

History of the College of Operating Department Practitioners and the ODP Profession



November 2021

No history of the College would be complete without a brief look at the history of Operating Department Practitioners ourselves. The fact that ODPs as a group were not a creation of the Lewin report¹ of 1970, where the title Operating Department Assistant (ODA) was first coined. Indeed, ODPs can claim a lineage that pre-dates not only anaesthesia but also organised operating theatres. There is probably no single group of people that gave rise to theatre technicians, more a number of different workers who had an attachment to surgery and surgeons in one form or another.

Antecedents of the ODP

The Handlers

Early surgery relied upon 'surprise and speed'. Prior to the development of anaesthesia, the patient was held down and loose limbs pinioned. Straps alone were not enough to hold down a half-crazed man so the handler became skilled in the where and how of holding the patient down without causing further harm.



Fig 1. Oil on board by unknown artist, mid 19th century.

In the History of Moorfields Eye Hospital, Treacher Collins writes of Sir William Lawrence *"In those days, since all eye operations had to be performed without anaesthetic, at least four or five assistants had to be employed to hold the patient down. The division of labour was as follows: One assistant to fix the patient's head, one to depress the lower eye lid and fix the chin, one to confine the arms and upper part of the body and one to secure the legs and lower part of the trunk"*.

Sir Edward Morris writes in his history of the London Hospital; *"There are still ghastly relics in the hospital of those terrible days; the great wooden operating table with its straps; the bell which was sounded before an operation to call assistants to hold down a patient, a bell whose terrible clang could be heard by every shivering patient in the building, including the patient, often a little child; a bell with a voice loud enough and harsh enough to make all Whitechapel shudder"*.

Surgerymen

At St. Thomas' during most of the 19th century it was the responsibility of the surgeryman to see to the theatre instruments. The first to be mentioned by name was John Lukis in 1801. John Garde, who was appointed in 1846, also acted as cupper. (cupping, using heated cups to create a vacuum on the skin).

The Box Carriers (Box Boys)

These were employed by the surgeons to carry their box of instruments. During their time with the surgeon they became proficient in anticipating the surgeon's requirements. At St. Bartholomew's hospital they were attendant upon the three principal surgeons. At first they seem to have been recruited from among the patients and were paid 3d for every patient who was ordered to be 'bled'. The practice was discontinued in 1813 and the box carriers were appointed by the surgeons. There was a custom of 'following the box' where the surgeons had a box of instruments carried before them as they

¹ The Organisation and Staffing of Operating Departments - A Report of a Joint Sub-Committee of the Standing Medical Advisory Committee and the Standing Nursing Advisory Committee. Walpole Lewin HMSO 1970

went around the wards and performed small operations then and there. The Beadles also followed the surgeon, carrying the brazier in which cautery irons were kept. The box carriers at Bart's survived into the 20th century as surgeon's attendants or theatre orderlies, disappearing from the records in about the 1920s.



Fig. 2 Fred Wheadon BEM late 1970s (centre). Ray Greet Chairman 1972 – 1980 (right)

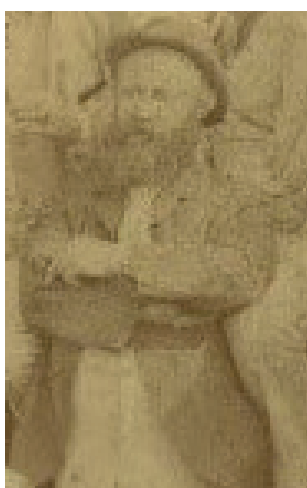
Fred Wheadon B.E.M, who was Membership Secretary for the Institute and later the BAODA until just before his death in 1989, was first appointed by a surgeon as 'Box Boy' at the Lambeth Hospital sometime during the late 1930s, although soon afterwards he was employed by the hospital, converting to the role of theatre attendant. Fred was elected to the Executive Council of the Association in the late 1940s, a position he held continuously until just before his death. In about 1976, Fred was assimilated to the ODA grade and was a local examiner for the City & Guilds well into the 1980s.

Beadles and Porters

These men were the elite of the hospital service and their earliest history goes back to Elizabethan times. Porters were appointed to open the hospital gates to let the poor in and out and the beadles were a mixture of policeman and ambulance man. Their duty was to clear the streets of the beggars (both infirm and healthy). Children went to Christ's hospital, the able bodied to St. Brides' house of correction and the infirm to St. Thomas' or Bart's hospitals.

In 1584 it was recorded that Hartford (the beadle) was no longer to make the hospital candles. As early as the 19th century there was a porter of the dissecting room and the dissecting room porter at both St. Thomas' and Guy's seem to have maintained close links with the resurrectionists (people who stole fresh bodies from graves for dissection). Sir Astley Cooper was noted for his successful negotiations with them, most likely via the offices of Butler who was the porter there at the beginning of the century.

The porters were also charged with keeping order among the medical students and in 1836 a dispute broke out at St. Thomas' when the porter tried to enforce the rule that only the dresser of the surgeon operating might stand in the centre area of the theatre. Two Guy's dressers tried to force their way in and Williams the porter seized one by the collar and was violently assaulted. The operation was suspended and the surgeon called the police. Two were fined for assault and a third for breaking down a door, but their counter charge of assault by Williams failed.



One of the most famous of the beadles was Josiah Rampley (1844 -1934) at the London Hospital. In an article in the London Hospital Gazette of November 1898, Dr May the Dean refers to him as the "Grand Old Man of the London Hospital". Rampley was connected to the theatre in about 1871, having duties in the post-mortem room. He was appointed surgery beadle in 1893, his predecessor, Stuckey, having been dismissed for not having a stomach pump ready for the surgeon at operation. He was closely associated with Sir Frederick Treves. He and Treves would go straight from the post-mortem room to the operating theatre, with or without washing their hands, as they felt inclined. Rampley attended nearly 40,000 operations and he invented the sponge-holder and needle-holder that bear his name.

