring for vulnerable persons in perioperative and **other** healthcare settings, and the need to adapt care as necessary

2.9	be able to exercise a professional duty of care
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
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning
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
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
4.3	be able to initiate resolution of problems and be able to exercise personal initiative
4.4	recognise that they are personally responsible for and must be able to justify their decisions
4.5	be able to make and receive appropriate referrals
4.6	understand the importance of participation in training, supervision and mentoring
5	**be aware of the impact of culture, equality, and diversity on practice**
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals
6	**be able to practise in a non-discriminatory manner**
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
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**
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
8.2	be able to use effective communication skills when sharing information about ~~patients~~ **service users** with other members of the multidisciplinary team
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[2]
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
8.5	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
8.6	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, ethnicity, gender, socio-economic status and spiritual or religious beliefs
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
8.8	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter wherever possible
8.9	be able to identify anxiety and stress in ~~patients~~ **service users**, carers 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
8.11	be able to use effective communication skills in the reception and identification of ~~patients~~ **service users**, and in the transfer of ~~patients~~ **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

[2] 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.

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
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team
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**
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
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
12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses 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
12.4	be able to maintain an effective audit trail and work towards continual improvement
12.5	be aware of, and be able to participate in quality assurance processes, where appropriate
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user

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
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
13.2	recognise disease and trauma processes, and how to apply this knowledge to the ~~patient's~~ **service user's** perioperative care
13.3	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
13.4	recognise the role of other professions in health and social care
13.5	understand the structure and function of health and social care services in the UK
13.6	understand the concept of leadership and its application to practice
13.7	understand the theoretical basis of, and the variety of approaches to, assessment and intervention
13.8	be aware of the main sequential stages of human development, including cognitive, emotional and social measures of maturation through the life-span
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 ~~patients~~ **service users**, and monitor the effects of drugs on ~~patients~~ **service users**
13.11	understand the principles of operating department practice and their application to perioperative and other healthcare settings
13.12	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 ~~patient~~ **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
14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively
14.3	understand ~~patient's~~ **service user's** elimination needs, including male and female urinary catheterisation
14.4	understand the role of the surgical first assistant in assisting with surgical intervention
14.5	be able to undertake appropriate anaesthetic, surgical and post-anaesthesia **care** interventions, including managing the patient's airway, respiration, and circulation
14.6	understand the management and processes involved in the administration of blood and blood products
14.7	be able to monitor and record fluid **balance**, and where appropriate, administer prescribed fluids in accordance with national and local guidelines
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
14.9	be able to assess and monitor the ~~patient's~~ **service user's** pain status and as appropriate administer prescribed pain relief in accordance with national and local guidelines
14.10	be able to modify and adapt practice to emergency situations
14.11	be able to receive and identify ~~patients~~ **service users** and their care needs
14.12	be able to formulate specific and appropriate care plans including the setting of timescales
14.13	be able to gather appropriate information
14.14	be able to effectively gather information relevant to the care of ~~patients~~ **service users** in a range of emotional states
14.15	be able to select and use appropriate assessment techniques
14.16	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
14.17	be able to undertake or arrange investigations as appropriate
14.18	be able to analyse and critically evaluate the information collected

14.19	be able to demonstrate a logical and systematic approach to problem solving
14.20	be able to adapt and apply problem-solving skills to clinical emergencies
14.21	be able to use research, reasoning and problem solving skills to determine appropriate actions
14.22	recognise the value of research to the critical evaluation of practice
14.23	be aware of a range of research methodologies
14.24	be able to evaluate research and other evidence to inform their own practice
14.25	be able to ~~demonstrate a level of skill in the~~ use ~~of~~ information and communication technolog**ies**~~y~~ appropriate to their practice
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 ~~patient~~ **service user** safety
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
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
15.5	be able to select appropriate personal protective equipment and use it correctly
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
15.7	be able to promote and comply with measures designed ~~for~~ **to control** infection ~~control~~
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 ~~patients~~ **service users** for safe and effective interventions

