

Contents

Index to Figures, Graphs and Tables.....	3
Summary.....	4
Key Messages.....	4
Next Steps.....	4
1.0 Introduction and background.....	5
2.0 Aims and approach	6
3.0 Engagement and alignment	7
3.1 Outputs.....	7
4.0 Findings	11
4.1 Supply	12
New Roles and upskilling	21
4.3 New ways of working	27
4.4 Leadership	29
5.0 Recommendations	30
HEE ODP Workforce project - Top 5 Priority Recommendations – Highest impact	35
6.0 Risks for the profession.....	36
Table 5 Current risks which have been identified for the profession with viable solutions and enablers.	36
7.0 Conclusion and next steps	36
7.1 Next steps	37
8.0 Limitations and enablers (project)	37
8.1 Limitations	37
8.2 Enablers	37
9. References.....	38
9.1 Sources of Further Information.....	40
10. Appendices	42
10.1 Appendix A- Collaborative outputs	42
10.2 Appendix B – ODP Courses listed on UCAS 2022/23 (May 2022 search terms Operating Department Practice and Operating Department Practitioner)	44
10.3 Appendix C - Key ODP documents and resources not directly cited in this report.	44
Acknowledgements.....	45
Report by Helen Lowes.....	45
For Health Education England	45
Written Sept 2021 to May 2022 (data and information representative at that time)	45

Index to Figures, Graphs and Tables

	Description	Page
Figures		
1	HEE ODP Workforce Project timeline depicting 'phases and key activities	8
2	Method and principles used during the HEE ODP Workforce Project	9
3	The emerging national infrastructure connecting ODPs and driving workforce transformation, identifying ODP workforce action groups, current phase (March 2022)	13
4	The location and lead for each ODP Workforce Action Group (WAG) and the location of ODP courses starting in 2022 23	14
5	The HEE Star: Accelerating Workforce Design	13
6	The ODP workforce, Nursing and AHP workforce profiles (graphical format) ODP workforce profile	15
7	The ODP workforce profile January 2022	16
8	AHP Workforce profile January 2022	16
9	Mapping the clinical careers of ODP	26
10	Summary of recommendations from the HEE ODP Workforce Project 2021 22	32
Graphs		
1	National ODP Masterclass (Feb 2022) 12-month leaver rates ODP vs AHPs	18
2	The number of ODP registered with the HCPC by year (CODP)	18
Tables		
1	HEE ODP Workforce Project deliverables	10
2	The number of ODPs in England as of March each year since 2014 (HEE data 2022)	19
3	The number of ODPs training via the BSc ODP level 6 apprenticeship (HEE data 2022)	23
4	Skills gaps in the trained ODP workforce aligned to the four pillars of practice	29
5	Risks for the profession	37

Summary

This is the full report of the National Operating Department Practitioner (ODP) Workforce Programme project, 'Scoping the future of the ODP workforce'. The project ran between September 2021 and April 2022 and focused on the ODP workforce in England.

This report has been prepared for Health Education England (HEE) but is relevant to anyone with an interest in the ODP workforce. It details the approach, findings and outputs from the project and provides several recommendations and next steps. A shorter executive summary report is also available.

Key Messages

- The ODP workforce is uniquely skilled, valued, and vital to the delivery of care in England in the 21st century and elective care recovery
- The ODP workforce needs specific attention to thrive as a lack of profession specific attention has held back development of the profession in delivering its full value to population health
- The ODP profession needs to be better understood by the public, other health workers and workforce leads to enable employers to adequately recruit into the profession and optimally exploit the value and expertise of the profession
- ODP is uniquely connected across Allied Health Professions (AHPs), Nursing and other professions and these links must be respected and utilised to maximise support to the profession

Next Steps

- Develop a national implementation plan for the priority recommendations in this report aligned to current policy and strategy
- Implement the priority recommendations in this report
- Raise the profile of the profession within healthcare and public domains
- Create a national platform for sharing information about the profession
- Strengthen ODP networks and the newly established national infrastructure

The operation ODP expert group and regional workforce action groups (WAGs) will be critical to driving the next steps forward over the next two years. Accountable to the ODP policy group, regional WAGs should be resourced to enable them to disseminate the outcomes of this project and implement the recommendations identified in this report and to ensure that ODPs and the training ODP workforce have a voice. By working in collaboration with local providers, workforce and clinical leads, the College of Operating Department Practitioners (CODP), the Association for Perioperative Practice (AfPP) and higher education institutes (HEIs), these groups will be able to drive forward workforce transformation and lasting change for the ODP profession, the services they provide and the patients they serve.

1.0 Introduction and background

There are 14,933 registered Operating Department Practitioners (HCPC, Dec 2021). This is a growth of over 35% over the last decade (10863 in 2011), making it the 8th largest workforce registered with the Health and Care Professions Council (HCPC).

There are 9692 (8798 FTE) ODPs working in the National Health Service (NHS) in England, with 2550 active ODP students (Data from HEE, April 2022). According to the CODP there are currently 27 HEIs, providing 28 BSc (Hons) courses, 21 apprentices and 7 Dip HE programmes as routes into registration (CODP 2021b).

Since statutory registration in 2004, there have been a number of significant milestones for the ODP profession, including the introduction of the BSc (Hons) ODP curricula in 2011 and subsequent revision in 2018 (CODP 2018), and joining the Allied Health Professions (AHP) family in England in 2017. Guided by its professional body, the CODP, the profession is optimistic that it will soon be able to supply and administer medicines using patient group directions (PGDs) across the United Kingdom as the intended benefits include efficient use of health professional time, better patient experience and improved patient health (NHS 2019). The profession will also see the increase to SET 1¹ to Degree as the minimum threshold level of qualification with the Health and Care Professions (HCPC) from 1st September 2024 (HCPC 2021).

The ODP profession is recognised as being vital to the delivery of care, but not adequately understood. ODPs have a unique and diverse skill set enabling them to work in complex, high-pressured environments. They are predominately found in roles related to surgery and perioperative² care, however, their skill and expertise is #flexibleandadaptable as indicated by Bill Kilvington in 2020. The profile of the profession has been raised by the way in which ODPs responded to support COVID surge capacity. Many were, and some continue to be redeployed, and have adapted to new working environments utilising their skill and expertise to respond to the many challenges facing the National Health Service (NHS) during the pandemic. ODPs have proved that they are able to work effectively both inside and outside of the perioperative environment.

This document reports on a project commissioned by HEE to explore the current position of the ODP profession.

¹ SET 1 – Standards of Education and Training required by the Health and Care Professions Council (HCPC). A programme which meets the SETs allows a student who successfully completes that programme to meet the standards of proficiency. They are then eligible to apply to the Health and Care Professions Council (HCPC) for registration as an ODP.

² Perioperative – reference to the care pathway through operating theatres including pre op assessment, anaesthetics, surgery, and recovery.

2.0 Aims and approach

The aim of this project was to explore and identify the current position of the ODP profession with the purpose of informing and underpinning the development of a profession specific strategy.

Conducted between September 2021 and March 2022, (1 day per week) the focus of the project was to explore and gather intelligence on the ODP workforce.

By applying a flexible, iterative, and emergent approach, the project met its aims whilst being responsive to, and inclusive of, urgent ODP and perioperative workforce challenges including the elective care recovery programme.

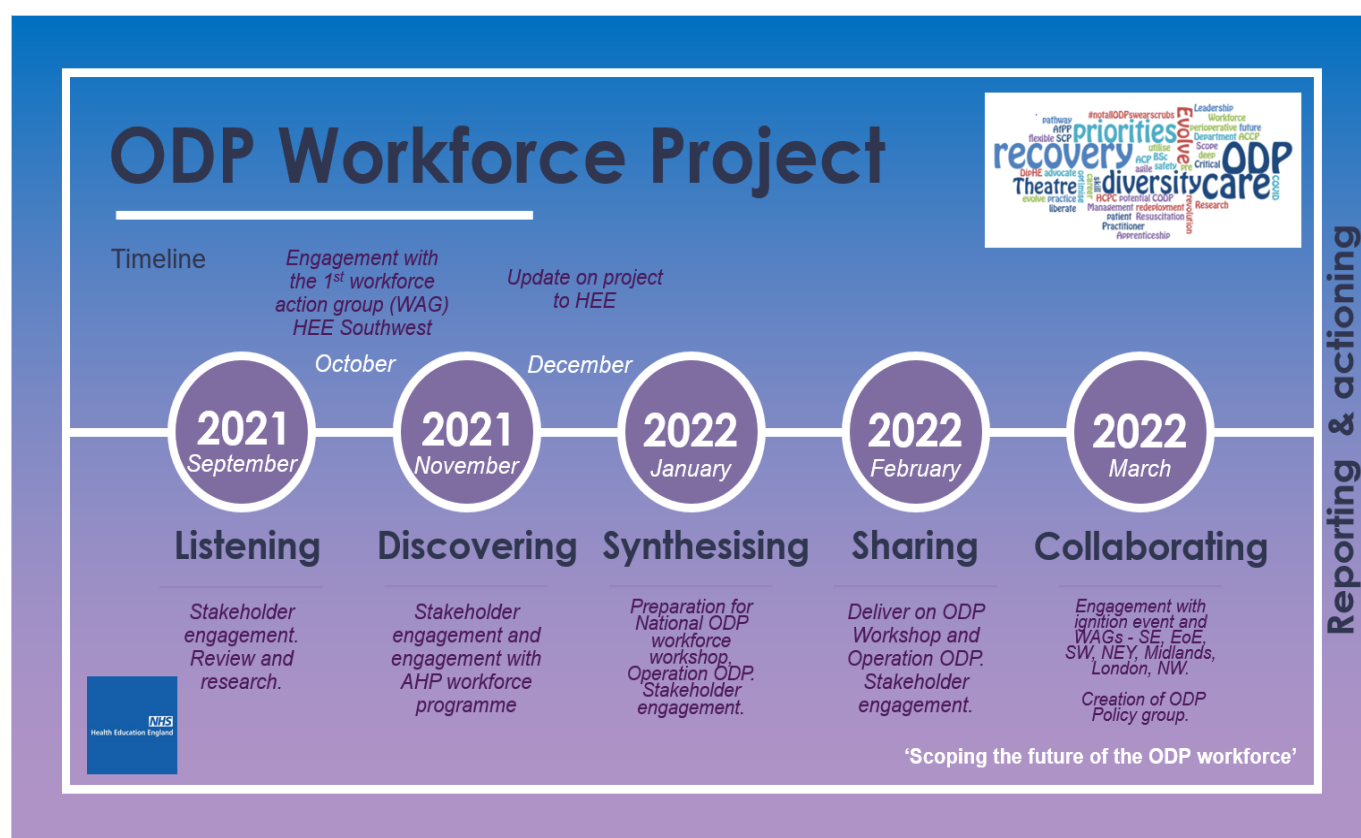


Figure 1 HEE ODP Workforce Project timeline depicting phases and key activities.

The involvement and support from the CODP and AfPP were integral to the success of the project, with both organisations working collaboratively with colleagues from the 7 HEE regions.

Stakeholder engagement took place throughout aided by the application of the principles identified in Figure 2. It is acknowledged that not all stakeholders from the field of ODP may have been able to contribute due to the short scale of the project but a diverse range of stakeholders relevant to ODP, critical care and perioperative practice engaged in the project, building and widening the knowledge base, offering lived experiences and sharing examples of best practice.

Themes emerged through one-to-one or small group conversations. The project lead reviewed relevant and current literature, attended relevant events, and explored and engaged with key workstreams specific to, or associated with ODP.



Figure 2 Method and principles used during the HEE ODP Workforce Project

Although some themes were purposely identified and explored, additional themes emerged throughout the initial phases of the project, until the phenomena ‘thematic saturation’ arose in early January 2022, moving the project into a phase more focused on synthesis of the data, sharing and collaboration.

