

Recognising the Value of Operating Department Practitioners within the Operating Theatre

A briefing for Theatre Managers, Matrons, Divisional Directors, Directorate leads and Workforce Planners

Dear Theatre Managers, theatre co-ordinators, team leaders, Matrons, Divisional Directors, Directorate leads and workforce colleagues,

We are writing to you as part of the Operating Department Practitioner (ODP) Support for Upskilling, Retention, Growth and Education (SURGE) project which has been commissioned by NHS England to support the College of ODPs (CODP) to facilitate workforce reform.

This letter outlines the unique benefits Operating Department Practitioners (ODPs) bring to the operating theatre workforce. It describes their scope of practice at the point of registration and compares their perioperative preparation with that of other professions entering the theatre environment.

ODPs are registered professionals qualified to work across all three domains of perioperative care, made up of:

- **The Anaesthetic domain** — the immediate pre-operative period when patients are assessed, prepared, and inducted into anaesthesia.
- **The Surgical domain** — the intra-operative period during which the surgical procedure takes place.
- **The Recovery domain** — the post-operative period when patients recover from anaesthesia and surgery.

Our purpose is to demonstrate the full breadth of ODP competence, identify where this expertise is currently underutilised and show how better deployment of ODPs could strengthen multidisciplinary teams to improve quality of care and patient safety in theatre.

This is not a comparative assessment of professions, nor is it intended to question or diminish the valuable contributions of other colleagues to perioperative patient care. Rather, this paper focuses specifically on maximising ODP capability within the operating theatre setting and should be read as a companion to our earlier briefing on ODP roles beyond the theatre environment.

Executive summary

This document sets out the key rationale for:

1. deploying ODPs across all three perioperative domains (to provide anaesthetic care, surgical care and post-operative recovery care) to reflect their scope of practice at the point of registration.
2. using this perioperative flexibility to maximise skill mix and strengthen rota resilience, out-of-hours cover and departmental capability.

Operating Department Practitioners are HCPC-registered Allied Health Professionals* whose pre-registration education spans all three perioperative domains of care as a

condition of entry to the register. As of August 2026, there are 18,200 ODPs registered with the HCPC.^{1,2}

Evidence gathered by Freedom of Information requests indicates a disproportionate number of ODPs, both newly qualified and established, work in only one perioperative domain. Across the Trusts that reported newly qualified ODP appointments by both professional group and domain, approximately 92% were allocated to anaesthetics and none at all to post-anaesthesia care. For example, at establishment level, one Trust reported ODPs as 86.6% of its anaesthetic workforce but only 4.5% of its post-operative recovery workforce, which represents a capability not being fully realised³

This briefing sets out the professional standards, registration requirements and Trust-level evidence relating to perioperative deployment, to support theatre managers, co-ordinators and workforce leads in making informed decisions about skill mix, rostering and staff development. It has been produced by the ODP SURGE team as a part of the ODP workforce development project commissioned by NHS England.

*In England. In the rest of the UK the position varies.

We make the following **4 Recommendations** for perioperative workforce deployment in your department:

1. **Allocate ODPs across all perioperative domains:** Review how ODPs are currently allocated across all three perioperative domains (to provide anaesthetic care, surgical care and post-operative recovery care) to reflect their scope of practice at the point of registration .
2. **Schedule ODPs across all perioperative domains in Off Duty rotas:** When scheduling off duty, treat competence across all three domains of care as a skill mix resilience asset which enables cover to be pooled across domains rather than maintaining several separate single-competency rotas.
3. **Establish supernumerary periods based on competency requirements:** For new staff, set supernumerary periods and competency requirements against each individual practitioner's prior experience and assessed starting point.
4. **Recruit and deploy ODPs across all perioperative domains:** Reflect deployment across three domains of care in recruitment, job planning, appraisal and progression to ensure individual staff are not deskilled, skill mix is broadened and capability is retained.

