

The Future of the Orthotic and Prosthetic Workforce in England

Response to the NHS England report 'Improving the Quality of Orthotic Services in England'



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Introduction

Who are Orthotists?

Orthotists are autonomous registered practitioners who provide gait analysis and engineering solutions to patients with problems and conditions of the neuro, muscular and skeletal systems. Their qualifications make them competent to design, manufacture and provide orthoses (such as insoles, braces, splints, callipers, footwear, spinal jackets and helmets) that modify the structural or functional characteristics of the patient's neuro-muscular and skeletal systems. These then enable patients to mobilise, eliminate gait deviations, reduce falls, reduce pain, prevent and facilitate healing of ulcers, and help people recover from or avoid injury or live with lifelong conditions.

Who are Prosthetists?

Prosthetists are autonomous registered practitioners who provide gait analysis and engineering solutions to patients with limb loss. Their qualifications make them competent to design and provide prostheses that replicate the structural or functional characteristic of the patients absent limb.

How many Orthotists and Prosthetists are there?

Orthotist and Prosthetist are protected titles in the UK and there are 1,061 (06/02/17)¹ registered with the HCPC. Of these approximately 500^{2 3} are estimated to be working as Orthotists across the UK.

How are Orthotists and Prosthetists trained?

They are extensively trained at undergraduate level in mechanics, bio-mechanics and material science along with anatomy, physiology and pathophysiology.

Where are they trained?

Only two Universities in the UK offer a Prosthetics and Orthotics programme: -

- University of Salford offer a 3 year BSc (Hons) Prosthetics and Orthotics. (Moved from 4 year BSc (Hons) in 2012/13)
- University of Strathclyde offer a 4 year BSc (Hons) Prosthetics and Orthotics.

How many are trained each year?

Currently only 30 Orthotist and Prosthetist are trained each year in England.

How is the training funded?

Until the Comprehensive Spending Review (CSR) funding for Prosthetist and Orthotist (P&O) education was included within the NHS Bursaries system and P&O education places were

¹ Health and Care Professions Council (2016) *Register of Professions*. Available at: <http://www.hcpc-uk.co.uk/aboutregistration/professions/index.asp?id=9#profDetails>

² British Association of Prosthetists and Orthotists (2015) *Improving the Quality of Orthotic Services in England*.

³ All Party Associate Parliamentary Group on Limb Loss (2014) *Campaign for More Orthotists*.

commissioned by HEE North West. However, from September 2017 the education costs will move over to the Student Loan Company.

N.B. Prosthetists and Orthotists are included on the Migration Advisory Committee Shortage Occupation List⁴.

Background to *Improving the Quality of Orthotic Services in England*⁵

- There have been a number of reports published over the last decade discussing the potential benefits of improving orthotic services. All identified significant health and quality life benefits for patients, financial benefits for the NHS and economic benefits for the wider health economy if a comprehensive, integrated orthotic service is provided consistently throughout the patient pathway
- Despite this, challenges with effective commissioning and provision of orthotic service still remained and patient feedback indicated significant variation in the quality service provision. Quality can suffer for a number of reasons, but the lack of quality measures and data have contributed to hindering effective commissioning.
- In July 2014 NHS England commissioned NHS Quality Observatory to undertake a review of orthotics services following a formal escalation by Healthwatch England regarding the poor quality of some orthotics services. The findings of the review were shared at a roundtable event in March 2015 and the key issues and learning from the event were included in the report *Improving the Quality of Orthotic Services in in England* published in November 2015.

Case for action

Early orthotic intervention improves lives and saves money⁶ and yet the benefits to the NHS are still not fully realised by most commissioners and managers⁷

- Clinical benefits – the provision of orthotics has a beneficial impact on a range of clinical conditions by relieving pain increasing mobility, protecting tissues and promoting healing along with a whole host of other benefits including improved independence and self-image⁸

⁴ HM Government (2017) *United Kingdom Shortage Occupation List*. Available at:

<https://www.gov.uk/guidance/immigration-rules/immigration-rules-appendix-k-shortage-occupation-list>

⁵ NHS England (2015) *Improving the Quality of Orthotic Services in England*. Available at:

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/orthcs-final-rep.pdf>

⁶ Hutton, J. and Hurry, M. (2009) *Orthotic Services in the NHS: Improving Service Provision* Available at:

http://rslsteeper.com/uploads/files/281/final_orthotics_policy_document_new.pdf

⁷ Centre for Economics and Business Research Ltd (2011) *The economic impact of improved orthotic service provision - A review of some of the financial and economic benefits of a better functioning system for the provision of orthotic services* Available at: http://www.bhta.net/sites/default/files/document-upload/2012/Orthotics_review_Cebr_report_04_07_2011.pdf

⁸ NHS Scotland (2005) *Scottish Orthotics Services Review*: Available at:

<http://www.sehd.scot.nhs.uk/publications/dc20050614orthotics.pdf>

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- **Benefits for Children and Young People** - it's particularly important that children and young people needing orthotic intervention get it quickly and that the orthoses are well fitted and of good quality. If they have to wait too many months to obtain the correct orthoses most will have outgrown them before that are fitted and endured unnecessary pain and immobility. These delays can sometimes result in the need for further surgery and dependency on a wheelchair¹.
- **Cost benefits** - cost benefits to be gained by improving the commissioning and provision of orthotics services are likely to be made by treating more people in primary care and reducing the need for consultant appointments and more expensive acute care procedures, in patients stays, drugs and surgery. Most savings are expected to be made by keeping frail older people mobile and independent for longer and reducing the need for expensive social and residential care services². It is estimated that the economic and social consequences of denying patients orthotic care are significant, costing an estimated £390million per annum (based on 2004 data) and that for every £1 spent on improving orthotic service provision the NHS could save £4⁹

Findings from the report relevant to Health Education England

The report included a number of actions for both NHS England and Health Education England. The action specifically relevant to HEE was:-

*Workforce Development Issues - Health Education England (HEE) and NHS England will work together to assess workforce development needs for orthotics service provision, with oversight from HEE's Allied Health Professional Advisory Group chaired by the Chief Allied Health Professions Officer.*¹⁰

- **Workforce data.** The report referenced the findings of the Centre for Workforce Intelligence (CfWI) report *Workforce Risks and Opportunities. Prosthetists and Orthotists*¹¹ which highlighted poor and incomplete national workforce data and attributed this to the difficulties of collecting data from the commercial/private sector who are contracted to provide NHS services.
- **Demand for Orthotists.** The report also stated that demand for Orthotists is likely to rise in line with increases in the ageing population and rising prevalence of obesity, diabetes, cardiovascular and peripheral vascular diseases. It suggested there is a current severe shortage of orthotists in the NHS and quotes the British Health Care Trades Association (BHCA) view that there will need to be a 30% to 50% increase in the number of orthotists to meet current and future demand.
- **Supply of Orthotists.** Currently only one HEI in England offers a Prosthetics and Orthotics programme supplying 30 graduates each year. The CFWI report also highlighted that 22% of the workforce was over 55 with only a small number working beyond 65. Other

⁹ NHS Purchasing and Supply Agency (2004) *Orthotic Pathfinder - A patient focused strategy and proven implementation plan to improve and expand access to orthotic care services and transform the quality of care delivered* Available at: http://rslsteeper.com/uploads/files/281/orthotic_pathfinder_report_july_2004.pdf

¹⁰ NHS England (2015) *Improving the Quality of Orthotic Services in England*. Available at:

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/orthcs-final-rep.pdf>

¹¹ Centre for Workforce Intelligence (2012) *Workforce Risks and Opportunities – Prosthetists and Orthotists*

factors that could affect supply may also include a possible increase in career breaks and the increase in the part time workforce due to changes in maternity and paternity entitlement and cultural shifts.

- Redesigning Services. The report discussed the opportunities to redesign orthotic services, by allowing direct access referral for GPs, Allied Health Professionals (AHPs) and registered nurses and suggests the adoption of multidisciplinary approaches and ways of working to maximise skills and efficiency. This would involve developing education modules that could be accessed by other AHPs (such as podiatrists, occupational therapists, physiotherapists) and nurses that when completed would allow them to consider and discuss with patients the type of orthoses that could best meet their needs.
- Patient Experience. The report highlights a number of factors which affect the patient experience. One of these is the shortage of clinicians and the impact this has on waiting times and quality of care and the lack of patients getting orthoses fitted right first time.
- Indicators of Good Quality Service. The report highlights the importance of an appropriately skilled workforce and suggests the need for a named orthotist as a case manager for a patient's care.

Work to date

February 2016 – Allied Health Professions (AHP) Clinical Fellow appointed with one of their main objectives to deliver HEE's response to the NHS England Report.