3.0 Engagement and alignment

3.1 Outputs

This project has successfully brought together key stakeholders from ODP, perioperative, critical care and other health disciplines who work in this sphere of care to provide opportunities to network, collaborate, support, strengthen and socialise the voice of the ODP profession. It has provided opportunities for the profession, and those within it to ‘be heard.’

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The project aligned to the NHS people plan and people promise (NHS 2020, NHS 2021), the NHS Long Term plan (NHS 2019), the HEEs workforce transformation star (HEE 2022a). It also aligned to the following HEE workstreams:

- The Allied Health Professions (AHP) Strategy for England: 2022 to 2027: AHPs Deliver
- AHP Workforce supply project
- Reducing Pre-registration Attrition and Improving Retention (RePAIR)
- AHP Retention
- AHP Support Worker Competency, Education and Career Development Framework
- AHP International recruitment.
- The College of Operating Department Practice (CODP) projects including: The supply and administration of medicines using patient group directions (PGDs) for ODPs, ODP career trajectory, ODP Apprenticeships and ODPs in enhanced and advanced roles (CODP 2022)

The work by NHS England/Improvement (NHSE/I) and the ‘Getting it right first time’ team (GIRFT) elective recovery programme and the National Theatre Board is allied to this project via the ignition event³ (NHS 2022) and through the ODP policy group. The table below identifies the key ODP Workforce Project deliverables, whilst Appendix A identifies collaborative outputs.

		Description	Aligned to	Impact / outcome
A national Masterclass on ODP and the perioperative workforce <i>(Collaboration between HEE, NHSE/I and the CODP)</i>	Feb 2022	An online event focused on ODP workforce data, retention, and career pathways	AHP workforce supply project, AHP national retention project	National audience of 200+ attendees. Promotion of ODP profession and networking opportunities
ODP Workforce Action Groups (WAGs)	Oct-March 2022	Support development of and feed into the regional WAGs	AHP workforce supply project, AHP national retention project, Practice placements and Leadership agendas	All seven regions have, or are creating an ODP WAG (see page 11-14 below)
The creation of the ‘Operation ODP’ expert group	Feb 2022	Online group of ODP expert stakeholders	ODP Workforce Agenda	Enabled connection sharing, and collaboration in the sphere of ODP. Will continue into 2023.
The creation of the ODP Policy group	March 2022	Online group. To provide governance for future ODP workforce agenda	ODP Agenda, The AHP Strategy for England: 2022 to 2027: AHPs Deliver. GIRFT and National theatre board.	Aligning ODP with other perioperative workstream. Overseeing the ODP workforce

³ Event held in London March 2022, hosted by KPMG and led by NHSE/I which created national workstreams focused on elective care recovery and ‘Outstanding theatre teams’

		and link to other perioperative workstreams	agenda into 2023. Enabling collaboration.
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Table 1 HEE ODP Workforce Project deliverables

3.2 Enabling transition into the next phase and connecting ODPs

Since July 2021, there has been an emergence of regional workforce action groups (WAGs), with the first meeting initiated in September 2021 by Carrie Biddle and the South West Regional AHP team. The positive contribution and impact of this WAG for the ODP profession both regionally and nationally was realised early in the project, so time was dedicated to support and share the with other regional leads. The South West Regional AHP team adopted a share and adapt principle and this ethos provided the momentum to quickly establish ODP WAGs in other HEE regions.

Though each WAG has emerged and evolved differently, they are already addressing and driving change. They are successfully connecting ODPs and sharing best practice to enable workforce transformation. The WAGs will be fundamental to drive forward the recommendations and next steps from this project.

The formation of the ‘Operation ODP’ expert group, which is planned to meet bimonthly for one year, will enable ODP experts to inform future workstreams. The operation ODP expert group will provide expertise in identified priority areas and consider the workstreams established at the KPMG workshop, the operation ODP workshops and ODP masterclass.

The formation of an ‘ODP policy group’, chaired by the Chief Allied Health Professions Officer (CAHPO) for England, Suzanne Rastrick, will steer and oversee the progress of ODP workforce transformation aligned to national policy and drivers. This group plans to meet bimonthly, also for one year.

As showed below in Figure 3, the profession now has an established, connected and vibrant infrastructure. The combination of this infrastructure, the dedicated work from the CODP and the AfPP and the introduction of the AHP Strategy for England: 2022 to 2027, AHPs Deliver means that there has never been a better time to drive forward the ODP workforce agenda.

‘..there has never been a better time to drive forward the ODP workforce agenda.’

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The emergence of regional ODP workforce action groups (WAG) & National Infrastructure

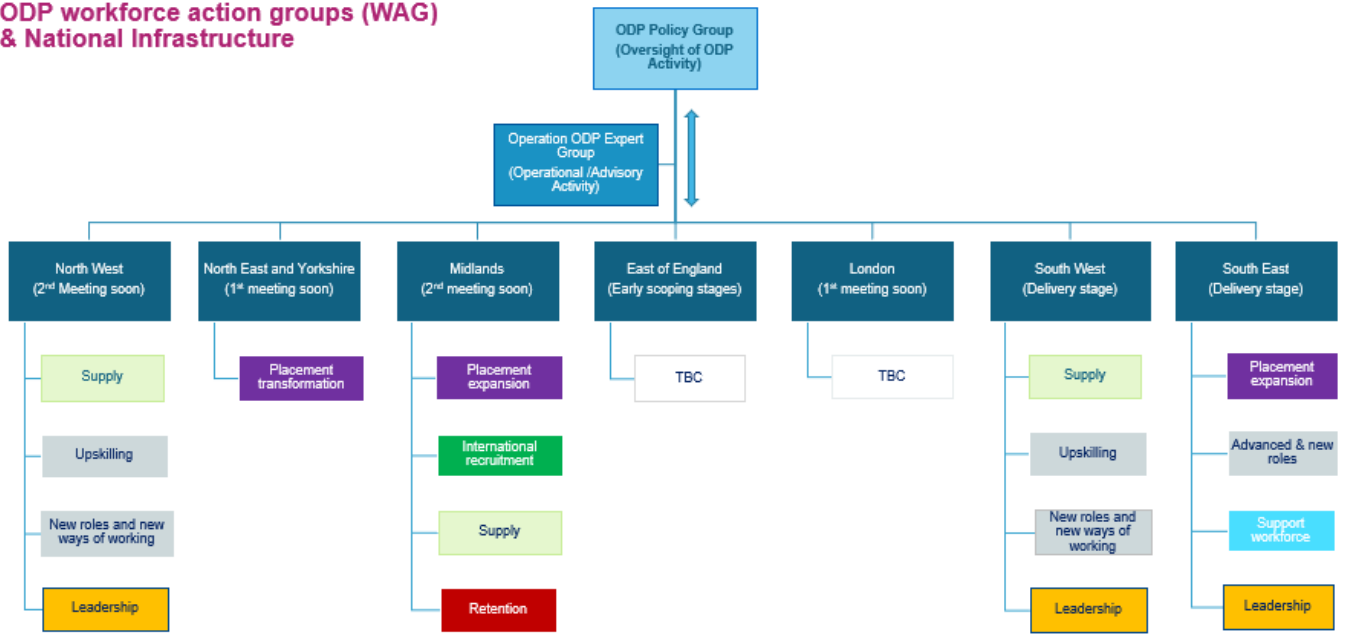


Figure 3 The emerging national infrastructure connecting ODPs and driving workforce transformation, identifying ODP workforce action groups, current phase (March 2022)

Operating Department Practitioner (ODP) Workforce Action Groups (WAGs) and the location of ODP courses starting in 2022/23
 England (May 2022)

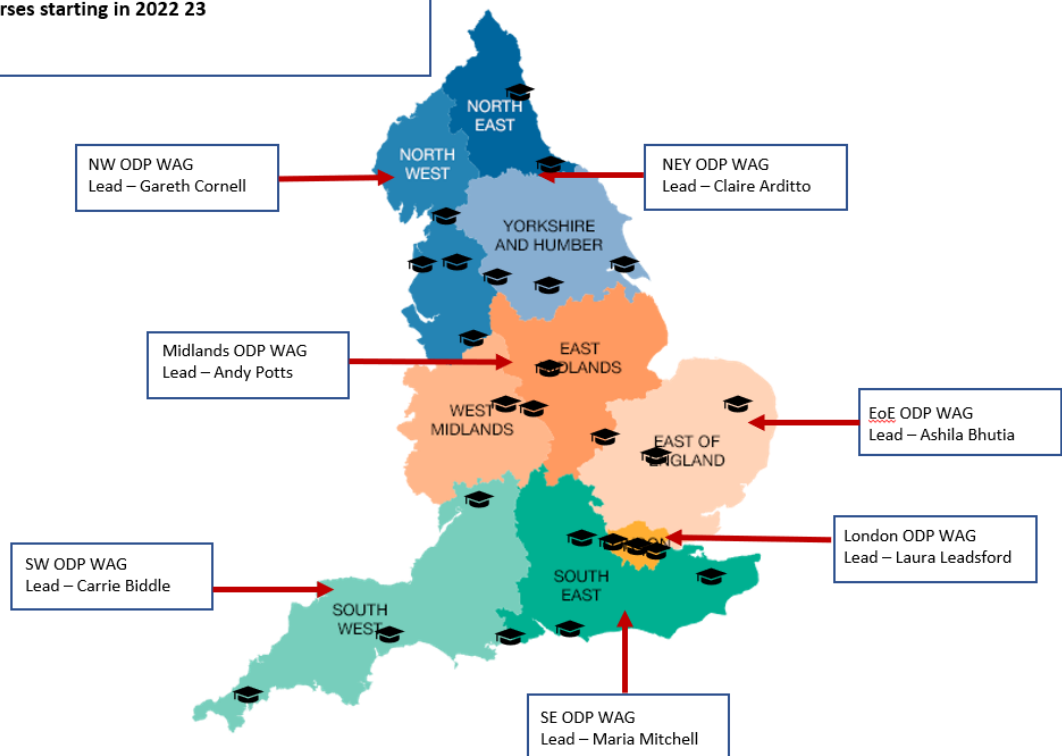


Figure 4 The location and lead for each ODP Workforce Action Group (WAG) and the approximate location of ODP courses starting in 2022/23 (data taken from UCAS)

4.0 Findings

The HEE workforce star provides a model to explore workforce challenges (HEE 2022a), and whilst some of the themes that emerged from the project transect the 5 headings of the star, the star is used for the remainder of the document to frame the findings and recommendations (part 5 of the report).

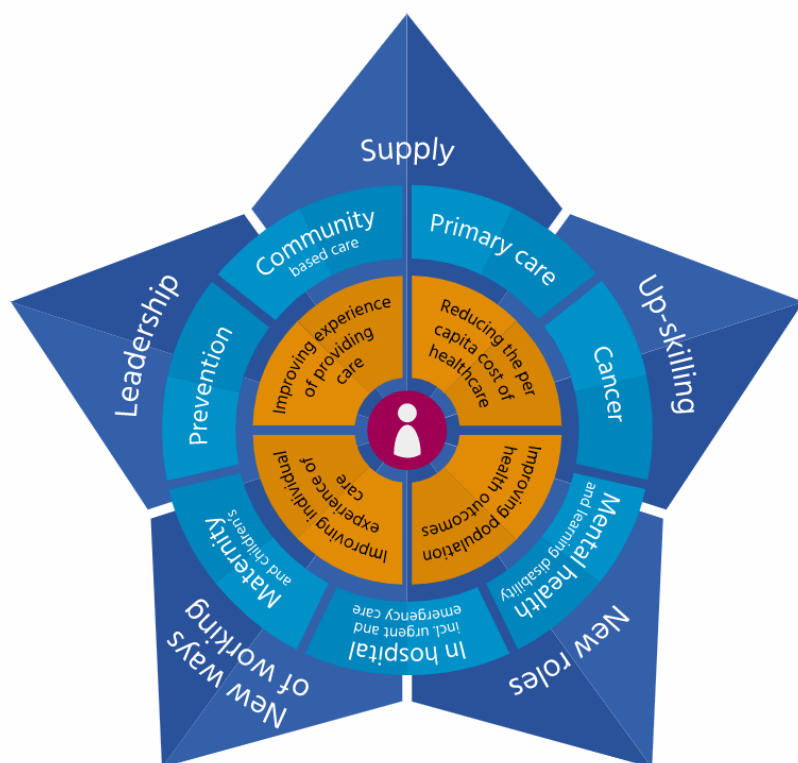


Figure 5 The HEE Star: Accelerating Workforce Design

The ODP profession has a rich history and has transformed over the last 30 years. Education standards reflect this and it means that we currently have practitioners with a variety of qualifications including City and Guilds 752 Certificates, National Vocational Qualifications, Diplomas of Higher Education (DipHE) and Degrees. The current registerable award is a DipHE ODP. In 2024 this will become a BSc (Hons) ODP due to changes to the HCPC SET1 for ODP. This shift reflects population needs and the developments in perioperative and critical care practices thus the need to evolve and adapt the role. The contemporary ODP qualifies with an array of knowledge, skills and experience aligned to the 4 pillars of practice (clinical, leadership, research and education). Many ODPs are found in areas outside of the Operating Department, in some instances, outside of acute Trusts, though establishing accurate data on how many ODPs are in these roles is challenging. There is a need to capture and share the range of roles contemporary ODPs are doing.