The full briefing sets out further evidence and guidance behind each of these recommendations. We hope it contributes to safe, resilient and efficient perioperative services.

1. Background

The non-medical perioperative workforce comprises two principal registrant groups: registered nurses regulated by the Nursing and Midwifery Council (NMC), Operating Department



Practitioners regulated by the Health and Care Professions Council (HCPC), Nursing Associates, Assistant Practitioners and Theatre Support Staff.

In terms of onboarding requirements for newly qualified staff, departments have tended to provide standard preceptorship / periods of supernumerary practice. Unfortunately this does not reflect the knowledge, skills and competence individual practitioners' have already demonstrated at the point of registration. As a consequence, ODP registered staff may be allocated to a single perioperative domain of care despite having a scope of practice which covers all three. This is not a new phenomenon; the National ODP workforce programme 2021-22 also identified a disparity *"in the utilisation of skills acquired during training (e.g. triple skilled newly qualified practitioners only being used in anaesthetics not surgery and/or recovery)"*.⁴

Allocating ODPs across all three perioperative domains can be regarded as a retention decision as well as a rostering one. A practitioner trained in anaesthetics, surgery and post-anaesthesia care but deployed in only one domain, spends a career exercising a fraction of their scope of practice. The gap also widens with time because competence which is not practiced has to be re-established and Trusts typically require a supernumerary period for each additional speciality a practitioner moves into³. Allocation to a single domain of practice on appointment therefore leads to a career in a single domain of practice and fewer opportunities for career progression. The consequences are visible in the profession's own data: 54% of NHS ODPs occupy Band 5 posts against 21% of Allied Health Professionals generally⁴, senior ODPs describe reaching a "glass ceiling" in theatres⁵, and in a 2026 survey 71% of respondents (n=258) felt they had to look outside ODP practice to advance their careers (ODP SURGE 2026).

This briefing sets out what each registration requires at the point of entry, what the relevant ODP, anaesthetic and nursing professional standards say about anaesthetic assistance and post-anaesthesia care, and what NHS Trusts themselves report about how the two groups are deployed.

2. Scope of practice of ODPs

Pre-registration ODP education encompasses three specialist perioperative domains of care: anaesthetic practice, surgical scrub (and circulating) practice, and post-anaesthetic recovery care. Since 2024, a degree has been the threshold level of education to be eligible to apply for registration as an ODP.^{1,6}

This cross domain scope of practice is therefore a condition of registration rather than a career pathway. The HCPC Standard of Proficiency 13.14 (effective from 1 September 2023), requires ODPs to:

"undertake appropriate pre-assessment, anaesthetic, surgical and post-anaesthesia care interventions, including managing the service user's airway, respiration and circulation and providing assisted ventilation where necessary."

Thus highlighting all three perioperative domains in a single threshold standard. Every ODP on the HCPC register has therefore demonstrated competence across all three areas to at least the standard required to register safely. These are within the standard scope of practice for an ODP at the point of registration and do not need to be subsequently achieved through post-registration education.¹

3. Recognised standing of pre-registration ODP education



The CODP Curriculum Document (2018) which sets out the expectations for ODP pre-registration education provides a national reference point for other organisations. For instance the Association of Anaesthetists states that training for anaesthesia assistants “*must comply fully with national standards, such as the College of Operating Department Practitioners (CODP) curriculum*”.⁷ The ODP curriculum acts as the anaesthetists' national benchmark for anaesthetic assistance, but the curriculum is designed with equal rigour across all three domains of perioperative care. The HCPC requires competence in surgical scrub practice and post-anaesthesia care to the same standard as anaesthetic care before registration, meaning the ODP curriculum should be considered a benchmark for all three domains of perioperative care.¹

Therefore, based on national standards, departments can be assured that from the first day of employment an ODP has the knowledge and skills to work across the whole of perioperative practice and competence is therefore not confined to a single domain.