March 2016 - Engagement with multiple stakeholders commenced to further explore the implications for HEE, highlight potential problems and suggest possible solutions.

May 2016 - Initial report and recommendations produced for the HEE Allied Health Professional Advisory Group (AHP HEEAG).

June to August 2016 – Continued stakeholder engagement.

September 2016 – Draft preliminary report on available data regarding the Orthotic workforce in England produced.

September/October 2016– Next steps document produced and presented to AHP HEEAG

October 2016 – Planning for the *Education Summit on the Future of the Orthotic and Prosthetic Workforce* commenced.

November 2016 – Approval for the delivery of the *Education Summit on the Future of the Orthotic and Prosthetic Workforce in England* received.

December 2016 – Final preliminary workforce report produced.

December 2016 - Bookings go live for the *Education Summit on the Future of the Orthotic and Prosthetic Workforce in England*.

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January 2017 – Commencement on the production of the final report containing HEEs response to the NHS England Report *Improving the Quality of Orthotic Services in England*.

8 February 2017 – Delivery of the *Education Summit on the Future of the Orthotic and Prosthetic Workforce in England*.

February 2017 – Completion of the preliminary draft report *The Future of the Orthotic and Prosthetic Workforce in England - Health Education England's Response to the NHS England Report Improving the Quality of Orthotic Services in England*

April 2017 - Completion of the final draft report *The Future of the Orthotic and Prosthetic Workforce in England - Health Education England's Response to the NHS England Report Improving the Quality of Orthotic Services in England*

September 2017 – Publication of *The Future of the Orthotic and Prosthetic Workforce in England - Health Education England's Response to the NHS England Report Improving the Quality of Orthotic Services in England*.

Preliminary orthotic workforce report

Background

Due to the poor and incomplete national workforce data highlighted in the NHS England report, the AHP Clinical Fellow undertook research to develop a preliminary workforce report on the data currently available on the orthotic workforce in England. The data contained within the preliminary workforce report was obtained from a number of sources following a collaboration between the British Association of Prosthetists and Orthotists (BAPO) and Health Education England (HEE).

Method

During 2016 a freedom of information request was submitted by BAPO to 157 NHS Trusts in England, who historically were known to offer orthotic services. 114 Trust responded with 17 acknowledging that they still directly employed Orthotists and provided workforce figures. 43 Trusts did not respond.

BAPO also requested information from NHS Orthotic Managers Group.

Additionally, BAPO sent a request to the British Healthcare Trade Association (BHTA) requesting information regarding the number of Orthotists and Orthotic Technicians employed within the commercial sector. The BHTA forwarded this request to 24 commercial providers but only received responses from 4 of these providers

Further data regarding the orthotic workforce directly employed within the NHS was obtained via a request to the HEE Local Teams - Allied Health Professions (AHP) Representatives Network.

Due to the limited response received from the commercial sector following the BHTA's request, HEE made a further request to the commercial providers in November 2016. The information obtained from this request identified that of the 24 commercial providers initially identified by the BHTA, only 18 directly employed orthotists.

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During this process, it became apparent that not all commercial providers of orthotic services across England were members of the BHTA. To overcome this challenge further research was undertaken involving cross referencing the employer details of the membership of BAPO with the data already obtained. This generated an additional 22 commercial/private providers of orthotic services and led to the identification of a total of 38 commercial/private providers who directly employed orthotists across England.

N.B. To prevent any potential duplication of data all sources were cross referenced and reviewed.

A full list of NHS providers who responded and supplied data can be found in Appendix 1
A full list of commercial providers who responded and supplied data can be found in Appendix 2

Commercial Providers

Data relating to Commercial companies who directly employ Orthotists, Dual Role Orthotists and Prosthetists, Orthotic Technicians, Orthotic Assistants/Support Workers and/or Trainee Orthotic Technicians/Apprentices was obtained from 34 of the 38 companies identified who provide orthotic services in England. 4 companies did not provide data.

Role Title	Numbers Employed (Full time)	Numbers Employed (Part time)
Orthotist	206.6	24
Dual Role Prosthetist and Orthotist	O:19/P:21	O:1/P:1
Orthotic Technician	421	7
Orthotic Assistant/Support worker	37	2
Trainee Orthotic Technician/Apprentice	7	0

NHS Providers

Data relating to NHS organisations who directly employ Orthotists, Dual Role Orthotists and Prosthetists, Orthotic Technicians, Orthotic Assistants/Support Workers and/or Trainee Orthotic Technicians/Apprentices was obtained from 36 NHS providers in England.

