

# Education Framework for Operating Theatre Nursing

CLINICAL PROFESSIONAL RESOURCE



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# Acknowledgements

## Members of Steering Group (2024)

Authors:

Joanna Holland, Nurse lecturer at the University of Brighton, and theatre nurse at University Hospitals Sussex.

Oonagh McCloy, anaesthetic nurse specialist and nursing lecturer, University of Belfast.

Steering group members:

Jason Cross, Advance Nurse Practitioner, Lead for POPs, Lewisham and Greenwich NHS Trust.

Angeline Price, Advanced Nurse Practitioner, Salford Royal NHS Foundation Trust.

Jennifer Klunder, Lead practice trainer, Salford Care Organisation, Northern Care Alliance.

Suman Shrestha, Consultant Nurse in Critical Care, Frimley Health NHS Trust.

Victoria Richmond, Advanced Nurse Practitioner in surgical frailty, NHS Tayside.

Rona Goodge, Theatres Education Lead at Cambridge University Hospital

Learning and development advice:

Lucy Tomlins, Professional Lead, Learning and Development, RCN North East.

Critical reviewers:

## Members of the Perioperative Forum

Contributors: (those who provide feedback)

**RCN Legal Disclaimer - required**

# 1. Summary

The Framework is intended to be used within the professional, education and workforce development processes to support improvements in the delivery of high-quality care in operating theatre settings. For the purposes of this framework, the perioperative settings include pre-operative assessment, anaesthesia, operating theatre and post-operative care settings. This Framework can be used in all theatre settings and across the patient life-span. Whilst we recognise that the perioperative journey begins at the decision for surgery and ends post discharge, these areas of surgical, community and general practice nursing are beyond the current scope of this framework.

It will focus on five workforce groups:

1. pre-registration nursing students
2. nursing support/healthcare support workers providing care within perioperative settings
3. registered nursing associates/ assistant practitioners providing care to people in perioperative settings
4. registered nurses providing care to people in perioperative settings
5. registered nurses in senior/leadership roles providing care to people in perioperative settings

The purpose of this publication is to:

1. provide a pathway for career development and a framework for continuing development and education for pre-registration students, nursing support workers/ support workers, nursing associates and registered nurses who provide care to people in perioperative settings
2. set out a framework that will help practitioners, employers, commissioners and patients understand the level of competency which correlates to a particular level of practice or role
3. provide information relevant to Higher Education Institutions (HEIs), employers, providers of operating theatre services, commissioners and policy makers for the development of the workforce, roles, learning opportunities and education programmes
4. provide a point of reference to help identify and develop the knowledge, skills and capability of the nursing workforce in perioperative practice through accredited programmes, and non-accredited learning and workplace-based development opportunities that target service needs.

\* Registered nurses working in paediatric surgery services should also refer to the 'Career and Education Framework for CYP nursing' in addition which is also applicable to children's nursing students, nursing associates and support workers in paediatric services.

This Perioperative Education Framework has been informed by international, European and UK-wide policy for perioperative care (NHS 2019a, PCC 2017, WHO 2020). These policies advocate that for improvements to be achieved in the delivery of care in perioperative settings, workforce development is essential (WHO, 2020). In addition, education standards for pre-registration students (NMC, 2018b) and Registered Nursing Associates (NMC, 2018a), and career pathways and workforce standards (RCN 2021b), have informed the terminology and descriptions of practice.

As part of the development and testing of this framework, forum members providing general and specialist perioperative care were involved in the production stages. We undertook a mapping exercise at RCN Congress in 2023 and 2024 in which feedback from forum members confirmed that the Framework and outcomes had the potential to deliver benefits for the nursing workforce, employers and patients undergoing procedures in theatre. **Testing of the framework will be undertaken at \_\_\_ sites across the UK, and feedback considered and incorporated into the framework.**

The Perioperative Education Framework is a useful toolkit for practitioners, employers, organisations, HEIs, commissioners and policy makers to:

- provide clarity about the perioperative -specific outcomes required by practitioners to deliver high quality perioperative care and to support their professional development, career progression and professional revalidation
- enable employers and organisations to develop a model for education and training programmes and learning/development opportunities to ensure that the workforce meets the perioperative -specific outcomes to support the delivery of safe and high standards of care for people undergoing surgery
- assist clinical services/organisations with planning current and future services for people undergoing surgery and to provide an insight into the expertise of their workforce
- assist employers and clinical services with designing role descriptors and job plans incorporating perioperative care, and to appropriately develop the expertise of their workforce
- provide a common language across the UK for role titles, levels of practice, perioperative - specific outcomes. This will encourage consistency and sustainability in perioperative education and training, and help practitioners demonstrate learning that can be transferred across settings and organisations and inform their career development
- assist commissioners and services to develop minimum standards and key performance indicators for perioperative-specific knowledge and skills of the perioperative workforce.

## 2. Background

Perioperative careers and education to support the nursing workforce in theatre environments have been neglected since the disbandment of the ENB certification programme for theatre nursing. Integration of the ENB with higher education occurred during the 1990s, and to date, there has been no nationally agreed framework to support the continuing professional development of this workforce (Abraham 2020). The challenge of addressing the education needs of the perioperative workforce is felt both in the UK and the USA (Abraham 2020, Reuter and Spalla 2021).

In the operating department, nursing staff work in roles alongside Operating Department Practitioners (ODPs) who are registered by the Health and Care Professions Council (HCPC). There are regional and local variations with the terms used to describe those registered staff working in each area of perioperative practice, and often the term 'practitioner' is used to denote the role rather than the profession of the person undertaking it. For example, the terms "scrub practitioner" and "anaesthetic practitioner" are often applied to the role, which could be undertaken by a registered nurse with an additional qualification or a registered ODP. Registered Nurses (RNs) and ODPs work in the same roles throughout perioperative settings, including in the scrub practitioner and PACU/Recovery practitioner roles. Additional study is required for registered nurses to work in the anaesthetic practitioner role (Association of Anaesthetists 2018). The addition of Nursing Associates (NARs) and Assistant Practitioners (APs) to the perioperative workforce has further confused how terminology is used to describe the operating theatre team, particularly given the local differences in the scope of practice for NARs and APs.

In consideration of the training of the nursing graduate workforce in perioperative settings, it is worth noting that pre-registration nursing education does not include the specific skills and knowledge required to work in the operating theatre (NMC 2018). Upon registration, a period of education, supervised practice and assessment of practice should be required before a newly-registered nurse will be able to safely work with indirect supervision. However, we are aware of the variation in the provision of supervision and learning time given to the perioperative workforce, and this is often driven by local staffing requirements. Similarly, foundation degree training for nursing associates working in perioperative settings rely on 'Skills for Health' competencies for scrub practice, but nursing associate students will also require further education in operating theatre practice before undertaking roles in the operating theatre.

