

End-Point Assessment Plan

Operating Department Practitioner Integrated Degree Apprenticeship

June 2018

Contents

1. Overview	3
2. Apprenticeship structure	3
3. Gateway to End Point Assessment	5
3.1. End Point Assessment (EPA)	5
4. End-point Assessment Organisation: Roles and Responsibilities	6
5. End Point Assessment Methods.....	7
5.1 Professional Discussion.....	7
5.2 Observation of Practice	8
6. Retakes.....	10
7. Grading	10
7.1 Professional Discussion.....	10
7.2 Observation of Practice	11
7.3 Overall Grading	12
8. End Point Assessment Organisation – Internal Quality Assurance.....	13
9. External Quality Assurance	14
10. Regulation.....	14
11. Implementation	14
Appendix 1: Professional Discussion	16
Appendix 2: Observation of Practice	19

1. Overview

This End Point Assessment plan (EPA) is designed to accompany the integrated Degree Apprenticeship Standard Operating Department Practitioner (ODP) – Level 6.

The integrated Degree Apprenticeship Standard in ODP – Level 6, addresses the knowledge, skills, and behaviour required to fulfill this role. This End Point Assessment Plan is designed to support Employers and the respective Independent Assessor(s) working on behalf of the registered End Point Assessment Organisation to make an informed judgment whether the apprentice is 'job ready' and meets the Degree Apprenticeship ODP – Level 6.

The end-point assessment plan is part of an integrated degree apprenticeship for Operating Department Practitioners. The apprenticeship will be delivered by Higher Education (HE) apprenticeship providers listed on the Register of Apprentice Training Providers ([RoATP](#)) and assessed by organisations on the Register of End Point Assessment Organisations ([RoEPAO](#)). The Integrated degree will combine on-programme academic and work-based learning and assessment together with an independent end-point assessment that tests the achievement of knowledge, skills and behaviours in the standard. The end point assessment will contribute to 20 level 6 credits to the Integrated degree.

This plan details the end-point assessment requirements of the apprenticeship and will be of interest to apprentices, employers, HE providers and healthcare service users.

2. Apprenticeship structure

The BSC (hons) Integrated degree must comprise 360 credits. 340 credits will be dedicated to on-programme learning and assessment. The final 20 credits of the programme will be attributed to the end point assessment. The apprentice will typically complete 120 credits in a twelve-month period with the overall integrated degree apprenticeship taking 36 months to complete (Table 1 provides an example structure). In order to gain the final 20 credits, the apprentice must pass both elements of the End Point Assessment.

Table 1: Typical 3-year Apprenticeship programme

Study Year (months)	Autumn (Sept- Dec)	Spring (Jan – April)	Summer (May-August)	Credits
3 (25-36)	Semester 7 Higher Education Institute and work-based learning	Semester 8 Higher Education Institute and work-based learning	< GATEWA Semester 9 End Point Assessment (20 credits)	120 credits
2 (13-24)	Semester 4 Higher Education Institute and work-based learning	Semester 5 Higher Education Institute and work-based learning	Semester 6 Work-based learning	120 credits
1 (1-12)	Semester 1 Higher Education Institute and work-based learning	Semester 2 Higher Education Institute and work- based learning	Semester 3 Work-based learning	120 credits

3. Gateway to End Point Assessment

The apprentice's employer, in consultation with the Higher Education Institute will confirm that the apprentice is eligible to progress to the end point assessment. In order to progress to end point assessment, apprentices must meet the criteria in Table 2

Table 2: Gateway Criteria for Operating Department Practitioner

- Achievement of English and maths qualifications at a minimum of level 2 as per general apprenticeship requirements
- Achievement of 340 credits of the integrated degree in Operating Department Practice excluding 20 credits attributed to end point assessment
- Achievement of the knowledge, skills and behaviours in the Operating Department Practitioner apprenticeship standard

Employers should recommend that the apprentice progress to end-point assessment only when they have met the gateway criteria and are considered ready to undertake end point assessment. Whilst the decision to put an apprentice forward to end point assessment lies with the employer, normally this decision will be made using supporting information and feedback on the apprentice's progress from the Higher Education Institute.