4. What the service standards ask for, and what ODP registration already provides

The table below sets out, for each domain, what the relevant perioperative standards recommend and the corresponding requirement already met at the point of HCPC registration.

Domain	What the service standards recommend	What ODP registration already certifies
Anaesthetic practice	RCoA GPAS, recommendations 6.8 and 6.9 - A dedicated trained assistant holding valid professional registration, immediately available wherever anaesthesia is delivered, with no other duties that would prevent dedicated assistance Association of Anaesthetists - Training to comply with national standards such as the CODP curriculum	HCPC Standards of Proficiency Standard 13.14 — undertake appropriate pre-assessment, anaesthetic, surgical and post-anaesthesia care interventions, including airway management, respiration, circulation and assisted ventilation. The CODP pre-registration curriculum is the benchmark named by the Association of Anaesthetists.
Surgical scrub practice	National Safety Standards for Invasive Procedures - A proportion of the non-medical perioperative team to hold a specific perioperative qualification. AfPP - Safe perioperative practice standards covering sterile technique, accountable items and surgical safety checklist.	HCPC Standards of Proficiency Standard 13.14 — undertake appropriate surgical interventions; Standard 13.13 — understanding of the surgical first assistant role; Standard 13.26 — team briefing, debriefing and surgical safety checklists.
Post-anaesthesia care	UK National Core Competencies for Post-Anaesthesia Care 2013 (RCoA GPAS, Recommendation 9.1 - Care transferred to staff “specially trained in recovery procedures” who have	HCPC Standards of Proficiency Standard 13.14 — post-anaesthesia care interventions, expressly including management of the service user’s airway, respiration and circulation and the provision of assisted ventilation.

Domain	What the service standards recommend	What ODP registration already certifies
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reached locally or nationally agreed prescribed competencies, Recommendation 9.7 - One-to-one care until the patient can maintain their own airway and has respiratory and cardiovascular stability

GPAS — Guidelines for the Provision of Anaesthesia Services, published by the Royal College of Anaesthetists (RCoA). (GPAS is advisory guidance for service design which is widely used by Trusts in planning perioperative services).

5. Where is ODP Capability Underutilised? Findings from a Freedom of Information Request

In a Freedom of Information (FOI) Request carried out in August 2026, ten NHS Trusts reported newly qualified ODP appointments by both professional group and perioperative domain. Sixty-seven of approximately 73 appointments were allocated to anaesthetics, fewer than six to surgical scrub, and none at all to post-anaesthesia care. Therefore employers are underutilising the newly qualified ODP workforce who are registered to practice in all three domains.³

The same pattern also appears in established workforces. In the same FOI, one responding NHS Trust provided a full establishment breakdown by professional group and perioperative domain. In this example ODPs make up 86.6% of that Trust's anaesthetic workforce. For this same Trust, 52.4% of ODPs were deployed in anaesthetic practice, 43.1% in surgical scrub and 4.5% in post-anaesthesia care. A workforce educated for all three domains therefore is being under recognised for its capacity particularly in the surgical scrub domain and, more significantly, in post-anaesthetic care.

The clearest evidence that capability is going unused is not the concentration of ODPs in anaesthetic practice, but their near-total absence from post-anaesthesia care. What the RCoA GPAS asks of recovery staff ie competence in airway management, respiratory and cardiovascular stability, and the ability to sustain one-to-one care until the patient is secure, is the content of HCPC Standard 13.14 almost word for word. An ODP arriving in recovery is evidencing capability assessed before registration rather than acquiring it afterwards.¹

This pattern is not universal, as nine of the 43 responding Trusts in the FOI deploy ODPs across more than one domain as standard. For instance the Royal Wolverhampton NHS Trust reports that “all ODPs are undertaking all areas of practice and are not allocated to one specific skill”; Queen Victoria Hospital recorded every newly qualified ODP appointed over three years as covering two domains; County Durham and Darlington and South Tees Hospitals each operate a combined anaesthetic and recovery role within their establishments. Deployment across domains is current practice in some departments and unused capacity in others.³

6. Other staff Entering Perioperative Practice

The modern operating theatre is a complex environment requiring skilled collaboration across multiple professional groups; support workers, Nursing Associates, Registered Nurses, and Operating Department Practitioners. While all team members contribute essential expertise to



perioperative care, the technical and procedural demands of this environment necessitate particular specialisations within the team.