The overall purpose of this Framework is to provide guidance regarding the knowledge, skills and capabilities required by unregistered nursing support workers/ support workers, registered nursing associates, registered nurses who care for people undergoing surgery of all ages in perioperative settings as part of multi-professional teams across the UK nations. These members of the workforce make a critical contribution to the delivery of surgical care.

The Framework is also informed by:

- Professional Standards Framework (Royal College of Nursing, 2021b)
- Career Framework for Health (Skills for Health, 2010)
- Standards proficiency for registered nurses (Nursing and Midwifery Council (NMC),

2018a)

- Standards of proficiency for registered nursing associates (NMC, 2018b)
- CODP curriculum for Operating Department Practitioners (2019)
- AfPP [guidance on roles in the operating theatre](#)

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## 3. Purpose/rationale

This framework promotes an inclusive and flexible approach to learning and development focused on a career pathway for general and specialist perioperative care for the nursing workforce. It is aspirational and values previous learning and experiential knowledge and skills. It acknowledges the place of formal and informal learning in supporting the workforce providing care to people undergoing surgery in perioperative services and roles to develop knowledge and skills, and acknowledges sector and discipline-specific standards and frameworks. The framework's flexibility enables it to be used in different ways to support career pathways in perioperative settings, learning and development at individual, service-providers and organisational levels.

### Purpose of the Framework

The purpose of the Framework is to:

- provide a pathway for career development and a framework for education, training, and continuing development for the perioperative nursing workforce who provide care to people undergoing surgery.
- provide a pathway for career development and a framework for training, continuing development and education for the perioperative nursing workforce who provide care to people undergoing surgery across all ages in perioperative settings
- set out a framework that will help practitioners, employers, commissioners and people undergoing surgery to understand the level of education/capability which correlates to a particular level of practice or role
- provide information relevant to Higher Education Institutions (HEIs), employers, providers of perioperative services, commissioners and policy makers for the development of the workforce, roles, learning opportunities and education programmes
- provide a point of reference to help identify and develop the knowledge, skills and capabilities of the nursing workforce in perioperative care through accredited programmes, and non-accredited learning and workplace-based development opportunities that target service needs.

### Principles underpinning the Framework

This framework is underpinned by the following principles:

- The priorities, needs and experiences of people receiving surgical care are central to the development of perioperative services.
- To ensure that the complex needs of people undergoing surgery are met throughout their perioperative journey, multidisciplinary and multiagency practice is required.
- The perioperative nursing workforce make an important contribution to meeting the needs of people undergoing surgery at all stages of the care continuum and across all ages.

- Consistent with the United Nations Sustainable Development Goals (UN 2015) including SDG 3 focused on “ensuring healthy lives and promote well-being for all at all ages”, the perioperative nursing workforce will need to:
  - be responsive to the needs of people undergoing surgery by incorporating new practice areas and capabilities as they evolve, as well as negotiating their scope of practice with other health and social care professionals involved in perioperative care
  - continue to develop their knowledge to inform improvements in outcomes for people undergoing surgery. Development of the knowledge and evidence base will require partnership between nurses working in clinical, education and research roles
  - understand practitioner and organisational responsibilities for assurance of quality, safety and value regarding procurement of consumables, medical devices and services
  - recognise how digitalisation can transform health and care through technology and identify their own learning needs associated with this
  - recognise the impact of developing surgical techniques, and the technology to support advancing surgical techniques in the rapidly changing landscape of perioperative practice.

## 4. Definitions

We recognise the variations in the application of definitions exist across the United Kingdom. In the table below, we have summarised the definitions for roles and abbreviations commonly used, and attempted to describe them.

Item	Abb.	Description
People undergoing surgery		an inclusive phrase, designed to encompass all those who undergo surgery, whether adult or child, or for elective or emergency treatment.
Perioperative workforce		The phrase used to describe all those working in perioperative care, and therefore includes healthcare support workers (HCSWs), registered nursing associates (NARs), student nurses (StN), and registered nurses (RNs), Whilst we recognise that Operating Department Practitioners (ODPs) are an essential part of the perioperative workforce, and that they undertake the same roles and responsibilities of Registered Nurses, ODPs are not formally included in the framework as this falls outside of the remit of the RCN
Student Nurse	StN	The role of a person undertaking a pre-registration nursing programme of study
Health Care Support Worker	HCSW	Healthcare support workers are part of the operating theatre team and to support nursing care, receiving delegation and supervision from RNs and ODPs.
Nursing Associate	NAR	Nursing associates (registered) can work under indirect supervision and receive delegation from RNs and ODPs.
Assistant Practitioner	AP	Assistant Practitioners can work under indirect supervision and receive delegation from RNs and ODPs
Registered Nurse	RN	Registered Nurses have achieved all requirements of assessment to demonstrate proficiency required for registration with the NMC (2018).
Operating Department Practitioner	ODP	Operating Department Practitioners have achieved all required assessments to demonstrate competency to enable registration with the HCPC.
Perioperative		This term refers to the perioperative settings of the person's surgical journey. Whilst nationally this phrase has come to include the entire patient journey from GP referral through to extended recovery at home, this framework will focus on the intra-operative phases.
Scrub practitioner		The role of the person who manages the scrub trolley and conducts counts of all surgical items (commonly swabs, needles and instruments) to support the operating team during a surgical procedure. This role may be undertaken by a registered nurse, ODP, a student under direct supervision, nursing associate or assistant practitioner following a period of supervised practice and assessment.
Circulator		– the role of the person who supports the scrub practitioner during a surgical procedure, including facilitation of counts and maintenance of accurate records of items. This role can be undertaken by a healthcare assistant/ support worker, registered nurse, ODP, a student following competency assessment, nursing associate or assistant practitioner following a period of

		<p>supervision and assessment.</p> <p><i>*Surgical Counts – during the surgical counts, at least one person undertaking either the scrub practitioner or circulator role must hold a professional registration with either the NMC or HCPC (PCC 2017 and AfPP)</i></p>
Surgical First Assistant	SFA	A role undertaken by RNs and ODPs after a further period of study and assessment as defined by the Royal College of Surgeons and AfPP, to undertake the role of assistant to the operating surgeon, without completing any part of the surgical procedure directly.
Anaesthetic Practitioner		The role of the person who supports the care of people undergoing surgery during the induction, maintenance and emergence of anaesthesia, as part of the anaesthetic team. This role can be undertaken by registered nurses with an additional training or registered ODPs only, as defined by the <a href="#">AAGBI (2018)</a> .
Recovery/ PACU practitioner		The role of the person who delivers care in the immediate post-anaesthetic phase of a person's surgical intervention. This is commonly undertaken by RNs and ODPs only, with support NARs, APs and HCSWs in some settings such as day surgery units

