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ODP SURGE
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ODP Integration in Enhanced and Advanced Roles

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Project Overview: Operating Department Practitioners (ODPs) are increasingly exploring Enhanced and Advanced Practice roles such as Critical Care Outreach, Advanced Clinical Practitioner (ACP) posts, and Emergency Practitioner roles. However, the current inability for ODPs to undertake independent prescribing creates a perceived barrier to entering roles traditionally aimed at nursing or paramedic colleagues.

This project examines where ODPs currently stand in relation to these roles, the transferable skills they already possess, and whether the lack of prescribing genuinely limits access. Within my Trust, person specifications for these roles contain no essential criteria that an experienced ODP could not meet. Other Trusts that successfully integrate ODPs have implemented clear policies that safely mitigate prescribing requirements within defined parameters.

This work explores whether such approaches could be standardised nationally, opening the door for ODPs to access Enhanced and Advanced roles equitably and ensuring their skills are fully recognised across all Trusts.

Challenge or Opportunity: A key challenge in this project has been shifting long-standing mindsets among stakeholders who traditionally associate Enhanced and Advanced roles with nursing or paramedic backgrounds. This has highlighted a significant area of ODP expertise that is currently under-recognised and under-utilised. Although the wider NHS climate makes change difficult, this challenge has created a valuable opportunity to advocate for ODPs and demonstrate the breadth of transferable skills we already bring to Critical Care Outreach, ACP, and Emergency Practitioner roles. By questioning assumptions and opening conversations, the project seeks to reposition ODPs as credible, capable candidates for roles that have historically overlooked them.

Action Taken: I collated evidence from local and national sources to understand how ODPs are currently utilised within Enhanced and Advanced roles. This information was then presented to key stakeholders to highlight existing practice, transferable ODP skills, and examples from other Trusts where prescribing requirements are safely mitigated. These discussions helped open conversations about role accessibility and the potential for standardising approaches that support ODP inclusion.

Impact: Senior management have acknowledged that experienced ODPs can fully meet the requirements for Enhanced and Advanced roles, even without prescribing. As a result of this work, future vacancies within the Trust will explicitly include ODPs, ensuring they are not automatically excluded from applying. This shift opens the door for fairer access, greater role visibility, and improved utilisation of ODP skills across advanced practice pathways.

Leadership Learning: This project has reinforced the importance of advocating not only for myself, but for the wider ODP profession. I learned that effective leadership requires adapting my communication and management style to the individuals and situations I'm working with, while staying grounded in my values.

Being open to criticism — and willing to ask challenging questions — has been essential for moving conversations forward. I've also recognised the importance of knowing my worth, maintaining confidence in my expertise, and leading with kindness as a default. These lessons will shape how I continue to represent and support ODPs in future opportunities.

Future Plans: The next step is to ensure that upcoming vacancies reflect the commitment made by senior management, with ODPs explicitly included in Enhanced and Advanced role recruitment. Alongside this, there is an opportunity to develop a clear, transferable framework that other Trusts across England can adopt. Creating a standardised document to outline how prescribing requirements can be safely mitigated would support wider ODP integration and help open these roles nationally, not just locally.