Fig. 3 Josiah Rampley

1914 – 1918

Before the advent of the Great War, theatres were said to be not a nice place for lady to work, although the first record of a theatre sister is at St. Thomas' in 1893. The war took a great toll on the fit young men of the country and many more nurses worked in theatre to fill the gaps. Upon return from the war the men were happy to fill any position offered and most of these attendants (as they were then known) became solely assistant to the anaesthetist.

1939 – 1945

The Second World War brought a further exodus, but this time with a difference. Their usefulness was recognised and the armed forces trained them and the Theatre Technician was developed. Upon their return from the war these men were anxious to carry over their considerable skill to civilian hospitals, although few could find such employment.

The founding of the College and our emergence as a profession

1945 – 1951

Sir Ivan Magill formed a very good relationship with Stan Warner, the attendant at University College Hospital and he came to expect the same standard of help and co-operation whenever he worked at other hospitals. He persuaded the attendants to get together to form their own association with the object of training others in the skills. Six men, led by Stan Warner, met in a London pub and the Association of Operating Theatre Technicians was born, although Technician was a name used by the armed forces and met some opposition as Theatre Orderly or Theatre Attendant were the common civilian titles.



In 1947 St. Thomas' hospital began the formal training of Theatre Technicians, being the first to do so. The first training groups formed by the Association began in 1951 at the Birmingham Accident Hospital, St. George's Hyde Park Corner and in Liverpool.

The British Medical Association (BMA) assisted with the examinations which were carried out under auspices of the Board of Registration of Medical Auxiliaries (BRMA), which consisted of two written papers and a viva-voce.

The Association awarded a diploma (this was also awarded at the St. Thomas' school).

1951 – 1970

The Association became the Institute of Operating Theatre Technicians and many individual hospitals recognised the diploma. In 1953 with assistance from the BMA, the Board of Registration of Medical Auxiliaries accepted Operating Theatre Technicians onto its register.

For some unknown reason the Ministry of Health would not recognise the diploma and thus the Whitley Council made no special provision for paying the men who had been

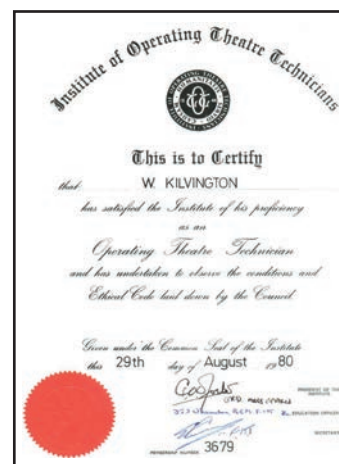


Fig. 5 Diploma of the Institute, still awarded upon qualification with the City & Guilds

trained. Recognition by the Whitley Council and parity with Professional and Technical Committee B (PT'B') grades were the Association's main objectives at that time.

The diploma was recognised, however, by the Armed Forces; in fact members of the Royal Army Medical Corps (RAMC) gain promotion in rank 'if they passed these examinations.

1970 – 1979

Lewin's report on the Organisation & Staffing of Operating Theatres was published and among its many recommendations was the 'birth' of a new grade of staff to be called the Operating Department Assistant (ODA). In consultation with the Institute, the DHSS asked the City & Guilds of London Institute to set up an official training and qualification for the grade.

In 1974 the first formalised national training centres were established and the first examinations were held in 1976. These were modelled upon and used the question bank from the diploma course.

Between 1976 and 1978 many of the existing technicians and attendants were assimilated to the grade of ODA.

1977 saw the Institute become the British Association of Operating Department Assistants and pressure for professional recognition began. It was recognised that the support of others would be needed. After lengthy dialogue with all the trades unions, affiliation with COHSE was taken up.

In 1979 a referendum was held and this led to negotiations beginning in earnest for professional recognition. The BAODA was asked to provide a Technical Advisor to the Staff Side at PT'B' and a long struggle began.

1980 – 1990

In 1983 an offer was made by the Management Side to transfer to the Professional & Technical Whitley Council and, in January of 1984, a ballot was held by the BAODA which showed 86% of ODAs to be in favour of the transfer. The transfer took place on April 1st of that year. Professional status may have been achieved but remuneration remained a problem and the period between 1984 and 1989 saw the 'new' profession decimated. The only saving grace was the agencies, which allowed a decent standard of living, but at huge cost to the health service.

A major achievement for 1985 was the publication of the Codes of Conduct and the establishment of a working Register. This foresight proved invaluable during subsequent negotiations with the Council for Professions Supplementary to Medicine over Statutory Registration.

In 1989 the BAODA was represented on the steering group for the Bevan report² on the Management and Utilisation of Operating Departments. Bevan recommended that the UKCC and the NHSTD should meet to consider a joint training for theatre staff. The National and Scottish Vocational Qualifications (NVQ/SVQ) in Operating Department Practice were not a result of this but a separate government initiative. Bevan also recommended that a scheme of registration be created and that ODAs be considered equally with nurses for all posts in theatres.



Fig. 7 C&GLI ODA Curriculum 1978 -1980.

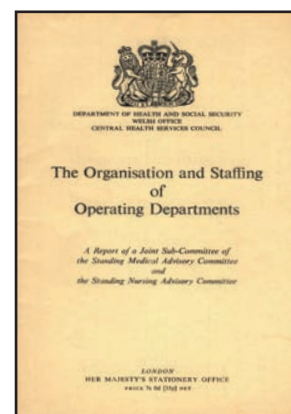


Fig. 6 The Lewin Report.

1989 also saw the Whitley Council agree the Medical Technical Officer pay spine and this, in part, was due to the hugely successful political lobbying conducted by the BAODA. This included a postcard campaign which highlighted the pay disparity with nurses for the same role. Members of the profession were encouraged to send the postcard to their member of parliament and it is fair to say that the then junior Health Minister Edwina Currie probably responded to more MPs written questions about ODAs than any other issue!

