College of Operating Department Practitioners

Advice and Guidance

WORKING IN A WARD OR OTHER UNFAMILIAR ENVIRONMENT

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1. Background

Operating Department Practitioners (ODPs) have a justified reputation for providing a flexible and adaptable workforce, adept at supporting patients and colleagues in a wide range of clinical settings beyond traditional perioperative boundaries.

Although not new, these qualities came to the fore during the global Covid 19 Pandemic where a great many healthcare professionals were called upon to practice outside of their traditional scope of practice, or indeed comfort zone.

Aside from unprecedented context of the pandemic, ODPs may be called upon to provide care in an unfamiliar clinical environment, such as the general wards or the emergency department. This may be in response to 'winter pressures' or 'Business Continuity' declared across the hospital. Perioperative staff may be perceived to be generally available out of hours, or when there are no emergency procedures taking place or elective surgery has been cancelled in 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.

The purpose of this document is to provide advice and guidance to support both individual ODPs and managers to make considered decisions about how to safely harness the ODPs abilities, without compromising the safety of patients or the ODPs professional standards.

Although the focus of this document is those situations where ODPs may be called upon to practice in an unfamiliar environment in response to exceptional circumstances the content may also act as guidance for ODPs seeking to expand their practice beyond the ODPs traditional scope.

2. Scope of practice

ODPs are commonly 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, provided appropriate training and support is provided.

The Scope of Practice for the profession are contained in the Health and Care Professions' (HCPC) Standards of Proficiency (SoPs), which recognise that an individual ODPs scope of practice may develop over time, becoming more focussed or moving beyond an existing scope of practice. The SoPs state that *"you should be certain that you are capable of working lawfully, safely and effectively. This means that you need to exercise personal judgement by undertaking any necessary training or gaining experience, before moving into a new area 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 5 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.

3. Professional accountability

The first and foremost consideration must be patient safety and the HCPC Standards of Conduct, performance and Ethics along with the SoPs 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. For example, a general ward environment is not a 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.

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.

4. 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 (See Standard 6 of the HCPC Standards of Conduct, Performance and Ethics).

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 their 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 emergencies 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.

The College does of course recognise that available resources can be overwhelmed by clinical demands, placing ODPs in seemingly impossible situations for prioritising care and risk. As an autonomous professional you must ensure that any decisions that you make are reasoned, even if this is 'least harm' decision. Bear in mind that the safety of any patient already under your direct care would likely take precedent unless any risks arising from decisions you make can be sufficiently mitigated.

The importance of making a record of such situations or incidents cannot be over emphasised. This may be via the employer's incident reporting systems (such as Datix) and/or a piece of personal reflection. You should aim to set out clearly the event and your reasoning behind any decisions that you have made.

5. 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, although such demands are far less unexpected than they once were. 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 Business Continuity Plans include agreed escalation procedures that set out in advance the circumstances which are likely to require ODPs to provide support outside of their usual role.

Such plans 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. September 2023
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 (NatSSIPs2) – Centre for Perioperative Care. January 2023
6. Caesarean Birth NICE guideline [NG192] 31 March 2021 Updated: 30 January 2024

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