At this point it is pertinent to note that two themes consistently occurred during the project. The first is reference to ODP as the ‘hidden profession’ which is reflective of other AHP professions.

This came from the range of stakeholders, with many of them also asserting a need to raise the profile of the profession in the public domain.

‘ ..a need to raise the profile of the profession in the public domain’

The second is disparity. Disparity was observed among many of the themes described below. Disparity was observed locally, regionally, and nationally and was both explicit and implicit. The implications of disparity for this workforce are variation and this is particularly evident in the way in which ODPs use their breadth of skill optimally. Disparity was identified in

- education and training – both pre and post registration
- placement opportunities for learners
- the utilisation of skill acquired during training (e.g., triple skilled newly qualified practitioners only being used in anaesthetics roles not surgery and/or recovery) particularly the training opportunities and use of the skills linked to enhanced skills and Surgical First Assistant (SFA) skills
- career progression opportunities for ODPs

It is encouraging to see that the regional WAGs initiated during this project (see section 3) encourage the sharing of best practice, as this will contribute to a greater understanding of local and regional disparities leading to initiatives to remove unwarranted variation and optimising the use of the skill of the workforce.



4.1 Supply

4.11 Workforce data

There have been significant improvements to the reporting of, and access to, ODP workforce data. The introduction of new codes on the NHS electronic staff record (ESR) which now include ODP, ODP Manager and ODP Specialist Practitioner alongside the HEE AHP workforce supply project have served to better identify the roles ODPs work in. Despite this, there remain challenges with capturing specific data on ODPs as perioperative roles can also be performed by other practitioners such as Nursing staff thus recorded collectively.

‘...new codes on the NHS electronic staff record (ESR) which now include ODP, ODP Manager and ODP Specialist Practitioner...’

Further challenges include the ability to capture the full scope of roles and jobs that ODPs work in, particularly those in who progress their career outside of the perioperative environment, as these are often coded relevant to the role e.g. Operations Director. This is likely to skew the data about the breadth of roles ODPs perform and may mask ODP career progression.

Trust infrastructure can also influence accuracy of ODP workforce data, as some Trusts opt for ODPs to sit within Nursing, whilst others within AHPs.

4.12 Workforce profile

The ODP workforce profile regarding progression is poor compared to both the AHP and Nursing professions as shown in Figure 6. Current data suggests that 54% of ODPs working in the NHS in England, work in Band 5 posts compared to 21% for AHPs and 41% for Nursing. It is possible that the way in which ODPs are coded on the ESR skews the data, however this does not take away from the fact that the data we currently have suggests that the ODP workforce profile is unlike any other comparable profession. To endeavour to understand whether this is a result of working in a perioperative environment or a profession specific issue, it may be pertinent to assert similar data for Nurses working exclusively in operating theatres. If this is a profession specific issue, it needs addressing as this is likely to be impacting on retention of the workforce.

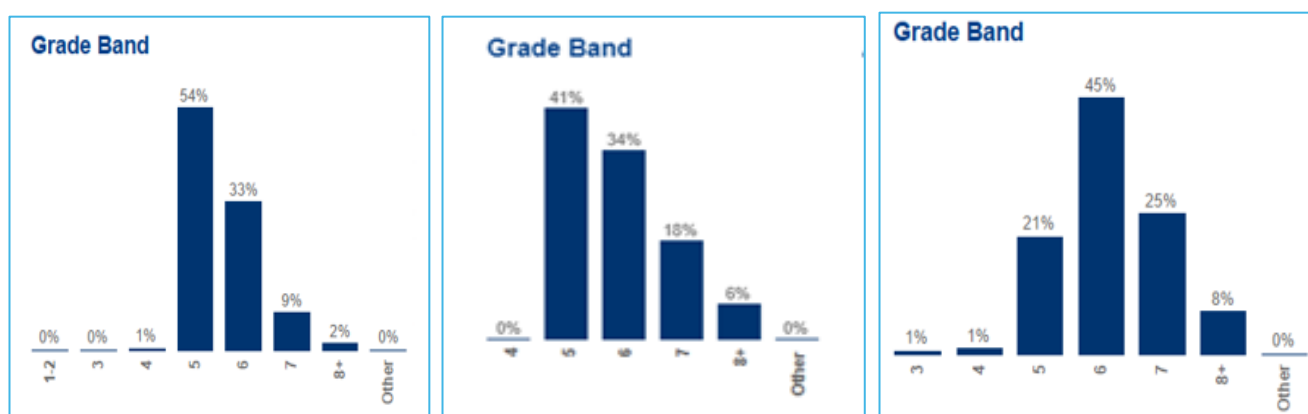


Figure 6 ODP workforce profile (left) Nursing Workforce profile (middle) AHP Workforce profile (right) (HEE data 2022)

Interestingly, ODP differs from its AHP counterparts regarding age distribution (see Figures 7 and 8). The 'M shaped' profile suggests a high number of older practitioners (13.1% over the age of 55, with an average age of 42). This profile supports the number of mature learners on ODP courses compared to other AHPs and the perception that ODP is often found as a second or even third career. The gender profile has reversed over the last 10 years and its current trajectory is an (increasingly) female dominant profession with 64% of registrants being female (HCPC data, Nov 2021). (Data from 2014 showed 43% male, 57% female (Lowes, Duxbury & Garth, 2019)).

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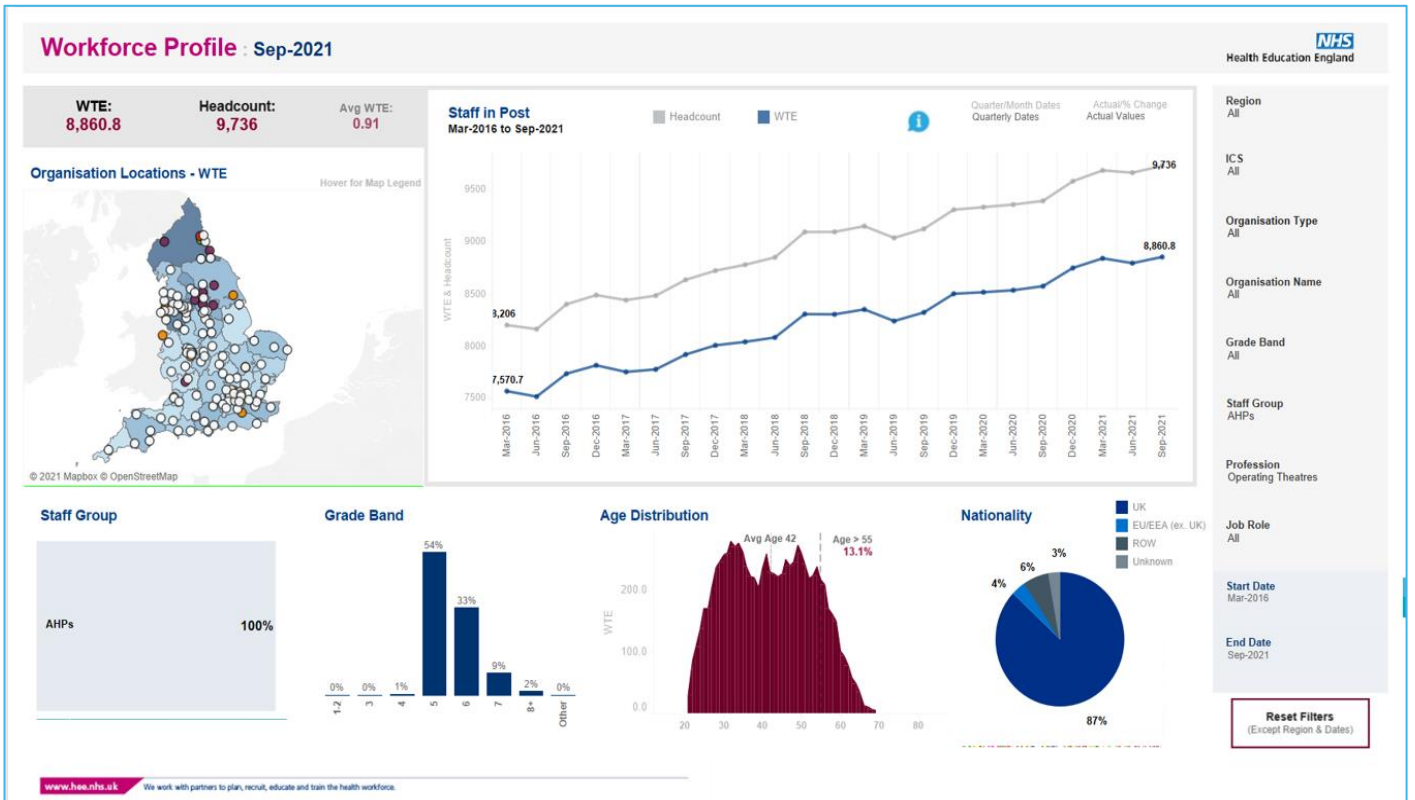


Figure 7 ODP workforce profile January 2022 (Taken from ODP Workforce Masterclass, Feb 2022)

