College of Operating Department Practitioners

FAQ – WORKING IN A WARD OR OTHER UNFAMILIAR ENVIRONMENT

Updated January 2019

1. Background

It is not uncommon for ODPs to be asked to provide care in an unfamiliar clinical environment, such as the general wards or the emergency department. This is often in response to 'winter pressures' across the hospital and is usually because the perioperative staff are perceived to be generally available out of hours, or when there are no emergency procedures taking place or elective surgery has been cancelled the operating department.

For this reason managers may view the perioperative staff as a readily available resource, especially at times when other parts of the organisation under severe pressure and short of trained staff for the volume of clinical activity.

One of the defining characteristics of the ODP profession is that ODPs are flexible and adaptable. The Scope of Practice for the profession is therefore difficult to define and ODPs may be found practising in a wide range of clinical roles and environments outside of the operating department, or indeed away from the traditional hospital setting. It is therefore difficult to argue that ODPs should not be called upon to provide care in other parts of the hospital although the care needs of patients in a ward environment would not normally be within the ODPs scope of practice. As this situation is, anecdotally, becoming more commonplace, it would also seem sensible for hospital managers to ensure that ODPs were suitably prepared to provide care in non-traditional areas (see Section 4 below). The decision for an ODP to provide care in such an area must however be guided by the ODP's professional accountability and individual scope of practice.

2. Professional accountability

The first and foremost consideration must be patient safety and the Health and Care Professions Council's Standards of Conduct, performance and Ethics and; Standards of Proficiency for ODPs, provide the framework to guide decision making in this area. It is clear that each individual ODP is accountable for his/her own professional practice. A general ward environment is not the natural area of practice for an ODP and while there is nothing to say that an ODP cannot function in this area, it cannot be assumed that an individual is able to do so safely and in accordance with their Standards of Conduct, Performance and Ethics.

> **Standard 3 of the HCPC Standards of Conduct, Performance and Ethics requires you to *Work within the limits of your knowledge and skills.***
>
> *Keep within your scope of practice*
> 3.1 You must keep within your scope of practice by only practising in the areas you have appropriate knowledge, skills and experience for.

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3.2 You must refer a service user to another practitioner if the care, treatment or other services they need are beyond your scope of practice.

Standard 6 requires you to *Manage risk*

Identify and minimise risk
6.1 You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible.

6.2 You must not do anything, or allow someone else to do anything, which could put the health or safety of a service user, carer or colleague at unacceptable risk.

Standard 7 requires you to *Report concerns about safety*

Report concerns
7.1 You must report any concerns about the safety or well-being of service users promptly and appropriately.

7.2 You must support and encourage others to report concerns and not prevent anyone from raising concerns.

Follow up concerns
7.5 You must follow up concerns you have reported and, if necessary, escalate them.

7.6 You must acknowledge and act on concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so.

3. Primary responsibilities

The primary role of the perioperative team out of hours is usually to respond to emergency situations that require surgical and/or anaesthetic intervention, or the on-going care of a patient during post anaesthetic recovery. Members of the team should not undertake any roles that would prevent them from meeting the needs of any patient referred to their care.

Particular consideration should be given to the nature of the individual's role and the type of emergency that is likely to be referred to his/her care. For example, the role of the anaesthetic practitioner within the anaesthetic team is dedicated and he/she should not undertake any other duties that would prevent them from fulfilling their primary responsibilities. Some types of emergency require a very rapid response, for example the standard for a Category 1 emergency caesarean section is that the baby should be delivered within thirty minutes of the decision being taken to perform the procedure.

If in England or Wales, your organisation should be implementing the National Safety Standards for Invasive Procedures (NatSSIPs) through the development of the appropriate Local Safety Standards, or LocSSIPs.

NatSSIP Standard 4.3 on Workforce states

The LocSSIPs must address workforce needs for procedures that take place outside of normal working hours. The workforce standards set for out-of-hours work should be no less than those set for equivalent procedures performed during standard working hours. The LocSSIPs should provide guidance on escalation processes and actions to be taken should a clinical situation overwhelm available resources.

4. Prior preparation

It is the nature of this issue that ODPs are commonly being asked to provide support away from the operating department at short notice and with little or no preparation. This increases the stress on the individual practitioner who may feel pressurised into undertaking a role that conflicts with their personal accountability under the HCPC Standards of Conduct Performance and Ethics.

Such situations do not support sound decision making and are more likely to compromise the principles of patient safety.

The College therefore recommends that hospitals should have in place an agreed escalation policy that sets-out in advance the circumstances which are likely to require members of the perioperative team to provide support outside of their usual role. This policy should incorporate the role expected of team members, the environment(s) in which they may be expected to work and points 1 and 2 above. Orientation to the environment, induction into the role and appropriate updates are essential requirements for each team member who may be called upon to participate.

The strength of the ODP is our flexibility and adaptability

References

1. Standards of Conduct, Performance and Ethics – The Health and Care Professions Council. January 2016
2. Standards of Proficiency for Operating Department Practitioners – The Health and Care Professions Council. June 2014
3. The Anaesthesia Team 2018 – The Association of Anaesthetists of Great Britain and Ireland. July 2018
4. 7th Annual Report of the Confidential Enquiry into Stillbirths and Deaths in Infancy – Centre for Maternal and Child Enquires. 2000
5. National Safety Standards for Invasive Procedures (NatSSIPs) – NHS England September 2015

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