

Recognising the Value of Operating Department Practitioners in and Beyond Operating Theatres in Your Workforce

A briefing for Human Resources Professionals, Divisional directors, Directorate leads and Department Managers

Dear Human Resource personnel, Divisional Directors, Directorate leads, recruiting managers and employers,

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 sets out what ODPs are, what their training requires them to demonstrate, and why their qualifications and clinical experience make them credible and capable candidates for a broad range of roles across the health service. It also provides guidance on how you and your teams might act to recognise the value of ODPs in and beyond theatres in your workforce.

Executive summary

This document sets out key rationale for:

1. raising awareness of ODP clinical and non-clinical skills that align with other professions such as Nursing
2. utilising ODPs across a wide range of roles both clinical and non-clinical, that are not restricted to theatres

Operating Department Practitioners (ODPs) are HCPC-registered Allied Health Professionals and since 2024 all newly qualified practitioners are educated to degree-level. There are approximately 18,000 registered ODPs in the UK (HCPC 2026).

Despite holding clinically extensive pre-registration training, including verified competencies in airway management, IV cannulation, medicines administration, cardiac arrest management and critical care; ODPs are inadvertently prevented from applying for many NHS roles because person specifications require Nursing and Midwifery Council (NMC) registration by default. This has been identified as a recognised barrier to ODP career progression and contributes to underutilisation of a highly trained and specialist workforce which makes a significant contribution to service provision and patient care.

This briefing sets out the professional standards, regulatory equivalence and clinical capabilities of ODPs to support HR professionals and recruiting managers in making informed, fair and legally well-founded recruitment decisions. It has been produced by the ODP SURGE project, commissioned by NHS England.

We make the following 5 Recommendations in reviewing recruitment processes for roles in healthcare roles in your organisation:

1. Audit person specifications across your organisation where NMC registration is listed as essential, and review whether HCPC registration would equally meet the genuine requirements of the role.
2. Where NMC registration is genuinely essential, document the specific clinical and professional rationale in the person specification so that they are transparent and defensible.
3. Recognise that ODPs bring specialist clinical expertise and a distinct set of non-technical skills that are directly transferable to a wide range of roles.
4. Be assured that ODPs have a number of core clinical capabilities at the point of HCPC registration and they are not self-reported competencies or post registration skills.
5. Where genuine uncertainty exists about a candidate's suitability, assess the individual against the job description

The full briefing sets out further evidence and guidance behind each of these recommendations. We hope this contributes to your organisation's broader equality, diversity and inclusion commitments

Background

It has been highlighted by those working in workforce development that ODPs can often be declined the opportunity to apply for roles outside of the operating theatre on the basis that the essential criteria in person specifications states Nursing and Midwifery Council (NMC) registration. This experience is not isolated: senior ODPs have described being managed by nurses who did not understand the ODP role, and encountering hiring managers who do not include HCPC registered staff on job applications.¹ We believe this is partially due to poor public awareness of the ODP profession in comparison to nurses, paramedics and other Allied Health Professionals.

This report outlines and summarises the training and professional standards of Operating Department Practitioners. It then outlines minimum threshold competencies for ODPs and how this might align with common person specifications indicated in job advertisements.



Who are Operating Department Practitioners?

ODPs are Allied Health Professionals (AHPs) regulated by the Health and Care Professions Council (HCPC). They complete a degree-level programme, typically a BSc (Hons) in Operating Department Practice, that develops a comprehensive understanding of anatomy and physiology, anaesthetic pharmacology, asepsis and infection control, surgical safety, and the use of advanced medical technology. As of March 2026, 17,906 ODPs are registered with the HCPC.²

Pre-registration ODP training encompasses three specialist perioperative domains: anaesthetic practice, surgical scrub practice, and post-anaesthetic recovery care. Clinical placements typically include ward areas, pre-assessment clinics, critical care and emergency settings, which make these not supplementary experiences but a required component of HCPC approved programmes.

The COVID-19 pandemic illustrated the breadth of ODP clinical capability. At one major UK trauma centre alone, approximately 80 whole time equivalents of nurses and ODPs from recovery and anaesthesia were redeployed to critical care wards and surge areas.³ This experience was replicated across the NHS, with ODPs moving into intensive care units, contributing to critical care surge capacity in operating theatres, and staffing Nightingale Hospitals.^{4,5,6} NHS England's own workforce guidance during the pandemic explicitly named ODPs as a key professional group, stating that supporting and enabling ODPs to work to the top of their licences would be important.⁷

ODPs are also found in cardiac arrest and major trauma teams, prehospital emergency medicine, pre-assessment, clinical and operational management, education, advanced practice and research roles.⁸ The profession contributes across all four pillars of AHP practice defined by NHS England: clinical practice, leadership, education and research.⁹

Registration, Proficiency and Professional Standards

ODPs registered with the HCPC must meet two distinct but related sets of standards: the Standards of Proficiency for Operating Department Practitioners (SoP), effective from 1 September 2023,¹⁰ and the Standards of Conduct, Performance and Ethics (SCoP&E), effective from 1 September 2024.¹¹ Both are published by the HCPC and are standards required for continued registration.

