



Scope of Practice

September 2009



Scope of Practice

The Scope of Practice for Registered Operating Department Practitioners

Guidance on the Scope of Practice for Registered Operating Department Practitioners (ODPs) should enable individual practitioners to understand the limits of their own function and role within the overall Scope of Practice for the profession. By utilising the Scope of Practice the ODP will be able to identify and demonstrate their level of competence and to express clearly the limits of that competence on an individual practitioner basis. Based on the evaluation of their abilities against the accepted professional scope of practice, the ODP is then able to identify and prioritise their own learning needs.

This guidance sets out a number of key concepts that should assist the practitioner in understanding the ODPs Scope of Practice. Therefore it is necessary to:

- Broadly define the Scope of Practice for the profession
- Establish principles that define an individual's Scope of Practice within the framework of the overall professional scope
- Explore factors that may govern the current limits of practice or seek to broaden those limits through legitimate development of extension to the Scope of Practice



For the Profession

Operating Department Practitioners (ODPs) concerned with the maintenance and restoration of physical and psychological status of the surgical patient at all levels of dependency through the assessment, planning and delivery of individualized care.

The CODP recognises that the professional scope of practice encompasses a range of services that its registrants provide, as far as they are competent and able to do so. Competence is taken to mean the knowledge, professional and personal skills, and understanding that an ODP demonstrates in carrying out their role. Therefore, the competence of the ODP is limited to those functions for which the practitioner is educated and trained to provide. In the case of delegation of activities, the ODP remains accountable for any decisions taken and should be satisfied that those who fulfil any delegated task are competent to do so. In the case of students or learners it is necessary for the ODP to provide adequate supervision at all times.

Core Skill Areas

In recognising the Scope of Practice for the profession it is important to recognise that a clearly identified knowledge base exists. This is then applied in practice by the ODP. Although these core principles are embedded within distinct education principles and procedures, it is becoming increasingly difficult to establish rigid knowledge and role boundaries within the current context of modern healthcare. However, throughout the constant developments and changes in healthcare, operating department practice has always maintained its links to three core skill areas, which further help to identify the profession's Scope of Practice:

- Surgical phase
- Anaesthetic phase
- Post-anaesthetic care phase

In further identifying these core skill areas it is useful to offer the following guidance as to the activities that are expected to form part of the CODP scope of practice for ODPs.

Surgical Phase

The ODP plays a vital role in the surgical team, mainly in providing continuing care of the patient through the promotion, implementation and evaluation of the patient's safety and dignity during the entire surgical phase. In order to fulfil his/her professional responsibility to the patient, the ODP is expected to apply a thorough understanding of the principles of



aseptic technique, wound management and infection control, as well as an understanding of a range of core skill areas. This should ensure best practice and optimum care of the patient.

An extensive knowledge of the surgical procedure, related anatomy, and potential complications must be evident in the ODP's anticipation of developing surgical needs. In the scrubbed and non-scrubbed role the ODP needs to demonstrate an understanding of complex and sophisticated equipment alongside a high degree of manual dexterity. The planning and allocation of departmental resources and responsibilities requires the ODP to utilise communication and management skills throughout anaesthetic, surgical and post anaesthesia phases. In doing so the ODP must also be fully aware of any legal and ethical considerations likely to impact upon the care of the patient.

Anaesthetic Phase

The ODP's primary function is to promote the well-being of the patient throughout the entire anaesthetic phase. This is realised through the application of evidence-based practice and critical thinking. In addition, the ODP will need to adopt a reflective approach that will inform and enable care in the anaesthetic phase. The application of a range of professional and personal skills is apparent within the dynamics and function of the anaesthesia team. Specific skills and abilities must be demonstrated in the safe preparation of the environment, through the application of Health and Safety legislation and standard precautions. Such skills are further evident in the selection and preparation of complex medical devices, according to individual patient requirements. This includes undertaking vital signs monitoring, supporting the patient's cardiovascular requirements and securing and supporting the patient's airway and respiration.

The ODP will demonstrate their clinical responsibility in a range of anaesthetic-related interventions through the induction, maintenance and reversal of anaesthesia.

Post-anaesthetic care

As part of the post-anaesthesia care team the ODP receives the patient and applies professional knowledge and experience in the assessment and delivery of individualised care. In order to achieve this, the ODP applies an extensive understanding of normal and altered physiology. It will be necessary for the ODP to closely observe the patient's condition during this period and exercise their professional judgment as to whether any change warrants appropriate action. This may include psychological support, the instigation of further interventions and referral or care.



An integral part of the ODP's responsibility in the post-anaesthesia care phase is the assessment and management of pain, which may include the administration of analgesia. Following the evaluation of the patient's condition and care delivered, the ODP will participate in the discharge decision making process. As in the anaesthetic and surgical phases, the ODP will continue to accurately document all care delivered through to handing over the care of the patient to other professionals. The ODP's communication and interpersonal skills will be evident throughout this and other phases.

