



**Bachelor of Science (Hons) in Operating Department Practice
- England, Northern Ireland and Wales**

**Bachelor of Science in Operating Department Practice
- Scotland**

Curriculum Document



College of Operating Department Practitioners

Foreword

Following the feedback from the consultations and Professional Curriculum Writing Group meetings, I am pleased to present the new BSc Hons in Operating Department Practice Curriculum Document for implementation in September 2012. This document reflects developments that have occurred since the introduction of the Dip HE curriculum and the input from those who currently deliver the curriculum both in clinical practice and academically. The new competences within this document have been developed alongside other external reference points. The purpose of this document is to ensure that future practitioners are equipped with the skills needed for their practice at the point of registration and for future professional practice and development.

I would like to thank all those who participated in the development of the curriculum document all contributors have been listed in this publication and on the CODP website www.codp.org.uk.

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About the College

The College of Operating Department Practitioners (CODP) is the professional body for Operating Department Practitioners (ODPs). It is a membership 'not for profit' organisation that sets standards of education for the pre-registration aspect of the profession and promotes the enhancement of knowledge and skills in the development of the profession through regional, national and international networks. The College works on behalf of the profession and its members in the context of the multidisciplinary team.

The College (previously the Association of Operating Department Practitioners (AODP) circa 1945 – 2006) has been in existence since December 2006, and was officially launched at a reception held at the House of Commons in May 2007. The previous work of the AODP was focused around the establishment and maintenance of the voluntary register, leading to the Association's application to the Health Professions Council for registration, which was secured for ODPs in October 2004. The AODP developed a national curriculum in 2001 and the CODP has maintained this, and been responsible for subsequent reviews; for example, the development of standards for ODPs and in particular recent changes to the drugs legislation.

The College changed its name, focus and structures in recognition of the role it would need to fulfil for the future. The College recognises there is a need for a driver of change for the profession and the College takes this role seriously as one of its primary functions. It is evident that the profession is responsive, meeting patient and service needs. The College believes the ODP profession is pivotal in meeting the future agenda in relation to the delivery of quality care.



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Glossary

ASA – American Society of Anaesthesiologists.

Accountability – is the aspect of responsibility involving an explanation for events.

Benchmarks – A standard by which activity can be judged or measured.

Clinical Emergency – A serious clinical situation or occurrence that happens unexpectedly and demands immediate attention and treatment.

CUE – Clinical and Universities Educators forum.

Interprofessional Education/Learning (IPE/L) – Interprofessional education occurs when two or more professions learn with, from and about each other, in order to improve collaboration and the quality of practice.

Life Long Learning (LLL) – is the continuous process of learning and development, incorporating CPD, that must be followed throughout professional careers.

Patient Centred Care – Patient centred means taking into account the patient's desire for information and for sharing decision making and responding appropriately. The patient is the focus of professional action.

Quality Assurance Agency (QAA) – An independent body set up to safeguard and enhance the quality of provision and standard of awards in UK Higher Education Institutes. It reviews the quality of academic standards and of teaching and learning in each subject area, in both academic and clinical settings.



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Reflective Practice – The process of analysing and evaluating perceptions, understanding and assumptions to develop new learning and understand its application to practice.

Standards of Education and Training – The Standards of Education and Training (SETs) are the standards against which the Health Professions Council (HPC) will assess whether a graduate from an educational programme will meet the HPC Standards of Proficiency.

Standard of Conduct, Performance and Ethics – This is a statement of standards which HPC registrants must read and agree to abide by in order to remain on the register.

Standards of Proficiency (SoP) – The HPC Standards of Proficiency are the standards which every registrant must meet in order to become registered, and must continue to meet in order to maintain their registration.

Student centred learning – Learning design that places an important emphasis on students taking responsibility for their own learning and being an active participant in those processes. Student attitudes and positive behaviours encourage mutual respect for others as partners in learning. There is diversity of approaches to facilitate student support and progression.

Student Code – CODP Student Code of Conduct.

Surgical Patient – Patients needing surgical intervention, including all those needing local, regional or general anaesthesia.



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1. A historical context

In 1970, following decades of skill/staff shortages in the operating department, Lewin suggested a new role encompassing a multi-skilled approach to staffing operating theatres. This role was entitled the Operating Department Assistant (ODA). This role built upon a long history of non-medical assistance in surgery. The title of the profession changed to become Operating Department Practitioner (ODP) in the early 1990s, reflecting the emerging autonomy within the role.

Since the 1970s specialised theatre education has moved from hospital based schools, using City & Guilds (for ODAs) and NVQ certification (for ODP's), to Higher Education Institutes (HEIs) offering Diploma of HE in ODP programmes. The evolution of education delivery has been driven by clinical need in response to skill mix issues, advances in medical technology and changing educational / professional priorities. The dynamic nature of care delivery and the requirements of clinical governance in the modern NHS necessitate reflective ODP's who need to develop a robust evidence base to inform their practice. Education in the HEI setting also promotes a team approach to learning, which reflects the nature of multiprofessional clinical practice.

A key aim of HE programmes must be to develop, alongside the profession specific skills, a reflective practitioner with an understanding of broad principles of healthcare which can in turn be applied in new and evolving roles.



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In October 2004, Operating Department Practitioners were the first additional professional group to be included in the newly formed Health Professions Council (HPC), which is the overarching regulatory body for the allied health professions. Professional regulation has not been exempt from change and the powers of the HPC are far more extensive than were those of the Boards at the former Council for Professions Supplementary to Medicine (CPSM). Within this framework there is continued emphasis on the use of occupational standards, benchmark statements, standards of proficiency and standards of education, training and continuing professional development (CPD). Collectively, the above standards inform the development of a practitioner who is fit for purpose, fit for practice and fit for award.



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2. Clarity of roles within the curriculum

The role of the professional body is to:

- Be the learned society which has developed the body of knowledge
- Promote the profession
- Set professional practice standards- at both threshold and beyond regulation
- Develop the curriculum framework
- Continue to develop the CPD framework for the profession

The role of the Health Professions Council is to:

- Regulate registrants in order to protect the public
- Act as the professional regulator and maintain the professional register
- Set and maintain standards for the approval of the programme, as identified in the Standards of Education and Training
- Set standards for entry to a threshold level
- Ensure Fitness for Practice, as laid down in the Standards of Proficiency and the Standards of Conduct, Performance and Ethics
- Set standards for continuing professional development (CPD)
- Audit registrants' individual CPD activity

The role of the Quality Assurance Agency is to:

- Assure academic standards and quality in UK higher education institutions
- Ensure responsibilities are met, identify good practice and make recommendations for improvement.
- Publish guidelines and benchmark statements to help institutions develop effective systems to ensure students have high quality experiences.