Nursing Associates are NMC-registered professionals who complete a two-year Level 5 Foundation Degree in nursing associate studies and must meet the NMC's Standards of Proficiency for Nursing Associates before registration.⁸ While this provides formal professional registration and a defined scope of practice, Nursing Associates are regulated in England only and work under the supervision and accountability of a registered practitioner. Their scope is designed to support the delivery of care in healthcare settings, but this supportive role is necessarily narrower and requires direct professional oversight. In theatre environments, Nursing Associates provide support during the patient's surgical journey, assisting with patient care interventions under the direction and accountability of registered staff.

The position for registered nurses entering perioperative practice is set out by the nursing profession's own bodies, and this briefing relies on their statements rather than on any assessment of our own. The NMC's *Future Nurse: Standards of Proficiency for Registered Nurses* (2018) prepare the registered nurse as a generalist across all care settings. The standards contain no perioperative, theatre, anaesthetic, scrub or post-anaesthesia care proficiencies. This is a deliberate feature of a generalist standard rather than a deficiency, which means perioperative content is acquired after registration.⁹

The Royal College of Nursing's *Education Framework for Operating Theatre Nursing* (2022) states that *"pre-registration nursing education does not include the specific skills and knowledge required to work in the operating theatre"*, and that *"additional study is required for registered nurses to work in the anaesthetic practitioner role"*.¹⁰

That additional study has lacked a national framework for some time. The RCN records perioperative careers and education *"have been neglected since the disbandment of the ENB certification programme for theatre nursing"*, and *"to date, there has been no nationally agreed framework to support the continuing professional development of this workforce"*.¹⁰ The Perioperative Care Collaborative attributes the same variation to the demise of specialist post-qualifying nursing programmes, with nothing standardised replacing them.¹¹

What has filled that gap, as set out above, is the ODP curriculum. The Association of Anaesthetists defines the nurse route into anaesthetic assistance as a programme allowing the practitioner to meet competencies *"equivalent to those in the CODP pre-registration ODP curriculum documents"*.⁷ The Collaborative's own *National Core Curriculum for Perioperative Nursing* (2017) sets out a minimum twelve to eighteen month part-time programme leading to a 60-credit Postgraduate Certificate in Perioperative Nursing, undertaken in *"one or more (two areas are suggested as a minimum)"* of the perioperative areas (domains of care).¹¹ Even the recommended national curriculum for perioperative nursing therefore does not routinely produce a practitioner prepared across all three domains. The Collaborative further notes the National Safety Standards for Invasive Procedures require a proportion of the non-medical perioperative team to hold a specific perioperative qualification.^{11,12}

None of this reflects a difference in professional standards, or in the quality of the practitioner, instead it reflects where perioperative content sits: within pre-registration education for the ODP, and post registration for nurses. However, in the absence of a common national standard, departments have built local competency documents domain by domain and have recruited and rostered to those domains. ODP scope, which spans all three, does not map neatly onto that structure and can be lost within it.

7. What This Means for Rostering and Departmental Resilience

The operational case for deployment across domains should not be read as a way to reduce the number of staff. Theatres typically need anaesthetic, scrub and recovery cover simultaneously and so practitioners are always needed across all three domains for safe and effective care. Where registered practitioners are restricted to a single anaesthetic, surgical or recovery role, a department needs to coordinate these as three separate rotas. Within each rota, consideration must be given to safe staffing numbers and the ability to cover leave, sickness and vacancy. Therefore, theatre utilisation may be reduced by a lack of capacity identified in any of the 3 rotas. However, if ODP registrant skills and competence were recognised across three areas, then some flexibility could ensure rotas and safe staffing are maintained using a larger pool of qualified staff. Overall, this may lead to perioperative workforce resilience and flexibility with potential for reviewing the workforce establishment.