Appendix 2: Suggested additional standards

No.	Standard	Suggested additional standards
1.	be able to practise safely and effectively within their scope of practice	One respondent commented that the following additions should be included under this section. • To adhere to the laws of the country a registrant is practising in. • Be able to work without direct supervision. • To take part in appropriate learning and practice activities to develop competence/performance.
2.	be able to practise within the legal and ethical boundaries of their profession	One respondent commented that reference should be made to operating department practitioners always acting lawfully in their professional and personal life. Two respondents suggested that the standards should refer to operating department practitioners who work in other countries. One of these respondents referred to the fact that although these operating department practitioners work outside of UK legal requirements they still maintain their registration with us and cited the NMC's standards of conduct, performance and ethics as a case in point. The second respondent indicated that the inclusion of such a standard would be bring us in line with other regulators and reflect the growing opportunities for operating department practitioners who work overseas. One respondent commented that there needs to be more emphasis on caring for people with mental health issues and operating department practitioners having an awareness of these issues.
3.	be able to maintain fitness to practise	One respondent commented that this standard should include reference to an operating department practitioner having to demonstrate a personal/professional commitment to their practice. One respondent suggested the inclusion of two additional standards to this section.

		• Understand the principles of safe and appropriate allogeneic blood transfusion. • Understand the application of surgical alternatives to allogeneic blood transfusion including intraoperative and postoperative cell salvage.
4.	be able to practise as an autonomous professional, exercising their own professional judgement	One respondent suggested that the following standards should be included under this section. • To act with integrity. • To be open and honest. • To uphold the profession's reputation. • To provide a high standard of practice and care at all times. One respondent commented that this standard should include explicit reference to requiring professional judgement when dealing with the issue of referrals and identifying patient care needs.
5.	be aware of the impact of culture, equality, and diversity on practice	One respondent suggested that the following standards should be included under this section. • Must not discriminate in anyway against those in their care or working alongside. • Treat people kindly, compassionately and with due consideration.
6.	be able to practise in a non-discriminatory manner	One respondent suggested that the following standards should be included under this section. • Be aware of protected characteristics. • Be able to demonstrate a professional commitment to equality and diversity.
7.	understand the importance of and be able to maintain confidentiality	One respondent suggested that the following standards should be included under this section. • To respect peoples' right to confidentiality. • Be aware of safeguarding issues and [that an operating department practitioner] demonstrates this within their practice.
8.	be able to communicate effectively	One respondent suggested an additional standard for operating department practitioners who work or practise abroad.

		One respondent suggested that additional standards should be included which refer to clinical supervision.
9.	be able to work appropriately with others	
10.	be able to maintain records appropriately	One respondent suggested that the following standards should be included under this section. • Need to complete records as soon as possible after an event has occurred. • A prohibition on tampering with original records in any way.
11.	be able to reflect on and review practice	One respondent suggested the inclusion of an additional profession-specific standard under this section. • 11.3: Understand the importance of reflection to the on-going development of [the] individual and team for the improvement of care within the perioperative environment. The same respondent also suggested that the following standards on - recognising the value of supervision with professional practice - should be included under this section. • 11.3: Recognise the value of supervision and the supervisory process in improving practice. • 11.4: Be able to contribute effectively to the supervision of others.
12.	be able to assure the quality of their practice	One respondent suggested that the following standards should be included under this section. • Work with colleagues to monitor the quality of your work and maintain the safety of those in their [your] care. • Cooperate with internal and external investigations. • Reference to escalating concerns and whistleblowing. One respondent recommended the inclusion of annual appraisals in order to ensure a registrant can demonstrate proficiency.
13.	understand the key concepts of the	One respondent suggested that the following standard should be included under this

	knowledge base relevant to their profession	section. • Recognise and work within the limits of own competence. A few respondents supported additional standards for prescribing, administering and monitoring drugs to service users which would require a registrant to: • understand and recognise the need for monitoring the effects of drugs and taking appropriate action in response to significant change; • be able to administer relevant prescription only medication, interpret relevant patient history and recognise potential implications of polypharmacy and drug interactions in everyday practice; • be able to prescribe – where an operating department practitioner has followed an approved prescriber programme - from a limited list of medications relevant to their scope of practice (subject to changes in drug legislation); and • refer to operating department practitioners in patient group directions (PGD). A few respondents sought the inclusion of additional standards referring to fluids and the various procedures for this. • To monitor and record fluid and, where appropriate, administer prescribed fluids in accordance to national and local guidelines. • The inclusion of an additional standard on IV therapy. • The inclusion of an additional standard to cover a certified minimum level for intravenous cannulation by Immediate Life Support. Two respondents supported the inclusion of additional standards relating to blood. One respondent commented that patient blood management is an integral part of an operating department practitioner's role and this does not appear in the standards. The second respondent supported the inclusion of the following amended standard. • Understand the management and process in the administration of blood and blood products One respondent suggested that an additional standard should be included which refers to supervising others in the workplace be it students or those in other roles. One respondent suggested that there should be a minimum standard of numeracy for

