

Education and Training Committee, 26 March 2008

Standards of proficiency for operating department practitioners –  
consultation responses

Executive summary and recommendations

### **Introduction**

The Council consulted between 30 November 2007 and 7 March 2008 on revised profession-specific standards for operating department practitioners.

The consultation responses document is attached. The revised copy of the standards for operating department practitioners is appended.

### **Decision**

The Committee is asked to agree and recommend to the Council:

- the text of the consultation responses document; and
- the text of the revised standards for publication.

### **Background information**

The revised standards will be published and it is expected that they will become effective on 16 June 2008.

### **Resource implications**

- Proofing and publication of revised standards

### **Financial implications**

- Publication of revised standards

This is accounted for in budget planning for 2008/2009.

### **Appendices**

- Revised standards

**Date of paper**

14 March 2008

## **Standards of proficiency for operating department practitioners**

### **Responses to our consultation, and our decisions**

Introduction .....	2
The standards .....	2
Generic standards.....	3
Analysing your responses .....	3
The structure of this document.....	3
Amendments to other publications .....	3
General comments .....	4
Specific comments .....	5

## Introduction

We consulted on revised profession-specific standards of proficiency for operating department practitioners (ODPs) between 30 November 2007 and 7 March 2008.

We sent a copy of the consultation document to education providers delivering programmes in operating department practice, professional bodies, employers and other relevant stakeholders.

In this document we summarise the responses we received to the consultation, and the decisions we have taken as a result.

You can download a copy of the consultation document from our website: [www.hpc-uk.org/aboutus/consultation](http://www.hpc-uk.org/aboutus/consultation)

## The standards

Article 5(2)(a) of the Health Professions Order 2001 (“the order”) says that we must:

“...establish the standards of proficiency **necessary** to be admitted to the different parts of the Register being the standards it considers **necessary** for **safe and effective practice** under that part of the Register” (emphasis added).

This means that we must publish standards for each of the professions that we regulate which are the ‘threshold’ or ‘minimum’ that we consider to be essential for safe and effective practice.

The standards play a central role in how someone becomes and remains registered with us.

We approve education programmes to make sure that they allow students to meet these standards when they graduate. We also assess applications from applicants who have trained overseas and some applications via our grandparenting process against these standards. If an applicant meets these standards they are eligible to be registered.

If a registrant’s competence is called into question we will look at these standards in deciding whether we need to take any action.

Every time a health professional registered with us renews their registration, we ask them to sign a declaration to confirm that they continue to meet the standards of proficiency which apply to them.

## **Generic standards**

The standards are divided into generic standards which apply to all of the 13 professions we currently regulate and standards individual to each profession (profession-specific standards).

We consulted on revised standards for the first 12 professions we regulated between October 2006 and February 2007. This included changes to the generic standards which will apply to all the professions we regulate, including operating department practitioners. The new standards were agreed by our Council in May 2007 and became effective for the first 12 professions on 1 November 2007.

In the consultation document, we explained that the generic standards were not the subject of the consultation. Instead, when the profession-specific standards for operating department practitioners are published the generic standards agreed in November 2007 will also apply to the standards for operating department practitioners.

We received a small number of comments in response to the consultation which were about the generic standards. These are detailed in this document. These comments will be retained and considered when the generic standards are reviewed in the future.

## **Analysing your responses**

Now that the consultation has ended, we have analysed all the responses we received.

We considered carefully each suggestion we received, taking into account whether similar comments were made by other respondents. Our considerations were to ensure that the standards:

- were set at an appropriate level for threshold standards for safe and effective practice;
- reflect the standard content of pre-registration education and training programmes; and
- that any changes were necessary (i.e. to achieve the above, to clarify the intention of the standards, correct any errors or reflect changes in the use of terminology).

## **The structure of this document**

In this document, we firstly summarise the more general comments we received about the standards. We then detail the comments we received about specific standards.

## **Amendments to other publications**

Once the text of the standards is finalised, we will make corresponding changes to any publications which quote the standards, if changed.

