ODP Pre-registration Programmes
Educational Threshold
Council of Deans of Health Position Statement
October 2013

Introduction
This paper sets out the Council of Deans of Health’s position on the educational threshold for operating department practitioner (ODP) pre-registration courses. The paper explores the current context of ODP education and practice and makes the case for raising the threshold for ODP pre-registration programmes from the current Diploma of Higher Education (DipHE) level to a bachelor’s degree with honours (BSc (Hons)).

Summary
- The HCPC’s review of its profession-specific standards for ODP and up-coming review of its standards of education and training (SETs) mean that it is timely to consider whether changes in ODP practice warrant a shift in the educational threshold from DipHE to BSc (Hons) level.
- The role of ODPs and the context in which they work have both changed significantly since the DipHE curriculum was introduced. Changes include:
  - Developments in the perioperative environment (such as increased surgical time to meet the population’s increasingly complex care needs)
  - Changes in staffing, with fewer nurses developing the required level of qualification to provide skilled assistance during anaesthesia
  - Developments in patient safety and the need for more advanced training in human factors and pharmacology
  - Increasing advances in science and technology not reflected in the Dip HE curriculum and requiring higher level knowledge, understanding and skills
  - Increased need for core professional knowledge specific to leadership and change management
  - Need to move perioperative care forward through service informed/led projects (e.g. dissertations)
- These changes lead the Council of Deans of Health to support the revision of the threshold for education programmes from DipHE to BSc (Hons) level and to highlight the risks if this change is not implemented.
Context
The role and title of ODP has been subject to statutory regulation by the Health and Care Professions Council (HCPC) since 2004. There are currently 11,573 ODPs registered with the Health and Care Professions Council. 26 UK universities (24 in England, one in Scotland and one in Wales) offer pre-registration ODP education and training. The current threshold qualification to enter the register is set at DipHE.

Out of the 33 HCPC approved awards eight of them are BSc (Hons) and one a BSc. Many of the institutions that offer the DipHE have plans to validate BSc (Hons) awards by 2014/15. The professional body for ODPs, the College of Operating Department Practitioners (CODP) introduced the DipHE curriculum in 2002 (revising it in 2006) but announced in 2012 that its curriculum would transfer from the two year diploma to a three year bachelor’s degree with honours in England. In order for pre-registration programmes to obtain regulatory approval (and therefore for those who successfully complete the programme to join the professional register), the HCPC expects that education programmes will ‘reflect the philosophy, core values, skills and knowledge base articulated in the curriculum guidance’ and that ‘where programmes do not reflect the curriculum guidance, they are expected to detail how students are still able to practise safely and effectively upon completion of the programme’ (HCPC 2010, p. 5).

With the HCPC profession-specific standards for ODP recently out for consultation (closing on 18 October 2013) and the HCPC standards of education and training (SETs) due to be reviewed in 2014, the time is right to consider whether developments in ODP practice warrant an uplift in educational threshold.

Developments in ODP Practice
Operating Department Practitioners (ODPs) are a discrete group of healthcare professionals who provide specialist patient care at all three stages of the perioperative journey: preoperative, intraoperative and postoperative. The increasing complexity of perioperative care delivery has driven the development of the ODP and has resulted in highly specialised knowledge and a distinct skillset.

The high risk environment in which ODPs practise is evidenced in the 2012/13 “never events” list (DH, 2012) with 16 out of 25 “never events” directly related to the routine clinical practice undertaken by ODPs. A high proportion of these “never events” are considered to be attributed to human factors. Human factors training cannot be fully addressed within the constraints of the current two year DipHE programme; it has however been identified that human factors training must be embedded in healthcare education (Patient Safety First) and hence this is evident in the BSc curriculum (CODP, 2011). In addition to human factors training, the need for increased pharmacology education for ODPs has also been identified in both the CODP (2011) curriculum and the
National Patient Safety Agency (NPSA) (2010), including recommendations regarding the proposed use of a second checker for drug preparation and administration for the continued improvement of patient safety within the perioperative environment.

Since the introduction of the DipHE, the perioperative environment has developed significantly, particularly in the recognition of the changing nature of disease and illness and the subsequent advancement in treatments (DH, 2008). Health demographics nationally indicate that the risk of chronic diseases, for example heart disease, are major pre-cursors to surgical intervention of some kind; in addition surgical treatment of an ageing population, a focus on ambulatory care and targets for cancer care have resulted in the need for greater surgical time which has therefore increased the number of operations (DH, 2011a) in a population with increasingly complex care needs. It has therefore been argued that change to pre-registration ODP education is essential to meet these changing healthcare needs of the population (CODP, 2010).

In addition to an increase in surgical time, changes in staffing within the perioperative environment have presented additional challenges. The numbers of nurses working in the operating theatre has decreased over time and there is a need to provide further post-registration training and experience for nurses to undertake the surgical scrubbed role working with the surgical team during the surgical procedure. In addition, very few nurses develop the required level of qualification to provide skilled assistance during anaesthesia (AAGBI, 2010; AAGBI, 2012) and hence this impacts upon the skill mix within the perioperative environment. The introduction of Modernising Medical Careers (DH, 2003) as well as compliance with the EU Working Time Directive (DH, 2009a) also continues to impact on medical staffing and skill-mix within the operating theatre, and therefore has extended the scope of practice for a growing number of ODPs.

The Centre for Workforce Intelligence’s 2012 paper on workforce risks and opportunities for ODP reported that over the 15 year period from 1996-2011 there have been 43% increase in the number of operating theatres and the resultant need for an increase in theatre staff. This report also highlighted the fact that degree level education would respond to a number of clinical care and policy drivers, including the workforce expansion to meet new service delivery models and the need for a flexible, responsive workforce (CiWI, 2012).

Implications
Taken together, the changes to ODP practice, changes to the clinical environment and new expectations for future roles suggest that there is a strong case to move the educational threshold from DipHE to BSc (Hons) on the grounds of patient benefit. An additional year of education at a higher academic level would not only allow critical areas such as human factors and pharmacology to be covered fully but would support
development of increasingly reflective, evidence-based care and critical thinking, with increasing autonomy and an ability to develop into new and extended roles (CODP 2011). Failure to do this may have a detrimental impact on patient care and mean that important opportunities are missed to develop new roles and services that will benefit patients.

Raising the educational threshold also gives greater opportunity to strengthen the connection between theatre and anaesthetic nursing and ODP. As roles that are inextricably linked, moving to a BSc Hons would in particular allow greater flexibility in creating joint CPD pathways. Such a move would also support services in making the most of advanced roles, creating a more flexible workforce.

The Council of Deans of Health therefore takes the position that the threshold for pre-registration education for ODPs should move to a BSc (Hons) degree. This must of course be managed carefully, taking into account the potential problem of a ‘fallow year’ in transition from two to three year programmes.

**Council of Deans of Health**

The Council of Deans of Health is the representative voice of the 85 UK university health faculties providing education and research for nursing, midwifery and the allied health professions. The Council plays an influential leadership role in improving health outcomes through its role in developing an expert health professional workforce and utilises its collective expertise to inform innovative educational practice and translational research.

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**For more information**

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