**Table 2: Summary of Definitions, Guidelines and Guidance for the development of the Career and Education Framework for Perioperative Nursing**

Context of perioperative Care Delivery	Level of Practice (Skills for Health 2010; Health Education and Improvement Wales 2021; Department of Health Northern Ireland 2018; HEE 2021; 2017b; NHS Education Scotland 2021. NMC, 2018a,b)	Themes of Practice (Health Education and Improvement Wales 2021; Department of Health Northern Ireland, 2018; HEE, 2021; 2017b; NHS Education Scotland, 2021; NMC, 2018a,b)				Academic level and workplace preparation (EONS, 2018; Health Education and Improvement Wales, 2021; Department of Health Northern Ireland, 2018; HEE, 2021; 2017b; NHS Education Scotland, 2021; NMC, 2018a,b)
		Clinical	Leadership/ Collaborative Practice	Improving quality and developing practice	Developing self and others	
perioperative Care	Level 8: Consultant	Consolidation and continuing development focused on clinical care	Consolidation and continuing development focused on leadership and collaborative practice	Consolidation and continuing development focused on improving quality and developing practice	Consolidation and continuing development focused on developing self and others	Masters/Doctoral level Workplace learning/experience
	Level 7: Advanced					Postgraduate level (Masters, Postgraduate Diploma, Postgraduate Certificate, Modules) Continuing professional development Workplace learning/experience
	Level 6: Enhanced					Undergraduate level (minimum) Continuing professional development Workplace learning/experience
	Level 5: Registration					Foundation level degree Workplace-based learning
	Level 4: Registered NA or assistant practitioner					Workplace-based learning/ experience NVQ
	Levels 2,3: Nursing Support Worker/ Support Worker Assistant Practitioner					

By developing this Framework and defining perioperative -specific outcomes, this publication does not attempt to limit or confine education or workplace providers in their delivery of perioperative education and services.

This Framework can be used alongside other competency documents including:

- Advanced Clinical Practice Frameworks in the 4 UK nations (Health Education and Improvement Wales, 2021; Department of Health Northern Ireland, 2018; HEE, 2021; 2017b; NHS Education Scotland, 2021)
- NHS Scotland's competencies for anaesthetic practitioners
- RCN Competencies
- CoODP
- BARNA
- AfPP
- Non-technical skills for scrub practitioners SPLINTS (2019)

## 5. Contribution to personal and professional development

It is recommended that registered nursing associates and registered nurses develop evidence to demonstrate their level of knowledge, skills and practice appropriate to their role requirements in the delivery of care in perioperative settings. This evidence can be linked to individual Personal Development Plans (PDP) as well as for meeting any professional requirements for [revalidation \(NMC 2024\)](#). The Framework can also be mapped to local models of care as roles/functions may differ across organisations and settings to reflect flexible and integrated care. Nursing support workers/support workers, registered nursing associates and registered nurses can interpret and address the perioperative outcomes in line with their organisational policies and protocols.

### Using the Framework and outcomes

The dynamic and complex nature of contemporary practice environments means it is not possible to provide absolute definitions of the scope of practice or discrete levels of practice for each role. The roles described do not constitute a hierarchy of practice but are intended to represent the levels of practice and identify the associated perioperative-specific outcomes required for working in different contexts, at different levels, along the perioperative continuum.

Perioperative education framework outcomes have been identified for the following groups:

- Pre-registration nursing students, working under supervision, to have achieved at the point of registration to deliver care people undergoing surgery in general or specialist perioperative settings.
- Nursing support workers/support workers who contribute to caring for people undergoing surgery.
- Registered nursing associates and registered nurses at all levels who provide care to people undergoing surgery.
- Registered nurses at registration and in leadership roles who provide care to adults in specialist perioperative services/roles.

\* Some registered nurses, at registration or enhanced level practice, will be delivering care in specialist perioperative services in areas such as head and neck or breast surgery, infection control, stoma therapy, or palliative care. These registered nurses may demonstrate the application of perioperative-specific outcomes at registration and enhanced levels in the contexts in which they practice. They may require access to workplace learning opportunities, further development, or accredited education in areas of perioperative care with a direct application to their role. Some registered nurses may develop their practice to advanced or consultant levels, which is beyond the scope of this framework.

## 6. Pre-requisite education/skills/knowledge

An individual's progression through the perioperative education framework and levels of practice will depend on their access to, and engagement with, learning and development opportunities, service needs, individual preferences and role requirements. The Framework does not require achievement of certain outcomes or academic attainment prior to engagement.

One of the first steps in the development process is to review and reflect on current practice against the perioperative education framework for a practitioner at a particular level of practice. This may be undertaken by the individual practitioner, service lead/manager, educator and/or commissioner. This will provide insight to benchmark practice, interpret findings and create a development plan for the individual or service.

To facilitate this, this framework provides a toolkit consisting of:

- perioperative education framework captures different levels of practice – these detail the outcomes for each practitioner providing general or specialist perioperative care at the different levels across the four pillars of practice
- an assessment and workplace development plan – this tool supports practitioners, service leads/managers and commissioners to:
  - reflect on their current practice and level of performance, service delivery, career aspirations and development opportunities
  - review and evaluate evidence against the perioperative education framework recording existing knowledge, skills and strengths alongside gaps and areas for development
  - develop an action plan to meet learning and development needs and opportunities for individuals, teams and services
  - evidence and review progress aligned to the perioperative -specific outcomes to meet role and service needs and career aspirations.
- a mapping tool for educators – this tool supports educators in clinical services and higher education institutions to:
  - reflect on their current education provision, curriculum and development opportunities
  - review and evaluate evidence against the perioperative education framework recording existing knowledge, skills and strengths alongside gaps and areas for development
  - develop an action plan to meet learning and development needs and opportunities for individuals, teams and services
  - evidence and review progress aligned to the perioperative education framework to meet role and service needs and career aspirations of the workforce.



## 7. How to use the framework

The Framework is intended to have a stand-alone function. As identified in [Section 5](#), they may also be used in conjunction with other frameworks and with local, national or international guidelines.

It is recommended that individuals at all levels of practice in the operating theatre build a portfolio to develop their perioperative knowledge and skills throughout their careers. To use this, use the **'Record of learning for each procedure' template** (on page 43). The creation of this portfolio will enable the individual to build upon their knowledge each time they participate in the care of a person undergoing that procedure, and will also have created a reference tool to support their future practice. This portfolio can be used as supporting evidence when working through the Perioperative Education Framework, to help stretch their knowledge and skills and identify areas for future learning.

For the practitioners identified, the Framework may be a useful tool to use and return to throughout a career to:

- develop and review job/role descriptions
- Support the assessment of clinical capabilities
- develop personal goals
- consider career progression
- appraise performance.