## **General comments**

- One respondent said that the changes to the standards seemed 'justifiable and reasonable'.
- The Board of Community Health Councils in Wales said that they approved the changes and had no further changes to suggest.
- The College of Operating Department Practitioners said: '...we fully agree with the proposed revisions...'
- The Association for Perioperative Practice said that they generally supported the changes, and in particular, welcomed the standard relating to changes in medicines legislation.
- The College of Operating Department Practitioners said that they supported all the suggested changes.
- Heart of England NHS Foundation Trust said that practitioners would find it useful if the standards were cross-referenced to National Health Service Knowledge and Skills Framework (NHS KSF) dimensions.

## **Our comments**

- The KSF Group of the NHS Staff Council has mapped the generic standards of proficiency and standards of conduct, performance and ethics against the NHS Knowledge and Skills Framework. You can find out more information by visiting [www.e-ksfnow.org](http://www.e-ksfnow.org)

## Specific comments

The comments on specific standards we received during the consultation are detailed in this section. Where a comment was made, the standard has been reproduced from the consultation document. Unless otherwise stated, comments relate to the profession-specific standards.

We have also provided our comments and decisions in relation to the responses we received, where the response related to the profession-specific standards.

### **Key:**

*In this document:*

The generic standards are shown in black type

The profession-specific standards are shown in *black italicised type*

Deleted words or standards are shown in *black italicised type* ~~struck-through~~

New standards or additional wording is shown in ***bold italicised type***

### 1a.1

be able to practise within the legal and ethical boundaries of their profession

- understand the need to act in the best interests of service users at all times
- understand what is required of them by the Health Professions Council
- understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
- be aware of current UK legislation applicable to the work of their profession
- ***be able to practise in accordance with relevant medicines legislation***

- One respondent said that they had no objection to the addition of this standard, but wondered why this was mentioned specifically, given that the standard 'be aware of current UK legislation applicable to the work of their profession' would cover this.
- Unite said: 'Most welcome that ODP staff be able to practice in accordance with relevant medicines legislation now that we are a registered body and more often are the discipline of staff working with these drugs.'
- Cardiff University said that the new standard should be omitted because it might suggest that the only legislation that affects ODP practice is medicines legislation.

### Our comments

- Overall, this new profession-specific standard was welcomed.
- Although the importance of being aware of current UK legislation is included in the generic standards, we have decided to add the proposed standard because it is of particular relevance to the role of an ODP.

### 1a.2

be able to practise in a non-discriminatory manner

- Heart of England NHS Foundation Trust said that they would like to see 'non-judgemental' added to this standard.



### 1a.6

be able to practise as an autonomous professional, exercising their own professional judgement

- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
- be able to initiate resolution of problems and be able to exercise personal initiative
- know the limits of their practice and when to seek advice or refer to another professional
- recognise that they are personally responsible for and must be able to justify their decisions

- One respondent suggested that the first detailed generic standard should read '...call upon the required knowledge and experience for assistance'.
- One respondent suggested that the fourth detailed generic standard should read '...be able to justify their decisions and actions'.

### 1b.1

be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers

- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
- be able to make appropriate referrals

- One respondent said that they would like to see 'implementing' inserted after 'planning' in the second detailed generic standard.

### 1b.2

be able to contribute effectively to work undertaken as part of a multi-disciplinary team

**- be able to use effective communication skills when sharing information about patients with other members of the multi-disciplinary team**

- Cardiff University said that the addition of this standard was not necessary because it repeated the generic standard.

### 1b.3

be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers

- be able to communicate in English to the standard equivalent to level 7.0 of the International English Language Testing System, with no element below 6.5
- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible
- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
- *be able to identify anxiety and stress in patients, carers and others, and recognise the potential impact upon communication*

- One respondent suggested using 'service users' instead of 'patients'
- Another respondent said that they had no objection to the profession-specific standard, but wondered why this was specifically included rather than being encompassed by the detailed generic standards in 1b.3.

### Our comments

- In the generic standards we use the more inclusive term of 'service users'. However, in the profession-specific standards we use the specific term which is relevant to the particular profession and the environments in which that profession tends to work. Having considered this comment, we have decided to retain the existing wording.
- The profession-specific standard touches on a number of other areas including the generic standards for communication and confidentiality. However, we wanted to point out this specific obligation which is of particular importance to the work of an ODP. Having considered the comment we received, we have decided to retain this standard.