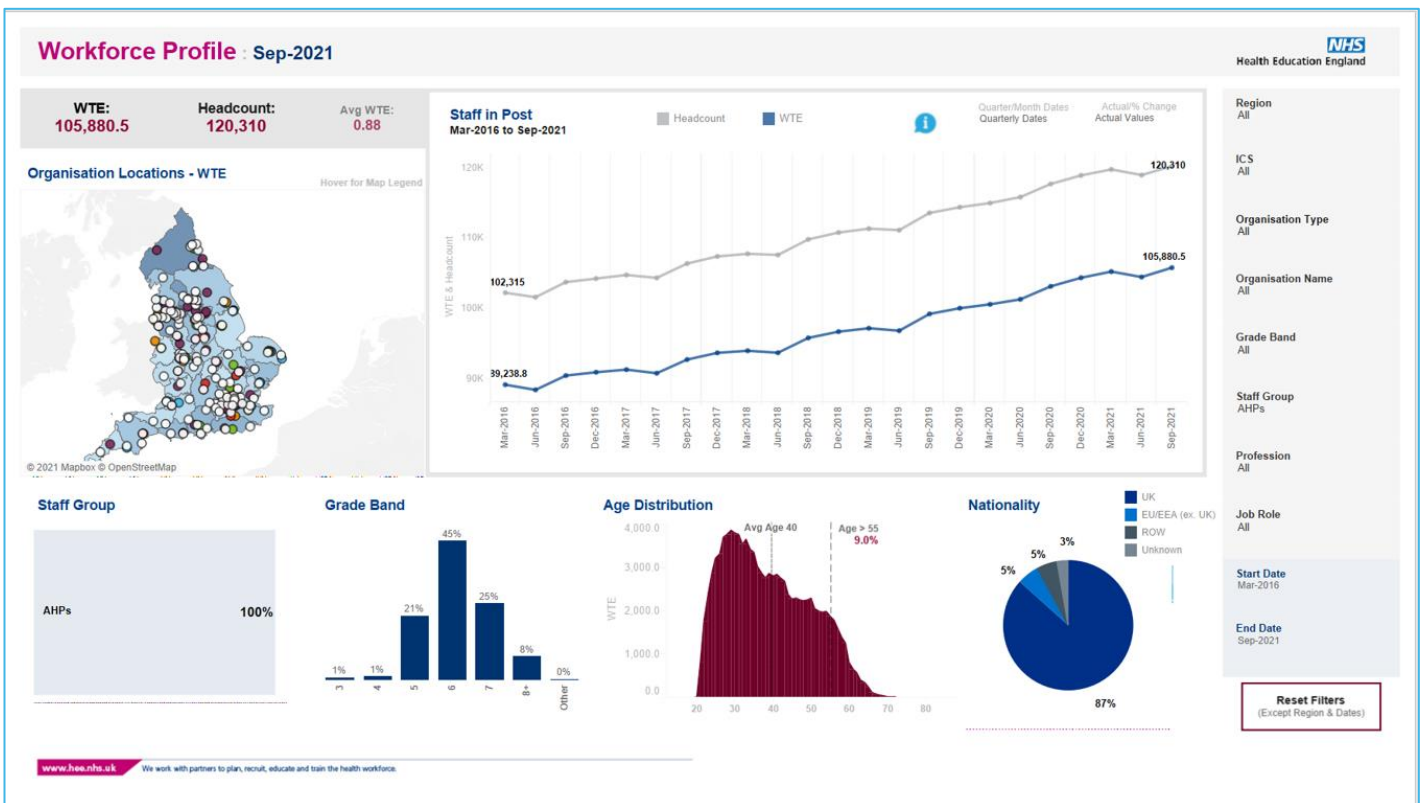


Figure 8 AHP Workforce profile January 2022 (Taken from ODP Workforce Masterclass, Feb 2022)

4.13 International recruitment

ODPs are unique, and international recruitment is challenging for the ODP profession. Though countries such as the United States, Canada, Australia, and the Netherlands have similar roles, their skill sets are different. ODPs can only register once they have passed their course validated by the HCPC. This means that they have achieved the required HCPC Standards of Proficiency (SOPs) to demonstrate competency of knowledge and skill associated with the roles performed. With many courses following the curricula from the CODP (2018) the contemporary ODP should be trained across the three phases, anaesthetics, surgery, and recovery and be trained to deliver surgical first assistant (SFA) skills. ODPs are also able to perform roles in preoperative assessment and other areas of perioperative and critical care. Initial research suggests that there are no equivalent professions which meet the HCPC standards of proficiency for ODP in any other country therefore a successful international application to get onto the HCPC register is challenging and applications often rejected.

Imaginative solutions are required to expand international recruitment for this profession.

4.14 Retention of the qualified workforce

The number of ODPs in England is identified in Table 2. Until recently, ODP leaver rates have been below the national average for AHPs. Recent data suggests a change in this trend, with a significant increase in leaver rates from the NHS which now equals, even surpasses AHP leaver rates (see Graph 1 below). The data on retention suggests that leaver rates are high in early career, with 36% of leavers having had less than five years' experience. These trends are of concern, particularly considering a recent dip in the number of ODP registering with the HCPC (see Graph 2).

‘Leaver rates are high in early career, with 36% of leavers having had less than five years’ experience.’

It is noted that COVID may have impacted on the accuracy of the above data, however the trend in leaver rates is mirroring that of other professions such as Nursing. High leaver rates could be linked to burnout related to the pandemic. It is also possible that this is linked to an increase in ODPs deciding to retire, as a sizeable proportion of the workforce are close to retirement age. The profession should do all that it can to keep this highly skilled and experienced part of the workforce otherwise it may see a significant increase in leaver rates.

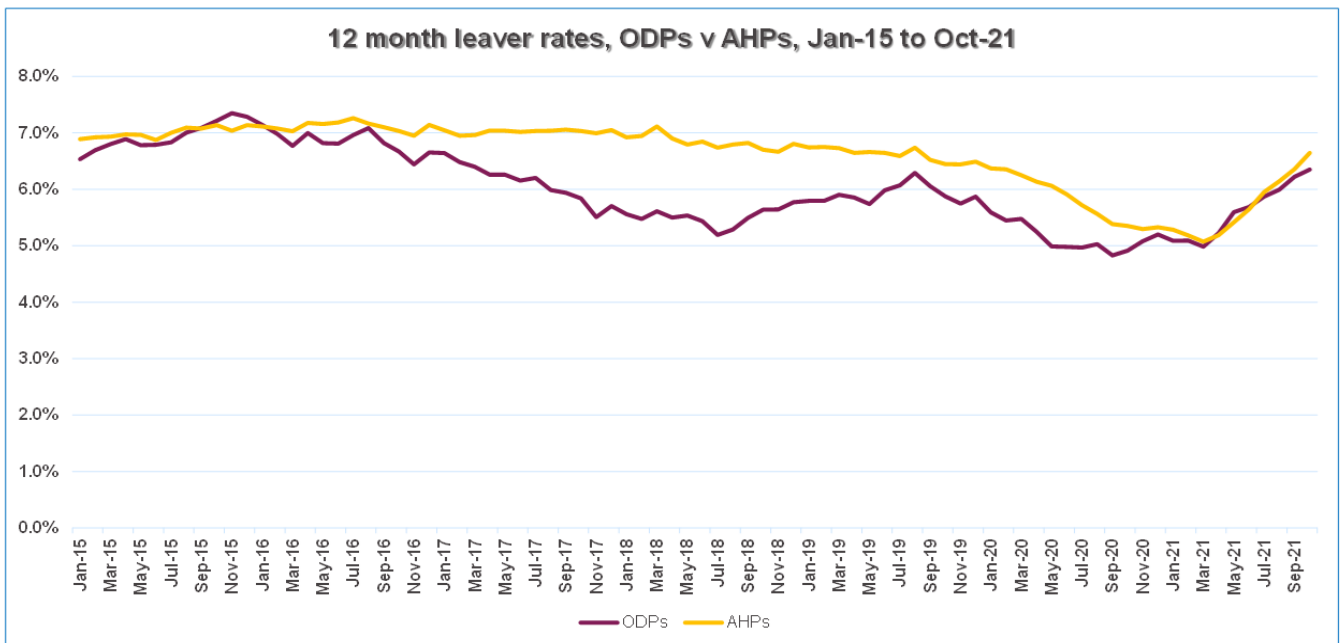
Could there be an opportunity to create a ‘Professional ODP Advocate’ role, like the Professional Nurse Advocate (PNA) role or provide an opportunity for retirees alongside the returners to become ‘legacy ODPs’ to support those considering leaving, and to support early career leavers through the ‘flaky bridge’ (HEE 2018)?

The AHP workforce supply project captures some data on retention for ODPs, however there is limited data on the reasons why ODPs leave the NHS and/or the profession.

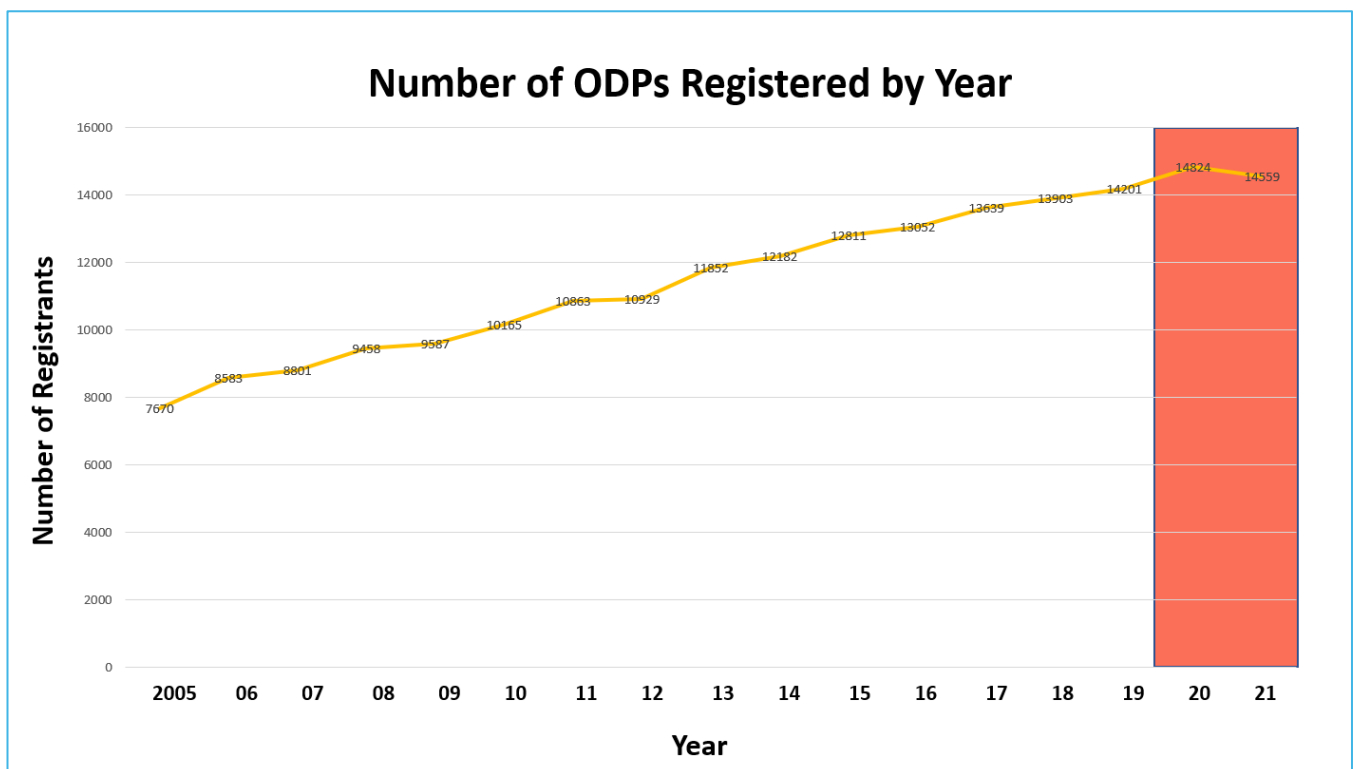
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It is suggested that the NHSE/I retention work deep dive into retention for the ODP profession.

Historic Leaver Rates – 12 month rates, ODPs vs AHPs



Graph 1 - National ODP Masterclass (Feb 2022) 12-month leaver rates ODP vs AHPs



Graph 2 – Number of ODP registered with the HCPC by year. Presented by Mike Donnellon (Chair of the Education Standards committee, CODP) at the Midlands Workforce Action Group March 2022

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	2014	2015	2016	2017	2018	2019	2020	2021
NHS, ENG HC	8330	8140	8211	8454	8794	9164	9348	9700
NHS, ENG FTE	7710	7539	7571	7759	8045	8357	8522	8848
HCPC, UK Register	12182	12811	13052	13346	13639	13903	14420	14428
% HCPC UK register in NHS in England	63%	59%	58%	58%	59%	60%	59%	61%

Table 2 The number of ODPs in England as of March each year since 2014 (HEE data 2022)

4.15 Education - the training ODP workforce

In September 2023, the profession will have a revised set of HCPC SOPs and on September 1st, 2024, the threshold level of qualification for ODP (SET 1) will increase to Degree (HCPC, 2021). This will align the profession with other AHPs and Nursing and is reflective of the advancement of the ODP profession (HCPC, 2021). The profession must ready itself for these changes.