		operating department practitioners. The level of numeracy should be equivalent to that for nurses. They commented that operating department practitioners are responsible for their actions (including the administration of drugs) and there should be a specific requirement to be numerate and safe when using clinical calculations. One respondent suggested than additional standards should be included which refer to promoting and progressing the role of the operating department practitioner.
14.	be able to draw on appropriate knowledge and skills to inform practice	One respondent suggested that the following standard should be included under this section. • Keep colleagues informed when you are sharing the care of others. One respondent suggested that the following standards should be included under this section. • Understand the principles and application of leadership skills within the perioperative and healthcare setting for the promotion of patient safety and efficiency. • Be able to understand the impact of human factors within the perioperative/acute setting and the implications for patient safety. One respondent commented that this standard should include explicit reference to requiring professional judgement when dealing with the issue of referrals and identifying patient care needs. One respondent commented that the three roles operating department practitioners undertake – anaesthetic, surgical and as post-anaesthetic recovery practitioners – are generally covered by standard 14.3 [14.5]. However, they claimed that there were no specific standards on these distinct roles and suggested that the three roles be given more prominence within the standards to better ensure that they are adequately covered; and that the standards are sufficiently robust to allow an appropriate perioperative skills mix. However, there are a number of profession-specific standards which cover these three distinct roles under generic standard 14 and so on. Whereas, another respondent supported reference within the standards to registrants who undertake these roles in a more advanced capacity. This respondent sought reference to “advanced roles” within terms relating to clinical activity including “surgical assistance” and “advanced anaesthetic activity”. Although they acknowledged that these roles vary from hospital to hospital, and region to region.

		Another respondent sought additional standards for operating department practitioners who work in individual and/or more advanced roles throughout the NHS. These roles included: • resuscitation practitioners; • advanced anaesthetic/surgical practitioners; • ED practitioners; • transfers practitioners; • clinical educators; • pre-hospital practitioners; and • operating department practitioners who no longer worked in operating theatres but in senior NHS positions. One respondent suggested that the following standard should be included under generic standard 14 or 15. • Being [be] able to undertake procedures which prevent the unintended retention of surgical items and take appropriate action when necessary. Two respondents commented on the delegation of duties. One respondent sought the inclusion of additional standards around accountability, for example, when delegating tasks or taking on new tasks without formal training. Whereas, another respondent questioned whether the standards should refer to the appropriate delegation of duties to others and similar to the Nursing and Midwifery Council's (NMC) code. One respondent commented that when referring to assisting roles there should be reference to knowledge of role boundaries appearing safe with a context statement for newly qualified and mature operating department practitioners.
15.	understand the need to establish and maintain a safe practice environment	A few respondents sought additional standards which refer to reporting and patient safety issues. One respondent suggested that the following standard should be included under this section. • Must act without delay if you believe you or a colleague may be putting someone [a service user] at risk. Another respondent suggested an additional standard requiring operating department practitioners to be aware of how others practice and behave around a registrant; and

		being responsible enough to question and report this if necessary. Finally, a third respondent sought an additional standard to bring further clarity to safeguarding issues within the critical care environment. One respondent suggested that the following standards should be included under this section. • Be aware and apply, as appropriate, patient safety guidelines for the perioperative and healthcare environment. • To be able to identify the scope of resources required for the safe delivery of all care, recognising the potential for unexpected change. • Be able to apply leadership skills in the allocation of resources. One respondent suggested that the following standard should be included under generic standard 14 or 15. • Being [be] able to undertake procedures which prevent the unintended retention of surgical items and take appropriate action when necessary.

Appendix 3: Detailed comments on the draft standards

Respondents' proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold.**

This section does not include comments received about the generic standards, as they were not within the scope of the consultation.