Practitioners may find it helpful to use the Evidence of Achievement column to:

- identify current level of practice and role expectations/requirements within own care context (general or specialist perioperative care)
- identify and develop knowledge and skills in aspects of perioperative care to realise the potential of own role
- plan a personal career pathway by identifying learning and development needs
- identify opportunities to influence the development of perioperative nursing practice
- discuss the Framework at performance review/appraisal meetings to identify learning, development and support needs, and to review progress to demonstrate achievement of the perioperative -specific learning outcomes
- develop an action plan and summarise the evidence which demonstrates personal achievement relevant to own role or career aspirations.

Evidence may include examples of:

- portfolio of procedures (using template)
- care plans developed
- short reflective accounts of specific cases incorporating reference to relevant theory and research
- contributions to clinical pathways or patient information
- analysis of key local, national and international policy documents
- service improvement projects led or contributed to
- mentor/peer observation

- higher education accredited modules and programmes.

For Registered Nursing Associates and Registered Nurses can collate evidence relating to the perioperative-specific learning outcomes for NMC revalidation.

Templates for compiling and recording your evidence for NMC revalidation are available at: <http://revalidation.nmc.org.uk/download-resources>

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## 8. Perioperative -specific outcomes

The Framework aims to identify the preparation, academic and career development pathway for support workers, registered nursing associates, registered nurses – at registration through to consultant levels, who are providing care in perioperative settings for people of all ages in general settings or in specialist perioperative services. The framework will also help practitioners to apply perioperative -specific knowledge and skills to the management of patients with complex needs and contribute to the development of practice in this specialist field.

### Structure of the Framework

The Framework is divided into six colour coded sections representing the different levels of nursing practice (Table 3).

**Table 3: Colour coding**

	Pre-registration nursing student (working under supervision)
	Nursing support worker/support workers providing care to people undergoing surgery across all ages in general/non-specialist settings and to adults in specialist perioperative services
	Registered nursing associates providing care to people undergoing surgery across all ages in general/ non-specialist settings and to adults in specialist perioperative services
	Registered nurses at all levels providing care to people undergoing surgery across all ages
	Registered nurses in leadership roles providing care to adults
	Registered nurses at enhanced level providing care to adults

## Perioperative education framework list

1. Risk reduction and patient safety for all staff working in perioperative settings
2. Patient safety and human factors
3. Supporting people undergoing surgical intervention, through effective pre-optimisation of health and pre-operative assessment
4. Anaesthetic practice
5. Scrub and circulating practice during surgical interventions
6. Caring for people in the emergence from anaesthesia in PACU/Recovery units
7. Caring for children, young people and families in perioperative settings
8. Perioperative obstetric care; caring for women, pregnant/birthing people and families in perioperative settings. This section contains outcomes for anaesthetic, scrub and recovery practice.
9. Leadership and management in perioperative nursing
10. Research utilisation and evidence in perioperative care

## Perioperative Education Framework

1.0 Risk reduction and patient safety for all staff working in perioperative settings	Pre-registration nursing students (under supervision)	Unregistered nursing support workers/ support workers	Registered nursing associates	Registered nurses	RNs in leadership roles	Evidence of outcome
<b>Learning outcomes: practitioners will be able to:</b>						
1.1 understand the risks facing patients undergoing surgical and anaesthetic procedures, including mortality and morbidity risks associated with different surgical and anaesthetic interventions.						
1.2 Understands the importance of maintaining a safe operating theatre environment, including temperature, humidity, lighting, air flow and positive pressure forced air currents						
1.3. Understands the responsibility for waste management, which includes opportunities for waste reduction and recycling, alongside the segregation of waste streams (commonly medicinal, cytotoxic, hazardous for incineration, contaminated for landfill, and domestic waste). Understands their duty of care towards waste-handlers and the environment						
1.4. Understands the principles of infection prevention, and the principles that inform decision making for the selection of personal protective equipment						
1.5 Understands how to mitigate risk from hazards to health in the operating theatre for both staff and patients, including the use of x-rays, cytotoxic agents, inhalational anaesthetic agents						
1.6 Can describe the principles of safe patient positioning, including prevention of pressure and shearing injuries, avoidance of nerve damage and optimal positioning for surgical and anaesthetic interventions						
1.7 Understands the responsibility for the correct labelling and handling of specimens, particularly related to perioperative-diagnosis surgeries						
1.8 Understands the risks of working with sharps in all areas of perioperative practice, including the risks of using sharps in cavities and passing of sharps between individuals						
1.9 Articulates their responsibility and accountability to reduce the risk of harm to patients and personnel in perioperative practice						
<b>Practice competencies: practitioners will be able to:</b>						
1.1 <del>Is able to</del> confirm that patients have given informed consent for the intended procedure, and can participate in conversations to support patient understanding of the procedure						
1.2 Contribute towards the maintenance of a safe perioperative environment including correct use of lighting, temperature, humidity, airflow in the operating theatre						

1.3 Handles and disposes of waste correctly, maintaining personal safety and environmental responsibilities						
1.4 Accurately follows hand washing procedures. Appropriately selects the correct PPE for each clinical task, including appropriate glove use.						
1.5 Safely uses hazardous products, and takes active steps to promote and maintain the safety of patients and personnel						
1.6 Actively participates in patient positioning, including the avoidance of pressure, shearing and nerve injuries, and use of a range of positioning equipment, such as lateral supports, table attachments.						
1.7 Contributes to the safe handling and accurate labelling of specimens to ensure that patient diagnostic processes are delivered						
1.8 Safely handles sharps in the perioperative setting, particularly when disposing sharps, handling sharps between professionals and when items are small						
1.9 Provides leadership in all areas of patient safety in the perioperative setting, including education, role modelling and assessment for junior members of the team.						