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2.1 Rationale for Change

The way in which the National Health Service (NHS) delivers healthcare is facing significant change. A Department of Health (DH) review of the NHS (DH 2008a) highlights the Government's vision of the future health services. Key changes to be implemented focus on offering a quality of care that is clinically effective, personal and safe, in addition to giving patients and the public more information and choice.

The challenges that the NHS face include; society's increasing expectations, an ageing population, increased access to information for all, the changing nature of disease and illness, advances in treatment, and a changing workplace (DH 2008a). It is widely agreed that future professionals must be able to respond to these challenges and the role of the Allied Health Professionals, including some ODPs, has been identified as 'essential' in maintaining and enhancing the quality of patient care. It is therefore imperative that the contribution of these professionals is maximised (DH, 2008b).

In addition to the challenges identified above, there are other factors impacting upon the ability of the NHS to continue to deliver high quality patient care. The introduction of Modernising Medical Careers (MMC) in 2003 (DH 2003) has seen the traditional apprenticeship approach to medical training being replaced by a more structured form of training which will see doctors, although well prepared, less experienced (DH 2001). ODPs therefore, together with other members of the clinical team, will be required to take on new responsibilities that ensure the patient continues to receive appropriate care of the highest quality.

In addition, the pressure to ensure that doctors' working hours comply with the European Working Time Directive (EWTd) (DH, 2009) will result in the development of new and extended roles in healthcare in order to achieve compliance (NHS East of England, 2009).



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The provision of high quality care is only possible with high quality education and training which enables staff to 'respond more effectively and flexibly' (DH 2008a) and which is crucial when considering the various factors impacting upon the delivery of patient care. The development and training of qualified staff is clearly an important factor, but it is the initial, pre-registration education of professionals that provides the foundations for enabling qualified staff to use development opportunities most effectively. This training is particularly pertinent in the perioperative environment where high impact interventions take place and where patient safety and the quality of care must be paramount.



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3. The Operating Department Practice Curriculum

3.1 Education Philosophy

The educational philosophy of the curriculum is that students become autonomous, self-directed learners proficient in delivering evidence based, individualised, high quality patient care. Programme design and delivery should place the emphasis on students acquiring learning strategies that enable them to develop an understanding of a complex body of knowledge of Operating Department Practice, in order to become lifelong learners. Students will also develop as collaborative group learners, seeing knowledge from multiple perspectives and acknowledging different learning styles. This will enable students to translate the philosophy of care into practice and become safe, competent practitioners, working in multidisciplinary teams, accepting diverse roles and remaining aware of professional responsibilities.

The undergraduate ODP will develop analytical techniques and problem-solving skills that can be applied across their employment in the operating theatre and critical care. The ODP graduate will be able to evaluate evidence, arguments and assumptions, reaching sound judgements, and effectively communicating within their sphere of practice. Students will develop the qualities required for employment in situations requiring the exercise of personal responsibility, and decision-making in complex and unpredictable circumstances. This will be fostered by reflection and the internalisation of professional values. A system of Personal Development Planning is essential to engage and support the student in developing these skills.



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The extent and speed of change in healthcare provision in general, and in operating department practice in particular, highlights the need for highly skilled, knowledgeable and flexible Operating Department Practitioners (ODPs). This pre-registration curriculum is designed to facilitate the preparation of students, not only for demanding clinical practice immediately upon qualification, but also for continuing their learning beyond registration and for promoting continuous improvement in care delivery.

Although recognising the need to give programme providers some flexibility in being able to respond to local priorities, the curriculum is underpinned by a clear education philosophy that must form the foundation of all qualifying programmes. This educational philosophy can be summarised as follows:

- Students are acknowledged as active participants in the learning process with due consideration given to their involvement and contribution to that process in all learning environments;
- Students are supported in developing the aptitude, knowledge and skills to be able to function as autonomous learners; as they progress through their programmes students are increasingly encouraged to engage in self-directed, independent learning, thus establishing a firm foundation for continuing education and professional development;
- Students are supported in developing as collaborative group learners and team members, viewing knowledge and practice from multiple perspectives and recognising different learning styles and strategies;



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- Emphasis is placed on the effective and complete integration of theory and practice; one cannot be viewed in isolation from the other. Students are supported in developing knowledge and skills through practice-based learning and encouraged and enabled to evaluate, reflect and develop this learning in the university environment. Similarly, students are supported in developing knowledge and skills through university-based learning and encouraged and enabled to evaluate, reflect and develop this learning in the clinical environment;
- Students are supported in viewing all aspects of their qualifying programme as an integrated whole; they must be encouraged to recognise the scope and need for transferring knowledge, understanding and skills across the different components and levels of their programme. Further, developing capacity in this area is essential in enabling students to continue their learning and development throughout their careers.

3.2 Approaches to Learning and Teaching

Qualifying programmes developed from this curriculum form the basis for operating department practice. Such programmes must ensure that students are able to function safely and effectively in the core areas of practice immediately upon graduation. Programmes must also enable graduates to develop the knowledge, skills and attributes necessary to continue their professional education and development throughout their careers. The approach to learning and teaching developed and employed in qualifying programmes for ODPs is fundamental in determining how well students are prepared for professional practice and for their careers in this dynamic area of healthcare.



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The approach to learning and teaching must facilitate the development of high level cognitive skills and enable undergraduate ODP students to develop analytical techniques and problem-solving skills in order to plan, prioritise, implement and evaluate the care of patients in the perioperative environment. The approach must encourage students to evaluate evidence, challenge assumptions and develop arguments, thereby developing the qualities required for effective decision making and the exercise of professional judgement and responsibility in complex and often unpredictable circumstances.