No.	Standard	Comments
1	be able to practise safely and effectively within their scope of practice	One respondent commented that standards 1 and 15 refer to safe practice, but there is no explicit reference within the profession-specific standards to the assessment of risk, which they claimed is fundamental to the practice of all healthcare professions.
1.1	know the limits of their practice and when to seek advice or refer to another professional	One respondent suggested that this standard should be reworded to the following: • know the limits of their **knowledge, ability and associated** practice and when to seek advice or refer to another professional One respondent queried whether advice in this instance should be sought from another professional on the same part of the register ie another operating department practitioner. One respondent suggested that this standard should refer to a registrant knowing about the role of an operating department practitioner as they work within a multidisciplinary team. This impacts on the selection of appropriate mentors for operating department practitioners, as this respondent referred to the guidance offered by the College of Operating Department Practitioners (CODP) which deals with mentoring issues.

1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	Two respondents found this standard to be a bit muddled and suggested rewording or splitting the standard into two. This would involve a separate standard 1.3 where a registrant would have to understand the importance of practising in accordance with workload limitations and resources.
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	
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	One respondent commented that this standard should be reworded to include the term “non-judgemental”.
2.5	know about current legislation applicable to the work of their profession	One respondent suggested that this standard should be reworded to the following: • ~~know about~~ **have a working knowledge of** current legislation applicable to the work of their profession
2.6	be able to practise in accordance with relevant medicines legislation	One respondent suggested that this standard should be reworded to the following: • be able to practise **safely** in accordance with relevant medicines legislation

2.7	understand the importance of and be able to obtain informed consent	
2.8	understand the complexity of caring for vulnerable persons in perioperative and healthcare settings, and the need to adapt care as necessary	One respondent suggested that this standard should be reworded to the following: • understand the complexity of caring for vulnerable persons in perioperative and healthcare settings, and the need to adapt care **and treatment** as necessary Two respondents suggested that this standard should refer to a wider range of healthcare settings outside of the perioperative environment. One of these respondents suggested that this standard should be reworded to the following: • understand the complexity of caring for vulnerable persons **not just** in **the** perioperative **environment but also in a range of other** ~~and~~ healthcare settings **outside of the perioperative environment**, and the need to adapt care as necessary
2.9	be able to exercise a professional duty of care	
3	**be able to maintain fitness to practise**	
3.1	understand the need to maintain high standards of personal and professional conduct	One respondent suggested that this standard should be reworded to the following: • understand the need to maintain high standards of personal and professional conduct **at all times**
3.2	understand the importance of maintaining their own health	Two respondents suggested that this standard should be reworded to the following: • understand the importance of maintaining their own health **and wellbeing**

3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	Two respondents suggested that this standard should be reworded to the following: • understand both the need to keep skills and knowledge up to date and the importance of career-long learning **and CPD**
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	
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	One respondent suggested that this standard should be reworded to the following: • be able to make reasoned **clinical** decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	One respondent suggested that this standard should be reworded to the following: • be able to initiate resolution of problems and be able to exercise personal initiative **within the scope of their own practise**
4.4	recognise that they are personally responsible for and must be able to justify their decisions	One respondent suggested that this standard should be reworded to the following: • recognise that they are personally ~~responsible~~ **accountable** for and must be able to justify their decisions One respondent suggested that this standard should be reworded to the following: • recognise that they are personally responsible for and must be able to justify their decisions **and actions**

4.5	be able to make and receive appropriate referrals	
4.6	understand the importance of participation in training, supervision and mentoring	One respondent questioned how this standard could be achieved by students.
5	**be aware of the impact of culture, equality, and diversity on practice**	
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals	
6	**be able to practise in a non-discriminatory manner**	A few respondents referred to the fact that there are no profession-specific standards under the generic standard 6. Two respondents sought further information or a definition for discrimination.
7	**understand the importance of and be able to maintain confidentiality**	
7.1	be aware of the limits of the concept of confidentiality	Two respondents questioned whether there was a limit to confidentiality. Another respondent suggested referring to a detailed understanding of the limits of confidentiality. All three respondents thought the wording of this standard was weak or unclear.
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	One respondent suggested that this standard should be reworded to the following: • understand **and uphold** the principles of information governance and be aware of the safe and effective use of health and social care 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**	
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	
8.2	be able to use effective communication skills when sharing information about patients with other members of the multidisciplinary team	One respondent suggested the inclusion of operating department practitioners communicating with other departments and hospitals and not just within the multidisciplinary team (MDT). They stated that operating department practitioners undertake duties outside of the critical care environment including the transfer to other facilities. Another respondent suggested that this standard should be reworded to the following: • be able to use effective communication skills when sharing information about patients with other members of the multidisciplinary team**, within and external to the perioperative environment**
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[3]	
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	
8.5	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	One respondent commented that this standard duplicates the standards already set in 8.1 and 8.6.