Also, in 1989 the Executive took the bold decision to move production of *Technic* to Birmingham and an association with Derek Bishton and Roy Peters began. Under the editorship of Dave Forrer, *Technic* was transformed into a journal of outstanding quality, which serves to highlight the maturity of the profession. The last issue of *Technic Plus* was published at this time and the full *Technic* went monthly.

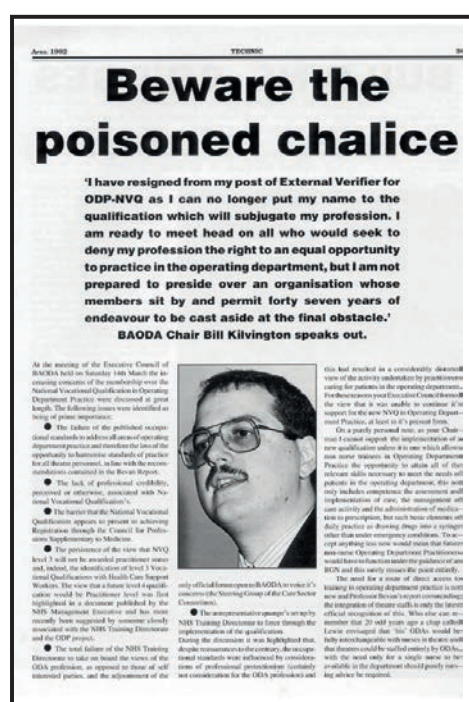
During the mid 1980s our Conference also took a major upswing, both in terms of the number of delegates and the level of trade support. The Conference team has always been very creative in its approach.

1990 – 1995

In 1990 the trade union COHSE invited the BAODA to nominate a member of the Executive to sit at the Whitley Council as Staff Side member, with full voting rights. The PT 'B' advisor effectively became the PT 'B' negotiator, although there was always some care to ensure that this remained in COHSE's name as the Association guarded its role as a professional body and not a trades union.

During 1991 the Association linked with the Medical Defence Union Ltd to provide members with a scheme of professional indemnity and, more importantly, medicolegal advice and representation available. The MDU acknowledged the importance of the BAODA's professional register by agreeing only to offer membership to those ODAs who were regulated by the Association's Codes of Conduct. This service was replaced in 2001 by a similar scheme with the Medical Protection Society.

Fig. 8 *Technic* Apr 92



During the latter part of 1991 the BAODA became increasingly concerned at the way in which the then new NVQ/SVQ Level 3 standards were being implemented and, in an article published in the April 1992 *Technic*³, we withdrew our goodwill and support for the implementation process. This caused considerable anxiety within the profession and very nearly drove a wedge between those who were undertaking the C&GLI 752 and the new NVQ/SVQ trainees. Conference 1992 was notable for the strength of feeling demonstrated during debate and it became clear that the BAODA was wrongly perceived as being anti NVQ/SVQ.

Later in the year the Executive felt vindicated in its stance as the Steering Group of the Care Sector Consortium was reformed and the Chairman of the BAODA took a lead role in representing the profession's interests in negotiations. Throughout this time the BAODA maintained a consistent stance on the need to include peri-operative care and drug administration in the standards at the basic level. This culminated in the inclusion of both aspects of practice in the revised occupational standards, which become available during 1995.

During 1993 the Association formed working links with both the National Association of Theatre Nurses (NATN) and the National Association for the Welfare of Children in Hospitals. This latter relationship culminated

in the publication of the standards for the care of children on the day of surgery at the 1994 conference.

The meetings with NATN that were brokered by AODP Vice-President David Poole (a past Chairman of NATN) ended years of suspicion (and sometimes frankly open hostility) and led to the very successful Joint National Study Day in February 1994.

The Royal College of Surgeons of England asked the BAODA to participate in a project to establish a national training programme in minimal access therapy and Danny McCormack took a lead role in the establishment of the programme, run by the RCS Minimal Access Therapy Training Unit.

In 1997/98 the Association successfully challenged the introduction of the further revised Occupational Standards at Level 3. There was a significant rewrite at our behest (and with our funding) and our challenge to the level assigned was being taken seriously. Indeed, the Scottish Qualifications Authority imposed a six-month moratorium on accreditation while the issues supporting accreditation at NVQ/SVQ/SCQ Level 4 are fully debated by the Association (see below) and the Health Care National Training Organisation.

1995 and into the new Millennium

In 1998 the BAODA changed its name to The Association of Operating Department Practitioners (AODP). This was a deliberate move to appropriate the title Operating Department Practitioner (ODP) for the profession.

This metamorphosis reflected the development of the profession and acknowledged our development from assistant to practitioner. It was also important for the profession to regain a single, unifying title for the one profession. Since 2004 ODP has remained the legally protected title of the profession.

During 1999 the AODP re-established its affiliation agreement with UNISON, having for many years been affiliated to COHSE, one of the organisations that merged to become UNISON, by far the largest public sector trades union.

Education

Also in 1998 the Association presented a discussion paper on Workforce Planning in the Operating Department, highlighting the on-going shortages of skilled staff and also focusing on the then uncertainty on funding ODP education. Among other things we suggested that it was departmental establishments that were keeping training numbers artificially low, rather than the availability of suitable candidates. The bursary scheme introduced in 2002 could be seen a response to this.

There were in fact more immediate results from this paper as in May 1999 the Department of Health published 'Modernising Health and Social Services: Developing the Workforce'. This contained the important paragraph *"To ensure local investment in vocational training made outside the NMET levy is sufficient to meet service demands. For example, the availability of Operating Department Practitioners can be a constraint on the achievement of waiting list targets. Adequate investment in their recruitment, retention and training needs to be secured across Education Consortia"*.