The particular approach to learning and teaching employed in individual qualifying programmes is at the discretion of the education provider. Innovative approaches are encouraged but the overall strategy must be based on a number of fundamental concepts:

- The skills, processes and attributes fundamental to operating department practice are learned from the acquisition, integration and critical application of skills and knowledge gained from the entire educational experience. The learning and teaching approach, therefore, relates not only to learning and teaching in the classroom setting, but also to that which occurs within the clinical environment; it is essential that the learning available and achieved in each of these settings is valued equally;
- The approach to learning and teaching must actively emphasise and encourage the integration of theory and practice and recognise and fully embrace the symbiotic relationship of the two aspects. The approach must also recognise and encourage the need to transfer knowledge and skills between different elements of the curriculum and between different professional settings and situations;



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- The programme must reflect the main areas of practice in which the ODP is expected to function; these include all areas within the perioperative environment, in scheduled and non-scheduled activities caring for a diverse range of patients across a range of surgical specialties, but may also include endoscopy suites, medical imaging departments, accident and emergency departments, intensive care units and high dependency units;
- The majority of student learning experiences must be thoroughly planned, structured, managed and co-ordinated. Where this is not possible, for example in emergency situations, the student must always be supervised and supported by an experienced clinical mentor. Collectively, these experiences must enable the acquisition of the full range of knowledge and skills necessary and facilitate an integrated approach to their application in situations of increasing complexity as students progress through the programme. A system of Personal Development Planning is essential to engage and support students in developing the required knowledge and skills;
- The structure and delivery of the programme must reflect the integral and indispensable nature of practice-based learning and the vital role it plays in students' educational and professional development; it must also enable students to fulfil the requirements of the curriculum framework. As a consequence, programmes must be a minimum of three academic years in length, with students undertaking at least 60% of the programme hours in clinical practice. The exact number of hours apportioned to practice-based learning should be agreed by all stakeholders involved in the development of individual programmes;
- The Competences in this document specify a minimum standard. The time frames identified in Competences 17 and 18 are indicative and will be incorporated by HEIs to maximise placement opportunities;



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- The organisation and format of clinical placements should involve close collaboration between the clinical placement provider and the university, with appropriate consideration being given to the length, timeliness and nature of placements to ensure that students are given appropriate opportunity to achieve their learning outcomes. The achievement of these learning outcomes must be based on an holistic approach to the patient's experience of healthcare;
- To ensure effective learning experiences in the clinical environment, it is essential that the clinical placement provider and university work collaboratively to ensure robust mechanisms for student support. This support should include the appointment of a **practice educator** or **clinical supervisor** to advise and co-ordinate the work of mentors, to ensure appropriate support across a range of practice settings and to liaise with the host university (CODP, 2009);
- All key stakeholders have a role in developing opportunities, supporting and monitoring the effectiveness and quality of placement areas, and in ensuring that adequate resources are available to facilitate the development of clinical experience and skills;
- The competing tensions of increased service delivery and provision of a quality learning environment mean that flexible approaches to clinical experience and the acquisition of skills and knowledge may be needed. Skills laboratories and simulation facilities provide valuable opportunities for skills acquisition in a safe and controlled environment. However, simulation should be seen as complementary to clinical practice experience, not as a replacement.



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3.2.1 Interprofessional Learning

The assessment, planning, delivery and evaluation of care that ODPs provide should be the main focus of study. The body of knowledge that provides the basis for this study has developed over a considerable period of time and is consistent with, and runs parallel to the developing professional role of the ODP. This body of knowledge, however, is not exclusive to the ODP; the interprofessional nature of operating department practice means that other healthcare professions share some core knowledge areas and there is, consequently, great potential for inter-professional learning (IPL). Such learning is effective in preparing students for their future roles in multidisciplinary healthcare teams and for practice in an evolving range of settings.

However, it is necessary to balance the value of learning with others with the specific requirements for the application of that learning in the context of operating department practice. The effective integration of profession specific and interprofessional learning is important in ensuring that the student ODP, when qualified, will be able to work effectively within their Scope of Practice. IPL should, therefore, inform and enrich the experience of ODP students, but should do so without compromising the development of specific ODP knowledge, understanding and skills.



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4. Competences for the BSc (Hons) in Operating Department Practice

4.1 Introduction

The competences and indicators fulfil the requirements for the BSc (Hons) in ODP, BSc in ODP Scotland, and the QAA Benchmark Statements. The format adopted enables Higher Education Institutions to explicitly map their programme outcomes to the above benchmarks.

4.2 Academic Level and Progression

Inherent within these competence statements and indicators is the acknowledgement that ODP students must be able to demonstrate a measure of progression that is indicative of the development in knowledge and understanding, as well as the acquisition of professional skills.

In order to initiate this process, the competence statements must be considered within the Overall work done by Southern England Consortium for Credit Accumulation and Transfer SEEC (2002) on Credit Level Descriptors (England, Northern Ireland and Wales) and the Scottish Credit and Qualification Framework (SCQF) (2007), which supplement the work of Quality Assurance Agency (QAA) in developing generic level descriptors in the following areas:

- Development of Knowledge and Understanding
- Cognitive/Intellectual skills
- Key/Transferable skills
- Practical skills

Accordingly, the final exit award for this curriculum is set at SEEC level 6 and SCQF level 9.



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It should be recognised that progression can be distinguished by the autonomy of the learner and the level of responsibility expected of the student. Moreover, programme planners should familiarise themselves with the generic level descriptors and ensure that students are given the opportunities to develop through the appropriate academic levels, in alignment with the interpretation of content and application in the context of Operating Department Practice.

4.3 Operating Department Practitioner Outcome / Competence Statements

The Competences in this document specify a minimum standard. The time frames identified in Competences 17 and 18 are indicative and will be incorporated by HEIs to maximise placement opportunities. The Student Operating Department Practitioner must demonstrate competence, as described in the following statements, to meet the requirements of the profession.