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2.0 Communication, patient safety and human factors	Pre-registration nursing students (under supervision)	Unregistered nursing support workers/support workers	Registered nursing associates	Registered nurses	RNs in leadership roles	Evidence of outcome
Learning outcomes: practitioners will be able to:						
2.1 Discuss the importance of effective person-centred care communication in the perioperative setting in particular						
2.2 Demonstrate knowledge of communication theories and how they are applied in practice, including strategies for conducting assessments						
2.3 Describe the barriers to, and facilitators of effective communication when interacting with people undergoing surgery						
2.4 Explore the importance of multi-professional communication in perioperative care and how this can be enhanced, utilising tools to improve patient safety such as safety checklists						
2.5 Identify supportive strategies which will help the perioperative nursing workforce nurses to develop emotional resilience						
2.6 Understand the core concepts of human factors, including situational awareness, personal attributes, teamwork and different types of bias.						
2.7 Understand strategies employed to mitigate human factors and communication errors, including the rationale for checklists and briefing tools.						
Practice competencies: practitioners will be able to:						
2.8 Effectively utilise verbal, written and digital modes of communication to provide information, education and support in an empathic, clear understandable and caring manner while maintaining confidentiality						
2.9 Select and adopt an appropriate communication approach, from a range of core communication and consultation skills, to effectively assess the informational, educational and supportive care needs of people undergoing surgery throughout their theatre journey						
2.10 Assess for and address any patient-related, nurse-related or environmental barriers to effective communication						
2.11 Appropriately select from a range of communication skills and style available in order to promote clear and unambiguous information exchanges with other health professionals						
2.12 Deploy frameworks and tools to support the emotional resilience of the perioperative team, including debriefs, feedback opportunities and opportunities to seek help from HR.						
2.13 Facilitate the use of tools to mitigate the risk of human factors related errors, including active participation of the 8 steps to safer surgery.						
2.14 Lead on the implementation of strategies to improve patient and staff safety, including briefings and checklists through the operating session						

3.0 Supporting people undergoing surgical intervention, through effective pre-optimisation of health and pre-operative assessment – <b>NEED HELP WITH THIS SECTION</b>	Pre-registration nursing students	Unregistered nursing support workers/ support workers	Registered nursing associates	Registered nurses	RNs in leadership roles	Evidence of outcome
Learning outcomes: practitioners will be able to:						
3.1 Identify the impact of surgery on the physical, psychological, emotional, social and spiritual wellbeing of people undergoing surgery						
3.2 Describe the complex and changing informational, educational and supportive care needs of people undergoing surgery						
3.3 Describe theories of self-management and self-empowerment as well as lifestyle interventions for improving quality of life. Understand research informed programmes to improve surgical outcomes, such as ERAS.						
3.4 Examine the potential impact of co-morbidities and the consequences of surgery for their co-morbidities						
3.5 Recognise the importance of smooth transitions such as between acute health care settings, community care and home-based care during the recovery period						
3.6 Demonstrate insight into the emotional labour involved when caring for people undergoing surgery, particularly considering life changing or life altering surgery, surgery for perioperative, and evaluate reasons why care of the self and colleagues is important						
3.7 Demonstrate knowledge relating to health promotion opportunities for alcohol, tobacco and recreational drug use, promotion of health body weight and variety in diet, and promotion of exercise where appropriate.						
3.8 Demonstrate knowledge relating to health optimisation prior to surgery, including strategies to pre-empt surgical anaemia, to recognise and manage malnutrition, and increase exercise tolerance where appropriate						
Practice competencies: practitioners will be able to:						
3.8 Use evidence-based tools/ interventions to assess, prevent and manage the physical, psychological, social consequences of undergoing surgery						
3.9 Develop an individualised care plan in collaboration with people undergoing surgery to optimise health in advance of surgery, prepare for the impact of surgery and plan for discharge and rehabilitation						
3.10 Involve specialist support care services where appropriate, for example, specialist perioperative services and services for prosthetics						
3.11 know when to refer to, and involve members of the multi-professional team to deliver holistic patient centred care						
3.12 identify and utilise appropriate informational, educational and supportive care interventions aligned to the person's needs						



3.13 Consider the needs of younger and older patients who may not have independence to make decisions for themselves						
3.14 Signpost people undergoing surgery to other sources of support						
3.15 Identify individuals who are at high risk of long-term and late effects, including risk of secondary perioperative procedures and complications						
3.16 Appropriately consider co-morbidity, the impact of long-term illness on the health status and well-being of people undergoing surgery and implement appropriate referrals to other professionals and agencies in respect of these						
3.17 Seek emotional and developmental support when required						
3.18 Actively support colleagues in distressing situations, and consider the needs of the team to reflect on practice						
3.19 Act as a role model for the team, and support colleagues to pursue professional development opportunities and engage in education related to role development.						

4.0 Anaesthetic practice – using evidence and national guidance to provide safe and effective care to patients undergoing anaesthetic procedures in collaboration with the anaesthetic team.	Pre-registratio n nursing students	Unregister ed nursing support workers/ support workers	Register ed nursing associat es	Registered nurses with additional anaesthetic qualification	RNs in leaders hip roles	Evidence of achievement
Learning outcomes: practitioners will be able to:						
4.1 Demonstrate knowledge of range of anaesthetic interventions and techniques including general and regional anaesthesia, rapid sequence induction and sedation, the indications, contraindications and risks for patients.						
4.2 Analyse the key sources of information required to undertake a general and focused history to elicit and assess an individual's needs						
4.3 Explain the use and interpretation of diagnostic tests and investigations as relevant for perioperative care. For example, pre-operative screening, pregnancy testing, infection prevention and group&save tests.						
4.4 Analyse clinical reasoning processes demonstrating understanding of cognitive bias, human factors, and diagnostic error						
4.5 Use relevant evidence to inform clinical decision-making promoting patient safety and quality of care						
4.6 Understands the added risks of undertaking anaesthetic interventions in remote areas, away from the theatre department.						
Practice competencies: practitioners will be able to:						
4.6 Communicate effectively with the anaesthetic team to plan anaesthetic interventions for patients for both elective and emergency procedures						
4.7 Effectively prepare the anaesthetic room and/or operating theatre to receive patients for the induction and maintenance of anaesthesia, including equipment and medication checks						
4.8 Synthesise information, taking account of factors which may include the required surgical procedure, co-morbidities, fasting status, allergies, ASA grade and airway assessment when preparing for the induction of anaesthesia						
4.9 Collaborate with patients to understand their preferences and wishes during their perioperative journey, providing reassurance and comfort throughout.						
4.10 Critically appraise complex, incomplete, ambiguous and conflicting information gathered during team briefings, to seek clarification and decision making from team members, and effectively prepare and make contingency plans for the operating session						
4.11 Work effectively with the anaesthetic team to provide safe and effective anaesthetic interventions during induction, maintenance and emergence from anaesthesia						
4.12 Recognise when patient safety is at risk and take mitigating actions to manage risk appropriately						

4.13 Be confident in, and take responsibility for, own decisions whilst being able to recognise when a clinical situation is beyond own capability or competence and escalate appropriately					
4.14 Is able to safely support anaesthetic interventions in remote areas, increasing situational awareness and preparedness in anticipation of emergencies.					