The CODP report that there are 27 Higher Education Providers (HEIs), supplying 28 BSc (Hons) courses, 21 apprentices and 7 Dip HE programmes as routes into registration (CODP 2023). The BSc was first introduced in 2011 and has been provided by many Universities for a number of years. Appendix B provides data on English ODP courses listed on the University and Colleges Admission Service (UCAS) starting in 2022/23. 87% of these courses start in September, with 13% in January 2023, and all are listed on UCAS with full time routes, some with distance learning. Greenwich University is the only course offering a part time route. There is an increasing trend to offer a four-year degree with integrated foundation year. Further growth and a focus on marketing these routes in could increase the number of learners through this alternative route of entry.

Approximately half of UK ODP courses are endorsed by the CODP. As the CODP set the national curricula this could impact on the parity of breadth of experience that trainees have regarding education, training and the skills and knowledge profile of learners on qualification creating unwarranted variation in the registered workforce. In 2018 additional enhanced skills commensurate with a Surgical First Assistant (SFA) were embedded into pre-registration ODP curricula from the CODP, however at present these are not all required by the HCPC SOPs. Anecdotal evidence suggests that these skills are beneficial for both the professional

development of ODPs and service delivery. Central reporting of the impact of the use of these skills on productivity and patient pathways alongside sharing of best practice would help to assert the national picture related to this change and potentially encourage parity in training.

4.16 Retention of the training workforce

There are currently 2550 active ODP students (Data from HEE, April 2022) with approximately 900 newly qualified practitioners entering the workforce each year. A dip in newly qualified practitioners was reported for 2021 (approximately 800).

According to the CODP (via the Office for students 2022) there was a fall in applications to ODP programmes by 42% between 2016-2018, however this did not significantly reduce the number of starters (reduction of 10%) and numbers continue to increase. It would be good to ascertain any regional disparities in this data as well as to explore the number of recruits entering the profession through clearing and whether the route of entry impacts on retention.

The nature of a consumer driven competitive market means that accessing data on attrition from HEIs can be challenging, as data is seen as commercially sensitive. However, it is known that the retention of learners on traditional undergraduate ODP courses is poor, with the CODP reporting an average of 20-25% attrition. Reasons for this include (but are not limited to): personal or financial, the course not meeting expectations and the wrong course. This project has revealed significantly higher ODP attrition rates at some HEIs but the reasons for this remain unclear. The competitive market is likely to be hindering the ability to understand the magnitude of the problem of retention of ODP learners and the ability to support institutions to resolve it, but this needs further investigation.

‘Retention on the ODP apprenticeship course is currently high.’

Retention on the ODP apprenticeship course is currently high. This may be due to many ODP apprentices being perioperative or clinical staff already employed in the operating department. Due to high rates of retention, Trusts report their intentions to take on more ODP apprentices but refer to challenges linked to finance and back fill monies. It is worth noting that the pool of experienced operating theatre staff is likely to reduce if numbers of apprentices increase, potentially influencing trends related to retention. Thus, a supply pool of staff who are appropriately motivated, academically prepared, and ready to train as ODPs will be required to maintain the retention rate of trainees using this route into ODP.

4.17 Level 6 ODP Apprenticeship

The first BSc (Hons) ODP apprentices graduated from Bolton University in January 2022 (ITV News 2022). As noted, there is clear interest in supporting the growth of ODP apprenticeships, although this is varied across the regions (Allied Health Solutions 2022).

To date, 23 graduates have trained through this route (see Table 3). 268 remain in training. The ‘grow your own’ apprenticeship model is a viable model for growth of the ODP profession ensuring that parity of experience independent of the route into ODP is provided. This could be further enhanced if there is a clear framework to support bands 2-4 to progress into this career.

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As retention and the appetite from Trusts to train ODPs through this route remain high, numbers are likely to continue rise. Affirming workforce targets and a commitment to find solutions to the challenges associated with offering this route should be a priority for Trusts whilst driven by the profession. Challenges reported include

- Financial support for backfill
- Placement capacity limiting the numbers who can train
- Enabling the perioperative support workforce to achieve entry qualifications

Year	Number of ODPs training	Total trained since implementation
2018/19	23	23
2019/20	83	106
2020/21	185	291
2021/22	Data currently unavailable	Data currently unavailable

Table 3 The number of ODPs training via the BSc ODP level 6 apprenticeship (HEE data 2022)

4.18 Clinical Placements

Clinical placements in theatres are competitive. ODPs train alongside nurses, paramedics, radiographers, anaesthesia associates, junior doctors, anaesthetic trainees, surgical trainees, assistant practitioners, and nursing associates.

Trusts often support learners from a number of HEIs and clinical placement assessment documentation can vary. There are training needs for those supporting ODP learners in practice placements, including attainment at level 6 for practice educators who assess learners (CODP 2021). A standardised national practice assessment document (PAD) could improve the placement experience, yielding parity of experience and skill for the training workforce.

‘A standardised national practice assessment document (PAD) could improve the placement experience, yielding parity of experience and skill for the training workforce.’

Theatre placements shortages are currently compounded by COVID, staffing, elective recovery, and the backlog in training. Though many disciplines require the acute skills gained in the perioperative environment, very few pre-registration programmes require theatre experience to ensure supply. As such, ODPs should be prioritised to have clinical placements in theatres above all others in the face of limited capacity.

To support all disciplines to continue to expand and train their workforce, there requires coordination, coherence and radical change to traditional placement models and culture. The student experience is mixed because of culture, availability of placement learning experiences and the location of training. The experiences of minoritised students who are training as ODPs should be further explored.

‘ODPs should be prioritised to have clinical placements in theatres above all others in the face of limited capacity.’

There is a need for a wider variety of student placements, and to broaden the expectation of learners and educators. ODPs have widened their scope of practice and have careers in varied roles and departments outside of the traditional perioperative environment. Placements often do not reflect this, with most remaining in theatres. Valuing, sharing, and embracing the 4 pillars of practice, and investment in virtual resources, 360 video, virtual reality (VR) and simulation (HEE 2021a) could increase placement capacity.

This project has found examples of innovation in the North East and Yorkshire region and there are also fitting examples of careful planning of the placement circuit to enable opportunities for rotational models outside of the theatre department including wards, critical care areas and Accident and Emergency (A&E). Other examples include peer enhanced e placements (PEEP) for early exposure to the environment, and virtual reality (VR) and simulation which have provided additional capacity for training. VR trials which aim to support patients on their perioperative journeys are already underway and a similar model could be explored for ODP students on their first placement or even for school aged pupils to raise the profile of the profession. These methods can provide additional capacity whilst increasing the profile and reach of the profession within the NHS and the public domain. A few HEIs are also embracing leadership or ‘alternative’ placements.

‘...excellent examples of placement innovation require a platform to enable them to be shared and adopted.’

Placements offered 24hrs 365 days a year and the use of a ‘fair share capacity model’⁴ as used in the North West may also significantly increase placement capacity for ODPs and augment multidisciplinary training activities. These excellent examples of placement innovation require a platform to enable them to be shared and adopted.

4.19 Professional profile – public and healthcare domains

As acknowledged the public perception, knowledge and awareness of the profession remains poor, with some recruitment campaigns exploiting this and advertising programmes using the slogan ‘the profession you have never heard of’ (Birmingham City University, 2019).

⁴ Fair share capacity models are used to help benchmark the provision of practice learning relative to workforce capacity.

Work experience for high school or sixth form pupils is limited, and careers advisers may need to better understand the role and require targeted resources to educate and inform. There also seems to be confusion about a legal age limit for individuals to enter an operating theatre to gain work experience. An example of which occurred during discussions for this project, where the age has been cited as 16, 17 and 18. This needs addressing, as this has a direct impact on timely exposure to the profession and the ability to recruit to undergraduate programmes effectively. A new model of providing experiences should be considered such as the use of virtual work experience or ‘theatres live’ (School science 2022), or by liberating ODPs, or those recently retired to become ODP career ambassadors.

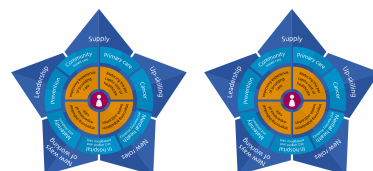
‘ODP Day’, May 14th, has been phenomenally successful in raising the profile of the profession...’

More needs to be done to raise the profile of the profession both inside the NHS and in the public domain to reach a wider and younger audience. The use of social media platforms which appeal to younger audiences should be considered. ‘ODP Day’, May 14th, has been phenomenally successful in raising the profile of the profession, even leading to the day ‘trending’ on twitter.

Finally, ODPs should not underestimate the impact of the care they provide during patient facing interactions on influencing career choice (University of Winchester 2022 – awaiting publication).

4.20 Returners to practice

According to data from HEE (2022), between 2019 and 2022, there were 81 initial enquiries for return to practice, with 20 completing and entering the workforce (25%). Although numbers remain minimal, there was a significant rise between 2019 and 2020 (from 1, up to 10), suggesting that ODPs returned to support the COVID response (19 returners during 2020 and 2021). The highest number of returners are cited as being in the Midlands, the South East and the South West. There may be a real opportunity to increase the number of ODPs entering the workforce through return to practice and this should be further investigated alongside the retention workstream.



New Roles and upskilling

4.21 Critical care and COVID elective recovery

ODPs have a long association of working in critical care, and critical care environments. The ODP skills matrix (e-Learning for Healthcare, 2022) has provided a training matrix for ODPs to prepare for COVID surge and beyond.

The response of the profession to redeployment into critical care and other roles during COVID was exceptional. ODPs led teams in the Nightingale hospitals, were part of emergency airway / intubation teams, proning teams, vaccination hubs and, complimentary to the nursing workforce, were critical to the ability to expand critical care occupancy during COVID by directly caring for ventilated patients in critical care surge areas (e.g. theatres).

ODPs working in critical care areas outside of the perioperative environment acknowledge sharing similar skill sets to other disciplines such as Nursing in this field. COVID has shone a light on the skill set of the ODP and their ability to adapt to the environment in which they work. Though ODPs report some mixed experiences of redeployment during surge, the impact on the profession seems positive and there has been an increased demand both by the profession and critical care areas to increase the numbers of ODPs working in critical care. The CODP is working in collaboration with the critical care networks to provide parity of access to the Step Competency Framework, a training package to enable professionals to work in critical care (CC3N 2018).

‘The response of the [ODP] profession to redeployment into critical care and other roles during COVID was exceptional... COVID has shone a light on the skill set of the ODP.’

‘Critical Care ODPs’ are observed working in some Trusts but may work under the guise of Advanced Critical Care Practitioners (ACCP) or as part of outreach teams. Numbers are, however, limited. Having a critical care ‘career pathway’ for ODPs will strengthen career trajectories positively impacting on retention of this uniquely skilled workforce.

Some training ODPs have the opportunity to experience placements in critical care and others do not, steps must be taken to ensure parity of experience. This could be achieved by the introduction of a national PAD document or competency package alongside rotational placement pilots strengthening this career pathway for ODPs.

The new HCPC SOPs, due to be implemented in 2023 will support the continued development of the profession, but our HEIs and placement providers must be ready and embrace the changes to effectively support students and staff and enable adequate exposure and experience of these skills.

4.22 ODP Career framework

Perioperative and critical care services are highly pressurised environments currently compounded by the backlog of patients awaiting elective surgery. The impact of this is limiting opportunities for ODPs and the perioperative workforce. Instead, this should be embraced as an opportunity to optimise the contribution of this skilled workforce to enhance service provision.

The ignition event, ‘outstanding theatre teams’ (NHS 2022), acknowledged the need for a digital perioperative career framework able to articulate progression for all professions within NHS bandings 2-9 in operating theatres, and this was to encourage increased capacity of the current workforce, retention, and career development. Initial discussions regarding this workstream revealed the roles that ODP perform and those which may have evolved which cross the career pathways of other disciplines in the field, such as Nursing Associates. This workstream will complement the work already completed by the CODP on career pathways (Unison and the CODP 2021a) to enable an inclusive career framework whilst also creating a unique framework for the ODP profession. An inclusive approach to traditional and non-traditional education routes should be created embedding an apprenticeship route through to all levels. Initiatives such as CLEAR⁵ (2022) could be an effective enabler of this.