Professional Autonomy and Accountability

1. Demonstrates personal accountability for and evaluates their own
Continuing Professional Development
2. Demonstrates personal and professional accountability and applies this in their role as an
Operating Department Practitioner
3. Monitors, reflects on and evaluates the quality in Operating Department Practice and
contributes to quality assurance processes
4. Supports and promotes clinical effectiveness by applying an evidence based approach to
Operating Department Practice
5. Critically evaluates and effectively manages risks and hazards associated with the patient and
the perioperative environment
6. Demonstrates and promotes professional, ethical and legal approaches to Operating
Department Practice
7. Demonstrates leadership and the ability to manage their own workload and that of the Team



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Professional Relationships

8. Applies appropriate communication skills in order to promote clinically effective perioperative patient care
9. Establishes and promotes effective professional relationships with patients, carers and members of the healthcare team
10. Promotes an interprofessional approach to practice

Clinical Practice

11. Provides an optimum environment for the care and treatment of the perioperative patient
12. Identifies and assesses individual needs of patients
13. Plans and delivers evidence based, individualised care to patients
14. Critically evaluates and reflects on care provided and own professional actions
15. Applies knowledge of pharmacology within operating department practice
16. Demonstrates competence in the use of medical devices integral to the care of perioperative patients
17. Demonstrates competence in the role of the ODP in anaesthesia, post-anaesthesia and critical care.
18. Demonstrates competence in the role of the ODP in surgical practice



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4.4 Operating Department Practice Outcomes / competences and indicators

A. PROFESSIONAL AUTONOMY, ACCOUNTABILITY & GOVERNANCE

1. Demonstrates personal accountability for and evaluates their own Continuing Professional Development

- 1.1 Evaluates own limitations in relation to professional practice
- 1.2 Demonstrates personal accountability for ensuring own clinical competence
- 1.3 Critically analyses and manages own personal development plan
- 1.4 Maintains an evaluative portfolio of professional learning
- 1.5 Engages with appropriate personal and professional development resources
- 1.6 Demonstrates commitment to professional development to enhance competence to practice.
- 1.7 Uses reflection on and in practice, to appraise and evaluate the effectiveness of care
- 1.8 Embraces the concept of lifelong learning, developing and applying new skills and knowledge relevant to changing technology, practice and patterns of healthcare

2. Demonstrates personal and professional accountability and applies this in their role as an Operating Department Practitioner

- 2.1 Promotes an awareness of, and evaluates practice in the context of, Health and Safety requirements.
- 2.2 Applies protocols to ensure the safety and well being of patients and staff
- 2.3 Uses equipment appropriately and effectively to reduce risk of harm
- 2.4 Promotes an evidence based approach to practice which minimises the risk of harm to patients, staff carers and others.
- 2.5 Interacts effectively with the multidisciplinary team and maintains the confidentiality of information
- 2.6 Accepts responsibility and promotes accountability, whilst simultaneously acknowledging the limitations of their professional competence



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3. Monitors, reflects on and evaluates the quality in Operating Department Practice and contributes to quality assurance processes

- 3.1 Applies and evaluates quality assurance mechanisms in order to monitor and enhance the quality of practice
- 3.2 Participates in the collection and interpretation of clinical data
- 3.3 Promotes the importance of quality and audit processes
- 3.4 Engages with the process of clinical audit

4. Supports and promotes clinical effectiveness by applying an evidence based approach to Operating Department Practice

- 4.1 Demonstrates a detailed knowledge and understanding of the research process.
- 4.2 As part of the multidisciplinary team, discusses and promotes the application of evidence based practice
- 4.3 Critically evaluates practice to support enhanced quality of care
- 4.4 Critically evaluates research and other evidence that may support enhanced quality of care
- 4.5 Demonstrates a detailed knowledge and understanding of the principles and practice of research ethics

5. Evaluates and effectively manages risks and hazards associated with the patient and the perioperative environment

- 5.1 Understands and applies the principles, issues and factors associated with risk management in the care setting
- 5.2 Demonstrates the safe management of clinical, non-clinical waste in accordance with national and local guidelines
- 5.3 Evaluates risks to the patient, staff and others
- 5.4 Recognises unacceptable behaviours, such as bullying, harassment and discrimination, and initiates appropriate actions
- 5.5 Promotes and maintains health, safety and security in the workplace



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- 5.6 Understands and contributes to clinical governance and the process of risk management and audit
- 5.7 Understands and demonstrates the process and procedure for accurate critical incident reporting
- 5.8 Creates and maintains environments, which promote the health, safety and well being of patients, carers and staff

6. Demonstrates and promotes professional, ethical and legal approaches to Operating Department Practice

- 6.1 Ensures all relevant documentation is completed correctly in accordance with national and local guidelines
- 6.2 Promotes and maintains confidentiality.
- 6.3 Implements and complies with legislative frameworks and organisational policy
- 6.4 Promotes and applies the principles of informed consent
- 6.5 Adheres to the professional and regulatory codes of practice and conduct for Operating Department Practitioners
- 6.6 Understands the legal responsibilities, ethical and professional responsibilities of practice
- 6.7 Appreciates the significance of professional self-regulation
- 6.8 Demonstrates an awareness of moral and ethical dilemmas in healthcare and applies appropriate solutions to complex problems
- 6.9 Respects and cares for patients to promote and maintain their dignity and rights
- 6.10 Promotes and applies a non-discriminatory approach to practice



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7. Demonstrates leadership and the ability to manage their workload and that of the team

- 7.1 Applies appropriate leadership skills and techniques in the management of people and resources
- 7.2 Contributes and responds constructively to change
- 7.3 Adapts to and demonstrates problem solving skills in complex and unpredictable situations
- 7.4 Evaluates and justifies clinical decisions relating to care provided to the patient
- 7.5 Critically evaluates own role within personal sphere of responsibility
- 7.6 Promotes the application of an evidence based approach to care delivery
- 7.7 Critically evaluates and manages the variations in available resources
- 7.8 Identifies and manages conflicts and challenging behaviours
- 7.9 Demonstrates the capability to act autonomously and collaboratively, within multidisciplinary care teams
- 7.10 Manages and prioritises workload effectively within the multidisciplinary team

B. PROFESSIONAL RELATIONSHIPS

8. Applies appropriate communication skills in order to promote clinically effective perioperative patient care

- 8.1 Promotes and applies the principles of good communication
- 8.2 Manages the communication of relevant information to the appropriate member of the perioperative team
- 8.3 Promotes high quality care for patients by providing accurate and concise verbal or written information related to their care and treatment
- 8.4 Arranges effective formal and informal channels of communication within and outside the perioperative team
- 8.5 Formulates plans to enhance the quality of care
- 8.6 Assess the evidence base using research and literature databases and other electronic information resources



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- 8.7 Promotes the use of appropriate patient information systems and perioperative records (electronic where available), to assure patient safety
- 8.8 Understands the delivery of healthcare within the UK and structure and responsibilities of healthcare organisations
- 8.9 Understands the role of external agencies in directing and influencing clinical practice

9. Establishes and promotes effective professional relationships with patients, carers and members of the healthcare team