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Role Title	Numbers Employed (Whole Time Equivalents)
Orthotist	125.86
Dual Role Prosthetist and Orthotist	2.87
Orthotic Technician	50.24
Orthotic Assistant/Support worker	4.4
Trainee Orthotic Technician/Apprentice	1

Overall Estimates

Using the information provided by the NHS Providers and Commercial Providers, the estimated total combined numbers for the Orthotic workforce working in clinical practice across England is

Role Title	Combined Full and Part time Numbers Employed by both Commercial and NHS Providers
Orthotist	356.46
Dual Role Prosthetist and Orthotist	O:22.87/P:22
Orthotic Technician	478.24
Orthotic Assistant/Support worker	43.4
Trainee Orthotic Technician/Apprentice	8

Education summit on the future of the orthotic and prosthetic workforce in England

Background to the education summit

Within the orthotic and prosthetic profession, it is quite unique that 70% of the orthotic workforce is employed by the commercial sector who are then contracted to provide NHS services. Due to the small size of the P&O Profession (only 1,061 individuals registered in the UK¹²) the commercial sector is also relatively small, with approximately 38 orthotic companies in total

¹² Health and Care Professions Council (2016) *Register of Professions*. Available at: <http://www.hcpc-uk.co.uk/aboutregistration/professions/index.asp?id=9#profDetails>

directly employing orthotists. Some of these companies employ large numbers of orthotists while other may only employ 1 or 2 orthotists.

Following the feedback received during engagement with stakeholders it became apparent that with the apprenticeship levy going live in May 2017 and the Government's priority to expand apprenticeships to 3m by 2020¹³ and expectation that the cost of this growth will be met employers, there was a great deal of interest in the potential for developing a Level 6 (BSc) apprenticeship route for orthotists and prosthetists, a Level 5 (Foundation Degree) apprenticeship route for orthotic and prosthetic technicians and potentially a Level 3 apprenticeship for orthotic and prosthetic support workers.

As the orthotic and prosthetic profession are inextricably linked, it was decided that any national education event would need to focus on both the orthotic and prosthetic workforce.

Remarkably, over the past decade at no time have all stakeholders been invited to attend a single collaboration event under one roof to discuss and develop solutions to overcome the workforce challenges facing the orthotic and prosthetic profession.

Purpose of the education summit

The overall purpose was to invite all stakeholders to an education summit facilitated by HEE that created an environment which enabled focused discussion and action planning on overcoming the challenges within the orthotic and prosthetic workforce in England. The event was expected to be a catalyst for discussion regarding the potential challenges and opportunities to develop Level 3, Level 5 Level 6 and Level 7 apprenticeship routes for the Orthotic and Prosthetic Workforce in England and investigate the opportunities and appetite for developing and equipping other AHPs (such as Podiatrists, Physiotherapists and Occupational Therapist) via under graduate or post graduate study to extend/enhance their practice to provide certain aspects of orthotic services.

Who attended the education summit?

The education summit on the future of the orthotic and prosthetic workforce took place on Wednesday 8th February 2017. The event was attended by over 100 delegates representing patients, clinicians, NHS England, NHS Improvement, Health Education England, 5 professional bodies/associations, 34 NHS providers of orthotic and prosthetic services, 11 commercial providers of orthotic and prosthetic services and 4 Higher Education Institutes.

The agenda from the education summit can be found in Appendix 3.

Facilitated discussions

During the morning of the education summit, 4 facilitated table top discussions took place asking the following questions:

¹³ HM Government (2015) *English Apprenticeships: Our 2020 Vision* Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482754/BIS-15-604-english-apprenticeships-our-2020-vision.pdf

What do patients need from the orthotic and prosthetic workforce?

What do learners need from the workplace learning environment?

What do employers need from the orthotic and prosthetic workforce?

What are the challenges we need to overcome?

Key themes arising from the facilitated discussions

Following a thematic analysis of the data recorded during the 4 discussions a number of key themes were identified.

What do patients need from the orthotic and prosthetic workforce?

- Consistency and continuity of care.
- More time with the clinician
- Access to prosthetic and orthotic (P&O) technicians/support staff or other healthcare provider when a clinician isn't required.
- Guidance from the British Association of Prosthetists and Orthotists on what none P&O clinicians can do.
- Better signposting skills and knowledge of other services

What do learners need for the workplace learning environment?