#### **1b.4**

understand the need for effective communication throughout the care of the service user

- recognise the need to use interpersonal skills to encourage the active participation of service users
- *be able to use effective communication skills in the reception and identification of patients, and transfer of patients to the care of others*

- Unite said that ODPs should be able to use effective communication skills in the transfer of patients to care of others. They described the role of the ODP in transferring patients to recovery and ward staff, and as members of the inter- and intra-hospital transfer teams.
- The University of East Anglia (UEA) said that they would like to see ‘to the care of others’ in the profession specific standard above retained.
- Heart of England NHS Foundation Trust said: ‘We believe that ODPs need to use effective communication skills when transferring patients to the care of others e.g. handover of patients back to the care of ward staff – therefore we would like this sentence to remain.’
- Cardiff University said that the original wording should be retained.
- Another respondent also said that the original wording in this standard should remain.

#### **Our comments**

- We received a number of comments asking us to retain the wording in the existing. Having considered these comments, we have decided that the original wording should be retained. The standard will read: ‘be able to use effective communication skills in the reception and identification of patients, and in the transfer of patients to the care of others’

## 2a.1

be able to gather appropriate information

~~- be able effectively to gather information relevant to the **peri-operative** care of patients with critical or non-critical conditions and in a range of emotional states~~

- Unite said that ODPs need to gather information relevant to the pre-, peri- and post-op phases to decide on the care plan a patient needs.
- UEA and the Heart of England NHS Foundation Trust said that we should retain the wording 'with critical or non-critical conditions'.
- Cardiff University said, with reference to the deleted wording: 'While it was accepted that this made the sentence wordy, it was commented that this section was initially included to reflect the role of the OPD and to qualify the reason for a 'range of emotional states'.'

## Our comments

- In light of the comment we received, we have removed the phrase 'peri-operative' from the standard to be more inclusive of the work of an ODP.
- We feel that the revised standard is more inclusive of the care of patients in a variety of different contexts. The standard will read:  
'be able effectively to gather information relevant to the care of patients in a range of emotional states'

## 2b.4

be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully

- understand the need to maintain the safety of both service users and those involved in their care
- *be able to undertake appropriate anaesthetic, surgical and post-anaesthesia care interventions*
- *be able to modify and adapt practice to emergency situations*
- **be able to promote and comply with measures designed to control infection**
- **be able to position patients for safe and effective interventions**
- **be able to receive and identify patients and their care needs**

- UEA said that the bottom two profession-specific standards above should read (suggested wording shown in bold):  
  
'be able to position patients **correctly** for safe and effective interventions'  
'be able to **correctly** receive and identify patients and **establish** their care needs **throughout the peri-operative period**'

- Another respondent said that they felt that the inclusion of the additional profession-specific standards was 'pedantic' as they were covered in essence elsewhere in the standards.
- Cardiff university suggested revised wording for the fourth profession-specific standard:  
'be able to ensure that patients are positioned safely and effectively for clinical interventions'
- Cardiff University suggested that the additional profession-specific standard 'be able to receive and identify patients and their care needs' covered two separate concepts. They said that the identification of patients' needs is crucial to ODP practice and as such suggested we might consider two separate standards.
- With reference to the standard 'be able to receive and identify patients and their care needs', the British Association for Counselling and Psychotherapy said: 'We feel that this is a very confusing standard and wonder how the practitioner is required to receive 'care needs', and the meaning behind 'identify patients'.'

### **Our comments**

- The standards have to strike a balance between providing enough detail whilst not becoming over-prescriptive. Having considered the small number of comments we received, we have decided not to make any changes.