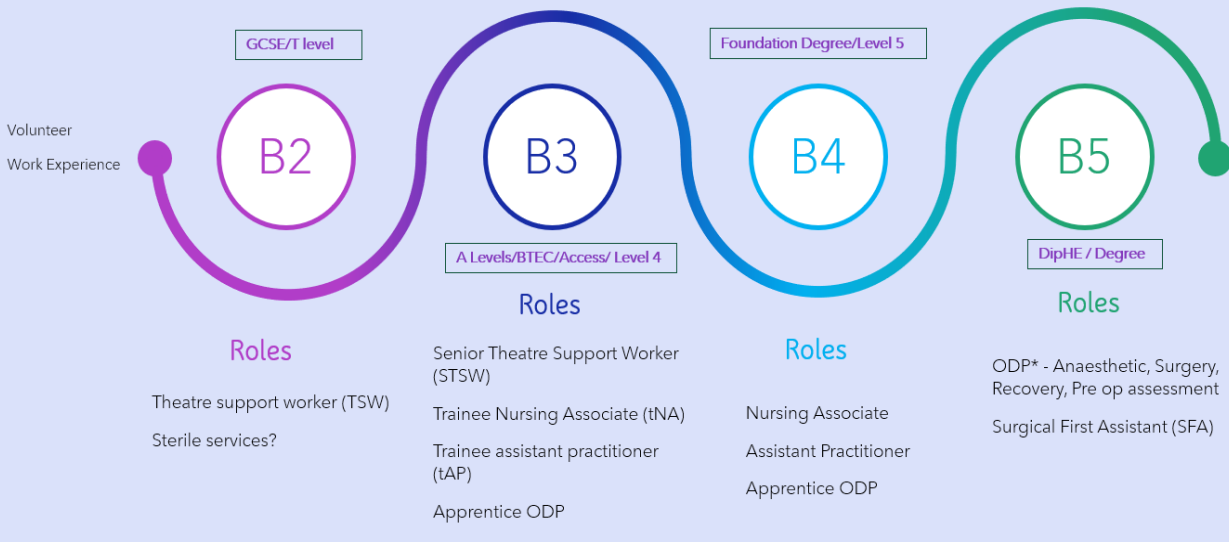
‘The Surgical Care Practitioner (SCP) and Anaesthesia Associate (AA) roles dovetail neatly into the ODP career pathway due to the unique skill set and experience an ODP offers.’

Figure 9 maps potential clinical careers routes for ODPs by utilising the many clinical roles identified during the project. The Surgical Care Practitioner (SCP) and Anaesthesia Associate (AA) roles dovetail neatly into the ODP career pathway due to the unique skill set and experience an ODP offers. As reported at the KPMG ignition event, these innovative roles are having a positive impact on perioperative care delivery and productivity. ODPs supply a pipeline of skilled and experienced practitioners to fill such roles. The unique skill set of ODPs also means that they are ideal for roles in pre-assessment, enhanced recovery and more recently ‘prehabilitation’, supporting patients to be optimally prepared for surgery whilst on the waiting list as aligned to the delivery plan for tackling the COVID-19 backlog of elective care (NHS 2022b).

As reported throughout this project by ODPs, ODP careers are often non-linear. Optimising opportunities for ODPs to progress in all pillars of practice and ensuring that ODPs have parity of opportunity alongside their perioperative colleagues will serve retention alongside meeting elements of the people promise such as inclusivity, recognition, and reward (NHS 2020).

⁵ Clinically-Led workforce and Activity Redesign (CLEAR). Funded by HEE, the national CLEAR programme helps health and care systems understand rising demands and helps plan how redesign of services and the workforce can improve care.

ODP CLINICAL CAREER ROADMAP BANDS 2-5



ODP CLINICAL CAREER ROADMAP BANDS 6-9

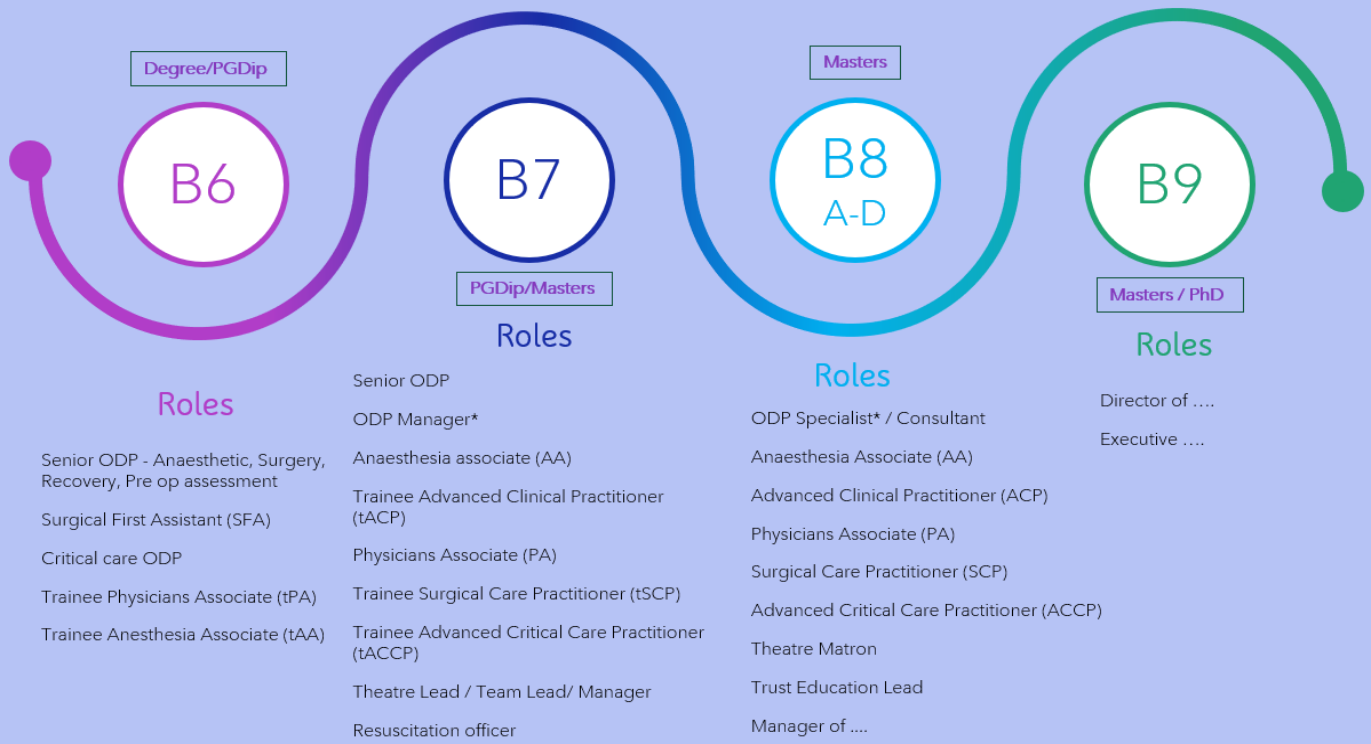


Figure 9 Initial mapping of clinical careers for ODPs (* denotes current ODP ESR codes)

4.23 Enhanced/Advanced/Consultant level ODP

There are trail blazers within the ODP profession proficient and employed to work in enhanced or advanced roles. The CODP captured some of these during its #notallODPwears scrubs campaign in 2021. Each trail blazer captured by this project contributes significantly to patient care pathways alongside progressing the profession, and they often do this in ‘non-traditional’ ODP roles. These are individuals such as Adele Nightingale (Principal Educator), Hannah Conway (ACCP), Zach North and Joanna Finney (ACPs), Matthew Sykes (Matron and Lead ODP for the London Nightingale Hospital) and Giles Farrington (Senior ODP for Critical Care and Resuscitation). These individuals are driven and resilient but report significant challenges in getting to and remaining in this level of practice as an ODP. Some of these challenges include inequity regarding opportunities compared to other professional groups and the impact of not being able to manage care as efficiently and effectively as they would like due to the current limitations around medicines management for ODPs. However, most report that medicines management alone has not stopped their career aspirations, as they are able to find other means of working around this problem.

It will be interesting to note the impact of the outcome on the supply and administration of medicines using PGDs on ODP career progression and trajectory as this is often perceived as a barrier for those pursuing careers in advanced roles and was often sighted as a contributor for attrition of qualified practitioners. It is believed that the CODP plans to further support the administration of medicines through non-medical prescribing for ODPs in advanced roles as a follow up to PGDs.

4.24 Bridging the gap into ODP

Despite a reported appetite from theatre support workers (Allied Health Solutions 2022) and other perioperative practitioners who are Band 4 and below to progress into ODP the opportunities and routes into ODP for Theatre Support Workers (TSW), Nursing associates (NA) and Assistant Practitioners (AP) remain ambiguous and challenging. There is a need to explore shortened accelerated routes into ODP for those who may already have a level 5 qualification.

‘...routes into ODP for Theatre Support Workers (TSW), Nursing associates (NA) and Assistant Practitioners (AP) remain ambiguous and challenging.’

It is reported that up to 14% of theatre support workers have a first degree (Allied Health Solutions 2022) and many others have formal qualifications relevant to ODP entry criteria. To capitalise this a fast-track route such as a shortened BSc or Masters route should be explored. This could supply an increase in the ODP workforce more rapidly. Backfill of these roles would be required.

There are reports of some Trusts embracing T levels to progress into support worker roles in theatres (Anita Esser and University Hospitals Southampton). This ‘on the job’ mode of entering healthcare could be vital the supply of new recruits into the perioperative environment, thus supplying another, alternative route into a career as an ODP.

4.25 Workforce gaps

The pace of development of technology in the operating theatre, the ODP role in theatre, alongside the frequent changes to the curricula content and level of qualification over the years has created generational, academic and skills gaps (see Table 4). A limited number of ‘top up’ courses are available for ODPs but to improve the situation it is suggested that a national skills gap analysis is undertaken and all HEIs utilise the CODP curriculum to enable a more standardised approach to training. This would ensure that all newly qualified ODPs are trained to perform SFA skills, offering this workforce further flexibility in the perioperative setting.

An effective ODP peer support system (preferably inter rather than intra Trust) could strengthen the acquisition of skill and competence, support the impact of generational gaps, and enhance networking for the profession. It would also provide an opportunity to value and support those who choose to remain in Band 5 or 6 roles.

‘An effective ODP peer support system (preferably inter rather than intra Trust) could strengthen the acquisition of skill and competence, support the impact of generational gaps and enhance networking for the profession.’

For those who do wish to move beyond Band 5 and 6 and progress through the bandings there seems to be a gap in clinical opportunities which may be linked to the ‘flaky bridge’ phenomena noted in RePAIR (HEE 2018) which is consistent with the data on ODP early career leavers. The lack of opportunity to develop and progress into Band 6 roles associated with surgery and anaesthetics may be particularly relevant. There would be benefit in enabling ODPs to access training which embraces the wider sphere of practice (particularly that noted during COVID). This may be particularly pertinent for surgical, critical care and patient transfer teams and could align to the elective care recovery agenda.

Regional variation related to progression is also apparent, with London having more accelerated career progression into Band 6 roles, used to enhance retention of the workforce and cost of living in this region. There is also disparity in the requirements of roles and bandings.

The ODP WAGs have begun some focused work on retention and roles. If successful, it will be important that this work is shared and replicated across all regions to provide parity across England.

‘The profile of the profession, alongside the frequent changes to the curricula content and level of qualification over the years has created generational, academic and skills gaps.’