- 9.1 Maintains relationships through the use of appropriate communication and interpersonal skills
- 9.2 Uses interpersonal skills to optimise patient and professional relationships
- 9.3 Adapts communication strategies appropriately when dealing with individual patients and carers
- 9.4 Uses verbal and non-verbal communication skills to develop a rapport with patients and carers
- 9.5 Recognise anxiety and stress in patients, carers and others, and act appropriately

10. Promotes a multidisciplinary approach to practice

- 10.1 Contributes effectively to multidisciplinary approaches to healthcare, in a range of clinical settings
- 10.2 Promotes and applies the principles of effective team working
- 10.3 Collaborates with professional and support staff, delegating care appropriately
- 10.4 Promotes the ODP role within multidisciplinary care teams
- 10.5 Appraises current knowledge and works collaboratively with the multidisciplinary team to improve care provision



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C. OPERATING DEPARTMENT PRACTICE

11. Utilises current evidence and guidance to provide an optimum environment for the care and treatment of the peri-operative patient

- 11.1 Actively seeks out and evaluates current evidence and guidance that may impact on the provision of care for patients within the practitioner's sphere of practice
- 11.2 Applies ethical principles to all aspects of the provision of patient care within the practitioner's sphere of practice
- 11.3 Manages environmental and resource factors to meet individual patient needs
- 11.4 Demonstrates the understanding and ability to manage the progress of the operating list
- 11.5 Demonstrates a comprehensive understanding of the principles relating to the design of operating departments and related areas
- 11.6 Complies with local and national guidance in relation to decontamination, tracking and traceability of medical devices
- 11.7 Promotes and applies measures designed to prevent or control infection
- 11.8 Demonstrates a comprehensive understanding of the sources, transmission routes and methods of destruction of pathological organisms
- 11.9 Promotes and applies the principles of asepsis and aseptic technique
- 11.10 Demonstrates proficiency in the selection of equipment and materials for a broad range of routine and non-routine procedures
- 11.11 Demonstrates a detailed understanding of clinical investigations encountered within the practitioner's sphere of practice
- 11.12 Interprets the findings of a variety of clinical investigations and applies these to the planning and delivery of individualised patient care
- 11.13 Demonstrates a clear understanding of the legal and policy requirements relating to the care and handling of human tissue and clinical specimens



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12. Identifies and assesses individual needs of patients

- 12.1 Promotes patients' autonomy and dignity during assessment of clinical needs
- 12.2 Applies a detailed knowledge and understanding of social and psychological principles to individualised patient care
- 12.3 Demonstrates a detailed knowledge and understanding of normal human anatomy and physiology, including normal physiological parameters for all vital systems, across the lifespan
- 12.4 Identifies changes to physiological systems brought about by disease and trauma processes and adapts care appropriately
- 12.5 Accurately collects and records relevant patient information from a variety of sources, including the patient's own account, results from clinical investigations and previous clinical documentation
- 12.6 Uses appropriate physiological measurement techniques, and identifies the limitations and potential failings of any of these techniques
- 12.7 Demonstrates a systematic approach to the physical and psychological assessment of individual patients in elective and emergency situations. To include:
 - 12.7.1 Airway patency, to include: Mallampati grading; classification and recognition of airway obstruction; pre-existing conditions, anatomical abnormalities and clinical procedures that may potentiate airway difficulties; patency of artificial airways
 - 12.7.2 Respiratory function. To include assessment of rate, depth, symmetry, rhythm, breath sounds and peak flows; blood-gas and acid-base analysis; identification of common pre-existing medical conditions and physiological factors that may affect respiration; recognition of potentially life-threatening respiratory conditions
 - 12.7.3 Cardiovascular function. To include assessment of perfusion, blood pressure, pulses; common cardiac arrhythmias; fluid and electrolyte balance; commonly encountered haematological and biochemical values; classifications of shock; pre-existing and acute conditions that may affect perfusion



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- 12.7.4 Neurological function, to include: assessment of psychological and emotional needs, sensory and motor function, pupil size, levels of consciousness (AVPU, GCS); care of peripheral nerves during positioning for clinical interventions
- 12.7.5 Integumentary system. To include: assessment of skin integrity and pressure care, nutritional status, maintenance of normothermia and adequate perfusion
- 12.7.6 Physiological and behavioural responses to pain
- 12.7.7 Renal function, to include: monitoring of urine output and urinalysis
- 12.8 Analyses information gathered from a variety of sources to contribute to problem solving and clinical decision making within the practitioner's sphere of practice
- 12.9 Interprets and evaluates information gathered from assessment activities, and exercises clinical judgement in initiating further treatment or investigations, or referring to other professionals as appropriate

13. Plans and delivers evidence based, individualised care to patients

- 13.1 Promote patients' autonomy and dignity during clinical interventions
- 13.2 Recognises and responds appropriately to emotional needs of patients
- 13.3 Applies clinical skills in a competent, safe and timely manner
- 13.4 Exercises professional knowledge and judgement in the continuing assessment of patient needs in order to prioritise actions
- 13.5 Involves patients, family, carers and other members of the multidisciplinary team in the formulation of plans of care, wherever possible or appropriate
- 13.6 Evaluates wounds and applies principles of wound management
- 13.7 Exercises clinical judgement in the assessment and management of pain for patients within the practitioner's sphere of practice
- 13.8 Administers medication to patients in a timely and safe manner, in accordance with relevant policies, procedures and protocols



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- 13.9 Demonstrates sound clinical judgement in the positioning of patients in order to prevent musculoskeletal or nerve damage and to promote optimum tissue perfusion
- 13.10 Identifies changes in the patient's physiological condition and initiates appropriate action to restore homoeostasis
- 13.11 Applies knowledge of human anatomy and physiology during clinical procedures
- 13.12 Identifies, and initiates appropriate management for, clinical emergencies
- 13.13 Critically evaluates the effects of interventions in individual patients' care

14. Evaluates and reflects on care provided and own professional actions

- 14.1 Utilises an evidence-based approach to inform practice and enhance the quality of patient care
- 14.2 Demonstrates professional autonomy in ensuring practices and clinical judgments are consistent with the best available evidence.
- 14.3 Promotes a culture in which the safety and wellbeing of service users are paramount
- 14.4 Identifies and makes appropriate responses to situations in which the quality of care might be compromised

15. Applies knowledge of pharmacology within operating department practice

- 15.1 Promotes and applies statutory, national and local guidance relating to the ordering, storage, checking and administration of medicines
- 15.2 Demonstrates proficiency in the preparation of prescribed medications prior to administration to patients
- 15.3 Accurately calculates drug dosages
- 15.4 Administers prescribed medications using a variety of approved techniques
- 15.5 Monitors the effects of drugs on patients and takes appropriate and prompt action in the event of adverse reactions