### 3a.1

know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice

- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- recognise the role of other professions in health and social care
- understand the theoretical basis of, and the variety of approaches to assessment and intervention
- *be aware of the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through the human life-span*
- *understand that aspects of psychology and sociology are fundamental to the practitioner's role in developing and maintaining effective working relationships*
- *understand normal and altered anatomy and physiology throughout the human life-span*
- *understand relevant physiological parameters and how to interpret changes from the normal*
- *recognise disease and trauma processes, and how to apply this knowledge to the planning of the patient's peri-operative care*
- *understand how to store, issue, prepare and administer prescribed drugs to patients, and monitor the effects of drugs on patients*
- *understand the principles of operating department practice and their application to peri-operative patient care in the anaesthetic, surgical and post-anaesthesia phases*
- *know the types, properties, function, effect and contra-indications of the drugs, gases, liquids and solutions commonly used within operating department practice*
- *understand the principles underpinning the safe and effective utilisation of equipment that is used for diagnostic, monitoring or therapeutic purposes in anaesthesia, surgery, post-anaesthesia care and resuscitation*
- ~~*understand the principles for receiving, identifying, transferring and positioning patients for clinical procedures*~~
- *understand the principles and practices of the management of clinical emergencies*

- Heart of England NHS Foundation Trust said that the standard 'understand the principles for receiving, identifying, transferring and positioning patients for clinical procedures' should be retained.
- Another respondent said that they felt the removed standard should be retained.
- Cardiff University said that they agreed with the deletion of the standard as its content is now covered elsewhere.

- Cardiff University said that the phrase ‘...social measures of maturation...’ in the first profession-specific standard was unclear and should be reworded.
- Cardiff university commented on the change from ‘the norm’ to the ‘the normal’ in the fourth profession-specific standard. They said that ‘the norm’ was a more correct use of language as it implied a universally accepted level, whereas ‘normal’ would need ‘redefining in every case’.

### Our comments

- We believe this standard is now redundant because it is more appropriately covered in the new standards in 2b.4, relating to appropriate diagnostic or monitoring procedures, treatment, therapy or other actions’.
- In the fourth profession-specific standard, we will retain the existing wording ‘the norm’.

#### 3a.3

understand the need to establish and maintain a safe practice environment

- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
- be able to select appropriate protective equipment and use it correctly
- be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control
- *understand the nature and purpose of sterile fields, and the practitioner’s individual role and responsibility for maintaining them*
- *understand and be able to apply appropriate moving and handling techniques*

- One respondent said the first generic standard should read ‘be aware of applicable health and safety legislation and be able to act in accordance with these’.
- One respondent said that in the second generic standard ‘in a safe manner’ should be deleted.
- One respondent said that the third generic standard should read ‘be able to select and use appropriate protection equipment’.

- The Association for Perioperative Practice suggested revised wording for the first profession-specific standard (suggested wording shown in bold):

‘ understand the nature and purpose of sterile fields, **including the need for accurate swab, needle and instrument counts, as well as the need to comply with guidance on correct site surgery issues**, and the practitioner’s individual role and responsibility for maintaining them’

#### **Our comments**

- In relation to the first profession-specific standard, we do not believe that this level of detail is necessary in threshold standards. However, this level of detail might be included in guidance produced by other organisations – such as good practice guidance or curriculum documents.



## Respondents

Below is a list of those who provided responses to the consultation. Where a response has been made on behalf of an organisation we have given the name of the organisation in the text; where the response comes from an individual we have not.

We received eleven responses; eight from organisations and three from individuals.

We would like to thank all those who responded for their comments.

Association for Perioperative Practice  
Board of Community Health Councils in Wales  
British Association for Counselling and Psychotherapy  
Cardiff University (Department of Operating Department Practice, School of Healthcare Studies)  
College of Operating Department Practitioners  
Heart of England NHS Foundation Trust  
Unite the union  
University of East Anglia (ODP team)

Revised standards for publication (with changes from existing standards shown)

Registrant operating department practitioners must:

Ref	Standard
	<b>Professional autonomy and accountability</b>
<b>1a.1</b>	be able to practise within the legal and ethical boundaries of their profession - understand the need to act in the best interests of service users at all times - understand what is required of them by the Health Professions Council - understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing - be aware of current UK legislation applicable to the work of their profession
	<b>- be able to practise in accordance with relevant medicines legislation</b>
<b>1a.2</b>	be able to practise in a non-discriminatory manner
<b>1a.3</b>	understand the importance of and be able to maintain confidentiality
<b>1a.4</b>	understand the importance of and be able to obtain informed consent
<b>1a.5</b>	be able to exercise a professional duty of care
<b>1a.6</b>	be able to practise as an autonomous professional, exercising their own professional judgement - be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem - be able to initiate resolution of problems and be able to exercise personal initiative - know the limits of their practice and when to seek advice or refer to another professional - recognise that they are personally responsible for and must be able to justify their decisions
<b>1a.7</b>	recognise the need for effective self-management of workload and resources and be able to practise accordingly