3.1. End Point Assessment (EPA)

The end point assessment will provide independent synoptic assessment of the knowledge, skills and behaviours of the apprenticeship standard. The assessment will deliver a valid, reliable and independent judgement that the apprentice has achieved the standard required to complete the apprenticeship as an Operating Department Practitioner. As an integrated degree apprenticeship, achievement of the end-point assessment by the apprentice is required to gain the BSc in Operating Department Practice.

As this is an integrated degree apprenticeship, the End Point Assessment Organisation will be the Higher Education Institute responsible for delivering the ODP apprenticeship programme. The Higher Education Institute must therefore be on the Education and Skills Funding Agency Register of End Point Assessment Organisations (RoEPAO). The Higher Education Institute is termed the end point assessment organisation and must uphold all requirements for independent assessment in the end point assessment as identified in this plan.

4. End-point Assessment Organisation: Roles and Responsibilities

Table 3: Roles and responsibilities

Role	Responsibilities
Apprentice	<ul style="list-style-type: none"> • Takes responsibility for learning independently and preparing for the EPA • Contributes to the decision on the timing of their EPA
Employer	<ul style="list-style-type: none"> • Supports the apprentice to complete the requirements of the EPA • Determines when the apprentice is ready to attempt the EPA • Enables the end point assessment organisation Independent Assessor to observe the apprentice within the workplace
University	<ul style="list-style-type: none"> • Advises the employer when the apprentice has achieved the on-programme requirements and is ready to undertake the EPA • Is registered on the Education and Skills Council's Register of Apprentice Training Providers and Register of End Point Assessment Organisations
End Point Assessment Organisation	<ul style="list-style-type: none"> • Is registered on the Register of End Point Assessment Organisations • Recruits and trains Independent Assessor(s) to conduct the EPA • Ensures the development of all required EPA materials • Administers the EPA • Ensures that Independent Assessor(s) is/are occupationally competent and able to assess the performance of the apprentice using the EPA methods • Undertakes standardisation and moderation activities • Actively participates in the quality assurance procedures described in this assessment plan • Appoints an external examiner for the EPA in line with standard Quality Assurance for the End Point Assessment organisation
Independent Assessor	<ul style="list-style-type: none"> • Is occupationally competent in Operating Department Practice and academically competent in degree level assessment • Observes and assesses the apprentice in the observation of practice • Determines the observation grade • Determines the Professional Discussion grade • Must come from a third-party organisation. If this is not possible they can be sourced from within the same university but must be occupationally competent and not have been involved in the training and or assessment during the on-programme delivery

5. End Point Assessment Methods

The end point assessment methods listed below can be taken in any order.

Table 4: Overview of methods

	Method	Area assessed	Contribution to final grade	Duration	Assessed by	Grading
1	Professional Discussion	The bold statements from each domain highlighted in Appendix 1	50%	60 minutes	End-Point Assessor	<ul style="list-style-type: none"> • Fail • Pass • Distinction
2	Observation of Practice and follow up `Questions	The bold statements in the following domains highlighted in Appendix 2: <ul style="list-style-type: none"> • Professional Practice • Professional Values and Behaviours • Leadership Management and Partnership Working • Communication and Information 	50%	120 minutes	End-Point Assessor	<ul style="list-style-type: none"> • Fail • Pass

5.1 Professional Discussion

The apprentice will take part in a Professional Discussion of 60 minutes +/- 10%. at the discretion of the assessor

This is a synoptic assessment that demonstrates the apprentice's integration of the knowledge, skills and behaviours across the Operating Department Practitioner standard.

The Independent Assessor will undertake the following roles and responsibilities outlined below

- Asks questions and listens to the response of the apprentice in the professional discussion environment
- Determines the professional discussion grade

The Professional Discussion must present the apprentice with questions which allow the assessor to ask questions on the targeted KSBs based on the apprentices own

practice. The assessor must ask at least one question for each domain covering the highlighted skills, knowledge and behaviours in bold in Appendix 1 that can be used to provide the apprentice with the opportunity to evidence the required skills, knowledge and behaviours.