The practical consequences are ones most theatre managers will recognise:

- **Fewer single-competency cancellations.** Lack of a practitioner skilled in a particular domain of care results in either a list lost for want of a competency (rather than for want of a person) or the need to pay additional fees for agency or bank cover. Theatre utilisation is a board-level metric, with a national target of a minimum 85% capped utilisation.¹³
- **More affordable out-of-hours cover.** Several Trusts responding to our FoI request tie the ODP supernumerary period directly to emergency cover readiness. One out of hours pool covering three functions is materially less expensive than three.
- **Capacity that can be moved.** A department with multi-domain practitioners can flex between domains as the list profile changes through the day, rather than holding idle capacity in one domain alongside a queue in another.
- **Improved patient safety.** Human interaction and systems failures have been identified as significant factors contributing to surgical never events¹⁴. A team made up from individuals who have an understanding of the entirety of a patient's perioperative care can troubleshoot and communicate more effectively to close the translational gap between policy intent and front line implementation.

8. The Financial Case

The financial benefit of deploying ODPs across all three domains is not a reduction in establishment. Cross-trained practitioners do not reduce the number of staff a theatre list requires. The benefit can be identified in three places: capability already purchased, development cost not incurred, and resilience gained for a given establishment.

8.1. Capability already purchased

ODP pre-registration education prepares and assesses the practitioner across all three perioperative domains before registration. A department appointing a newly qualified ODP acquires that capability from the first day of employment, at Band 5 level, whether they are deployed in one domain or all three. Where deployment is confined to a single domain, not only are staff restricted in their potential, the benefits of their knowledge and skills to address theatre productivity is not capitalised on. As previously indicated, this may lead to multiple rotas and potential to have gaps requiring bank or agency backfill.

8.2. Development cost not incurred

As indicated in the FOI 2026, NHS Trusts' quantified what it costs to prepare a practitioner for a domain their registration does not already cover. Using post-anaesthesia care as an example, it was reported that newly qualified ODPs entering post-anaesthesia care typically require four to eight weeks of supernumerary practice to evidence existing competencies, whereas newly qualified nurses entering the same role require twelve weeks or more. For ODPs developing competence across all three domains, the reported average supernumerary period was approximately eight to nine weeks, whereas nurses progressing through a single domain require an average of twelve to sixteen weeks, typically with an additional 75 hours of taught study for those entering recovery and additional time for anaesthetic care. This disparity reflects the fundamental difference in pre-registration education that has already been indicated. ODP pre-registration education already encompasses the knowledge and skills required across all domains, therefore their post qualification supernumerary period is much less, representing a cost saving.³

8.3. Resilience for a given establishment

Where theatre rotas are flexible to allow ODPs to work across all areas, the financial effect appears as reduced reliance on premium-rate and agency cover, and fewer lists cancelled for want of one specific competency, against a national capped theatre utilisation target of 85%.¹³ Quantifying it requires local establishment, absence and cancellation data, and we would welcome the opportunity to work with departments willing to test it.

9. Guidance for Theatre Managers and Workforce Leads

We ask Theatre Managers, Theatre co-ordinators, team leaders, Matrons, Divisional Directors, Directorate leads and workforce colleagues to consider the following **five principles** in planning perioperative deployment, development and rostering:

9.1. Review how ODPs are currently allocated across anaesthetic, surgical and post-anaesthesia care, and identify where multi domain capability is not being used.

Where ODPs are concentrated in a single domain, this is rarely the result of a deliberate decision. It commonly reflects historical rostering patterns, the way vacancies were advertised, or an assumption that the anaesthetic role is the ODP role. A review of current allocation against registration scope is a short piece of work that frequently identifies capability available at no additional cost. Where an ODP has not practiced in a domain since qualifying, a period of supervised practice and competency sign-off will be required, as it would for any practitioner returning to an area.