- Good quality placements with sufficient patient contact.
- Mentorship and Preceptorship.
- Recognised training programme for P&O technicians/support staff.
- Integration with multi-disciplinary teams (MDTs).
- Career pathway with apprenticeships from support worker to registered clinician and beyond.
- More centres for learning.

What do employers need from the orthotic and prosthetic workforce?

- Newly qualified staff with better practical skills.
- Apprenticeships – Not necessarily dual registered.
- Improved compassionate communication and counselling skills.

- More skilled P&O technicians/support workers with recognised training.
- Career progression to aid recruitment and retention
- More centres for learning
- Increased profile of the profession.
- Increased evidence base.

What are the challenges we need to overcome?

- Retention /Attrition.
- Lack of a consistent set of standards.
- Recognition of the value provided by P&O.
- Inclusion in MDT pathways.
- Less flexibility for the workforce within the commercial sector.
- Lack of mentorship and preceptorship.
- Huge variation in time slots despite guidelines.
- Need to be a frontline proactive service rather than a reactive end of line service.
- Lone working/working in isolation.
- Northern geographical location of training institutes.
- A need for improved workforce planning across the commercial and NHS sectors.

Workshops

The content of the afternoon workshops was determined by the key themes generated from the morning discussions. As a result, 4 workshops were run focusing on:

- Level 6 (BSc) Apprenticeships - Facilitated by Skills for Health and HEE
- Level 5 and Level 3 Apprenticeships - Facilitated by HEE
- Utilising the wider workforce effectively – Facilitated by NHS Improvement
- Preceptorship – Facilitated by Andrew Nicol on behalf of BAPO

Key outcomes from the workshops

Level 6 (BSc) apprenticeships.

- A commitment from 13 NHS and Commercial providers of Orthotic and prosthetic services across England, the British Association of Prosthetists and Orthotists (BAPO) and 4 geographically diverse Higher Education Institutes to work together to submit an expression of interest to form a Trailblazer to develop a Level 6 (BSc) apprenticeship for prosthetics and orthotics.

Level 5 and Level 3 apprenticeships.

- An agreement from employers/providers and BAPO that there is an increasing need to pursue level 3 support workforce and level 5 technician apprenticeships.

Utilising the wider workforce effectively.

- A commitment from organisations to share their models of best practice for utilising the wider workforce and the development of case studies to demonstrate this.

Preceptorship.

- An identified a need to develop “Preceptorship Champions” to promote preceptorship across different services especially remote sites with small workforces, accessible through email or phone.
- An identified need to train the trainer, to instil preceptorship skills in the workforce
- An identified need for BAPO to sign off the preceptorship process as complete and to demonstrate professionalism.

Workforce Planning

A universal theme highlighted during the education summit was the need for improved workforce planning across both the commercial and NHS sectors of the orthotic and prosthetic profession. This led to agreement of the following additional outcome.

- An identified need for all commercial and NHS providers of orthotic and prosthetic service to work in collaboration with Health Education England to improve the availability workforce data to allow more effective workforce planning in the future.

Feedback from the education summit

Thanks for holding such an interesting and successful conference and letting me know the outcomes. I really enjoyed it and it helped break me into my new laptop! **Patient Representative**

There has been a lot of email traffic about the proposed apprenticeship scheme development following the summit..... I would be very interested in being part of the trailblazer development.
Head of Orthotics and Prosthetics at an NHS Trust

I really enjoyed the day so thank very much for the invitation.....The presentations at the start were brilliant in putting the patient perspective at the heart of things.
Patient Representative

I think the day went exceptionally well and you achieved a lot more than I expected.
Chief Executive of an Orthotic and Prosthetic Company.