Relating the Health Professional Council Standards of Conduct, Performance and Ethics to the Scope of Practice

In establishing the core professional skill areas, the CODP Scope of Practice and the individual ODP must recognise and be guided by the HPC Standards of Conduct, Performance and Ethics. In fulfilling their role ODPs must ensure that they:

- Carry out all roles and responsibilities in such a way as to promote and protect the rights and health of the patient
- Maintain the confidentiality of information related to the delivery of the patient
- Maintain currency of knowledge and practice in line with HPC Continual Professional Development (CPD)
- Let no act or omission put at risk the care afforded to patients
- Recognise the contribution of the members of the multidisciplinary team involved in the provision of patient care
- Acknowledge any limitations in their knowledge and competence and never undertake any roles or responsibilities unless able to perform them in a safe and skilled manner
- Recognise their responsibilities in delegating duties and tasks
- Support the development of colleagues' competence in accordance with their needs and in the context of the Operating Department Practitioner's knowledge
- Avoid the use of their professional qualifications to be associated with the promotion of commercial products, thereby compromising the impartiality of professional judgment on which the patients rely
- Inform the appropriate person or authority of any conscientious objections which may be relevant to professional practice
- Decline offers of gifts, favours or hospitality which might be seen as an attempt to obtain preferential consideration
- Report to the appropriate authorities any incidences or instances of irregular or unsafe practice



- Maintain an expected standard of behaviour, normally required of persons holding positions of trust.

In this way the Operating Department Practitioner can utilise the Scope of Practice to:

- I. Review and evaluate practice against the three core professional skill areas.
- II. Review and evaluate knowledge against the three core professional skill areas.
- III. Establish that an area of practice, incorporating a skill, or range of skills are also used by other ODPs. This “established body of opinion” may be found within a significant selection of members who have a special interest or expertise. However, any practice should be evidence based and have been found through evaluation, to positively contribute to the care of the patient.
- IV. Ensure that in carrying out their role the ODP remains accountable to the HPC Standards of Conduct, Performance and Ethics.



Scope of Practice

Establishing the Practitioner's Individual Scope of Practice

The information in section 1 outlines a range of principles that define the overall Scope of Practice by which the ODP should abide. However, the professional body (CODP) recognises that an ODP will practise within their individual Scope of Practice and will have been influenced by, and should take account of:

- The clinical speciality and the environment they are conducting their role in
- The patient group across the life span
- The sector – NHS or Independent sector, Management, Education

In doing so it is necessary to adopt a patient-centred approach to his/her Scope of Practice in which the core value of respect is demonstrated throughout all healthcare interventions.

Self Assessment

In reaching an understanding of their individual Scope of Practice, the ODP will need to consider the following questions. Consideration of these questions will enable the ODP to arrive at a sensible course of action in the care of the patient.

- Do I consider that I am participating in a reasonable and justifiable course of treatment or intervention? and
- Am I aware of, and have considered, any evidenced-based practice?
- In order to participate competently in the care of the patient, do I have the necessary knowledge, skills and experience?
- Am I able to demonstrate professional development and fitness for practice through maintaining my CPD

By doing this the ODP will recognise their own scope of practice, as well as showing an awareness of the overall professional scope of practice.

Innovation in Practice

In the current professional climate innovation in practice is constantly emerging and consideration of new ways of working are the norm within the healthcare arena. In many ways, this level of innovation is a vital and necessary development of the profession. This



development will naturally include a range of skills, which stem from the traditional core skills areas and may be transferable to other critical and specialist care areas of patient care. It is therefore common to find ODPs providing skilled services in these and other emerging patient services. Where this development may be seen to extend beyond the boundaries of the current professional scope of practice, it may be brought legitimately into an individual's scope of practice. However, the following issues would need to be considered.

Extending the Scope of Practice

- Any new role development must ensure that current service provision is maintained. In carrying out new roles would this affect the current level of service provision? Are there sufficient resources to fund the new role where additional education and training are required?
- Are the patients aware that they may be receiving care that would normally be carried out by another healthcare professional?
- Is there support from employers who are willing to formally recognise the extension of practice and to include this within the ODP's job description? This should be further covered by the development of appropriate protocols and guidelines which demonstrate the recognition of these roles at the highest level of management within the organisation (and in accordance with Clinical Governance).
- Does the ODP have the necessary experience, training and ability to be competent within the role extension?

Additional Guidance Notes

- Practitioners may provide support for patients undergoing clinical procedures in diverse environments such as obstetrics, medical imaging departments, ICU, HDU, A & E, or other critical and specialist care areas. It is essential that the practitioner is aware and competent of the complex variation providing care in other environments. Teams and roles need to be clarified. Roles and responsibility influence these. It is essential that the practitioner is aware of the variable context of different care settings.