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5.0 Scrub and circulating practice during surgical interventions Understanding the responsibility of the scrub practitioner to effectively manage the surgical intervention in collaboration with operating surgeons and the theatre team.	Pre-registrati n nursing students	Unregistered nursing support workers/ support workers	Registered nursing associates	Registe red nurses	Registere d nurses working in advanced practice	Evidence of achievement
Learning outcomes: practitioners will be able to:						
5.1 Describe the principles underpinning infection prevention in perioperative settings including theatre cleaning schedules, the theatre environment (air flow and humidity), surgical skin preparation, the donning of surgical gowns and gloves, and aseptic technique						
5.2 Describe the principles informing safe and effective surgical counts including swabs, needles, instruments and single-use items as required during a surgical procedure.						
5.3 Identify the tools used and evidence to reduce the risk of iatrogenic harm occurring during surgical interventions, including risk of retained surgical items, surgical burns, positioning injuries and wrong site surgery.						
5.4 Describe the relevant anatomy, key steps of the procedure and equipment required as necessitated by the operating procedure(s) within the individual's scope of practice						
5.5 Explain the role of scrub practitioners to manage a surgical procedure, facilitate the operating surgeon's procedure and maintain patient safety.						
5.6 Explain the common emergencies that can occur in perioperative settings, and understand the steps required to manage them, including cardiac arrest, major and massive haemorrhage, anaphylaxis and surgical fire.						
5.6 Has a thorough working knowledge of the NatSSIPs 8 steps to safer surgery, and engages in every step as required by the surgical intervention						
5.7 Posses theoretical knowledge required to anticipate potential complications and emergencies during surgical interventions,						
5.7 Critically analyse approaches to the NatSSIPs 8 steps to safer surgery, and how engagement or ambivalence with each step impacts on patient safety						
Practice competencies: practitioners will be able to:						
5.7 Undertake surgical hand preparation and the donning of sterile gloves in preparation for surgical interventions following national guidance and product information.						
5.8 In the circulating role, effectively participate in counts of all items used during a surgical procedure to avoid retained items and maintain accurate records of items used						
5.9 In the scrub practitioner role, effectively manage counts of all items used during a surgical procedure following relevant policy						

5.10 Advocate for and effectively use tools to improve safety in the operating theatre, including the WHO steps to safer surgery, NatSSIPs 8, and PSIRS						
5.11 Provide effective management of the surgical procedure in collaboration with operating surgeons, including maintenance of the sterile field, prevention of iatrogenic harm and communication between operating surgeons and the theatre team						
5.12 Effectively communicate with the shift leader in relation to the progression of the operating session and communicate staffing requirements						
5.13 Provide handover of information to PACU/recovery teams and ensure continuity of care between						
5.14 Recognise the risks and complications of surgical interventions and take preventative actions to minimise these and comply with local and national safety regulations, legislations and guidelines						
5.15 Provide information, coaching and support to colleagues to ensure safe practice in perioperative settings, including the supervision of students and learners						
5.16 Use evidence-based interventions to assess, prevent and assist in the management of emergencies in perioperative settings and when/how to ask for help or escalate concerns						
5.17 Performs in theatre lead role to coordinate the operating activity in the operating theatre, including delegation of scrub procedures to individual practitioners, communication with the shift leader about list overruns, meeting learner's needs, breaks and safety incidents						
5.18 Performs in shift leader role and coordinates operating theatre activity, safe staffing levels and emergency procedures within a theatre department						
5.19 Anticipates and prepares for potential complications and emergencies during surgical interventions, utilising a broad anatomical and pathophysiological knowledge combined with extensive knowledge of surgical instrumentation and procedures.						

6.0 Caring for people in the acute phase of emergence from anaesthesia in PACU/Recovery units	Pre-registration nursing students	Unregistered nursing support workers/ support workers	Registered nursing associates	Registered nurses	Registered nurses working in advanced practice	Evidence of achievement
Learning outcomes: practitioners will be able to:						
6.1 Explain the principles of post-anaesthetic care and the role of the nurse to support people until they have met the criteria for discharge to the ward area.						
6.2 Describes the altered physiology in relation to airway, breathing and circulation post general and regional anaesthesia						
6.3 Identify the physical, psychological, social, emotional experiences of pain as experienced by people in emergence from anaesthesia.						
6.4 Describe the signs of deterioration in post-anaesthetic patients, utilise monitoring and assessment tools to						
6.5 Define the goals of care in the PACU e.g. physiological stability, patient comfort and dignity, symptom management.						
6.6 Explain the common emergencies that can occur in post-anaesthetic care, including; laryngospasm, major or massive haemorrhage, anaphylaxis, incomplete reversal of muscle relaxant, total spinal or high spinal and the nursing interventions required.						
6.8 Understands the role of the Nursing Associate and support worker in Post-anaesthetic care, and is aware of the common emergencies that can occur in the acute phase of emergence from anaesthesia.						
6.9 Critically analyses research and data that is relevant to PACU nursing practice, and considers the application to nursing knowledge and skills.						
Practice competencies: practitioners will be able to:						
6.7 Receives handover from surgical and anaesthetic team, and asks questions as appropriate to understand the individual needs of the person.						
6.8 Effectively assess airway, breathing and circulation continuously in the early stages of emergence from anaesthesia and intervenes as appropriate						
6.9 Manages post-operative pain using pain assessment, analgesia administration and holistic nursing skills to help people recover in comfort after surgery.						
6.10 Supports a person's elimination needs in PACU, maintaining a person's privacy and dignity						
6.11 Recognises emergencies, undertakes emergency interventions and seeks help as required following national guidance and local procedure. For example, airway emergencies such as laryngospasm, major and massive post-surgical haemorrhage and cardiac arrest.						

6.12 Effectively hands over person care to colleagues as required and when people are discharged from PACU/recovery						
6.13. Coaches and teaches learners in the PACU, acting as a role model, supervisor and assessor as required						
6.14 Demonstrate ability to advocate for vulnerable people, representing and advocating for wishes on behalf of person or their family, navigating ethical and legally challenging situations						
6.15 Identify and deliver evidence-informed nursing interventions to support patients in the emergence from anaesthesia						
6.16 Communicate sensitively and truthfully with people arousing from anaesthesia, with an awareness of the amnesic and sedative effects of some anaesthetic medications and the need for repetition of information provision						
6.17 Respect and respond to different cultural and religious perspectives/needs during post anaesthetic care.						
6.18 Supports the care of people in the PACU area by undertaking personal care and observations, and communicates information about the patient to the registered professional (RN or ODP)						
6.19 Retains oversight of the PACU during the shift, allocating staff to patients safely and appropriately, escalating concerns and managing breaks and role allocation.						