Although the HCPC and NMC operate as distinct regulators, they uphold equitable professional standards which require practitioners to demonstrate safe, evidence-based practice with accountability for decisions taken and evidence of continuous professional development. For example, both the NMC Code¹² and the HCPC SCoP&E¹¹ require registrants to:

- Promote and protect the interests of service users and patients at all times



- Obtain valid, voluntary and informed consent before delivering care or treatment
- Actively safeguard vulnerable people and raise concerns about safety
- Treat people as individuals, respecting dignity and challenging discrimination
- Communicate clearly and work collaboratively within multidisciplinary teams
- Keep full, clear and accurate records
- Be open and candid when things go wrong
- Maintain and develop their knowledge and skills throughout their career

The professional obligations held by ODPs and nurses are substantively equivalent. What differs is the clinical domain in which those obligations are exercised and demonstrated during training, not the standard to which they are held.

Importantly, the HCPC SoP for ODPs extends well beyond perioperative practice.¹⁰ It includes threshold requirements for registration covering

- urinary catheterisation (SoP 13.12),
- venepuncture and peripheral IV cannulation (SoP 13.20),
- fluid balance and blood product administration (SoP 13.15 and 13.16),
- medicines administration via multiple routes including IV injection (SoP 13.17),
- cardiac arrest management (SoP 13.24), and the
- management of clinical emergencies (SoP 12.14).

These are conditions of registration, meaning every ODP on the HCPC register has demonstrated these capabilities to at least the standard required to register safely.

The SoP also requires ODPs to demonstrate leadership behaviours, act as role models, promote learning in others, and engage in evidence-based practice and quality assurance. These are not aspirational statements; they are conditions of registration.

Individual Scope of Practice

The HCPC SoP makes clear that an ODP's scope of practice is the area or areas in which they have the knowledge, skills and experience to practise lawfully, safely and effectively.¹⁰ It is individual rather than collective, and it evolves throughout a career.

When reviewing an ODP candidate for a role, the relevant question is therefore whether an individual ODP, based on their training, experience and continuing professional development, has the knowledge and skills to practise safely within that specific scope. This is the same question that applies to any registered health professional, and we would encourage it to be applied consistently across all candidates regardless of professional title.

ODPs who have worked in critical care, emergency medicine, advanced practice, education or management will have developed competencies substantially beyond their pre-registration baseline.⁸ Where a candidate's experience and training aligns

with the requirements of a role, assessing them against those requirements on their individual merits supports fair, thorough and well-founded recruitment decisions.

Competency Mapping: ODP Standards Against Common Job Advertisement Person Specifications

The table below maps competency domains commonly found in NHS job descriptions against the specific HCPC Standards of Proficiency for ODPs,¹⁰ the HCPC Standards of Conduct, Performance and Ethics,¹¹ and the NHS England AHP Critical Care Capability Framework.¹³ All standards referenced are the versions current at the time of writing.

Competency domain	What the role requires	ODP standard and basis
Consent and capacity	Obtaining valid, voluntary and informed consent; Mental Capacity Act; best interests decision-making	HCPC SoP 2.7 and 2.8 require ODPs to obtain and document valid consent with due regard to capacity. HCPC SCoP&E standard 1.4 replicates this obligation. These are identical legal and professional duties to those held by nurses.
Safeguarding	Actively identifying signs of abuse; safeguarding processes; protecting vulnerable persons	HCPC SoP 2.3 requires ODPs to actively look for signs of abuse and engage in safeguarding processes. SoP 2.13 specifically addresses care of vulnerable persons in perioperative and other healthcare settings.
Dignity, equality and person-centred care	Treating individuals with respect; recognising protected characteristics; adapting care; challenging discrimination	HCPC SoP 5.1 to 5.7 require ODPs to practise in a non-discriminatory and inclusive manner, challenge barriers to inclusion, and embed equality, diversity and inclusion across all areas of practice.
Communication	Verbal and non-verbal communication; MDT information sharing; service user involvement in decisions	HCPC SoP 7.1 to 7.10 cover all aspects of clinical and professional communication, including MDT handover (7.9), transfer of care (7.10), and facilitating informed decision-making (7.4 and 7.8).
Airway and respiratory management	Airway assessment and maintenance; assisted ventilation; tracheostomy; endotracheal intubation; suction	HCPC SoP 13.14 requires ODPs to undertake airway management, respiration and circulation interventions and provide assisted ventilation. The NHS England AHP Critical Care Capability Framework explicitly names ODPs at Foundation and Assistive levels.
Medicines management	Administration via oral, rectal, topical, IM, SC and IV routes; dosage calculation; pharmacokinetics; adverse reactions	HCPC SoP 12.10 to 12.13 and 13.17 to 13.18 require ODPs to understand pharmacology, calculate dosages accurately, administer drugs via a range of routes and respond appropriately to adverse reactions.