- Whilst a practitioner can be expected to routinely obtain anaesthetic and related drugs for the surgeon (or anaesthetist) their involvement in the safe custody, control and conveyance of controlled drugs is a matter for local policy. An employer must be satisfied that the individual is aware of, and can comply with local and national regulations in this area. A local policy recognising the ODP role in relation to safe custody, control and conveyance of controlled drugs must be available. A practitioner will then be expected to comply with the local policy. See Medicine Management for guidance.

Appendix 1

The College of Operating Department Practitioners Standard of Good Practice Guidance in relation to Controlled Drugs

This standard guidance makes reference to **Safer Management of Control Drugs a guide to good practice in secondary care (England) May 2007**, and sections are referenced within brackets throughout. However, there have been some changes that need to be considered in respect of the amended regulations.

The College aim is to provide guidance and clarity to the profession in relation to matters regarding their practice. All guidance referred to in this document should be written into Standard Operating Procedures (SOPs’).

Supply

When the “power of delegation” has been offered to a professional they become fully responsible for the delegation parameters such as holding the keys (section 4.6) and supplying the CD’s (from locked cupboard to medical practitioner), which should take place on specific patient direction. **No** stock CD’s should be supplied to any medical practitioner in quantity without the intent of them being used for a specific patient. Good practice should be to supply only, for a named patient from the CD locked cupboard.

Record keeping

This should be in accordance with local policy but adhering to guidance requirements of a registrar (section 4.7)

‘If you have supplied the drug then you need to sign for it’

Checking of drugs

The checking of drugs should be between two qualified registered practitioners one being the person who has had the keys, and therefore the custodian of the stock, delegated to them. Both parties must sign to state the stock and quantity correlates to the CD register.

If you have been delegated the responsibility of holding the controlled cupboard keys, then you must insist on carrying out a controlled drugs check with another qualified person at



the start of your shift, to ensure that you are both fully aware of your accountability and responsibility in ensuring that the stock levels and records are correct.

If there are difficulties or refusal by colleagues to carry out this task, then the College strongly recommends that the Practitioner does not take on the responsibility of the keys until the initial checking task is complete.

This recommendation may seem extreme but you need to consider the implications that can develop if you take on a responsibility but are not fully informed.

In the event of any discrepancies, this should be reported to the team leader and/or the person in charge following local policy and procedure.

Good Practice

If a practitioner should leave or change duty then the handover should include checking of the drug register and the contents of the CD Cupboard, not an informal handing over the keys alone.

Disposable of any residual CD drug

There is currently no legal requirement for disposing of small residual amounts of a drug into the sharps bin to be witnessed and recorded by another authorised person. The College recommend that the registered practitioner should liaise with the Anaesthetist or anaesthetic practitioner to keep them informed of your activity in the disposal of the drugs to ensure good responsible practice between professionals. The **Safer Management of Control Drugs a guide to good practice in secondary care (England) May 2007) section 4.16** gives clear guidance and detail on the 'disposal of control drugs in wards and departments' for other quantities.

Please note - *Methods of disposing of drugs must be in compliant with local policy. Where there is none seek advice from your chief pharmacist/accountable officer and ensure that these are written into Standard Operating Procedures (SOPs).*

Drawing up of drugs

In accordance with other professional groups the drawing up of drugs by anyone other than by the person who is to administer it is not acceptable practice.

Exceptions

'Pair of hands activity' this is where the medical practitioner (surgeon or anaesthetist) requires you to draw up a drug at their request as they are unable to due to them needing to tend directly with the patient .

- The drug must be checked with the medical practitioner before opening
- Drawn up in the presence of the medical practitioner – checking prior to administration, drug; dose and expiry date.

Where the drug is not requested by the medical practitioner it should be part of a protocol or procedure such as used for an arrest, local anaesthetic, infiltration, and/or washout.

All ampoules and syringes must be kept in a receiver until they have been recorded prior to disposal of by the person who administered the drug or those delegated to do so.

Administration

In accordance with the law any person can administer a drug to a patient in accordance with the directions of a doctor or authorised prescriber.

Therefore any prescribed drug or verbal request, by a medical practitioner or authorized prescriber, can be given by an ODP (All verbal requests must be followed up by records and appropriate documentation)

The parameters of accountability and responsibility are in your actions. You must have knowledge and understanding of the drug to be administered, its action potential and contraindications. This should be written into Standard Operating Procedures (SOPs)

The route, dose and strength of the administered drug carries responsibilities for your actions, therefore if at any time you do not feel confident or competent regarding this activity it should be made known to the medical practitioner. In a team situation (other than an emergency) tasks should be reallocated so as not to place any practitioner or the patient at risk.



Requisition of controlled drugs

See current regulation

It must be highlighted that the term 'requisition' in law refers to directly requesting supplies from a wholesaler, an ODP cannot carry out this task, this applies to nurses as well.

For Operating Department Practice, we readily use the term 'requisition' to order drugs from the pharmacy internal to the hospital, this is now allowed in regulation and ODPs' can carry out this task. In order to clarify this situation ODPs' cannot requisition from a separate corporate body e.g. a community pharmacy.

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