Then in May 2000 the DOH published 'A Health Service of all the talents: Developing the NHS Workforce', which stated *"We are also conscious that a number of staff groups, such as Operating Department Practitioners, who perform critical roles in service delivery, currently sit outside mainstream workforce planning and funding"*

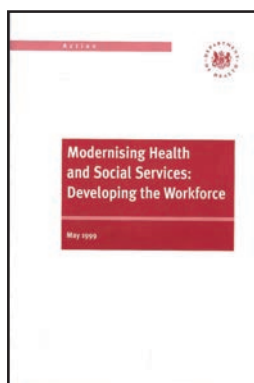


Fig. 9 Modernising health and social care services 1999

arrangements. It is important that their training and development needs are properly identified and considered". By 2002, funding for Operating Department Practitioner training had been included in the Non-Medical Education and Training (NMET) system to ensure consistency at a national level.

It was also during 2000 that the Association decided to develop the Diploma of Higher Education in Operating Department Practice as the primary qualification. The decision was taken in the knowledge that a diploma validated by the profession itself would be an important consideration when assessing ODPs for regulation by the Council for Professions Supplementary to Medicine (CPSM) (see The Board of Registered Medical Auxiliaries to the HCPC later in this document).

The Association felt empowered to take this initiative by the NHS Executive Circular on the Employment of ODPs in the NHS (see below), reasoning that as the NHS Executive had effectively granted control of access to practice to the Association we could therefore set the future entry at Dip He Level. This view was born out by the subsequent support and funding of the courses by the Department of Health.

A challenging timescale for implementation was established and consultation with the main stakeholders, the CPSM and education providers began immediately. It was also necessary to develop the curriculum and establish both the mechanisms and means for validating courses. The final NVQ/SVQ programmes began in the autumn of 2002.

Registration

The Association formally launched the voluntary register, coupled with the Codes of Conduct during 1998. A functional scheme of voluntary registration was a key component of the Associations' subsequent application for statutory regulation.

The AODP developed significant parliamentary lobbying skills and during 1999 Helen Jones MP introduced a Ten Minute Rule Bill⁵ seeking regulation for the profession. At the same time the Conservative front bench health team highlighted the issues during the committee stages of the Health Act. Just before the reading of the Helen Jones' Bill the AODP mailed a specially prepared briefing pack to over 350 Members of Parliament with an interest in health matters. This was accomplished with assistance from Unison and ensured that the Bill received extensive support, across all the major political parties. This was evidenced by the stream of letters of support that the AODP received from MPs.

It is the nature of Ten Minute Rule Bills that these seldom lead directly to legislation being enacted, but serve more to highlight important issues for future consideration. During discussions with Helen Jones at the House of Commons, the Chairman of the AODP suggested that Government endorsement of the voluntary register maintained by the AODP would be a useful way of enhancing patient safety. This was subsequently raised with the then Secretary of State, Frank Dobson and over the winter of 1999 the Chairman worked with the NHS Executive on the wording of a Good Practice Guide.

In April 2000, the NHS Executive published an Executive Letter 'The Employment of Operating Department Practitioners (ODPs) in the NHS'. This stated that "Employers are asked to ensure that the employment of ODPs is limited to those whose names appear on the voluntary register held by the Association of Operating Department Practitioners and that any practitioner not so registered is appropriately supervised". This requirement extended to those engaged via locum agencies and those working in the independent sector where NHS patients are treated.

5 <https://hansard.parliament.uk/commons/1999-06-29/debates/57766b6b-8489-4725-ad96-d8a376445d32/RegulationOfOperatingDepartmentPractitioners>

The AODP had long recognised the implications of being the regulatory body for the profession and the work of the then Registrar, Martin Smith, should not be underestimated. Voluntary regulation required a set of rules and regulations to guide the practice of the profession, the Code of Conduct. Then behind this was the infrastructure for enforcing regulation. This included functioning Health, Preliminary Proceedings and Professional Conduct Committees. All of which functioned within a tight legal framework.

A vital aspect of regulation is the recognition of qualifications. It was important to ensure that all practitioners with appropriate UK qualifications, from whatever era, were recognised and accepted as members of the profession. This covered those assimilated to grade pre 1979, through the City & Guilds 752 and the NVQ/SVQ Level 3. The training and education programmes ceasing by 2004.

The important achievement that the NHS Executive circular represented is not often fully understood, but its impact included the following;

- primarily, regulation increased patient safety and standards of practice;
- it recognised the ‘maturity’ of the profession;
- it enabled the AODP to develop the Diploma in Operating Department Practice and for the profession to validate its own basic qualifications;
- a working ‘voluntary’ register was a prerequisite for any group seeking state regulation through the HCPC.

On the 27th July 2004 the Health Professions (Operating Department Practitioners and Miscellaneous Amendments) Order 2004⁶ came into law. As a result in October of that year, the Association voluntary register was passed to the Health Professions Council, whereupon this became the Statutory Register and Operating Department Practitioner (ODP) became our legally protected professional title.

ODPs whose registration transferred from the voluntary to the statutory scheme at that time retained their existing Association registration number under the HCPC.

The Board of Registered Medical Auxiliaries to the HCPC (see 1951 – 1970)

Although this is not a history of the HCPC it is worth noting that the BRMA was replaced in the 1960s by the Council for Professions Supplementary to Medicine (CPSM), following the Professions Supplementary to Medicines Act 1960. The CPSM oversaw a number of separate profession boards. The Theatre Technician Board did not survive this transition.

In 2002, following the Health Professions Order 2001 the CPSM became the Health Professions Council (HPC). This significant change occurred during the discussions with the AODP for registering ODPs and set back the timetable significantly.

August 2012 the HPC became the Health and Care Professions Council (HCPC).

2005 to the present day

In 2005 the Association became a limited company. This followed a dramatic fall in membership following the transfer of the register to the HCPC. Prior to this the key officers of the Association were personally liable for any debts and liabilities of the Association. This proved prescient as the following year the Association went into financial administration.

Following discussions between the Chair, President and Unison’s Head of Health the

⁶ <https://www.legislation.gov.uk/ukSI/2004/2033/made>

'business' and assets were bought out of administration in December 2006 by Care Connect Learning (CCL), UNISON's member learning organisation.