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- 15.6 Consistently records and completes appropriate documentation relating to the administration of medicines
- 15.7 Demonstrates a comprehensive and evidence based understanding of the pharmacokinetic and pharmacodynamic effects of drugs encountered within the practitioner's sphere of practice. To include:
 - 15.7.1 Indications and contraindications for use
 - 15.7.2 Complications and side effects
 - 15.7.3 Interactions, especially in relation to normal and altered physiology
- 15.8 Critically evaluates techniques for the management of acute and chronic pain and post operative nausea and vomiting, and applies findings to the care of individual patients

16. Demonstrates proficiency and safe practice in the use of medical devices within the practitioner's sphere of practice

- 16.1 Promotes and applies good practice in the introduction and use of medical devices; to include:
 - 16.1.1 Statutory and professional guidance, especially with regard to the participation of patients in clinical trials and product evaluations
 - 16.1.2 Compliance with the principles of product liability and the role and responsibilities of manufacturers in facilitating the safe use of devices
 - 16.1.3 Ensuring that appropriate records and tracking systems are maintained at all times
 - 16.1.4 Exercises professional judgement in supervising the performance and correct use of medical devices in accordance with regulations, local policies and manufacturer's recommendations
- 16.2 Demonstrates proficiency in the selection, preparation and, where necessary, calibration of a variety of medical devices (including invasive monitoring)
- 16.3 Utilises medical devices to measure and record patients' physiological parameters within the practitioner's sphere of practice



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17. Demonstrates proficiency in the role of the ODP in anaesthesia, post anaesthesia and critical care

Year 1: In conjunction with the registered practitioner:

- Prepares the anaesthetic room and equipment
- Contributes to the care of the patient undergoing anaesthesia throughout elective procedures

Year 2: Under the supervision of the registered practitioner, and in addition to Year 1 competences:

- Demonstrates skill in planning care for patients undergoing elective procedures
- Ensures the safe and appropriate preparation of equipment and environment
- Safely demonstrates the skills required when undertaking the role of the anaesthetic practitioner throughout the care of patients undergoing elective procedures of varying complexity
- Contributes to the care of the patient in PACU

Year 3: In addition to Year 1 and Year 2 competences and, as part of the multidisciplinary team:

- Demonstrates a holistic approach to the assessment, planning, implementation and evaluation of care for a diverse range of patients undergoing a range of procedures, including complex, non-scheduled and emergency
- Demonstrates skill in the management of a diverse range of patients' airways, respiration and circulation; this must include the care of children, obstetric patients and patients undergoing shared airway procedures
- Demonstrates skill in managing the care of the patient in PACU and other areas of critical care
- Demonstrates skill in medicines management; to include drug administration, the recognition and appropriate treatment of any complications or side effects



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- 17.1 Utilises an evidence based approach to the care of the patient in anaesthesia, postanaesthesia and critical care
- 17.2 Prepares and maintains a safe and appropriate environment for a variety of patients, acknowledging and implementing appropriate risk management strategies
- 17.3 Promotes the rights and wellbeing of the patient in anaesthesia, post-anaesthesia and critical care
- 17.4 Promotes and implements local and national guidelines for anaesthetic, post anaesthetic and critical care, including those relating to infection prevention and control
- 17.5 Is proactive and, where appropriate, demonstrates clinical leadership in the functioning of multi-disciplinary teams within anaesthesia, post-anaesthesia and critical care
- 17.6 Safely prepares and utilises anaesthetic, post anaesthetic and critical care equipment in accordance with national and local guidelines
- 17.7 Correctly identifies patients and their individual care needs at the handover of care from other health professionals
- 17.8 Undertakes initial assessment and, where appropriate, treatment of patients in anaesthesia, post-anaesthesia and critical care as part of the multi-disciplinary team;
 - 17.8.1 ABCDE approach to assessment
 - 17.8.2 Principles of triage
- 17.9 Promotes best practice in and, where appropriate, manages the safe positioning of patients for clinical procedures
- 17.10 Provides informed, safe and timely support in a variety of situations, including the complex and unpredictable, for anaesthetists and other healthcare professionals working within anaesthesia, post-anaesthesia and critical care



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- 17.11 Demonstrates proficiency in airway management in anaesthetic, post anaesthetic and critically ill patients. To include;
- 17.11.1 Techniques for providing assisted respiration for a broad range of patients
 - 17.11.2 Basic airway manoeuvres and insertion of oropharyngeal, nasopharyngeal and laryngeal mask airways
 - 17.11.3 Pharyngeal and endo-bronchial suctioning
 - 17.11.4 Comprehensive understanding of the principles relating to endotracheal intubation and tracheostomy, including the management of the difficult airway and the use of associated techniques and equipment
 - 17.11.5 Recognition and understanding of the management of potential and actual problems that occur during induction, maintenance and reversal of anaesthesia
 - 17.11.6 Principles and techniques of oxygen therapy
 - 17.11.7 Selection and preparation of equipment for supporting respiration (including NIV, CPAP etc.)
 - 17.11.8 Care of the ventilated patient including requirements for monitoring, sedation weaning etc
- 17.12 Monitor and interpret the patient's vital signs, using both invasive and non-invasive techniques
- 17.12.1 Demonstrate understanding of the equipment and techniques utilised in non-invasive and invasive monitoring techniques
- 17.13 Demonstrate an understanding of the assessment and short-term treatment of critical illness
- 17.13.1 Demonstrate understanding of treatment methodologies for a range of acute and chronic cardiovascular conditions (to include management use of antiarrhythmic's, inotropes, vasopressors, fluid resuscitation of electrolyte imbalance, anti-hypertensive's etc)



