Standards of proficiency for operating department practitioners

Responses to our consultation, and our decisions

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Introduction
We consulted on revised profession-specific standards of proficiency for operating department practitioners (ODPs) between 30 November 2007 and 7 March 2008.

We sent a copy of the consultation document to education providers delivering programmes in operating department practice, professional bodies, employers and other relevant stakeholders.

In this document we summarise the responses we received to the consultation, and the decisions we have taken as a result.

You can download a copy of the consultation document from our website: www.hpc-uk.org/aboutus/consultation

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

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

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

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

We approve education programmes to make sure that they allow students to meet these standards when they graduate. We also assess applications from applicants who have trained overseas and some applications via our grandparenting process against these standards. If an applicant meets these standards they are eligible to be registered.

If a registrant’s competence is called into question we will look at these standards in deciding whether we need to take any action.

Every time a health professional registered with us renews their registration, we ask them to sign a declaration to confirm that they continue to meet the standards of proficiency which apply to them.
Generic standards
The standards are divided into generic standards which apply to all of the 13 professions we currently regulate and standards individual to each profession (profession-specific standards).

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

In the consultation document, we explained that the generic standards were not the subject of the consultation. Instead, when the profession-specific standards for operating department practitioners are published the generic standards agreed in November 2007 will also apply to the standards for operating department practitioners.

We received a small number of comments in response to the consultation which were about the generic standards. These are detailed in this document. These comments will be retained and considered when the generic standards are reviewed in the future.

Analysing your responses
Now that the consultation has ended, we have analysed all the responses we received.

We considered carefully each suggestion we received, taking into account whether similar comments were made by other respondents. Our considerations were to ensure that the standards:

- were set at an appropriate level for threshold standards for safe and effective practice;
- reflect the standard content of pre-registration education and training programmes; and
- that any changes were necessary (i.e. to achieve the above, to clarify the intention of the standards, correct any errors or reflect changes in the use of terminology).

The structure of this document
In this document, we firstly summarise the more general comments we received about the standards. We then detail the comments we received about specific standards.

Amendments to other publications
Once the text of the standards is finalised, we will make corresponding changes to any publications which quote the standards, if changed.
General comments

- One respondent said that the changes to the standards seemed ‘justifiable and reasonable’.

- The Board of Community Health Councils in Wales said that they approved the changes and had no further changes to suggest.

- The Association for Perioperative Practice said that they generally supported the changes, and in particular, welcomed the standard relating to changes in medicines legislation.

- The College of Operating Department Practitioners said that they supported all the suggested changes.

- Heart of England NHS Foundation Trust said that practitioners would find it useful if the standards were cross-referenced to National Health Service Knowledge and Skills Framework (NHS KSF) dimensions.

Our comments

- The KSF Group of the NHS Staff Council has mapped the generic standards of proficiency and standards of conduct, performance and ethics against the NHS Knowledge and Skills Framework. You can find out more information by visiting www.e-ksfnow.org
Specific comments

The comments on specific standards we received during the consultation are detailed in this section. Where a comment was made, the standard has been reproduced from the consultation document. Unless otherwise stated, comments relate to the profession-specific standards.

We have also provided our comments and decisions in relation to the responses we received, where the response related to the profession-specific standards.

**Key:**

*In this document:*

The generic standards are shown in black type

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

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

New standards or additional wording is shown in **bold italicised type**
One respondent said that they had no objection to the addition of this standard, but wondered why this was mentioned specifically, given that the standard ‘be aware of current UK legislation applicable to the work of their profession’ would cover this.

Unite said: ‘Most welcome that ODP staff be able to practice in accordance with relevant medicines legislation now that we are a registered body and more often are the discipline of staff working with these drugs.’

Cardiff University said that the new standard should be omitted because it might suggest that the only legislation that affects ODP practice is medicines legislation.

Our comments

Overall, this new profession-specific standard was welcomed.

Although the importance of being aware of current UK legislation is included in the generic standards, we have decided to add the proposed standard because it is of particular relevance to the role of an ODP.

Heart of England NHS Foundation Trust said that they would like to see ‘non-judgemental’ added to this standard.
One respondent suggested that the first detailed generic standard should read ‘…call upon the required knowledge and experience for assistance’.

One respondent suggested that the fourth detailed generic standard should read ‘…be able to justify their decisions and actions’.

One respondent said that they would like to see ‘implementing’ inserted after ‘planning’ in the second detailed generic standard.

Cardiff University said that the addition of this standard was not necessary because it repeated the generic standard.
One respondent suggested using ‘service users’ instead of ‘patients’.

Another respondent said that they had no objection to the profession-specific standard, but wondered why this was specifically included rather than being encompassed by the detailed generic standards in 1b.3.

**Our comments**

- In the generic standards we use the more inclusive term of ‘service users’. However, in the profession-specific standards we use the specific term which is relevant to the particular profession and the environments in which that profession tends to work. Having considered this comment, we have decided to retain the existing wording.

- The profession-specific standard touches on a number of other areas including the generic standards for communication and confidentiality. However, we wanted to point out this specific obligation which is of particular importance to the work of an ODP. Having considered the comment we received, we have decided to retain this standard.
Unite said that ODPs should be able to use effective communication skills in the transfer of patients to care of others. They described the role of the ODP in transferring patients to recovery and ward staff, and as members of the inter- and intra-hospital transfer teams.