Pillar of Practice	Gap	Plausible causes	Solutions /enablers
Leadership and Management	The need to increase numbers of ODPs in leadership/management positions. Lack of publicity of ODPs in leadership as role models.	Disparity of training opportunities and opportunities to progress.	Embed leadership development programmes at all levels. Provide access/opportunities/funding to train.
Clinical Practice	The number of qualified and experienced practitioners with or using Surgical first assistant (SFA) skills.	Variations in ODP curricula, variation in opportunities to utilise skills.	National course to bridge skills gap. Surgical colleagues to support appropriate training / retraining.
Education	The need to increase the number of qualified practice assessors.	Opportunity/desire/funding to train. Requirement for this to be at level 6.	Mass online training (e.g. MOOC). National supervision and leadership programme.
Research	Number of ODPs actively involved in research. Research competence across the profession.	Variations in ODP curricula. Opportunity to train, opportunity to engage in research. ODPs not recognised for research.	Further training, identification of talent. Engagement aligned to the new HEE AHP Research and Innovation Strategy (HEE 2022)

Table 4 Skills gaps in the trained ODP workforce aligned to the four pillars of practice



4.3 New ways of working

4.31 Culture

Literature on theatre culture and its impact on theatre productivity, safety and teamwork is well documented. To enable safe and efficient care in complex perioperative and critical care environments, it is essential that the whole workforce respects, values and understands the shared *and* unique skill sets each workforce brings. Flattening hierarchy, enabling the ability to ‘speak up’ and creating a supportive, positive, culture is essential to enable staff and teams to flourish.

The impact of culture on the ODP profession is significant and manifests within, and external to, the profession itself. Optimal culture provides positivity, optimism and influences the profession regarding retention, productivity, and parity of opportunity. Poor culture in theatres drives disconnect between professions missed opportunities and impacts on retention of both the training and qualified workforce.

The collaborative teams created at the ignition event have begun to explore and address perioperative culture. Could this be triangulated with data from the National Education and Training survey (NETS) (HEE 2022b) to better understand the impact of this on the training workforce?

4.32 Optimising the use of skill of the ODP workforce

The ODP curricula focuses on training ODPs to have the fundamental skills to enable them to work in three distinct areas: anaesthetics, surgery, and recovery in the perioperative environment. The 2018 curricula also anticipates that learners ‘demonstrate proficiency in enhanced surgical skills, commensurate with a Surgical First Assistant’(SFA) (CODP 2018) alongside being exposed to the wider sphere of care to gain competence and exposure in alternative critical care settings, preoperative assessment, and discharge.

‘The 2018 [ODP BSc (Hons)] curricula... anticipates that learners demonstrate proficiency in enhanced surgical skills, commensurate with a Surgical First Assistant (CODP 2018).’

Qualified practitioners show desire to utilise and retain taught skills, however, it is not unusual to find an ODP only utilising anaesthetic skills in practice, often due to service need. There is anecdotal evidence that some ODPs infrequently scrub and even less are consistently used to staff recovery units. This should be further researched and reported, as soft intelligence suggests that those Trusts that use the breadth of skill of their ODPs and perioperative workforce enables a more effective skill mix between disciplines, and a better ability to adapt to meet the demands of this complex and unpredictable service, particularly during COVID surges and the redeployment of staff.

Skills gaps incidentally created by generational and educational phenomena could be addressed by offering a national programme of education to those who wish to upskill or revisit skills in all four pillars of practice, using the enhanced practice apprenticeship route. Areas which warrant exploration include supervision and assessment of learners, leadership, SFA skills and research.

The recognition of, and optimal use of skill across the whole perioperative workforce in England and across all perioperative phases could enable transformational change and is essential to managing current and future theatre and critical care capacity and support elective care recovery and modern services.

4.33 The CODP and AfPP

The CODP and AfPP make significant contributions to advancing the profession. Together, the CODP and AfPP are a strong and expert resource for the profession. It is vital that these independent bodies continue to support and drive the profession.

Scoping the future of the ODP workforce – full report

Whilst the AfPP focuses on the whole of the perioperative workforce, with some focused pieces of work led by ODPs (such as a student and early careers special interest group), the CODP pursues the ODP workforce agenda. It is currently driving forwards the ODP agenda on PGDs, apprenticeships, perioperative support workers and ODP careers (CODP 2021a). It continually supports and endorses ODP programmes and responds to enquiries related to the profession.

Unlike other AHP professional bodies, dedicated volunteers run the activities of the college. Emails through UNISON, and a site dedicated to the CODP on the UNISON website, alongside social media posts, a newsletter and clinical and university education (CUE) forums are used to communicate relevant material with members. Modernising this platform could enable the CODP to better share the work they lead, share data about workforce, research, and model best practice, strengthening transparency, the voice of the CODP and raising the profile of the profession alongside creating opportunities for networking.

The CODP student representative campaign has been successful and should be further strengthened. David Bethnall, a recent student CODP student rep, and was part of the student's leadership programme '150 leaders'. His active participation, commitment and drive for the profession enabled him to raise the profile of ODP both within and outside of the profession. He directly engaged with the CODP and with learners.



4.4 Leadership

4.41 ODP Leaders at all levels

The current UK Standards of Proficiency (SOPs) for ODPs (HCPC 2014) assert that ODPs should understand the concept of leadership and its application to practice. The development of leadership skills is identified in the CODP BSc (Hons) ODP curricula. Academic and clinical exposure to the leadership content during training is varied. Those embracing leadership placements recognise their value, however, limited provision has been identified during this study.

The impact of investing in leadership placements which embrace the full scope of healthcare leadership could be substantial for the ODP profession. It will develop and inspire ODP future leaders, create additional placement capacity, widen the professional sphere, and reach whilst also promoting the profession.

‘The impact of investing in leadership placements which embrace the full scope of healthcare leadership would be substantial for the ODP profession.’

ODP leaders forge the way, enable change, and improve awareness of the profession both in healthcare and the public domains. Although there are minimal numbers of ODP leaders, they are shaping the way and providing new avenues and career trajectories for the profession. They are raising the profile through positive, inclusive, and person-centred leadership providing a voice at many levels. Nevertheless, this profession requires an increase in representation at Chief AHP or Chief Nurse level and Trusts should ensure there are opportunities to hear the ODP voice and to escalate ODP workforce challenges to enable effective workforce planning optimisation.

4.42 Professional identity

ODPs have thrived since becoming part of the AHP family in England. Due to their broad remit of skills and competence, it is challenging to define a 'unique selling point' for the profession. It is widely acknowledged that ODPs are #flexibleandadaptable (Bill Kilvington 2020) regarding their utilisation of skill independent of location. Their skill set is wide and traverses the 'Venn diagram' of our valued healthcare workforce in high acuity settings to enable the delivery of complex care. The ODP workforce is unique and vital to the delivery of care in England in the 21st century.

5.0 Recommendations

The following figure captures the recommendation from this project. Each recommendation is described in more detail below with the top 5 recommendations identified at the end of this section.

Scoping the future of the ODP workforce – full report

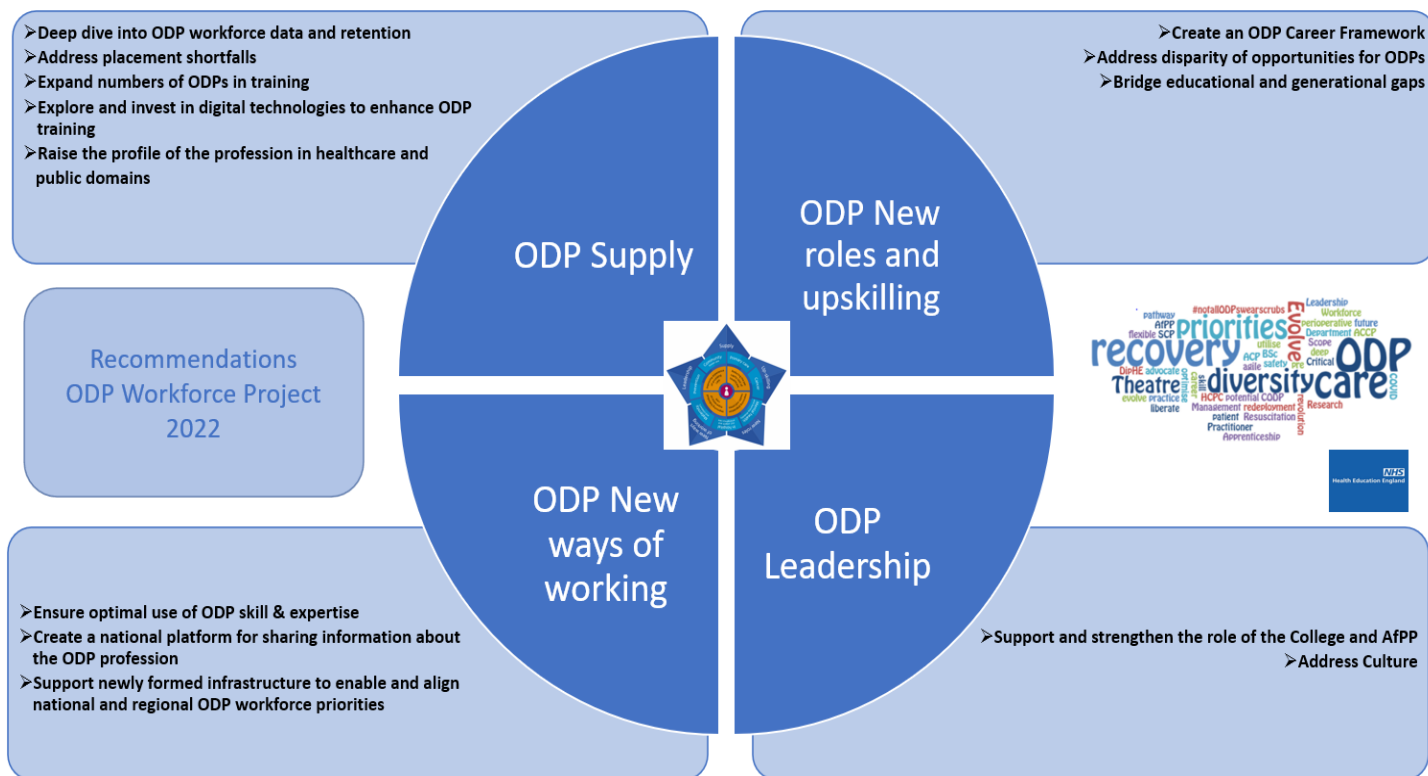


Figure 10 Summary of recommendations from the HEE ODP Workforce Project 2021 22



5.1 ODP Supply

Workforce data – Deep dive into ODP workforce data and retention.

Address placement shortfalls – National trial of the fair share capacity model and other placement models such as rotation. Share best practice. Review disciplines' requiring clinical placements in theatre and create priority guidance. Explore the potential for a national PAD document.

Expand numbers of ODP in training - Chief AHP/ Chief Nurse have a responsibility to ensure that their ODP workforce is represented at board level to enable workforce leads to discuss the supply, retention and development of the profession and are part of strategic workforce plans. Increase the number of ODP apprentices but not to the detriment of numbers coming through traditional undergraduate routes. Invest in backfill monies, training grants and share best practice and successful business cases. Use private providers to better effect for training this workforce.

Education and training – Explore and invest in digital technologies to enhance ODP training and increase placement capacity (e.g. PEEP and VR). Implement a national course which provides theatre support workers with the opportunity to meet minimum requirements to access ODP course. Prepare for change to SET 1 and new SOPs.

Raising the profile of a career as an ODP- Create a strategy for raising the profile of the profession which will enable ODPs to have a voice and become ambassadors for the profession. Provide a collaborative annual ODP conference and a national publicity campaign. Invest in ODP day to publicise the profession. Identify the challenges linked to work experience for school aged pupils. Create new opportunities for early work experience (e.g., VR) and provide education for careers advisors and early intervention schools' engagement through large scale regional events. Consider a large-scale collaborative MOOC e.g., collaborative between CODP AfPP and HEIs. Continue to explore and review data on international opportunities.