[3] 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, have to provide evidence that they have reached the necessary standard. Please visit our website for more information.

8.6	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, ethnicity, gender, religious beliefs and socio-economic status	
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	
8.8	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter wherever possible	
8.9	be able to identify anxiety and stress in patients, carers and others, and recognise the potential impact upon communication	One respondent suggested that this standard should be reworded to the following: • be able to identify **and dispel** anxiety and stress in patients, carers and others, and recognise the potential impact upon communication Two respondents noted that for consistency this standard should refer to "service users" or "patients" in standard eight. See standard 8.9 and 8.11. Two respondents also suggested that this standard should refer to operating department practitioners being able to identify the effects of the patient condition on communication outside of stress and anxiety brought on by undergoing surgery. For example, the impact of stroke.
8.10	recognise the need to use interpersonal skills to encourage the active participation of service users	Two respondents queried what exactly service users would be actively participating in.
8.11	be able to use effective communication skills in the reception and identification of patients, and in the transfer of patients to the care of others	One respondent noted that we should refer to "service users" or "patients" in standard eight for the benefit of consistency.
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	One respondent suggested that this standard should be reworded to the following: • be able to work, where appropriate, in partnership with service users, other professionals, support staff, and others **to ensure patient safety**
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	One respondent commented that this standard should be more explicit in acknowledging the importance of empowering service users to participate in their own care as appropriate.
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	One respondent suggested that this standard should be reworded to the following: • be able to contribute effectively to work undertaken as part of a multi-disciplinary **and multiagency** team
9.5	understand and be able to apply psychological and sociological principles to maintain effective relationships	One respondent queried how this standard could be measured in fitness to practise proceedings
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	One respondent suggested that this standard should be reworded to the following: • be able to keep accurate **and legible** ~~, 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**	A few respondents commented that standard 11 in its entirety (including profession-specific standards 11.1 and 11.2) were vague, unclear and ambiguous. One respondent suggested that knowledge and practice; career long learning; CPD and delivery of individualised evidence based practice needed to be clearer.
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	One respondent suggested that this standard should be reworded to the following: • recognise the value of **briefing,** case conferences and other methods of review
12	**be able to assure the quality of their practice**	One respondent commented that standard 12 refers to an individual being able to assure the quality of their own practice; however, they argued that there is an opportunity throughout the standards to highlight the importance of quality improvement skills and make explicit the individual's responsibility to improve practice and care delivery.

12.1	be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures	One respondent suggested that this standard should be reworded to the following: • be able to engage in evidence-based practice~~, evaluate practice systematically, and participate in audit procedures~~ **and deliver individualised care** One respondent commented that generic standard twelve suggests that a registrant needs to do something demonstrative in this standard. However, they found standards 12.1-12.7 to be contrary to this overarching aim with the inclusion of terms such as "be able to…", "recognise…" and "be aware of…" This respondent suggested the removal of these terms in standards 12.1 and 12.5, but did not stipulate the other profession-specific standards that these terms should be removed from. For example, this respondent suggested that this standard should be reworded to the following: • ~~be able to~~ engage**s** in evidence-based practice, evaluate practice systematically, and participate in audit procedures One respondent suggested that this standard should be reworded to the following: • be able to **interpret and apply** ~~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	One respondent suggested that this standard should be reworded to the following: • be able to ~~gather~~ **collate and interpret** information, including qualitative and quantitative data, that helps to evaluate the responses 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	One respondent suggested that this standard should be reworded to the following: • be aware of the role of audit and review in ~~quality management~~ **clinical governance**, including quality control, quality assurance, and the use of appropriate outcome measures
12.4	be able to maintain an effective audit trail and work towards continual improvement	
12.5	be aware of, and be able to participate in quality assurance processes, where appropriate	One respondent commented that generic standard twelve suggests that the registrant needs to do something demonstrative in this standard. However, they found standards 12.1-12.7 to be contrary to this overarching aim with the inclusion of terms such as "be able to…", "recognise…" and "be aware of…" This respondent suggested the removal of these terms in standards 12.1 and 12.5, but did not stipulate the other profession-specific standards that these terms should be removed from. For example, this respondent suggested this standard should be reworded to the following: • ~~be aware of, and be able to~~ participate**s** in quality assurance processes, where appropriate
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	One respondent was unclear with regards to the context of this standard for operating department practitioners
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	
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	