The apprentice must be able to relate the questions to their practice therefore the End Point Assessment Organisation must ensure that there is sufficient context in the questions for the Independent Assessor to use which can cover a wide range of care settings; recognising the breadth of ODP practice. Settings could include:

- Care of a patient in the Post Anaesthetic Care/Recovery environment
- Care of a patient in the Surgical/Operating Theatre environment
- Care of a patient in the Anaesthesia Phase of the perioperative journey

The apprentice should have no prior knowledge of the content of the questions.

The Professional Discussion must be designed to specifically assess the apprentice's ability to demonstrate they work within the parameters of practice and know what to do should they be placed in a situation that would test the limits of these.

Professional Discussion specifications (e.g. questions for use in the Professional Discussion) must be determined and standardised by end point assessment organisations. End Point Assessment Organisations must develop a 'question bank' that must be of sufficient size to prevent predictability and review them at least annually to ensure they, and the questions they contain are fit for purpose for the Professional Discussion. It will be for the Independent Assessor to then select a range of questions to ask.

These specifications must demonstrate how, the apprentice has/hasn't made evident their competence for each element (highlighted in Bold in Appendix 1) the assessment method is testing; thereby ensuring the assessment method has sufficient standardisation and that the assessment is conducted robustly yet fairly.

End Point Assessment Organisations must ensure there are standard templates for the recording of responses and that Independent Assessors are adequately trained in how to robustly complete the documentation.

The location of where the Professional Discussion takes place will be determined by the End Point Assessment Organisation in consultation with the employer and the apprentice.

A breakdown listing the individual skills that are required to be assessed in this assessment method are included in Appendix 1 in bold.

5.2 Observation of Practice

The live observation of practice is undertaken in the apprentice's workplace and must last for 90 minutes +/- 10% at the discretion of the assessor. The apprentice will be observed in providing perioperative care to an individual or succession of individuals. As the apprentice will be carrying out their everyday work with patients, the number of patients and precise activity cannot be determined in advance. These patients will not

be chosen for the end point assessment but are part of the normal workload of the apprentice.

The Independent Assessor will only observe one apprentice at a time.

The assessment must be terminated if at any time during the 90-minute assessment the Independent Assessor observes unsafe practice and the apprentice will not be permitted to continue. Should an unexpected event occur, for example a fire alarm, the observation will be paused and re-started to ensure that the apprentice is observed providing perioperative care for the full 90 minutes.

The Independent Assessor will undertake the responsibilities outlined in Table 3 and will be responsible for being the final decision maker on the outcome of the observation in practice. Namely the Independent Assessor will undertake the following:

- Observes and assesses the apprentice in the observation of practice
- Determines the observation grade
- Conducts the debrief session

Following the 90-minute observation, all apprentices will participate in a 30 minute +/- 10% at the discretion of the assessor follow-up question and answer session, in which the Independent Assessor will ask questions to confirm the apprentices' competence.

The observation must provide evidence of the apprentice demonstrating the knowledge, skills and behaviours identified in bold in Appendix 2. Requirements in bold which do not occur naturally during the 90-minute observation period will be tested during the question and answer session, which will last 30 minutes.

The observation will assess the knowledge, skills and behaviours in the following domains:

- Professional Practice
- Professional Values and Behaviours
- Leadership Management and Partnership Working
- Communication and Information

Knowledge, skills and behaviours observed during the observation must be documented by the Independent Assessor using a standardised template developed by the End Point Assessment Organisation.

Observation specifications must be determined and standardised by End Point Assessment Organisations, It is recommended this is done with representative employers. These specifications must demonstrate how, the apprentice has/hasn't made evident their competence for each element highlighted in bold in Appendix 2.

End Point Assessment Organisations must develop a standardised set of follow up questions for use in the post observation Q&A and there must be a least one question for each of the domains highlighted in Bold in Appendix 2 for the Independent Assessor to use.

Follow up questions and the answers provided to questions must be documented by the independent assessor using a standardised template developed by the End Point Assessment Organisation.

A breakdown listing the individual skills that are required to be assessed in this assessment method are included in Appendix 2 in bold.

6. Retakes

Apprentices who fail one or more assessment method will be offered the opportunity to take a re-sit or a re-take. A re-sit does not require further learning, whereas a re-take does.