5.2 ODP New Roles and Upskilling



Career Framework – Create an interactive ODP career framework – Bands 2 – 9 which is collaborative and dovetails into the AHP support worker framework, the KPMG perioperative career framework and CODP careers website ensuring it meets the requirements of the AHP enhanced/advanced/consultant agenda. Create clear routes into ODP for theatre support workers / Nursing Associates / Assistant Practitioners.

ACP / critical care – Address disparity of opportunities for ODPs applying for roles in critical care and enhanced and advanced courses to ensure training is accessible for all ODPs. Map ODP skills to ACP, SCP, AA, and other advanced roles.

Optimal use of skill – Review the extent to which the 3rd year SFA skills are embedded in HEI curricula and identify the numbers of ODPs in SFA roles. Share best practice. Map ODP skills to the requirements of the elective care recovery programme to ascertain best use of skill and identify how ODPs can further contribute to elective recovery e.g., roles in pre op assessment, 'prehabilitation' and surgical hubs.



5.3 ODP New ways of working

Sharing platform - Create a national platform for sharing ODP information. This should include national and regional priorities, national and regional workforce data, relevant project reports, data on the training workforce, best practice examples, information on the 4 pillars of practice including research and networking opportunities related to ODP, the sharing of case studies and lived experiences, business cases, educational resources, conferences and events.

Networking - Continue to strengthen ODP networks and infrastructure to drive forward workforce transformation and reduce unwarranted variation. Align national and regional ODP workforce challenges to dovetail into the KPMG outputs and other perioperative priorities.

Bridging the gaps - Complete a training needs/skills gap analysis for the profession. Create opportunities for end of career ODPs to support the profession e.g., Professional ODP Advocate roles, legacy ODP, ODP preceptorship champions. Offer education and training to level up and enable a reduction in academic and generational gaps within the workforce, including a programme to increase the pool of assessors to support placement expansion. Provide leadership development at all levels, and support registrants to engage in training related to research and SFA skills. These programmes could be a national offer from a collaboration between CODP and AfPP. Strengthen the agenda on returners to practice and those looking at a career change.



5.4 ODP Leadership

CODP and AfPP - Support and strengthen the roles of the CODP and AfPP.

Address Culture – Improve the visibility of ODP leaders and promote positive role modelling. Explore and address parity of opportunity for ODPs to lead and enable the development of ODP leadership placements. Appoint a national ODP lead, regional ODP leads / ODP clinical fellows / subject matter experts to drive forward change. Invest in training to support trainee ODPs and qualified practitioners to develop leadership skills at all levels.

HEE ODP Workforce project - Top 5 Priority Recommendations – Highest impact

1. ODPs career Framework Bands 2-9 and strengthens routes into ODP
2. A deep dive into ODP workforce data and retention
3. National focus on ODP placement capacity to enable an increase in the training workforce particularly through the ODP apprenticeship route
4. Address culture and the impact of this on the ODP workforce
5. Bridge educational and generational gaps to enable optimal use of skill and provide parity of opportunities for ODPs

6.0 Risks for the profession

Risk	Viable solution/enablers
Unable to grow the workforce due to limited clinical placement capacity and increased pressure on certain placement areas required for training e.g., Maternity services.	Alternative placement models, such as fair share model, rotational models, leadership placements, virtual reality, and simulation.
The emergence/introduction of perioperative local roles adding complexity and confusion into an already complex structure e.g., Band 4 Associate roles.	Escalate and share best models of perioperative care. Develop a career framework for ODP alongside a perioperative career framework.
A breakdown in collaboration between Association for Perioperative Practice (AfPP) and the CODP	Maintain current momentum working on collaborative projects for the ODP/perioperative workforce.
Preconceived/ uninformed perceptions about the role of the ODP and the impact of non-medical prescribing reducing opportunity e.g., Advanced Clinical Practice (ACP) routes for ODPs.	Raise the profile and awareness of the profession and what ODPs can do. Ensure PGD outcome is shared and rolled out across all healthcare providers.
An 'older' workforce, increasing trend in leaver rates, burnout, and high proportion of early career leavers.	Deep dive into ODP retention, value and diversify the profession and provide career development opportunities.

Table 5 Current risks which have been identified for the profession with viable solutions and enablers.

7.0 Conclusion and next steps

The ODP workforce is valued and vital to the delivery of care in England in the 21st century and crucial to the delivery of the elective recovery programme. To optimally exploit the value of the profession it must be better understood.

It is important to publicly recognise ODP and the evolution of the role, and it is imperative that the supply, retention, and development of the ODP workforce is cited at Trust board as a priority by workforce leads through the Chief AHP and or Chief Nurse.

ODPs should be supported to ensure that they have parity of opportunity like their AHP and Nursing colleagues to enable them to deliver their full value to population health and optimally contribute to care delivery across *all* 4 pillars of practice.

There must be improved accuracy of ODP and perioperative workforce data, prioritisation of placements for ODPs in the perioperative environment, investment focusing on routes into the profession, and expansion of the training workforce.

Scoping the future of the ODP workforce – full report

The CODP and AfPP drive the profession forwards. Together they are strong and combined with HEE and the newly formed ODP infrastructure, timing is optimal to drive forward a national workforce agenda to allow the profession to thrive.

7.1 Next steps

- Develop a national implementation plan for the priority recommendations in this report aligned to current policy and strategy
- Implement the priority recommendations in this report
- Raise the profile of the profession within healthcare and public domains
- Create a national platform for sharing information about the profession
- Strengthen ODP networks and the newly established national infrastructure

8.0 Limitations and enablers (project)

8.1 Limitations

- 6 months only
- England only
- Limited stakeholder engagement. It is recognised there is further data and examples of best practice to explore and report

8.2 Enablers

- Online meetings/networking provided timely access to meeting teams/individuals in all regions in England.
- An open and inclusive culture. A culture of sharing and collaboration enabled change to happen at pace
- The commitment from stakeholders to engage in this project and their passion and drive to lead change to shape the future of the profession

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10. Appendices

10.1 Appendix A- Collaborative outputs

The project has aligned to the following perioperative workstream.

		Description	Aligned to	Impact / outcome
'Outstanding theatre teams' ignition event KPMG London	March 2022	An event which brought together key stakeholders from perioperative practice and workforce planning to discuss innovative approaches for theatre and post-operative workforce.	Theatre programme board GIRFT working in collaboration with ODP policy group.	5 workstreams providing solutions to perioperative workforce challenges. ODPs directly involved in the Elective care recovery programme. Enabled collaboration

The project has been promoted and publicised at the following events.

		Description	Aligned	Impact / outcome
AHP Programme Festive Celebration	Dec 2021	An update on the project and progress to date	All HEE AHP agendas	Publicity of the project within HEE and NHS E/I
Clinical, University and Education (CUE) forum	Dec 2021	Verbal update given about the project	CODP	Publicity about the project in the ODP community
ODP Workforce Action groups	Oct 2021- March 2022	Presentation given to update and inform about the project	HEE AHP workstreams	Collaboration, sharing, intelligence,
Operating Theatre Conference, Manchester	25 th May 2022	John Dade - presentation which incorporates some of this project's aims and highlights	Theatre productivity and development	Anticipated – publicity about the project
Chief Allied Health Professions Officer Conference (CAPHO)	June 2022	TBC An overview of the project and HEE ODP	HEE AHP workstreams and the AHP Strategy for England: 2022	Anticipated – publicity about the project and engagement in next steps

Scoping the future of the ODP workforce – full report

		workforce activities	to 2027: AHPs Deliver	
Clinical, University and Education (CUE) forum Online	July 2022	TBC Presentation to share and inform a wider ODP audience about the project	CODP	Anticipated – publicity about the project and engagement in next steps
The Association for Perioperative Practice annual conference	Sept 8 th – 10 th 2022	Presentation to disseminate the project and project outcomes	AfPP	Anticipated – publicity about the project and engagement in next steps

The project has directly supported professional networking events.

		Description	Aligned to	Impact / outcome
Professional tweet chat led by @ODPQI	17 th March 2022	Engagement in a live chat	ODP leadership agenda	Wider publicity, increased engagement across regions.
ODP Day 2022 Various	May 14 th 2022	Engagement in promoting the profession	CODP	Celebration of ODPs and enabling increased publicity of the profession.

Scoping the future of the ODP workforce – full report

10.2 Appendix B – ODP Courses listed on UCAS 2022/23 (May 2022 search terms Operating Department Practice and Operating Department Practitioner)

BSc (Hons)	Course Title	University	Length	Award	Starts	UCAS points required	Mode of study
1	Operating Department Practice	Anglia Ruskin	3	BSc	Sep-22	80	FT
2	Operating Department Practice	Bedfordshire	3	BSc	Sep-22	112-120	FT
3	Operating Department Practice	Birmingham city (Edgbasten)	3	BSc	Sep-22	112	FT
4	Operating Department Practice	Birmingham city (Devon and Exeter)	3	BSc	Jan-23	112	FT
5	Operating Department Practice	Bolton	3	BSc	Sep-22	112	FT
6	Operating Department Practice	Bournemouth	3	BSc	Sep-22	104-120	FT
7	Operating Department Practice	Buckingham New	3	BSc	Sep-22	112-136	FT
8	Operating Department Practice	Canterbury Christchurch	3	BSc	Sep-22	112	FT
9	Operating Department Practice	Central Lancashire	3	BSc	Sep-22	112	FT
10	Operating Department Practice	Coventry	2	BSc	Sep-22	112	FT
11	Operating Department Practice	East Anglia	3	BSc	Sep-22	104-112	FT
12	Operating Department Practice	Edge Hill	3	BSc	Jan-23	104-112	FT
13	Operating Department Practice	Gloucestershire	3	BSc	Jan-23	112	FT
14	Operating Department Practitioner	Greenwich	3	BSc	Sep-22	112	FT / PT
15	Operating Department Practice	Huddersfield	3	BSc	Sep-22	112	FT
16	Operating Department Practice	Hull	3	BSc	Sep-22	112	FT
17	Operating Department Practice	Leicester	3	BSc	Sep-22	112	FT
18	Operating Department Practice	London South Bank	3	BSc	Sep-22	112	FT
19	Operating Department Practice	Northumbria	3	BSc	Sep-22	120	FT
20	Operating Department Practice	Portsmouth	3	BSc	Sep-22	112	FT
21	Operating Department Practice	Sheffield Hallam	3	BSc	Sep-22	112	FT
22	Operating Department Practice	Staffordshire	3	BSc	Sep-22	112	FT
23	Operating Department Practice	West London	3	BSc	Sep-22	104-120	FT
24	Operating Department Practice Studies	Teesside	3	BSc	Sep-22	96-112	FT
25	Operating Department Practitioner	Truro and Penwith (Greenwich)	3	BSc	Sep-22	112	FT
Dip HE							
1	Operating Department Practice	Birmingham city (Edgbasten)	2	Dip HE	Sep-22	88	FT
2	Operating Department Practice (South West)	Birmingham city (Devon and Exeter)	2	Dip HE	Jan-23	88	FT
3	Operating Department Practice	Coventry	2	Dip HE	Sep-22	64	FT
BSc (Hons)							
1	Operating Department Practice (extended degree)	London South Bank	4	BSc	Sep-22	48-64	FT inc foundation year
2	Operating Department Practice (with foundation year)	Bournemouth	4	BSc	Sep-22	48-72	FT inc foundation year
3	Operating Department Practice with foundation year	Birmingham city (Edgbasten)	4	BSc	Sep-22	88	FT inc foundation year
4	Operating Department Practice with foundation year	Buckinghamshire New	4	BSc	Sep-22	32-56	FT inc foundation year

10.3 Appendix C - Key ODP documents and resources not directly cited in this report.

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Operating Department Practitioners

Report by Helen Lowes
For Health Education England

Written Sept 2021 to May 2022 (data and information representative at that time)