Shortly after, during 2007 the College of Operating Department Practitioners (CODP) was formed. During the transition, members of the Professional Council were encouraged to remain in post for reasons of continuity and establishment of the new CODP as a legal entity. The professional body was officially re-launched as CODP at a reception at the Houses of Parliament.

In 2013 Unison dissolved Care Connect Learning and the College was incorporated into the main body of the union, as part of the Science, Technical and Therapy (STAT) occupational group. Importantly, the College and Professional Council retained professional autonomy from the Union. This situation remains today and the College as the professional body remains autonomous on professional issues for Operating Department Practitioners.

Medicines regulations

Although there has never been a legal impediment to ODPs administering prescribed medicines to patients, a point reinforced in the NHS Executive Letter of 2000, prescribing mechanisms and custody of controlled medicines legislation had long presented barriers to the professions clinical practice.

In 2007 the President represented the profession on a working party at the Royal Pharmaceutical Society which produced, on behalf of the Department of Health, the report Safer Management of Controlled Drugs. This identified that ODPs should have the authority to requisition and have custody of a stock of controlled drugs. This led to the Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007⁷ which granted legal authority to ODPs.

Until 2020 ODPs were only permitted to administer prescribed medicines to patients under a Patient Specific Direction (PSD). From at least 2015 the College was making the case for ODPs to be included in the regulations covering Patient Group Directions (PGDs). The case was accepted by NHS England and over the winter of 2020/21 a formal public consultation was conducted. While the formal outcome is, at the time of writing, awaited it is anticipated that the case will be presented to the Minister for approval sometime in the second half of 2021.

The Covid19 pandemic which began in the UK early in 2020 highlighted barriers to ODPs and other healthcare professionals from participating in mass vaccination programmes. The College made the case for the profession during the consultation leading to the Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020. As well as a wide range of people authorised to administer Covid and influenza vaccine under temporary regulation, ODPs were also included in Regulation 8 as an Occupational Health Vaccinator. This regulation being the mechanism most commonly used for the seasonal influenza peer vaccination programmes, previously only available to registered nurses and pharmacists.

During 2020 the College began collating evidence to support the case for some ODPs to be granted prescribing rights although at the time of writing this is at an early stage.

⁷ <https://www.gov.uk/government/publications/misuse-of-drugs-and-misuse-of-drugs-safe-custody-amendment-regulations-2007>

Education

In 2011 the College published the BSc Hons Curriculum in Operating Department Practice and endorsed the first BSc Courses, with the objective of moving to a degree based profession. In July 2021 the HCPC approved this transition. From the 2nd July 2021 No new programmes below degree level were able register with the HCPC. From the 1st September 2024 existing Diploma level programmes are no longer approved and students beginning an ODP course after this date will have to complete a degree level course to enter the register when they graduate. This does not affect ODPs who have already completed their education before 2024 – who can still apply as before.

Student funding

For most of our history the profession's students were employed by hospitals and seconded to a training school. With the advent of the Dip He qualification this changed to students receiving the NHS Bursary to support them through training. In 2017, the Government introduced Health Education Funding Reforms in England. This resulted in the ending of commissioning by the then Local Education and Training Boards (LETBs), and all new nursing, midwifery and AHP students would no longer have course fees paid and have receipt of a bursary. Instead, new students would have access to the standard student support system provided by the Student Loans Company (SLC) to cover the cost of their tuition fees and means tested support for living costs.

During 2020 the Government brought in the NHS Learning Support Fund which provides £5,000 per academic year. The College successfully lobbied for this to be available to both Dip He and BSc Student ODPs, the only profession where both Levels 5 & 6 students had access to the grant.

In 2018 the Institute for Apprenticeships approved the Operating Department Practitioner Degree Apprenticeship and this route began to be delivered by HEIs in 2019. Once more students were able to access training via employment. The system in Scotland varies, although most students are employed via the Scottish Health Boards.

Professional status

As previously noted, the first major step towards becoming a profession was in 1983 when we transferred from ancillary staff to the Professional and Technical 'B' Committee of the Whitley Council. At that time Committee 'A' equated to today's Allied Health Professions and Committee 'B' to Clinical Scientists.

Although this was a major change at the time, for example moving from weekly pay to monthly salaries, the profession never really fitted into any of the existing professional groupings and largely stood alone. Over the years there were several attempts to formally align the ODP profession with existing groups, either with the Healthcare Scientists or on several occasions within nursing. These moves were all resisted by the College as our ambition was to be formally recognised as an Allied Health Profession (AHP).

Until 2017 ODPs largely flew under the professional radar of the Department of Health; Health Education England and other regulating bodies. In truth this probably suited the profession at the time as it enabled the College to; unilaterally change the name of the profession from ODA to ODP; change the primary qualification from the NVQ/SVQ to the Dip He; and latterly bring in the BSc qualification. These milestones would at the least have been made more difficult to achieve had we reported to a national officer.

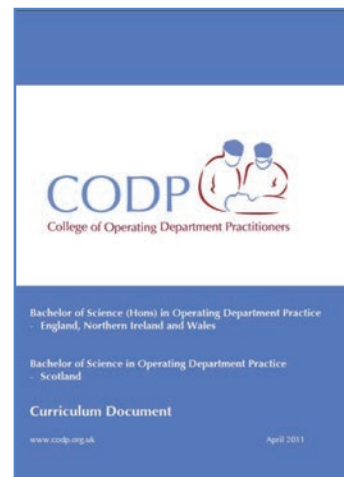


Fig. 10 BSc Curriculum in Operating Department Practice

In 2017 following representations by the College the profession was formally accepted into the AHP family in England and Wales, although the case remains outstanding in Scotland and Northern Ireland at the time of writing. The support and enthusiasm of the Chief Allied Health Professions Officer for ODPs has been hugely empowering for the profession during this phase of our professional journey.