Apprentices should have a supportive action plan to prepare for the re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action.

An apprentice who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit the whole EPA.

Any assessment method re-sit or re-take must be taken during the maximum EPA period, otherwise the entire EPA must be taken again, unless in the opinion of the EPAO exceptional circumstances apply outside the control of the apprentice or their employer.

Re-sits and re-takes are not offered to apprentices wishing to move from pass to merit/distinction or merit to distinction.

Where any assessment method has to be re-sat or re-taken, the apprentice will be awarded a maximum EPA grade of distinction.

7. Grading

The degree will be classified in line with the awarding Higher Education Institute classifications for BSc (hons) degrees. The apprenticeship will be graded using Fail, Pass or Distinction.

The EPA will grade the apprenticeship and the aggregated mark of the end point assessment will provide the apprenticeship classification. Each assessment in the end point assessment is marked as follows.

7.1 Professional Discussion

The professional discussion is considered a single assessment and is given an overall grade by the Independent Assessor where:

- Fail
 - The Apprentice has failed to meet the pass criteria.

- **Pass**
The apprentice meets all of the knowledge, skills and behaviour requirements highlighted in bold within Appendix 2. The apprentice will:
 - Critically appraise and synthesise evidence of the identified knowledge, skills and behaviours
 - Articulate ideas succinctly in a way that demonstrates their understanding of the issues
 - Evidence through the examples that they give that they demonstrate safe and evidence-based practice
 - Show that they are familiar with the principles and applications of scientific enquiry, including a range of research methods and critical thinking and how they have applied it to their own patient care
 - Evidence through the examples that they give about their own practice that they are reliable, consistent, adaptable and resilient
 - Give examples that show they understand compassionate person-centred care including treating people as an individual, working in partnership with them and empowering them to make informed decisions and choices about their own care
 - Use examples from their own practice that show they are a reflective practitioner, able to evaluate and measure their own practice and performance
 - Give an example of how they have been involved in the ongoing quality improvement of practice, showing how they have used clinical governance processes, quality, safety and effectiveness measures including feedback from patients
 - Evidence how they work as part of a multi-professional team and give an example of the ways in which they demonstrate their leadership and management skills
 - Give an example of how they have taken part in risk assessment including assessing, recording, mitigating or reviewing risks around services, treatment plans or interventions

- **Distinction**
Same as for pass but in addition, the apprentice will:
 - Demonstrate the results they have achieved from improving their own practice by clearly articulating the impact and benefits it has had on ODP practice and patient experience
 - Evidence the results they have achieved from their involvement with ongoing quality improvement of practice, explaining their role and the impact this has had on patient care in their own workplace
 - Give three examples of how they have demonstrated their leadership and management skills in the workplace

7.2 Observation of Practice

The observation is not graded above pass. The observation takes place in a real work setting where it is not possible to introduce variables that could be used to determine grade above pass.

- Fail
 - The Apprentice has failed to meet the pass criteria.

- Pass

The apprentice meets all of the requirements highlighted in bold within Appendix 1. The apprentice will:

 - Show respect, empathy and discretion, treating the patient with dignity and respect
 - Communicate using a range of verbal and non-verbal communication techniques appropriate to the patient's age, emotional or mental state or cognitive ability
 - Work collaboratively with the patient to encourage mobility, independence and appropriate self-care
 - Adhere to health and safety requirements, maintaining a safe, hazard-free, clean environment including following protocols for sterilisation, infection prevention and control or disposal and using appropriate moving and handling techniques
 - Use and explain a range of techniques aligned to the theoretical basis of ODP interventions and diagnosis to assess the nature and severity of the problem
 - Create, store, retrieve, share, adapt or update records and treatment plans in line with confidentiality and other legal requirements
 - Provide verbal or written health education to the patient including preventative, palliative or curative information
 - Be able to explain their role in relation to safeguarding
 - Be able to explain the clinical reasoning they have used during the observation and how they have used a systematic approach to select an evidence-based treatment or intervention or to resolve a problem
 - Be able to explain their professional accountability and how clinical governance affects their role
 - Be able to explain when and how to adapt or to cease a treatment

7.3 Overall Grading

The successful apprentice receives an overall grade of Pass or Distinction and this is determined by the Independent Assessor. The apprentice must pass both elements of the assessment for a final grade to be given.