7.0 Caring for children, young people and families in perioperative settings	Pre-registration nursing students	Unregistered nursing support workers/ support workers	NAR	Registered nurses	Registered nurses working in advanced practice	Evidence of achievement
<b>Learning outcomes: practitioners will be able to:</b>						
7.1 Understands the role of the family/carers in the care of the paediatric patient and appreciates how age and development impact on the child's communication and needs						
7.2 Understands the paediatric aspects of airway management, including an appreciation of anatomical development, protocols, guidelines relating to paediatric airway management, and management of the difficult paediatric airway.						
7.3 Understands the paediatric aspects of the anaesthetic machine, the principles of the use of the Ayre's T-Piece. Knows the features and principles of paediatric ventilators (anaesthetic qualified RNs only)						
7.4 Understands the paediatric aspects of monitoring, including normal values in paediatric patients with different ages, and can describe techniques for maintaining normothermia in neonates and children						
7.5 Understands clinical aspects of fluid management in paediatric patients, including the reasons for using burettes, the risks associated with over-transfusion and the rationale for routine anti-hypoglycaemic fluid regimes						
7.6 Understands the different techniques utilised for the safe positioning of paediatric patients for intubation and surgery, and how to prepare neck rolls and pillows as positioning aides						
7.8 Understands anaesthetic aspects of important neonatal surgical emergency conditions. Can describe basic principles of management of neonatal emergencies.						
7.9 Describes the role of the circulator for paediatric surgical procedures, including knowledge relating to safe positioning, preparation of the theatre, and temperature and humidity checks within acceptable paediatric parameters.						
7.10 Understands the role of the scrub practitioner for paediatric surgical procedures, including relevant knowledge for a range of procedures, working within their scope of practice and knowledge						
7.11 Anticipates emergencies in paediatric perioperative settings, and understands the unique needs of children and young people undergoing surgery.						
<b>Practice competencies: practitioners will be able to:</b>						
7.12 Can communicate confidently with children and their families, adjusting communication approaches for the age and development stage of the child						
7.13 Is able to competently assist anaesthetist with the paediatric aspects of airway management, specifically able to select the appropriately sized airways, LMAs and ET tubes. Can secure LMAs and ET tubes effectively, and use equipment for management of difficult paediatric airways (anaesthetic qualified RNs only)						



7.14 Is able to competently check and set up the paediatric aspects of anaesthetic machine / paediatric ventilators, and assist anaesthetist with the use of the Ayres T-Piece system (anaesthetic qualified RNs only)						
7.15 Can select appropriately sized equipment (e.g. blood-pressure cuffs). Can assist anaesthetist with paediatric aspects of patients monitoring, and maintaining normothermia in neonates and children (recovery or anaesthetic qualified RNs only)						
7.16 Can assist anaesthetist with the clinical aspects of fluid management in paediatric patients, using relevant equipment during the operative and recovery stages of the child's surgical journey (recovery or anaesthetic qualified RNs only)						
7.17 Can assist with the safe positioning of paediatric patients for intubation and surgery, using appropriate equipment including neck rolls and pillows.						
7.18 Can competently assist anaesthetist with anaesthetic aspects of neonatal surgical emergency conditions (anaesthetic qualified RNs only) ?neonatal only?						
7.19 Is able to circulate for paediatric surgical procedures, including support for the safe positioning, preparation of the theatre, and temperature and humidity checks within acceptable paediatric parameters.						
7.20 Is able to scrub for a range of paediatric surgical procedures, working within their scope of practice and knowledge						
7.21 Can delegate scrub responsibilities to the theatre team, using a risk assessment approach and considering the knowledge, skills and development requirements of the theatre team.						

8.0 Perioperative obstetric care; caring for women, pregnant/birthing people and families in perioperative settings. This section contains outcomes for anaesthetic, scrub and recovery practice.	Pre-registratio n nursing students	Unregist ered nursing support workers	Registered nursing associates	Register ed nurses	Register ed nurses working in leadershi p roles	Evidence of achievement
<b>Learning outcomes: practitioners will be able to:</b>						
12.1 Demonstrates understanding of physiological effects of pregnancy and labour, particularly to cardiorespiratory changes and rationale for use of 15-degree lateral tilt			■	■	■	
12.2 Demonstrates knowledge of classification of urgent delivery (1-4), indications for urgent delivery, including foetal distress, antepartum haemorrhage, cord prolapse and malpresentation.				■	■	
12.3 Understands the need to care for the family, including the pregnant person and their birthing partner, and can describe why early skin to skin contact between baby and parent is beneficial			■	■	■	
12.4 Understands the pharmacology and physiology of drugs in the pregnant patient, including antacid prophylaxis, clinical pharmacology of oxytocic, tocolytic and vasopressor drugs, including appreciation for how medications cross the placenta and affect the foetus				■	■	
12.5 Demonstrates understanding of anaesthetic aspects of obstetric operative delivery under spinal, epidural or combined spinal epidural anaesthesia; anaesthesia for forceps / ventouse assisted delivery.				■	■	
12.6 Can discuss anaesthetic aspects of obstetric operative delivery under general anaesthesia; knowledge of rapid sequence induction; awareness of increased incidence of failed intubation & knowledge of specific equipment used				■	■	
12.7 Can discuss the effects of epidurals, systemic & epidural opioids, Entonox analgesia, PCA and PCEA				■	■	
12.8 Can discuss anaesthetic aspects of pregnancy induced hypertension / eclampsia				■	■	
12.9 Can discuss the management of obstetric haemorrhage, including local protocol for the management of sudden life threatening major obstetric haemorrhage and equipment required in such events.				■	■	
12.10 Understands the anaesthetic requirements in obstetric interventions such as cervical suture insertion, management of 3rd and 4th degree tears, evacuations of vulval haematoma and manual removal of placenta.				■	■	
12.11 Understands the requirements of the scrub and circulating team in the obstetric theatre, and has a strong working knowledge of the surgical procedures required	■	■	■	■	■	
12.12 Posses a thorough knowledge base of the anatomy and surgical instrumentation commonly used in the obstetric theatre, including an in-depth knowledge of obstetric emergencies and changes to planned procedures.			■	■	■	
12.13 Demonstrates the knowledge required to undertake the risk assessment and delegation of scrub and circulating roles in the theatre team, taking into consideration the risk of complications, and information discussed with midwives and obstetricians at the briefing.				■	■	
<b>Practice competencies: practitioners will be able to:</b>						