13.2	recognise disease and trauma processes, and how to apply this knowledge to the patient's peri-operative care	
13.3	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	
13.4	recognise the role of other professions in health and social care	One respondent suggested that this standard should be reworded to the following: • recognise the role of other professions **and healthcare workers** in health and social care
13.5	understand the structure and function of health and social care services in the UK	
13.6	understand the concept of leadership and its application to practice	
13.7	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	
13.8	be aware of the main sequential stages of human development, including cognitive, emotional and social measures of maturation through the life-span	
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 patients, and monitor the effects of drugs on patients	One respondent suggested that this standard should include reference to complying with local policy
13.11	understand the principles of operating department practice and their application to peri-operative and other healthcare settings	

13.12	understand the pharmacokinetic and pharmodynamic effects and contraindications of drugs used within the perioperative and acute setting	One respondent suggested that this standard contained a minor typo and should be amended to the following: • understand the pharmacokinetic and ~~pharmodynamic~~ **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 patient needs	One respondent suggested that this standard should be reworded to the following: • be able to **accurately** calculate ~~accurately~~ prescribed drug dosages for individual patient needs One respondent suggested that this standard should be reworded to the following: • ~~be able to calculate~~ accurately **calculate** prescribed drug**s** dosages for individual patient needs Two respondents suggested that this standard should be widened to include the administration of drugs. One respondent referred to the fact that other advanced skills, for example, catheterisation and so on are mentioned in other standards.
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**	A few respondents commented that the profession-specific standards within generic standard 14 need to be renumbered. One respondent commented that standard 14 does not seem to have a logical order. One respondent commented that where individual standards refer to clinical practice that much of this work is in fact determined by trust policy. This respondent recommended the inclusion of "…in accordance with local policy" in all relevant standards but did not identify these standards.
14.1	be able to change their practice as needed to take account of new developments or changing contexts	
14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively	

14.3	understand patient's elimination needs, including male and female urinary catheterisation	A number of respondents had concerns about this standard. Two respondents had the following concerns which included: • questioning whether operating department practitioners would have acquired the skill on completion of their training; • observing that advanced skills – such as catheterisation – are usually a post-registration requirement; and • questioning whether employers would require this skill from new graduates or to meet their service need. Moreover, one of these respondents suggested that the focus of this standard should be on fluid balance/homeostasis in general rather just elimination, as it plays a major role in the perioperative management of service users. This respondent claimed that standard 14.3 should be linked to or amalgamated with 14.5. Two respondents commented on the use of "understand" in this standard. One respondent questioned whether an operating department practitioner would need to be able to catheterise patients or just have an understanding of it. The second respondent commented that the use of "understand" indicated that this was not a proficiency and questioned how we would measure it.

14.4	understand the role of the surgical first assistant in assisting with surgical intervention	A number of respondents had concerns about this standard. One respondent questioned why this standard was included. They stated that the standard of proficiency reflect a defined role and questioned why a registrant must have knowledge of an advanced role that they may not perform. Two respondents had the following concerns which included: • questioning whether operating department practitioners would have acquired the skill on completion of their training; • observing that advanced skills are usually a post-registration requirement; and • questioning whether employers would require this skill from new graduates or to meet their service need. One of these respondents found this standard to be rather presumptuous as some trusts do not employ surgical first assistants. They suggested that this topic should be approached by referring to an appreciation of advanced roles. One respondent raised concerns about qualified practitioners acting as first assistants and raised a further question over career progression. This respondent was concerned about the use and clarification of professional titles; they commented that the term first assistant can mean many things. One respondent acknowledged our role in providing greater clarity in the use of surgical titles when referring to the surgical first assistant in the standards. However, another respondent commented that this standard stands alone and questioned whether the term “surgical first assistant” is the correct term and is used nationally. Two respondents commented on the use of “understand” in this standard. One respondent questioned whether an operating department practitioner would need to be able to undertake the role of a surgical assistant as opposed to just understanding the role. The second respondent commented that the use of “understand” indicated that this was not a proficiency and questioned how we would measure it.