Table 5: Apprenticeship classification

Professional Discussion	Observation of Practice	EPA grade
Fail	Fail	Fail
Pass	Fail	Fail
Distinction	Fail	Fail

Fail	Pass	Fail
Pass	Pass	Pass
Distinction	Pass	Distinction

8. End Point Assessment Organisation – Internal Quality Assurance

End Point Assessment Organisations must ensure robust internal quality assurance processes in line with the requirements of this assessment plan.

Table 6: IQA

Internal Quality Assurance – Responsibilities of the End Point Assessment Organisation
<p>The EPAO must:</p> <ul style="list-style-type: none"> • accredit the EPA to the value of 20 level 6 academic credits • publish EPA guidance to apprentices, employers and training providers in relation to the requirements of the professional discussion and observation of practice as set out in this plan • ensure that there is consistency and comparability in terms of the breadth and depth of each assessment, to ensure assessments are reliable, robust and valid • it is recommended the bank of questions is developed in consultation with representative employers of sufficient size to mitigate predictability and review them regularly to ensure they are fit for purpose • appoint assessors to conduct the end point assessment that are occupationally competent: <ol style="list-style-type: none"> 1. Current registration with the Health and Care Professions Council as an ODP or current registration with the Nursing and Midwifery Council as a Registered Nurse; both of whom have had 2 years' experience working in the Perioperative environment in the preceding two years 2. A recognised teaching and assessment of practice qualification • provide training for Independent Assessors in the requirements for the operation, marking and grading of the assessment methods • provide training for Independent Assessors to enable them to undertake fair and impartial assessment, making judgements about the application of knowledge, skills and behaviours to the workplace setting • ensure internal moderators and external examiners are trained in EPA assessment and assurance processes and undertake regular continuing professional development • ensure assessment provision for learners with special requirements is made to allow reasonable adjustments to be made to assess the knowledge, skills and behaviours of the apprentice through alternative assessment techniques. They must be designed to ensure judgements are not compromised

- provide guidance in relation to the EPA i.e. making reasonable adjustment, eligibility to enter EPA and conflict of interest
- develop and manage a complaints and appeals procedure
- hold bi annual standardisation meetings for Independent Assessors to ensure consistent application of the guidance assessors must attend one annually
- provide a sample of work for independent external review in line with Higher Education Institute regulations, receive and act upon reports
- monitor apprentice evaluations of end point assessment process, apprentice progression and achievement in end point assessment
- identify areas of improvement and report on innovative or best practice as requested by the External Quality Assurance provider

9. External Quality Assurance

The Institute for Apprenticeships is exploring whether QAA can undertake external quality assurance for this standard, and arrangements will be confirmed by August 2018.

10. Regulation

Operating Department Practitioners are regulated by the Health and Care Professions Council ([HCPC](#)) and the title is protected under law. Apprentices on completion of their programme will be eligible to apply for registration as Operating Department Practitioner with the HCPC.

11. Implementation

Affordability

It is anticipated there will be approximately 60 predicted starts

The approach presented offers an affordable solution to assessment for this apprenticeship. The approach is robust and will ensure the end point assessment will meet the needs of all employers including those from public and private sectors.

It is believed that the approach is manageable and feasible as the necessary expertise already exists within the sector. Utilising existing expertise will ensure a sufficiency of qualified assessors with a good geographical spread.

This approach to independent assessment is evidenced based and sector specific and has been tested with employers who have confirmed that it is the preferred approach. Cost analysis verified that this approach was the most cost-effective method of all.

Appendix 1: Professional Discussion

Through the professional discussion the apprentice must provide evidence of meeting all the requirements in bold. The Higher Education Institute in its capacity as End-Point Assessment Organisation is responsible for designing the structured template that will enable the apprentice to showcase this knowledge, skills and behaviour outcomes.