The University of East Anglia (UEA) said that they would like to see ‘to the care of others’ in the profession specific standard above retained.

Heart of England NHS Foundation Trust said: ‘We believe that ODPs need to use effective communication skills when transferring patients to the care of others e.g. handover of patients back to the care of ward staff – therefore we would like this sentence to remain.’

Cardiff University said that the original wording should be retained.

Another respondent also said that the original wording in this standard should remain.

**Our comments**

We received a number of comments asking us to retain the wording in the existing standards. Having considered these comments, we have decided that the original wording should be retained. The standard will read: ‘be able to use effective communication skills in the reception and identification of patients, and transfer of patients to the care of others’
Unite said that ODPs need to gather information relevant to the pre-, peri- and post-op phases to decide on the care plan a patient needs.

UEA and the Heart of England NHS Foundation Trust said that we should retain the wording ‘with critical or non-critical conditions’.

Cardiff University said, with reference to the deleted wording: ‘While it was accepted that this made the sentence wordy, it was commented that this section was initially included to reflect the role of the ODP and to qualify the reason for a ‘range of emotional states’.’

Our comments

In light of the comment we received, we have removed the phrase ‘peri-operative’ from the standard to be more inclusive of the work of an ODP.

We feel that the revised standard is more inclusive of the care of patients in a variety of different contexts. The standard will read: ‘be able effectively to gather information relevant to the care of patients in a range of emotional states’

UEA said that the bottom two profession-specific standards above should read (suggested wording shown in bold):

‘be able to position patients correctly for safe and effective interventions’
‘be able to correctly receive and identify patients and establish their care needs throughout the peri-operative period’
• Another respondent said that they felt that the inclusion of the additional profession-specific standards was ‘pedantic’ as they were covered in essence elsewhere in the standards.

• Cardiff university suggested revised wording for the fourth profession-specific standard:
  ‘be able to ensure that patients are positioned safely and effectively for clinical interventions’

• Cardiff University suggested that the additional profession-specific standard ‘be able to receive and identify patients and their care needs’ covered two separate concepts. They said that the identification of patients’ needs is crucial to ODP practice and as such suggested we might consider two separate standards.

• With reference to the standard ‘be able to receive and identify patients and their care needs’, the British Association for Counselling and Psychotherapy said: ‘We feel that this is a very confusing standard and wonder how the practitioner is required to receive ‘care needs’, and the meaning behind ‘identify patients’.’

Our comments

• The standards have to strike a balance between providing enough detail whilst not becoming over-prescriptive. Having considered the small number of comments we received, we have decided not to make any changes.
Heart of England NHS Foundation Trust said that the standard ‘understand the principles for receiving, identifying, transferring and positioning patients for clinical procedures’ should be retained.

Another respondent said that they felt the removed standard should be retained.

Cardiff University said that they agreed with the deletion of the standard as its content is now covered elsewhere.
Cardiff University said that the phrase ‘…social measures of maturation…’ in the first profession-specific standard was unclear and should be reworded.

Cardiff university commented on the change from ‘the norm’ to the ‘the normal’ in the fourth profession-specific standard. They said that ‘the norm’ was a more correct use of language as it implied a universally accepted level, whereas ‘normal’ would need ‘redefining in every case’.

**Our comments**

- We believe the removed standard is redundant because it is more appropriately covered in the new standards in 2b.4, relating to appropriate diagnostic or monitoring procedures, treatment, therapy or other actions.

- In the fourth profession-specific standard, we will retain the existing wording ‘the norm’.

3a.3

understand the need to establish and maintain a safe practice environment

- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
- be able to select appropriate protective equipment and use it correctly
- be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control
- understand the nature and purpose of sterile fields, and the practitioner’s individual role and responsibility for maintaining them
- understand and be able to apply appropriate moving and handling techniques

- One respondent said the first generic standard should read ‘be aware of applicable health and safety legislation and be able to act in accordance with these’.

- One respondent said that in the second generic standard ‘in a safe manner’ should be deleted.

- One respondent said that the third generic standard should read ‘be able to select and use appropriate protection equipment’.
• The Association for Perioperative Practice suggested revised wording for the first profession-specific standard (suggested wording shown in bold):

'understand the nature and purpose of sterile fields, including the need for accurate swab, needle and instrument counts, as well as the need to comply with guidance on correct site surgery issues, and the practitioner’s individual role and responsibility for maintaining them'

Our comments

• In relation to the first profession-specific standard, we do not believe that this level of detail is necessary in threshold standards. However, this level of detail might be included in guidance produced by other organisations – such as good practice guidance or curriculum documents.
Respondents

Below is a list of those who provided responses to the consultation. Where a response has been made on behalf of an organisation we have given the name of the organisation in the text; where the response comes from an individual we have not.

We received eleven responses; eight from organisations and three from individuals.

We would like to thank all those who responded for their comments.

Association for Perioperative Practice
Board of Community Health Councils in Wales
British Association for Counselling and Psychotherapy
Cardiff University (Department of Operating Department Practice, School of Healthcare Studies)
College of Operating Department Practitioners
Heart of England NHS Foundation Trust
Unite the union
University of East Anglia (ODP team)