12.14 Is able to perform basic life support in the pregnant patient when required, and assists in the safe positioning of obstetric patients using a 15-degree lateral tilt					
12.15 Can competently assist the anaesthetist and set up equipment in obstetric operative delivery under spinal, epidural or combined spinal epidural anaesthesia. Can assist the anaesthetist in providing analgesia during labour.					
12.16 Can support the anaesthetist in monitoring patients following the administration of oxytocic, tocolytic and vasopressor drugs, and report any adverse effects.					
12.17 Can assist anaesthetist and prepare equipment for obstetric operative delivery under general anaesthesia, including rapid sequence induction.					
12.18 Can assist anaesthetist in the event of an urgent delivery and promptly and efficiently set up the required anaesthetic equipment.					
12.19 Can assist anaesthetist in the management of pregnancy induced hypertension / pre- eclampsia, eclampsia/ HELLP					
12.20 Can competently assist anaesthetist in the event of a major obstetric haemorrhage, including the use of invasive monitoring, rapid infusion devices, warming devices and cell salvage equipment.					
12.21 Can assist anaesthetist in obstetric interventions such as cervical suture insertion, management of 3rd and 4th degree tears, evacuations of vulval haematoma and manual removal of placenta.					
12.22 Can facilitate the surgical team in the event of an elective or urgent delivery or caesarean section and promptly and efficiently set up the required operating equipment and instrumentation in the circulating role					
12.23 Can effectively circulate for obstetric theatre procedures, including the additional recordings of time of birth and prompt communication of estimated blood loss etc.					
12.24 Anticipates when elective procedures may become an emergency, and maintains high level of situational awareness in order to prepare for the escalation of need.					
12.25 Undertakes the responsibility and accountability in the scrub role for obstetric procedures, under the delegation and in-direct supervision of a registered practitioner (ODP or RN), including prompt recognition of when a procedure converts to emergency and requires support from RNs and ODPs.					
12.26 Takes responsibility for the delegation of roles in the theatre team, and scrubs for obstetric procedures with higher levels of complexity and potential complication, and supports junior colleagues during obstetric emergencies.					

9.0 Leadership and management in perioperative nursing Regardless of role or position, developing practitioners with leadership skills to facilitate team management and to organise work and practice development for people undergoing surgery	Pre-registrati on nursing students	Unregister ed nursing support workers	Registered nursing associate s	Regist ered nurses	Evidence
Learning outcomes: practitioners will be able to:					
9.1 Differentiate between leadership and management and consider how different models of clinical leadership may impact on the care provided to people undergoing surgery					
9.2 Describe the importance of the legal, ethical and professional issues in relation to the care of people undergoing surgery					
9.3 Describe the principles of risk assessment and management in relation to the care of people undergoing surgery					
9.4 Discuss the importance of self-development and emotional resilience for the perioperative workforce					
9.5 Discuss the importance of relevant resource management strategies in relation to perioperative care					
Practice competencies: practitioners will be able to:					
9.6 Use appropriate leadership and management strategies to practice and evaluate the impact of these strategies upon people undergoing surgery and on other health care professionals					
9.7 Practice in accordance with legal, ethical and professional principles in order to provide safe, effective, timely, cost-effective care to people undergoing surgery					
9.8 Practice in accordance with national and local policies and standards in order to provide safe, effective, timely, cost-effective care to people undergoing surgery					
9.9 Provide leadership in the contribution to and implementation and evaluation of policies and standards relevant to perioperative care					
9.10 Assess risk and implement risk management strategies in order to promote patient well-being and safety in practice					
9.11 Demonstrate evidence of continuing professional development and actively promote the professional development of nurses working in other areas of the organisation					
9.12 Demonstrate the ability to plan, allocate, co-ordinate and evaluate the use of health care resources in an appropriate manner when providing care to people undergoing surgery					
9.13 Inform the strategic direction and lead changes to perioperative service delivery for a population/community					

10.0 Research utilisation and evidence in perioperative care Developing literature searching, retrieval, and critical appraisal of research, alongside developing an understanding of the research process and different methodologies to facilitate research utilisation, initiate quality assurance/service improvement processes and implementation of evidence-based care.	Pre-registrati on nursing student s	Unregist ered nursing support worker	Registered nursing associates	Regist ered nurses	RNs in leader ship roles	Evidence
Learning outcomes: practitioners will be able to:						
10.1 Explain how knowledge and evidence are developed for clinical practice						
10.2 Identify the key sources of research and evidence-based clinical practice guidelines (CPGs) relevant to perioperative care						
10.3 Critically appraise peer-reviewed research articles and CPGs relevant to perioperative care						
10.4 Describe the principles of research and discuss the role of the nurse in this context						
10.5 Describe the use of health services research in perioperative service development and explore the role of clinical audit in practice development						
Practice competencies: practitioners will be able to:						
10.6 Demonstrate the ability to provide an evidence-based rationale for interventions in perioperative care as appropriate for role						
10.7 Retrieve high quality research articles and evidence-based guidelines relevant to perioperative care by formulating effective research questions and utilising effective search strategies for sourcing relevant electronic and print material						
10.8 Appropriately apply evidence-based recommendations in the clinical area having considered the strengths and limitations of the research						
10.9 Provide safe and effective care to patients on clinical trials or studies in accordance with study protocols with a view to ensuring optimal outcomes and experiences for patients						
10.10 Describe and contribute to health services research and clinical audit in their clinical area						
10.11 Use knowledge of research and audit process, and methods to develop and lead projects for practice and service improvement in perioperative care						

## Record of learning for each operating/anaesthetic procedure

Procedure name:	Practitioner name and role:
Relevant anatomy and physiology ( <i>draw or describe</i> ):	Theatre set up and equipment required ( <i>draw or describe</i> )::
Key steps in procedure ( <i>draw or describe</i> ):	Emergencies and considerations:
Is the person able to perform role independently at their defined level of practice? Y/N Assessor/ PEF: Date:	Practitioner: Date:

## 9. Action plan to achieve required outcomes

If an individual does not meet the level expected as defined by their role in the operating theatre, it is recommended that individuals/ practice educators/ line managers:

- consider the purpose of their assessment: this may be for performance review and development, revalidation, for career planning, role design/development, service enhancement or redesign
- practitioner level: identify the level of practice (column 2) and review the aligned coloured perioperative-specific outcomes – consider each outcome and its relevance to own practice. Tick if the outcome is relevant or cross if this is not relevant. Discuss these with team members, line manager, service leads to help prioritise any outcomes or development needs
- self-assessment (column 3): record if you are able to evidence achievement of the outcome. State 'yes' or 'no' in this column for each of the identified outcomes. If 'yes' – evidence can be collected in professional portfolio/document file. If no, identify in the 'Action plan' column 4 what knowledge and skills you need to develop and describe what actions you will undertake and the evidence you will provide to whom to demonstrate achievement of this outcome
- identify a 'review date' and confirm 'yes' when this has been achieved and agreed
- utilise employer processes to support an individual to achieve the required level of practice, which may include periods of supervised practice and use of action plans.

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## RCN quality assurance

### Publication

This is an RCN advice and information publication. Guidance on how to search and find the relevant evidence-based information and resources you may require to help keep your knowledge and practice up-to-date.

### Description

The RCN's Career and Education Framework for Perioperative Nursing for UK nursing staff incorporates perioperative-specific nursing outcomes. The Framework and outcomes are intended to be used as part of professional, education and workforce development to support improvements in the delivery of high-quality care to people affected by perioperative.

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