	You will be able to:	You will know and understand:
Professional practice	<ul style="list-style-type: none"> Practice as an autonomous ODP, assessing patients in theatres and associated areas, exercising professional judgement to establish patient centred goals, and to accept, plan, initiate, modify, refer or cease treatment within prescribed limits Recognise disease and trauma processes relevant to perioperative care Accurately calculate and record prescribed drug doses Change practices to account for new development or changing contexts, including emergency situations Conduct appropriate diagnostic, monitoring, treatment and therapy procedures safely and effectively Undertake anaesthetic, surgical and post-anaesthesia care interventions including managing airways, cannulation, catheterisation and manual handling/positioning Monitor airway, breathing and circulation Monitor and record fluid balance and administer prescribed fluids appropriately Monitor the effects of drugs and take appropriate action in response to significant change Assess and monitor individual's pain status and administer prescribed pain relief appropriately Select appropriate techniques and equipment; undertake and record thorough assessments and investigations 	<ul style="list-style-type: none"> How to apply professional knowledge, skills and experience in partnership with other professionals to optimise outcomes for patients Normal anatomy and physiology of the human body and impact of disease, and trauma processes Physiological parameters and how to interpret changes/deviations How to order, store, issue, prepare and administer prescribed drugs and monitor their effects The drugs that are used in ODP practice and how they affect the body Safe practices in the use of medical devices used for diagnostic, monitoring or therapeutic purposes The principles and practices in the management of anaesthetic and surgical emergencies, e.g. a major haemorrhage or anaphylaxis The management and processes involved in the administration of blood and blood products The use of research methodologies used in Operating Department Practice; the principles and applications of evidence-based practice The principles of hand hygiene and asepsis Sterilisation and decontamination of equipment processes Safeguarding processes and how to raise concerns Infection prevention and control policies and procedures The role of the surgical first assistant in assisting with surgical interventions Appropriate moving and handling techniques The structure and function of health and social care services in the UK

	<ul style="list-style-type: none"> • Maintaining Basic, Intermediate or Advanced Life Support qualifications where appropriate • Assist anaesthesia with the use of medical devices and pharmacological (drugs) means • Maintain a sterile working area and safely and effectively perform aseptic technique (including scrubbing, gloving and gowning) • Perform scrub skills in accordance with Perioperative Care Collaborative statement 	
<p>Professional values and behaviours</p>	<ul style="list-style-type: none"> • Recognise and take account of needs and diversity of individuals • Shape or structure your practice according to evidence-based practice • Practice in a manner ensuring equality and act as an advocate for patients. • Demonstrate care, compassion, confidence, courage, communication and commitment for patients at their most vulnerable • Maintain the patient's dignity at all times • Demonstrate an open, honest and courteous approach to patient's relatives and colleagues 	<ul style="list-style-type: none"> • How to assess the nature and complexity of a patient's needs • How to adapt practice to meet the needs of patients within the scope of ODP practice, national/local policy and latest evidence • The importance of maintaining the patient's comfort and dignity at all times • The requirements of Duty of candour regulations • Legal and ethical issues pertinent to ODP practice • Theatre etiquette • How to interact with patients, relatives and colleagues in a professional manner
<p>Professional standards</p>	<ul style="list-style-type: none"> • Practice within the Health and Care Professions Council (HCPC) Standards of Proficiency for ODP'sⁱ and The College of Operating Department Practitioners Scope of Practiceⁱⁱ 	<ul style="list-style-type: none"> • The legislation, standards and protocol relating to ODP practiceⁱⁱⁱ
<p>Leadership, management and partnership working</p>	<ul style="list-style-type: none"> • Effectively lead, manage and delegate colleagues, working as part of the surgical team • Work collaboratively throughout the patient's perioperative journey with the surgical team and others • Use the evidence base to promote innovation and improvement in operating department practice • Actively participate in audit, training and review activities • Manage yourself in emergency and stressful situations • Demonstrate self-awareness and impact on 	<ul style="list-style-type: none"> • The concept of leadership and using personal initiative • The value of participation in training, supervision and mentoring • The importance of working collaboratively with those who provide services • How to reflect effectively and facilitate change in perioperative practice • Team dynamics, communication and patient safety with a reference to human factors • The value and impact of research, audit and evaluation on operating department practice • The importance of maintaining own health and well-being; ways to manage and reduce occupational stress