Competency domain	What the role requires	ODP standard and basis
Venepuncture and cannulation	Peripheral IV cannulation; venepuncture; blood sampling	HCPC SoP 13.20 requires ODPs to undertake venepuncture, peripheral IV cannulation and blood sampling as a threshold requirement for registration.
Fluid balance and blood products	Monitoring and recording fluid balance; administering prescribed fluids; blood product management	HCPC SoP 13.15 and 13.16 require ODPs to understand blood product administration and to monitor and administer prescribed fluids in accordance with national and local guidelines.
Clinical assessment and monitoring	Systematic patient assessment; physiological parameters; interpreting changes from normal; care planning	HCPC SoP 12.8, 13.5, 13.7 and 13.27 require ODPs to undertake thorough and sensitive assessment, interpret physiological parameters, conduct monitoring procedures safely and formulate care plans.
Cardiac arrest and resuscitation	Managing service users in cardiac arrest; resuscitation teams; clinical emergency response	HCPC SoP 13.24 requires ODPs to manage a service user in cardiac arrest and participate in the team managing ongoing resuscitation. SoP 12.14 covers clinical emergency management.
Urinary catheterisation	Male and female urinary catheterisation	HCPC SoP 13.12 requires ODPs to understand elimination needs and undertake urinary catheterisation as a threshold registration requirement.
Infection prevention and aseptic technique	Sterile field management; infection control; PPE; aseptic non-touch technique	HCPC SoP 14.7 and 14.8 require ODPs to promote and comply with infection control measures and understand the nature and purpose of sterile fields. Advanced aseptic technique is a core component of surgical scrub training.
Record keeping	Full, clear, accurate and timely documentation; digital records; data governance	HCPC SoP 9.1 to 9.3 require ODPs to keep records in accordance with applicable legislation. HCPC SCoP&E standards 10.1 to 10.3 mirror this obligation across all HCPC-regulated professions.
Risk management and duty of candour	Risk identification and minimisation; duty of candour; incident reporting; reflective practice	HCPC SCoP&E standards 6.1, 6.2, 8.1 and 8.2 require ODPs to manage risk and be open and candid when things go wrong. These are the same obligations held by all regulated health professionals.
Leadership, teamwork and service improvement	MDT collaboration; quality improvement; leadership behaviours; workforce development	HCPC SoP 8.6 to 8.10 require ODPs to understand, demonstrate and act as role models for leadership. The NHS England AHP Critical Care Capability Framework leadership domain applies to all AHP professions.

Guidance for Recruiting Managers

We ask recruiting managers and HR professionals to consider the following **five principles** throughout the whole recruitment process so that ODPs may have equitable opportunities for roles:

1. Review person specifications to prevent inadvertent exclusion of ODPs who may have appropriate skills for the role.

In many cases of current advertised roles, person specifications require NMC registration. This has often been carried forward from previous iterations of a role, modelled on similar posts elsewhere, or written without full consideration of the range of registered health professionals whose training and competence would equally meet the requirements. Challenging job descriptions have been identified as a specific barrier to ODP career progression into non-traditional and senior roles.¹⁹ When writing or reviewing a person specification consideration should be given to the role requirements and which registered professionals can demonstrably meet those requirements.

There is also a broader workforce argument worth considering. Currently, 11% of ODPs are employed at AfC Band 7 or above, compared to 24% of nurses and 31% of other AHPs at Band 7 or above.⁹ This disparity reflects in part the barriers ODPs face in accessing roles outside the operating department. Limiting roles to NMC-registered candidates reduces the available talent pool at a time when the NHS faces significant and well-documented recruitment pressures across all professions.¹⁴ Opening roles to all appropriately registered health professionals, assessed fairly against the competencies the role genuinely requires, widens that pool without compromising standards. An ODP applying for a role outside the operating department is not a second-choice candidate, but may be the best candidate for the role, with specific training and a clinical background which is the closest match to what the role demands.

2. Where NMC registration is listed as an essential requirement, a justification for this should set out the specific clinical or professional rationale in the person specification.