National ODP Day

In 2018 in response to the concern that Operating Department Practitioner was the 'best profession you've never heard of' the College decided to designate the 14th May as National ODP Day. This now annual event provides a focal point for the profession to celebrate and promote itself to our fellow professionals and the wider public and has been hugely successful.

Covid19 Pandemic

It came as no surprise to the profession and those that work most closely with us that

ODPs played a major role in the NHS response to the global pandemic. It has already been noted that legislation to facilitate mass vaccination empowered ODPs and indeed a number found themselves with leading roles in the NHS vaccination programme. But it is probably in the field of critical care where ODPs came to the fore. Either being re-deployed to critical care units, helping establish the Nightingale Hospitals, or creating additional critical care capacity in operating departments.

This has not only fuelled an ambition of some ODPs to routinely expand their practice into critical care but also alerted critical care leaders to the value that ODPs can add to their specialty. Time will tell how this develops.

Conclusion

It is a little over 75 years since the College of Operating Department Practitioners was founded as the Association of Operating Theatre Technicians. Since that time the changes of name have both driven and reflected the maturation of our profession, from ancillary staff to the Allied Health Profession of today.

It is also worth noting that as our profession has grown the gender balance has also shifted. Operating Theatre Technician was an exclusively male profession and up until the early 1980s remained prominently so. Today, the gender balance has shifted to 60:40 in favour of the women in our profession. The pace of growth has also accelerated. Bevan estimated there were about 600 ODAs in 1989 and by 2005 this had increased to 7700 registered with the HCPC. By July 2021 this number had grown to 14,800.

Although it is true that the College has been at the forefront of ensuring our profession develops to its fullest potential, an on-going process; the unique selling point of the ODP as being flexible and adaptable has been the great enabler on our journey.



Key people

The tables below list those who have served as Chair and the Presidents of the College since its foundation in 1945.

From 2015 the Chair post was no longer considered necessary as the President would in future be an ODP



Chairs

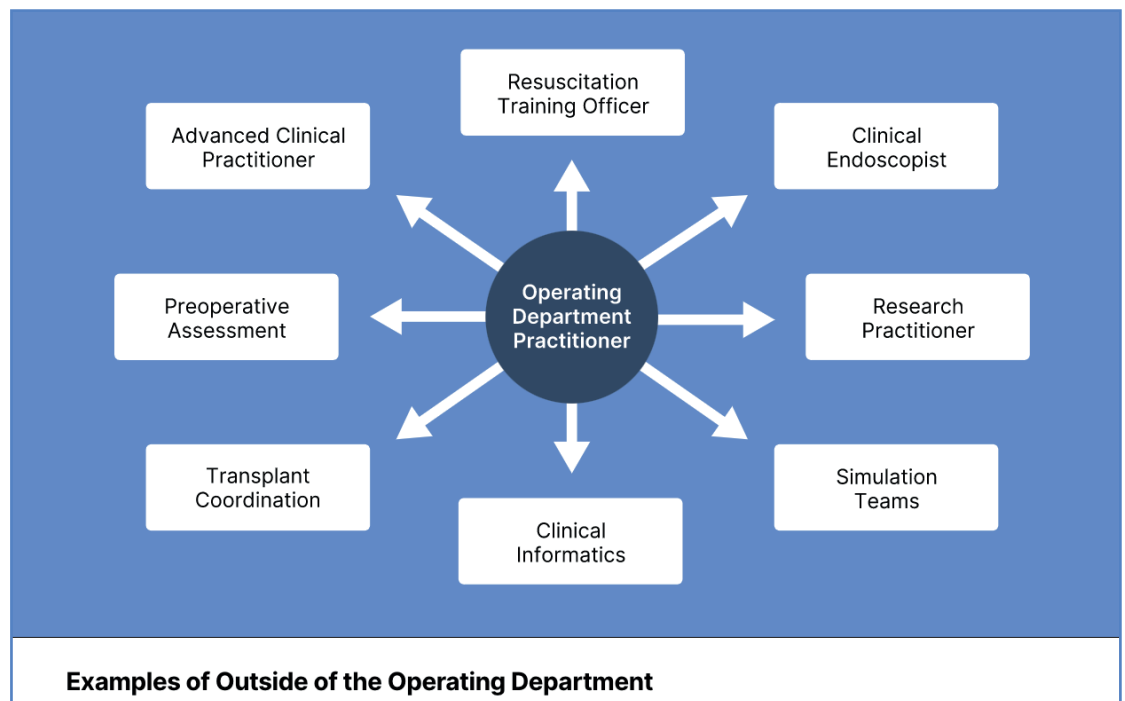
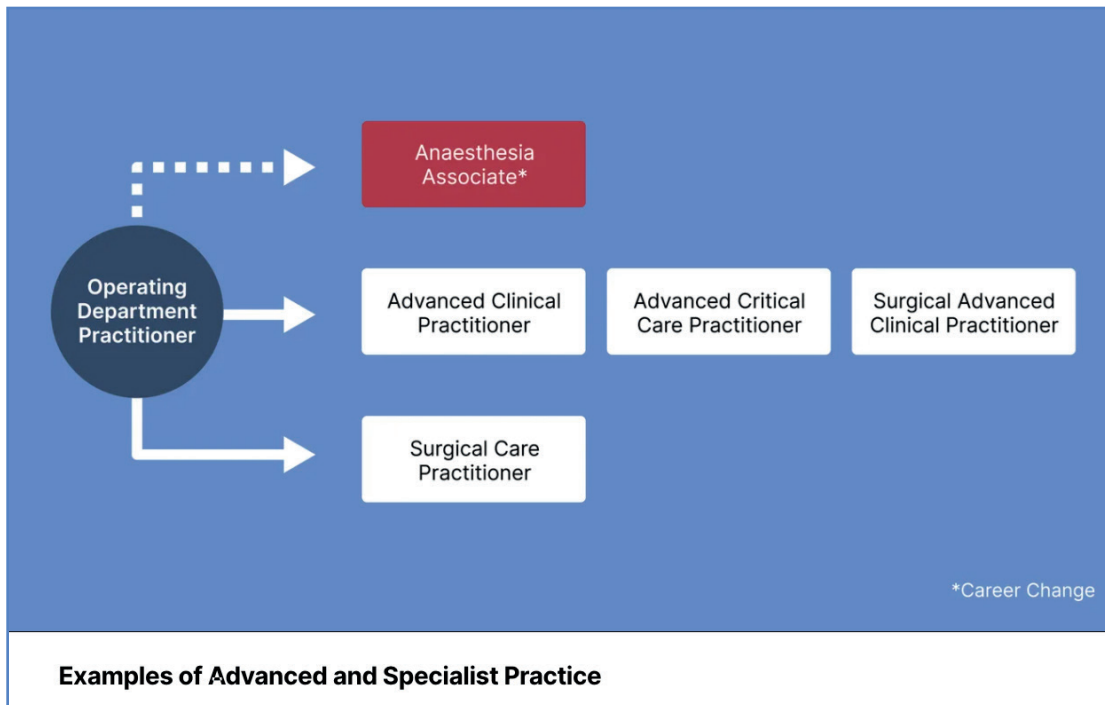
S Warner	1945 - 1948
SA Elson	1948 - 1963
RA Higgs	1963 - 1964
JJ Faulkner	1964 - 1969
RA Higgs	1969 -1972
AR Greet	1972 -1980
CW Jones	1980 -1984
FL Pyke	1984 -1987
DJM McCormack	1987 - 1991
WS Kilvington	1991 – 2000
RM King	2000 – 2003
M Smith	2003 - 2006
H Booth	2006 - 2015