	<p>others</p> <ul style="list-style-type: none"> • Reflect on own practice and challenge self and others 	
Communication and information	<ul style="list-style-type: none"> • Safeguard confidential information, relating to patients at all times, consistently applying data protection principles • Apply a range of communication strategies and skills within the multidisciplinary team to ensure patient safety and dignity • Use effective communication skills to support the patient at different stages of their care • Identify barriers to communication, their potential impact and strategies for management • Maintain care records that are fit for purpose and process them according to legislation • Formulate care plans including setting of timescales • Analyse and critically evaluate information collected and appropriately act upon it 	<ul style="list-style-type: none"> • The concept of confidentiality and the principles of information governance • How a patient's communication is affected by varying levels of consciousness and capacity • The importance of providing patients with appropriate information to make informed decisions • The importance of managing records and information in accordance with legislation, protocols and guidelines, for example recording swab and instrument counts to ensure nothing is left behind in the patient's body after surgery • Principles and practices of the consent process • Risk management and incident reporting processes in line with organisational policy • The impact of age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs on communication

Appendix 2: Observation of Practice

Through the observation the apprentice must provide evidence of meeting all the requirements in bold. The Higher Education Institute in its capacity as End-Point Assessment Organisation is responsible for designing a structured observation process that will allow the assessor to record that the apprentice has showcased the requirements.

	You will be able to:	You will know and understand:
Professional practice	<ul style="list-style-type: none"> • Practice as an autonomous ODP, assessing patients in theatres & associated areas, exercising professional judgement to establish patient centred goals, & to accept, plan, initiate, modify, refer or cease treatment within prescribed limits • Recognise disease & trauma processes relevant to perioperative care • Accurately calculate & record prescribed drug doses • Change practice to account for new developments or changing contexts in what constitutes best practice in perioperative care, through effective change management • Respond appropriately to emergency situations • Conduct appropriate diagnostic, monitoring, treatment & therapy procedures safely & effectively • Undertake anaesthetic, surgical & post-anaesthesia care interventions including managing airways, cannulation, catheterisation & manual handling/positioning • Monitor airway, breathing & circulation • Monitor & record fluid balance & administer prescribed fluids appropriately • Monitor the effects of drugs & take appropriate action in response to significant change • Assess & monitor individuals pain status & administer prescribed pain relief appropriately • Select appropriate techniques & equipment; undertake & record thorough assessments & investigations 	<ul style="list-style-type: none"> • How to apply professional knowledge, skills & experience in partnership with other professionals to optimise outcomes for patients • Normal anatomy & physiology of the human body & impact of disease, & trauma processes • Physiological parameters & how to interpret changes/deviations • How to order, store, issue, prepare & administer prescribed drugs & monitor their effects • The drugs that are used in ODP practice & how they affect the body • Safe practices in the use of medical devices use for diagnostic, monitoring or therapeutic purposes • Effective innovation, change management & planning techniques; theories of change management including tools & techniques in how to apply them • The principles & practices in the management of anaesthetic & surgical emergencies, e.g. a major haemorrhage or anaphylaxis • The management & processes involved in the administration of blood & blood products • The use of research methodologies used in Operating Department Practice; the principles & applications of evidence-based practice • The principles of hand hygiene & asepsis • Sterilisation & decontamination of equipment processes • Safeguarding processes & how to raise concerns • Infection prevention & control policies & procedures • The role of the surgical first assistant in assisting with surgical interventions • Appropriate moving & handling techniques • The structure & function of health & social care services in the UK