**1a.8**

understand the obligation to maintain fitness to practise

- understand the need to practise safely and effectively within their scope of practice
- understand the need to maintain high standards of personal conduct
- understand the importance of maintaining their own health
- understand both the need to keep skills and knowledge up to date and the importance of career-long learning

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2008-03-07	a	POL	POL	Appendix 1 - finalised standards	Final DD: None	Public RD: None

	<b>Professional relationships</b>
<b>1b.1</b>	<p>be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers</p> <ul style="list-style-type: none"> <li>- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team</li> <li>- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals</li> <li>- be able to make appropriate referrals</li> </ul>
<b>1b.2</b>	<p>be able to contribute effectively to work undertaken as part of a multi-disciplinary team</p> <p><b><i>- be able to use effective communication skills when sharing information about patients with other members of the multi-disciplinary team</i></b></p>
<b>1b.3</b>	<p>be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers</p> <ul style="list-style-type: none"> <li>- be able to communicate in English to the standard equivalent to level 7.0 of the International English Language Testing System, with no element below 6.5</li> <li>- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability</li> <li>- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others</li> <li>- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status</li> <li>- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions</li> <li>- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible</li> <li>- recognise that relationships with service users should be based on mutual respect and trust, and be able to</li> </ul>

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2008-03-07	a	POL	POL	Appendix 1 - finalised standards	Final	Public
					DD: None	RD: None

	maintain high standards of care even in situations of personal incompatibility
	<i>- be able to identify anxiety and stress in patients, carers and others, and recognise the potential impact upon communication</i>
<b>1b.4</b>	understand the need for effective communication throughout the care of the service user - recognise the need to use interpersonal skills to encourage the active participation of service users
	<i>- be able to use effective communication skills in the reception and identification of patients, and in the transfer of patients to the care of others</i>

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2008-03-07	a	POL	POL	Appendix 1 - finalised standards	Final DD: None	Public RD: None

	<b>Identification and assessment of health and social care needs</b>
<b>2a.1</b>	be able to gather appropriate information - <i>be able effectively to gather information relevant to the care of patients in a range of emotional states</i>
<b>2a.2</b>	be able to select and use appropriate assessment techniques - be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
<b>2a.3</b>	be able to undertake or arrange investigations as appropriate
<b>2a.4</b>	be able to analyse and critically evaluate the information collected

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2008-03-07	a	POL	POL	Appendix 1 - finalised standards	Final DD: None	Public RD: None

<b>Formulation and delivery of plans and strategies for meeting health and social care needs</b>	
<b>2b.1</b>	<p>be able to use research, reasoning and problem solving skills to determine appropriate actions</p> <ul style="list-style-type: none"> <li>- recognise the value of research to the critical evaluation of practice</li> <li>- be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures</li> <li>- be aware of a range of research methodologies</li> <li>- be able to demonstrate a logical and systematic approach to problem solving</li> <li>- be able to evaluate research and other evidence to inform their own practice</li> </ul>
	- <i>be able to adapt and apply problem-solving skills to clinical emergencies</i>
<b>2b.2</b>	<p>be able to draw on appropriate knowledge and skills in order to make professional judgements</p> <ul style="list-style-type: none"> <li>- be able to change their practice as needed to take account of new developments</li> <li>- be able to demonstrate a level of skill in the use of information technology appropriate to their practice</li> </ul>
<b>2b.3</b>	<p>be able to formulate specific and appropriate management plans including the setting of timescales</p> <ul style="list-style-type: none"> <li>- understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors</li> </ul>
<b>2b.4</b>	<p>be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully</p> <ul style="list-style-type: none"> <li>- understand the need to maintain the safety of both service users and those involved in their care</li> </ul>
	<ul style="list-style-type: none"> <li>- <i>be able to undertake appropriate anaesthetic, surgical and post-anaesthesia care interventions</i></li> <li>- <i>be able to modify and adapt practice to emergency situations</i></li> <li>- <b><i>be able to promote and comply with measures designed to control infection</i></b></li> <li>- <b><i>be able to position patients for safe and effective interventions</i></b></li> <li>- <b><i>be able to receive and identify patients and their care needs</i></b></li> </ul>
<b>2b.5</b>	<p>be able to maintain records appropriately</p> <ul style="list-style-type: none"> <li>- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines</li> <li>- understand the need to use only accepted terminology in making records</li> </ul>