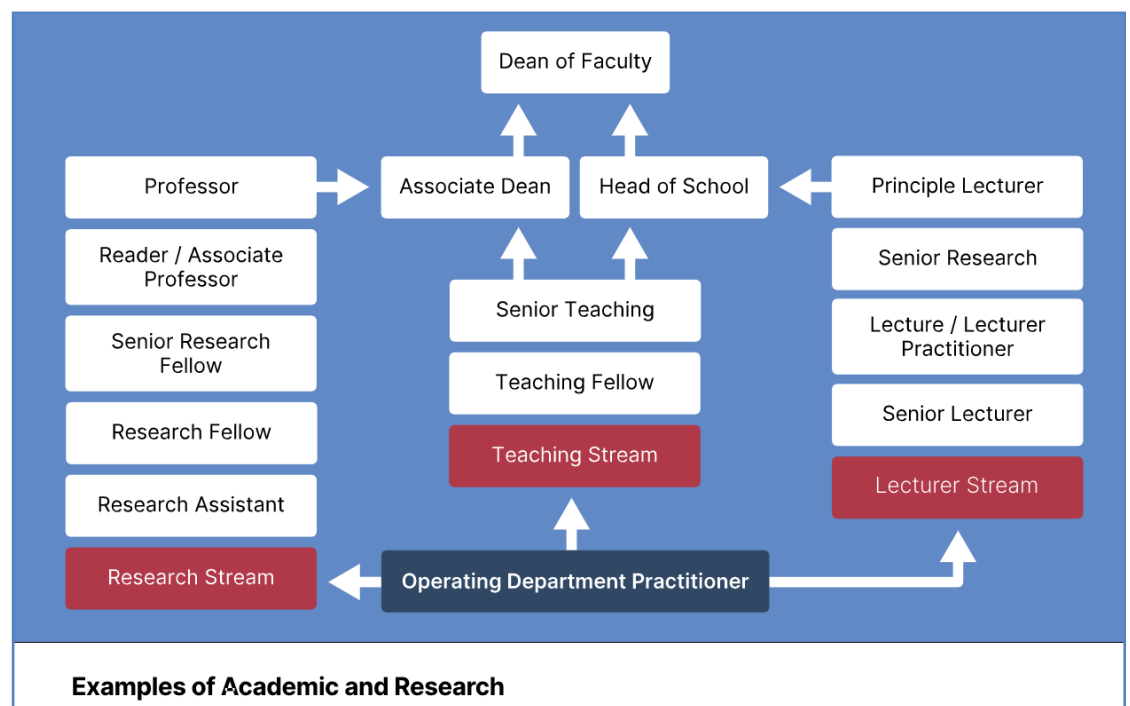
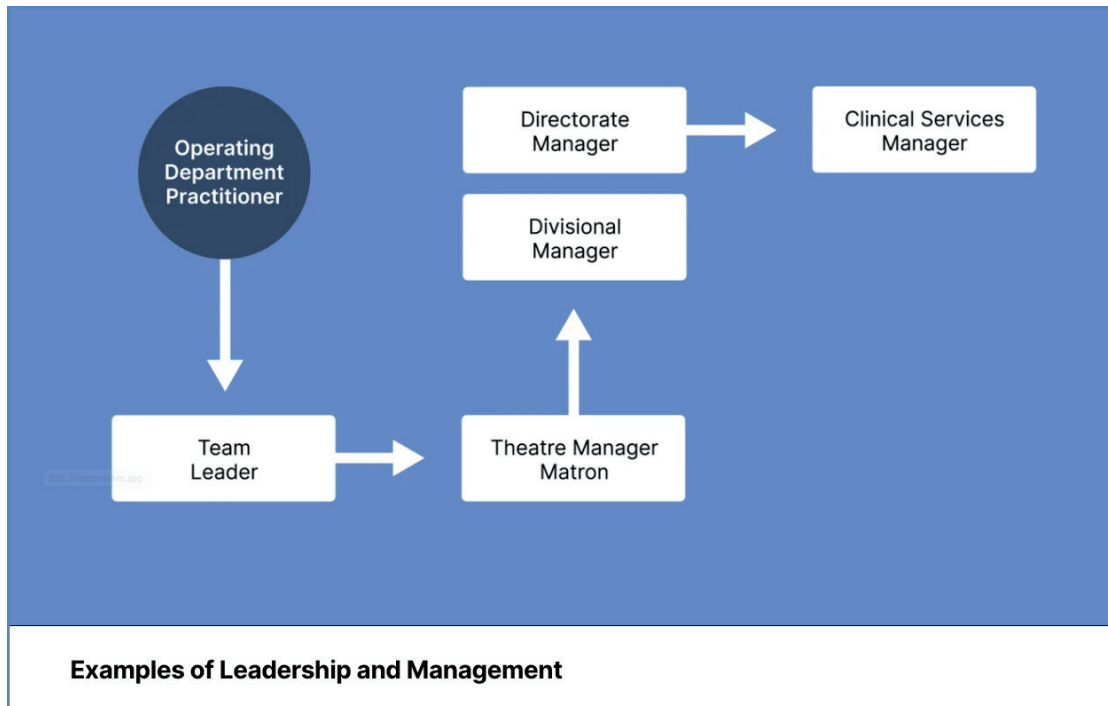
Presidents