	<ul style="list-style-type: none"> • Maintain Basic, Intermediate or Advanced Life Support qualifications where appropriate • Assist anaesthesia with the use of medical devices & pharmacological (drugs) means • Maintain a sterile working area & safely & effectively perform aseptic technique (including scrubbing, gloving & gowning) • Perform scrub skills in accordance with Perioperative Care Collaborative statement 	
<p>Professional values and behaviours</p>	<ul style="list-style-type: none"> • Recognise & take account of needs & diversity of individuals • Shape or structure your practice according to evidence-based practice • Practice in a manner ensuring equality & act as an advocate for patients • Demonstrate care, compassion, confidence, courage, communication & commitment for patients at their most vulnerable • Maintain the patient’s dignity at all times • Demonstrate an open, honest & courteous approach to patient’s relatives & colleagues 	<ul style="list-style-type: none"> • How to assess the nature & complexity of a patient’s needs • How to adapt practice to meet the needs of patients within the scope of ODP practice, national/local policy & latest evidence • The importance of maintaining patient’s comfort & dignity at all times • The requirements of Duty of Candour regulations • Legal & ethical issues pertinent to ODP practice • Theatre etiquette • How to interact with patients, relatives & colleagues in a professional manner
<p>Professional standards</p>	<ul style="list-style-type: none"> • Practice within the Health and Care Professions Council (HCPC) Standards of Proficiency for ODP’s& The College of Operating Department Practitioners Scope of Practice 	<ul style="list-style-type: none"> • The legislation, standards and protocol relating to ODP practice
<p>Leadership, management and partnership working</p>	<ul style="list-style-type: none"> • Effectively lead, manage & delegate colleagues, working as part of the surgical team • Work collaboratively throughout the patient’s perioperative journey with the surgical team & others • Use the evidence base to promote innovation & improvement in operating department practice • Actively participate in audit, training & review activities • Manage yourself in emergency & stressful situations • Demonstrate self-awareness & impact on others 	<ul style="list-style-type: none"> • The concept of leadership & using personal initiative • The value of participation in training, supervision & mentoring • The importance of working collaboratively with those who provide services • How to reflect effectively & facilitate change in perioperative practice • Team dynamics, communication & patient safety with a reference to human factors • The value & impact of research, audit & evaluation on operating department practice • The importance of maintaining own health & well-being; ways to manage & reduce occupational stress

	<ul style="list-style-type: none"> • Reflect on own practice & challenge self & others 	
Communication and information	<ul style="list-style-type: none"> • Safeguard confidential information, relating to patients at all times, consistently applying data protection principles • Apply a range of communication strategies & skills within the multidisciplinary team to ensure patient safety & dignity • Use effective communication skills to support the patient at different stages of their care • Identify barriers to communication, their potential impact & strategies for management • Maintain care records that are fit for purpose & process them according to legislation • Formulate care plans including setting of timescales • Analyse & critically evaluate information collected & appropriately act upon it 	<ul style="list-style-type: none"> • The concept of confidentiality & the principles of information governance • How a patient's communication is affected by varying levels of consciousness • Legal and work setting requirements on equality, diversity, discrimination and rights • The importance of providing patients with appropriate information to make informed decisions • The importance of managing records & information in accordance with legislation, protocols & guidelines, for example recording swab & instrument counts to ensure nothing is left behind in the patient's body after surgery • Principles & practices of the consent process • Risk management & incident reporting processes in line with organisational policy • The impact of age, culture, ethnicity, gender, socio-economic status & spiritual or religious beliefs on communication

ⁱ HCPC Standards of Proficiency Operating Department Practitioners 2013 <http://www.hcpc-uk.org/registrants/standards/download/index.asp?id=46> Accessed 21/06/17

ⁱⁱ College of Operating Department Practitioners Scope of Practice <https://www.rcoa.ac.uk/sites/default/files/CODP-Scope-Practice2009.pdf>

ⁱⁱⁱ Legislation, standards and protocol see footnotes above plus: 1. <http://www.hcpc-uk.org/assets/documents/10004EDFStandardsOfConduct,PerformanceAndEthics.pdf>; 2. <http://www.hpc-uk.org/registrants/cpd/standards/>; 3. <https://www.afpp.org.uk/books-journals/afpppublications/Standards-Recommendations-for-Safe-Perioperative-Practice-2016>; 4. <https://www.england.nhs.uk/wp-content/uploads/2015/09/natssips-safety-standards.pdf>; 5. <http://www.nrls.npsa.nhs.uk/resources/?entryid45=59860>; 6. <http://www.nrls.npsa.nhs.uk/resources/?EntryId45=92901>