<b>Critical evaluation of the impact of, or response to, the registrant's actions</b>	
<b>2c.1</b>	<p>be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly</p> <ul style="list-style-type: none"> <li>- be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care</li> <li>- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user</li> <li>- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes</li> <li>- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately</li> </ul>
<b>2c.2</b>	<p>be able to audit, reflect on and review practice</p> <ul style="list-style-type: none"> <li>- understand the principles of quality control and quality assurance</li> <li>- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures</li> <li>- be able to maintain an effective audit trail and work towards continual improvement</li> <li>- participate in quality assurance programmes, where appropriate</li> <li>- understand the value of reflection on practice and the need to record the outcome of such reflection</li> <li>- recognise the value of case conferences and other methods of review</li> </ul>

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2008-03-07	a	POL	POL	Appendix 1 - finalised standards	Final DD: None	Public RD: None



	<b>Knowledge, understanding and skills</b>
<b>3a.1</b>	<p>know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice</p> <ul style="list-style-type: none"> <li>- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction</li> <li>- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process</li> <li>- recognise the role of other professions in health and social care</li> <li>- understand the theoretical basis of, and the variety of approaches to, assessment and intervention</li> </ul>
	<ul style="list-style-type: none"> <li>- <i>be aware of the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through the human life-span</i></li> <li>- <i>understand that aspects of psychology and sociology are fundamental to the practitioner's role in developing and maintaining effective working relationships</i></li> <li>- <i>understand normal and altered anatomy and physiology throughout the human life-span</i></li> <li>- <i>understand relevant physiological parameters and how to interpret changes from the norm</i></li> <li>- <i>recognise disease and trauma processes, and how to apply this knowledge to the planning of the patient's peri-operative care</i></li> <li>- <i>understand how to store, issue, prepare and administer prescribed drugs to patients, and monitor the effects of drugs on patients</i></li> <li>- <i>understand the principles of operating department practice and their application to peri-operative patient care in the anaesthetic, surgical and post-anaesthesia phases</i></li> <li>- <i>know the types, properties, function, effect and contra-indications of the drugs, gases, liquids and solutions commonly used within operating department practice</i></li> <li>- <i>understand the principles underpinning the safe and effective utilisation of equipment that is used for diagnostic, monitoring or therapeutic purposes in anaesthesia, surgery, post-anaesthesia care and resuscitation</i></li> <li>- <del><i>understand the principles for receiving, identifying, transferring and positioning patients for clinical procedures</i></del></li> <li>- <i>understand the principles and practices of the management of clinical emergencies</i></li> </ul>

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2008-03-07	a	POL	POL	Appendix 1 - finalised standards	Final	Public
					DD: None	RD: None

<b>3a.2</b>	know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities
<b>3a.3</b>	<p>understand the need to establish and maintain a safe practice environment</p> <ul style="list-style-type: none"> <li>- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these</li> <li>- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation</li> <li>- be able to select appropriate protective equipment and use it correctly</li> <li>- be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control</li> </ul>
	<ul style="list-style-type: none"> <li>- <i>understand the nature and purpose of sterile fields, and the practitioner's individual role and responsibility for maintaining them</i></li> <li>- <i>understand and be able to apply appropriate moving and handling techniques</i></li> </ul>

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2008-03-07	a	POL	POL	Appendix 1 - finalised standards	Final	Public
					DD: None	RD: None