Sir Cecil Wakeley	Bt 1949-1972
Sir Thomas Holmes Sellors	1972-1977
Dr CA Foster	1977-1984
Mr FAW Schweitzer	1984-1992
Dr JHW Ballance	1992-2002
WS Kilvington	2002- 2017
Ms H Abbott	2017

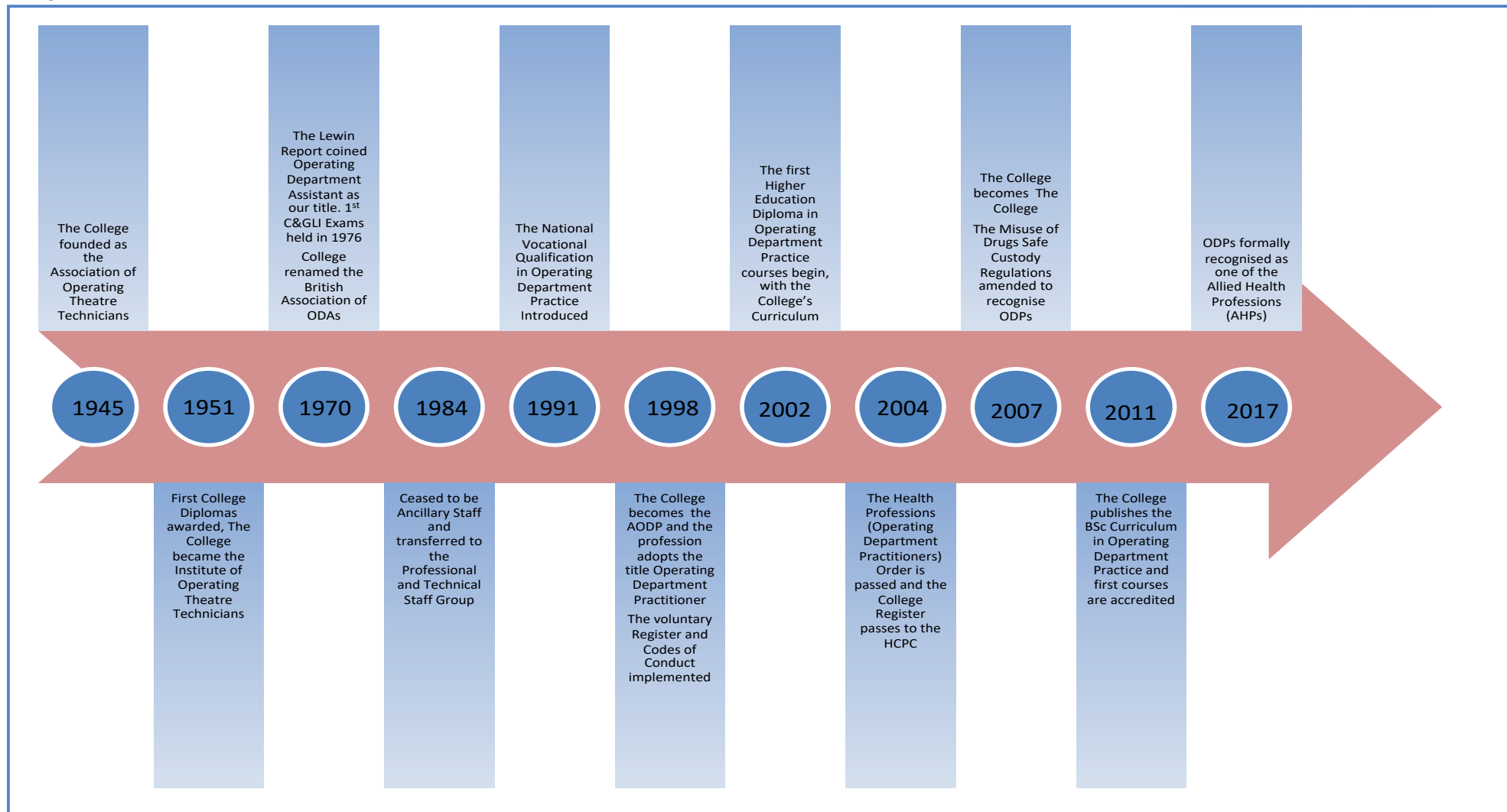
Career opportunities for today's ODPs



Career opportunities for today's ODPs (Continued)



Key events timeline



References:

Historical information prior to 1971 is sourced mainly from articles published in *Technic*, the official journal of the College prior to 2015. Special reference is made to two articles published in *Technic* – Part 1 Nov-December 1962; Part 2 Jan-Feb 1963 - Beadles, Porters and Attendants by E. S. POPE, South Cheshire Group of Hospitals.

Much of the information from 1971 onwards is from official documents and the personal recollections of WS Kilvington, who serves in a number of roles on the professional council continuously from 1983 to date.

Setting Standards, Education and Promoting the Development of the Profession

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