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- 17.14 Monitor and evaluate the patient's fluid balance, in accordance with national and local guidelines:
- 17.14.1 Insertion and care of urinary catheters (male and female)
 - 17.14.2 Monitor urine output and perform urinalysis; interpret results and undertake interventions (including referral) as appropriate
 - 17.14.3 Principles and practice of renal replacement therapy
- 17.15 Demonstrate the safe preparation and administration of intravenous fluids (including blood products), in accordance with national and local guidelines:
- 17.15.1 Demonstrate understanding of the principles and practice of vascular access
 - 17.15.2 Demonstrate proficiency in the preparation and administration of intravenous fluid therapy, including calculations of infusion rates using manual and automated devices
 - 17.15.3 Safely and effectively perform peripheral venous cannulation
 - 17.15.4 Demonstrate a detailed understanding and application of the principles of the administration of blood and blood products
 - 17.15.5 Demonstrate a detailed understanding of the principles and practice of autologous transfusion
 - 17.15.6 Monitor and respond to the effects of infusions, including blood and blood products
- 17.16 Monitor and assess the patient's pain status, administering prescribed pain relief as appropriate, in accordance with national and local guidelines
- 17.17 Recognise and respond appropriately to adverse patient conditions or emergencies in anaesthesia, post-anaesthesia and critical care
- 17.18 Monitor the effects of prescribed medication and take appropriate action where necessary, in accordance with national and local guidelines
- 17.19 Monitor and manage the patient's wounds, drains and supports



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- 17.20 Contribute to the emotional and psychological support of patients and others in anaesthesia, post-anaesthesia and critical care
 - 17.20.1 Ethical and legal issues associated with resuscitation and end of life care
 - 17.20.2 Organ donation
- 17.21 Manage and record information relating to the care of the patient
- 17.22 Apply specified discharge criteria prior to handing over the care of the patient to other healthcare professionals
- 17.23 Communicate effectively with professionals in other healthcare settings to facilitate the safe transfer of patients between locations.
- 17.24 Develops clinical skills in line with the role of the ODP working in anaesthesia, post anaesthesia and critical care



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18. Demonstrates proficiency in the role of the ODP within surgical environments

Year 1: In conjunction with the registered practitioner:

- Demonstrates competence in generic surgical skills i.e. proficient in circulating skills and fundamental surgical skills; gowning, gloving, aseptic technique, preparation of instrument trolleys, maintaining the sterile field, safe disposal of contaminated items.
- Demonstrates proficiency whilst undertaking non-complex, surgical procedures

Year 2: Under supervision of the registered practitioner and in addition to Year 1 competences:

- Demonstrates competence in the scrubbed role for elective, non-scheduled, and unanticipated complex procedures for a diverse range of patients; this must include care of the paediatric, obstetric, trauma, and major emergency patients

Year 3: In addition to Year 1 and Year 2 competences and as part of the multidisciplinary team:

- Demonstrates competence in enhanced surgical skills, this role provides competent and skilled surgical assistance to the operating surgeon or surgical care practitioner (SCP) under their direct supervision.
- Practices as an accountable, responsible practitioner who works within their role limitations



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- 18.1 Utilises an evidence based approach to the care of the patient undergoing surgical interventions
- 18.2 Promotes the rights and wellbeing of the patient and others in surgical care settings and enhances the communication link between theatre, patient and ward
- 18.3 Safely prepares and assists with appropriate positioning of the patient for surgical interventions
- 18.4 Develops clinical skills in line with the role of the scrub and circulating ODP
- 18.5 Establishes and maintains the integrity of sterile fields
- 18.6 Maintains an accurate status of identified accountable items in accordance with local and national guidelines
- 18.7 Prepares and utilises surgical equipment and medical devices in accordance with manufacturers' instructions, national guidelines and local policies
- 18.8 Demonstrates safe and skilled support for the surgeon and works effectively as part of the surgical team
- 18.9 Promotes and applies statutory, national and local guidance relating to surgical care
- 18.10 Effectively manages and documents information relating to the care of the patient to facilitate the safe transfer and handover to the post anaesthetic care unit
- 18.11 Prepares and maintains a safe and appropriate surgical environment for a diverse range of patients, acknowledging and implementing appropriate risk management strategies
- 18.12 Recognise and respond appropriately to the development of adverse surgical conditions or emergencies



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18.13 Develop enhanced clinical skills in line with the role of the scrub and circulating ODP, to include:

18.13.1 Urinary catheterisation (male and female)

18.13.2 Skin preparation prior to surgery, including tissue viability assessment, and draping

18.13.3 Receives and handles surgical instruments relevant to area of working, this may include for example: camera holding for minimal invasive access surgery

18.13.4 Use of and maintenance of specialised surgical equipment relevant to area of working

18.13.5 Skin and tissue retraction including handling of tissue and manipulation of organs for exposure or access

18.13.6 Cutting of sutures and ties

18.13.7 Use of suction and assist with haemostasis in order to secure and maintain a clear operating field

18.13.8 Assistance with wound closure and application of dressings



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5. Assessment of Learning

The interrelationship of theory and practice remains an integral component of the assessment process. Many other skills beyond psychomotor competencies are balanced during placements, such as attitudes, values and professional socialisation. Assessment should offer students the opportunity to engage in activities that provide a focus for personal research, reading, analysis and application of evidence based practice. This learning provides scope for development of skills of discrimination, judgement and presentation. The certification of achievement, or benchmark of progress and development, is a direct measurement of competence and abilities. This is of concern not only to the student but also the employer.

5.1 Assessment of Student Achievement

Students will demonstrate achievement of programme learning outcomes by the development and maintenance of an individual progress file/ portfolio of achievements.

The progress file comprises two sections:

- A transcript providing a record of the student's learning and achievement which is provided by the higher education institute.
- Personal Development Plans (PDPs) compiled by the student at each key stage of their programme to "review, plan and take responsibility for their own learning" (QAA, 2009 & DH, 2004).



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Students will undertake practice and academic assessment to demonstrate their achievement. The relationship between theory and practice will remain the central tenet of this process. The assessment process requires the student to demonstrate the achievement of specific learning outcomes and competences. Evidence of this can be derived from a variety of sources:

- Observation of clinical practice, coupled with models of reflective thinking to measure the process of reflective learning, will allow students to demonstrate their achievement of clinical competence by reflecting on and in clinical practice
- The acquisition of knowledge and understanding can, and should, be demonstrated in a variety of ways such as written work, case studies, critical analyses or seminar presentations. This is not intended to be an exhaustive list
- The production of PDPs will be a key feature of the process, allowing students to initiate the assessment process based on their individual needs. The planning process will enable students to identify their strengths and challenges at key points in their programme, against the specific learning outcomes for their programme. This process will also reinforce the reflective approach taken to learning as students demonstrate their development over a specified period of time.