Yesterday answered a lot of questions for me about what has gone wrong, why it has gone wrong and more importantly, why, despite my complaints and upset - Nothing happened to bring about any change!..... I do genuinely feel there is hope for the future..... I feel there is a will to change, now you all have to find the way..... I'm really pleased to have been part of 'yesterday' and would be happy to help again if anything similar is run More good than bad came out of yesterday for me and in some ways, it brought some closure and understanding for me.
Patient Representative

I just wanted to email to say how much I enjoyed and got out of Wednesday's Education summit for Prosthetics and Orthotics. I will definitely be looking to progress the idea of level 6 apprentice Orthotists through my own Trust. With the meeting including so many inspirational patient representatives I found the day really kept the patients at the centre so thank you for all your hard work.
Orthotic Service Manager at an NHS Trust

Can I say that I thought it was a very productive meeting. Having been a medical manager for years, as well as a doctor, I was used to attending many similar meetings which never produced any outcomes. I feel very positive that we may have produced a solution yesterday. Fingers crossed that the apprenticeship plan comes off.
Patient Representative

Workforce figures for prosthetists and orthotists

The scope of the preliminary workforce report found on page 8 did not involve obtaining overall figures for prosthetists and orthotists, but to provide a more generic picture the following data has been extracted from the HCPC website¹⁴. The HCPC generated the data using the registrant's postal addresses and therefore may not necessarily provide an accurate picture of the geographical region of their practice.

¹⁴ Health and Care Professions Council (2016) *Publications – Registrant Demographics*. Available at: <http://www.hcpc-uk.co.uk/publications/index.asp?action=submit#publicationSearchResults>

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Country	Area of Practice	Gender			Total
		Female	Male	Undisclosed	
England	Prosthetists and Orthotists	334	375	15	724
	Prothetist/Orthotist	33	51	0	84
	Orthotist	85	132	4	221
	Orthotist/Prosthetist	130	85	0	1
	Prosthetist	27	70	4	101
	Prosthetist & Orthotist	59	37	7	103
Scotland	Prosthetists and Orthotists	126	56	5	187
Wales	Prosthetists and Orthotists	24	28	1	53
N.Ireland	Prosthetists and Orthotists	12	9	0	21
Channel Islands	Prosthetists and Orthotists	0	0	0	0
Isle of Man	Prosthetists and Orthotists	0	1	0	1
Gibraltar	Prosthetists and Orthotists	0	0	0	0
European Economic Area	Prosthetists and Orthotists	26	28	1	55
Total Number on HCPC Register (September 2016)		522	497	22	1041

Actions

A universal agreement that came out of the education summit was that there is an expectation that both NHS and Commercial providers of orthotic and prosthetic services will make a commitment to share best practice at a local service delivery level to allow the best possible prosthetic and orthotic care to be provided.

All of the actions below will be co-produced in the tone of the education summit, which modelled the NHS constitution by valuing the input of all, and placing people and populations at the heart of what we do.

Professional standards

Action	Owner	Completion date
<ul style="list-style-type: none"> BAPO will work in collaboration with employers, higher education institutes and the International Society of Prosthetics and Orthotics to review, and where appropriate, update and standardise the undergraduate core curriculum. 	BAPO	March 2018

Level 6 (BSc) apprenticeships

Action	Owner	Completion Date
<ul style="list-style-type: none"> Health Education England have commissioned Skills for Health to work in collaboration with HEIs, employers and BAPO to support the submission of an 	Employers via the Trailblazer chairs	EOI submitted 27 th April 2017

<p>expression of interest (EOI) to develop a Trailblazer for a Level 6 BSc Apprenticeship for Prosthetics and Orthotics.</p> <ul style="list-style-type: none"> Development of an apprenticeship standard, end point assessment plan and costing schedule. 	<p>Trailblazer Group</p>	<p>Re-submission of amended EOI July 2017</p> <p>Development of a Degree Level Apprenticeship Standard for Prosthetics and Orthotics approved August 2017</p> <p>Anticipated completion September 2018</p>
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Level 3 and 5 apprenticeships

Action	Owner	Completion Date
<ul style="list-style-type: none"> Health Education England will support BAPO to work in collaboration with employers to develop the strategic fit between the new P&O technician training programme starting in April 2017 and the current Level 5 Assistant Practitioner Apprenticeship Standard. 	<p>BAPO</p>	<p>April 2017</p>
<ul style="list-style-type: none"> Following an AHP level 3 standard gap analysis workshop undertaken on 28th February 2017 between Health Education England, Skills for Health, BAPO and the other AHP professional bodies, it was agreed that the prosthetic and orthotic support worker roles would fit within the Level 3 Senior Health Care Support Worker (AHP Option) Apprenticeship Standard¹⁵. As a result of the decision made at this meeting BAPO agreed to formally respond to the Level 3 Diploma consultation (which ran from 6th February 2017 until the 6th March 2017) evidencing the training requirements for Level 3 prosthetic and orthotic support workers and offering expert support with the development of required content. 	<p>BAPO</p>	<p>April 2017</p>