14.5	be able to undertake appropriate anaesthetic, surgical, and post-anaesthesia interventions, including managing the patient's airway, respiration, and circulation	One respondent commented that the operating department practitioner's role is determined by local policy and their role in anaesthesia, surgery and recovery is well defined. However, they argued that if there are interventions that all operating department practitioners should carry out such as airway management, then these need to be stated for all areas of practice to remove any ambiguity. They sought additional guidance on the extent of the role of the operating department practitioner in these interventions. For example, does airway management include intubation? Does circulation include cannulation and the administration of IV fluids? Two respondents had a number of concerns about this standard which included: • questioning whether operating department practitioners would have acquired these skills on completion of their training; • observing that advanced skills are usually a post-registration requirement; and • questioning whether employers would require this skill from new graduates or to meet their service need. They argued that other employers might prefer different skills from a graduate including leadership, research and service improvement.
14.6	understand the management and processes involved in the administration of blood and blood products	Two respondents had a number of concerns about this standard which included: • questioning whether operating department practitioners would have acquired these skills on completion of their training; • observing that advanced skills are usually a post-registration requirement; and • questioning whether employers would require this skill from new graduates or to meet their service need. They argued that other employers might prefer different skills from a graduate including leadership, research and service improvement.

14.7	be able to monitor and record fluid, and where appropriate, administer prescribed fluids in accordance with national and local guidelines	One respondent suggested that this standard contained a minor typo and should be amended to the following: • be able to monitor and record fluid **administration or fluid input/output**, and where appropriate, administer prescribed fluids in accordance with national and local guidelines
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	
14.9	be able to assess and monitor the patient's pain status and as appropriate administer prescribed pain relief in accordance with national and local guidelines	
14.10	be able to modify and adapt practice to emergency situations	
14.11	be able to receive and identify patients and their care needs	One respondent suggested that this standard contained a minor typo and should be amended to the following: • be able to receive and identify patients and their **individual** care needs
14.12	be able to formulate specific and appropriate care plans including the setting of timescales	
14.13	be able to gather appropriate information	
14.14	be able to effectively gather information relevant to the care of patients in a range of emotional states	
14.15	be able to select and use appropriate assessment techniques	
14.16	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	

14.17	be able to undertake or arrange investigations as appropriate	One respondent queried what investigations would take place and in what context. They questioned whether this standard is meant to limit, continue or extend practice. Another respondent wished to have further clarity and ideally examples of the investigations that operating department practitioners should be able to undertake or arrange; and the context in which they are carried out. This respondent also sought recognition in the standards that the investigations which are arranged or undertaken will depend on an individual operating department practitioner's area of practice.
14.18	be able to analyse and critically evaluate the information collected	
14.19	be able to demonstrate a logical and systematic approach to problem solving	
14.20	be able to adapt and apply problem-solving skills to clinical emergencies	
14.21	be able to use research, reasoning and problem solving skills to determine appropriate actions	
14.22	recognise the value of research to the critical evaluation of practice	
14.23	be aware of a range of research methodologies	
14.24	be able to evaluate research and other evidence to inform their own practice	
14.25	be able to demonstrate a level of skill in the use of information and communication technologies appropriate to their practice	

15	**understand the need to establish and maintain a safe practice environment**	One respondent commented that standards 1 and 15 refer to safe practice, but there is no explicit reference within the profession-specific standards to the assessment of risk, which they claimed is fundamental to the practice of all healthcare professions.
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 patient safety	
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	One respondent suggested that this standard should be made more explicit to recognise the importance of not only human factors but also of taking appropriate action to promote patient safety.
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 in accordance with health and safety legislation	
15.5	be able to select appropriate personal protective equipment and use it correctly	
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	
15.7	be able to promote and comply with measures designed for infection control	
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 patients for safe and effective interventions	