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5.2 Supporting the Learner

All those supporting the learner should have attended a specific HEI preparation session to develop a thorough understanding of the programme of study. To ensure that students have a positive learning experience within their clinical placement, mentors should:

- Facilitate student learning
- Supervise, support and guide students
- Understand and apply approved assessment procedures
- Demonstrate competence in the area of assessment
- Demonstrate reflection in and on practice
- Promote diversity in both education and practice
- Promote the interprofessional approach to learning

Students must be supervised at all times by a registered practitioner competent in that area of practice. Those acting in the role of mentor or practice educator/clinical supervisor are responsible for the quality of practice learning and must have undertaken formal preparation and complete the cycle of mentor development every two years. A system must be in place to enable students to evidence their achievement of practice based outcomes and an appropriately qualified mentor must undertake summative assessment of these outcomes as per the assessment criteria and regulations defined by the HEI.

Mentor standards are set out in the CODP (2009) document “Standards, recommendations and guidance for mentors and practice placements: supporting pre-registration in Operating Department Practice provision”.



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5.3 Conclusion

The role of practice in professional education and the integration of theory and practice are explicit, and form a central core to the philosophy of this curriculum. The reflective learning strategies integral to this curriculum enable the student to become a knowledgeable and critical thinking practitioner.



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6. Programme Management and Resources

6.1 Programme Resources in the University and Practice

In order to support learners and maximise the learning potential a range of resources should be provided including basic library facilities and electronic resources. Electronic resources can provide access to a wide range of information on best practice, applied research, exploration of clinical scenarios therefore promoting learning.

6.2 The Simulated Perioperative Environment

6.2.1 Brief Introduction to simulation as a concept for learning

Simulation has been used for education in a range of professions, most extensively in the aviation field, and since the 1980s, has been used in the medical and, dental professions. Simulation has been employed both in initial training programmes and in the continuous development and maintenance of knowledge and skills of qualified individuals. For the latter it offers the opportunity to practice the skills that are required for rarely encountered emergency or clinical conditions, to ensure that competence is attained and retained. Simulation is increasingly important in the education of healthcare students.

The term 'simulation' includes high and low fidelity simulators Virtual reality, part task trainers and role play.



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6.2.2 Scope of use for simulation within the BSc (Hons) ODP Curriculum

It is anticipated that the HEI and the clinical placement providers decide where simulation can effectively be used to support the student's learning and assessment. The exact nature and use of simulation is likely to differ between clinical placements depending on staff availability, types of patients/surgery/anaesthesia and the experience of the student.

Simulation should be considered as complementing traditional teaching methods and clinical practice, not as a replacement for these.

CODP recognises that learners have differing needs and as such does not specify the amount of time that students should be involved in simulation activities. The emphasis must be on the quality of the simulation content regardless of the type of simulation used and not the time spent doing it. Furthermore it would not be appropriate to use simulation as a method for teaching and assessing aspects of clinical learning where real experience is available. Simulation could however, be used to support the students' learning in a safe environment prior to undertaking clinical activity.

6.3 Programme Leads

There should be a registered ODP as the programme lead, however in exceptional circumstances a named registered ODP must be on the management team leading the programme. The programme lead must also be a member of the professional body educational network (CUE Forum). The rationale for these requirements is to ensure that the person guiding the programme is aware of current and proposed developments and changes in practice within the profession and provide a role model for emerging practitioners.



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6.4 Entry Requirements

The entry requirements are set at a minimum of 220 accumulative UCAS points or equivalent for those entering with life experiences recognition may be given recognition for any relevant experience, skills and knowledge, or enter with alternative qualifications. These applicants do need to demonstrate that they could cope with study at the appropriate academic levels.

All applicants should also possess demonstrable personal qualities including; communication skills, motivation and an informed commitment to the profession.

They should also demonstrate they are of good character and have evidence of a good command of written and spoken English, numeracy; complete and gain clearance on an enhanced Criminal Records Bureau/ enhanced disclosure from Disclosure Scotland check and meet Occupational Health requirements.

6.4.1 Widening access

The College acknowledges the emerging Assistant Practitioner roles within the perioperative environment and recommend under the widening participation, these healthcare staff who wish to access formal education and develop into the registered ODP that HEI's consider AP(E)L.

Many Institutions have developed local initiatives in collaboration with key stakeholders and these should be utilised wherever possible. This must be made relevant to programme the student is accessing, including skills that complement and support academic study. Experience in the operating theatre environment is not essential but is often an advantage.



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6.5 Recording of Learning Hours

It is the HEI's responsibility to ensure there is a robust system to record the theoretical and clinical learning hours. This is intended to create a robust quality system to ensure equitable approaches to the professional requirements.

6.6 Accreditation of Prior Learning

The approach to Accreditation of Prior Experience and Learning (APEL) is embedded in Higher Education Institutes. In the context of professional preparation it is a more complex process because the end result gives access to professional registration and a scope of practice where protecting the patient is paramount. Prior experience is valuable but unless this can be measured and mapped against the competences on a match for match basis, including the hours allocated to those outcomes, it cannot be validated. Clear documented evidence would need to be provided.

Prior learning that has taken place at the same level, in the same context and meets the outcomes in full, including the hours allocated, can be used. This would need to be validated by the programme lead as being acceptable.

The philosophy of the curriculum document, with its integration of theory and practice developed within the curriculum has made the APEL process complex. Where interprofessional learning or education is used within an Institute the context of the learning and its application must be given serious consideration when learners wish to transfer to other programmes.

The concept of interprofessional education and training is welcomed and has many benefits but the knowledge application must be aligned to the appropriate practical context and recorded within the identified learning hours.



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6.7 Title of Awards

Programmes that gain approval must have the title 'BSc Hons in Operating Department Practice'. The exception to this would be for Programmes approved in Scotland where 'BSc in Operating Department Practice' is the equivalent to QAA framework for England, Northern Ireland and Welsh awards. No interim award including the words Operating Department Practice/ Practitioner should be permitted as this may lead to confusion around the requirements for registration and employment. The rationale for protecting the title and access to registration with the HPC is to ensure there is no risk of misunderstanding thereby protecting the patient.

6.8 Part-time Programmes

Due to widening access and participation HEIs need to look at the local economy and how best they can attract future health professionals. In the main, many programmes are within a three year duration and may not lend themselves to adaptation to part time learners under these requirements. A separate pathway needs to be developed, complying with the professional body requirements. Any Institution wishing to explore this option is recommended to consult the Professional Body to seek further guidance.



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