9.2. Record perioperative allocation by professional group and by domain, so that deployment can be seen, planned and reported.

A substantial number of Trusts approached by this project could not report perioperative allocation broken down by professional group and domain, and several could not distinguish the two registrant groups within their Electronic Staff Record at all. Departments cannot manage a skill mix they cannot see. Accurate recording supports establishment review, training needs analysis, business cases for training places and reliable workforce planning at directorate and system level.

9.3. When designing out-of-hours, on-call and emergency rotas, treat multi domain competence as a resilience asset and pool cover across domains rather than maintaining separate single-competency rotas.



Where a department has practitioners competent across domains, building rotas around separate competency silos forgoes the resilience that capability provides. Pooled cover reduces reliance on premium-rate and agency staffing, shortens the escalation chain when a single absence occurs, and reduces the incidence of lists cancelled for want of a practitioner able to provide support in one specific domain of care.

9.4. Set supernumerary periods and competency requirements against an individual practitioner's assessed starting point and prior placement experience, rather than professional title alone.

The strongest predictor of a short and effective supernumerary period reported in the FOI responses was not professional group but whether the practitioner had trained within the department. Several Trusts reported setting shorter supernumerary periods to ODPs who trained in-house compared to those who did not. Typically, from two weeks to six weeks respectively — a threefold difference within the same profession. Setting onboarding against the individual, and recognising prior placement within the organisation, is both fairer and more efficient than applying a standard period by title. It is also a strong argument for growing your own workforce through apprenticeship routes or supporting placements for training which may lead to future recruitment into the department.

9.5. Reflect multi domain deployment in job planning, appraisal and progression, so that capability used is capability retained.

Practitioners who maintain competence across three perioperative domains carry a broader skill set, are more valuable to the rota, and should see that reflected in development conversations and progression opportunities. Given that 54% of NHS ODPs remain at Band 5 and that early-career attrition has risen, the connection between deployment, development and retention deserves explicit attention in departmental workforce plans.

10. Further Information

For further information about the ODP profession, perioperative standards and professional guidance, please visit:

- College of Operating Department Practitioners (CODP): www.codp.org.uk
- HCPC Standards of Proficiency for Operating Department Practitioners (2023): www.hcpc-uk.org
- Association of Anaesthetists, The Anaesthesia Team 2018: www.anaesthetists.org
- Royal College of Anaesthetists, Guidelines for the Provision of Anaesthesia Services: www.rcoa.ac.uk/gpas
- Association for Perioperative Practice (AfPP): www.afpp.org.uk

If you would like to discuss perioperative deployment, skill mix or rostering in your department, to share local data, or to connect with ODP professional leads in your region, we would welcome that conversation.

Yours sincerely,

ODP SURGE Team, on behalf of the College of Operating Department Practitioners; commissioned by NHS England



ODP SURGE

The ODP (Operating Department Practitioner) Surge Workforce Development Project is commissioned by NHS England and delivered by Canterbury Christ Church University in collaboration with the University of East Anglia, University of Leeds and the College of Operating Department Practitioners. The project is led by Dr. Luke Ewart and Professor John Hammond. The project focuses on the following workstreams:

- *Creating the Climate to Maintain Supply*
- *Routes into ODP Pre-registration and Preceptorship*
- *Educator Workforce (Academic and Clinical)*
- *ODP Careers*
- *Career Development Framework and Pathways*
- *Professional Leadership and Influence*

The project has three overarching aims: to **Reframe** ODP professional identity as autonomous practitioners combining technical expertise with physical and psychological patient support; to **Revitalise** pre-qualifying education pathways so that diverse learners have a sense of belonging and can thrive; and to **Reenergise** the existing workforce by signposting and enabling greater career development opportunities.

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