This supports transparent and defensible shortlisting decisions which ensure all candidates can understand the basis on which the role has been assessed. It is also worth noting the NMC does not require or recommend employers specify NMC registration as a criterion for any role. The NMC's function is to regulate individuals who use the protected title of nurse, midwife or nursing associate. The decision to include NMC registration as an essential requirement in a person specification is made entirely by the recruiting organisation, and the responsibility for ensuring that requirement is genuinely proportionate to the role rests with that organisation accordingly.

NHS Employers guidance is clear that qualification and registration requirements in person specifications should reflect what is actually needed to carry out the role safely and competently, not assumptions about which professional group is appropriate.



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Where a genuine review concludes that NMC registration is essential, that decision should be documented and the rationale clearly set out. Where the review concludes that any appropriate registrant would meet the role's requirements, the person specification should reflect that, both as a matter of fairness to all candidates and as good recruitment practice.

3. Recognise that ODPs bring specialist clinical expertise and a distinct set of non-technical skills that are directly transferable to a wide range of roles.

ODP clinical expertise includes, but is not limited to, airway management, anaesthesia support, surgical care, infection control, post-operative monitoring, resuscitation and clinical emergency response. This knowledge is developed and assessed at degree level and is not replicated by any other profession.⁸¹⁰

Alongside this clinical foundation, ODP training develops non-technical skills that are essential to safe perioperative practice and highly transferable to other situations. The operating theatre is one of the most demanding environments in the NHS for teamwork, communication and leadership under pressure. Adverse events in surgery are more commonly seeded from deficiencies in non-technical skills than from technical failures, and that cognitive and social skills including communication, leadership and decision-making are critical to safe surgical performance.¹⁵¹⁶

ODPs are educated and assessed within this environment as a condition of registration. This includes structured team briefing and debriefing, the application of WHO Surgical Safety Checklists,¹⁷ closed-loop communication within high-stakes multidisciplinary teams, situational awareness, anticipation of clinical need, and the confidence to raise concerns and escalate in time-critical situations. These are not incidental qualities acquired through exposure, but are taught, assessed and requirements for HCPC registration.¹⁰

The result is a professional who arrives in any clinical or leadership role with a demonstrated capacity to communicate precisely under pressure, function effectively as both a team member and a team leader, who can maintain safety-critical standards when the consequences of error are immediate and serious. These attributes are highly transferable and represent a significant asset in roles well beyond the operating department.

4. When shortlisting applications, be assured ODPs have core clinical capabilities which are conditions of HCPC registration and not self-reported competencies or post registration skills.

When reviewing and shortlisting applications from ODP's, recruiting managers can have confidence that specific clinical skills capabilities are verified conditions of entry onto the HCPC register.¹⁰ Every newly qualified ODP is able to demonstrate to the



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standard required for registration, competencies including IV cannulation, urinary catheterisation, medicines administration via multiple routes, fluid management, blood product administration, cardiac arrest management and airway, respiration and circulation management including assisted ventilation. Existing ODP's must have met this knowledge and experience prior to the biennial reregistration process.

For roles requiring any combination of these capabilities, an ODP arrives at the point of appointment with those competencies already confirmed through a regulated, degree-level programme. Recruiting managers do not need to assume, infer or verify these capabilities separately as HCPC registration itself provides that assurance. This is a significant employability strength specific to the ODP profession, and one that professional registration alone in other health professions does not replicate.

5. Where genuine uncertainty exists about a candidate's suitability, assess the individual against the job description.

Where genuine uncertainty exists about whether an ODP candidate's experience and competence meets the specific requirements of a role, the appropriate response is to assess the individual against the job description and person specification, as would be the case for any registered health professional. ODPs are autonomous practitioners who are personally accountable for working within their own scope of practice. Recruiting managers can therefore have confidence that a registered ODP applying for a role has made a considered professional judgement that their competence is relevant and sufficient, when applying for a role in the knowledge they are accountable to their regulator for that judgement.

The appropriate mechanism for exploring this at interview is the same as for any candidate: competency-based questioning focused on the specific requirements of the role. A blanket decision not to shortlist on the basis of professional title, without assessing the individual's competence and experience, does not constitute a fair or thorough recruitment process.

Further Information

For further information about the ODP profession, career pathways and professional standards, please visit:

- College of Operating Department Practitioners (CODP): www.codp.org.uk
- HCPC register and standards: www.hcpc-uk.org
- HCPC Standards of Proficiency for Operating Department Practitioners (2023)
- HCPC Standards of Conduct, Performance and Ethics (2024)
- NHS England AHP Critical Care Capability Framework

If you would like to discuss workforce planning considerations relating to ODP roles within your organisation, 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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