¹⁵ HM Government (2016) *Apprenticeship standard: senior healthcare support worker*. Available at: <https://www.gov.uk/government/publications/apprenticeship-standard-senior-healthcare-support-worker>

<ul style="list-style-type: none"> BAPO will also support profession wide conversations on the broader opportunities that effective skill mix affords patients and employers. 	BAPO	March 2018
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Utilising the wider workforce effectively

Action	Owner	Completion Date
<p>Health Education England, NHS England, NHS Improvement and BAPO, will work in collaboration to identify examples of best practice and innovative models of service delivery to develop case studies for dissemination across the profession.</p>	NHS Improvement	March 2018
<p>BAPO will undertake a scoping exercise to determine the range of courses that currently exist to train other professions in component orthotic and prosthetic skills, and determine if there are gaps in the products available to support the developing models for good practice across the wider workforce. The scoping report will be held on their website as an information paper and will be circulated electronically to all employers and link across from HEE web pages on P and O wider workforce solutions. Any gaps highlighted will be discussed with HEE.</p>	BAPO	December 2017

Preceptorship

Action	Owner	Completion Date
<p>Health Education England have commissioned the development of an interactive e-learning preceptorship resource based upon the Preceptorship in Prosthetics & Orthotics Guide¹⁶ with a specific focus on the service pressures identified in the NHS England orthotic report¹⁷ which were reinforced at the Education summit.</p> <p>This work will be oversighted professionally by BAPO.</p>	Health Education England	March 2018

¹⁶ Health Education England North West and University of Salford (2013) *Preceptorship in Prosthetics and Orthotics*. Available at: <https://www.bapo.com/Framework/ResourceManagement/GetResourceObject.aspx?ResourceID=d28db7d3-b8b2-4680-8dd9-2853224f6de0>

¹⁷ NHS England (2015) *Improving the Quality of Orthotic Services in England*. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/orthcs-final-rep.pdf>

Learning environment

Action	Owner	Completion Date
Health Education England have commissioned the development an interactive e-learning resource to provide guidance for learners/supervisors to optimise student placement experience and to consider the anticipated challenges of delivering/undertaking orthotic and prosthetic apprenticeships within a such a unique and pressurized service environment. This work will be oversighted professionally by BAPO.	Health Education England	March 2018

Advanced clinical practice

Action	Owner	Completion Date
Health Education England will work in collaboration with BAPO and employers to ensure they are linked in to the national work on advanced clinical practice and exploration of Level 7 apprenticeships to broaden skills mix and aid longer term retention of experienced clinicians. All interested employers/HEIs are urged to get actively involved to register their interest to participate in the Level 7 advanced practice apprenticeship at healthcare.trailblazer@skillsforhealth.org.uk	Employers via the Trailblazer chairs	Expression of Interest agreed and submitted April 2017.

Workforce planning

Action	Owner	Completion Date
Health Education England will work with NHS Digital to develop unique occupation codes for the prosthetics and orthotics workforce for inclusion in the updated version of the <i>NHS Occupation Codes Manual</i> ¹⁸	Health Education England	Completed and anticipated publication in December 2017.
Health Education England will support BAPO to work collaboratively with both commercial and NHS providers to develop the workforce data across the profession and to ensure that the workforce minimum data set (wMDS) ¹⁹ is uploaded to NHS Digital by all providers of NHS	Health Education England/BAPO	June 2018

¹⁸ NHS Digital (2017) *NHS Occupation Codes Manual*. Available at: http://content.digital.nhs.uk/media/22133/NHS-Occupation-Code-Manual-Version-14/pdf/NHS_Occupation_Code_Manual_Version_14.0_Final.pdf

¹⁹ NHS Digital (2017) *Workforce Minimum Data Set*. Available at: <http://content.digital.nhs.uk/wMDS>

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commissioned services (this is a requirement of the NHS standard contract) to allow effective workforce planning in the future.		
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Health Careers

Action	Owner	Completion Date
BAPO will work with Health Careers to create updated content to be uploaded on the Health Careers website and included in any future Health Careers publications.	BAPO/Health Careers	May 2017

Return to practice

Action	Owner	Completion Date
Health Education England will investigate the opportunities for developing a Returning to Practice process for Prosthetists and Orthotists	Health Education England	October 2017

Appendices

Appendix 1: NHS providers who supplied workforce data.

Alderhey Children's Hospital NHS Foundation Trust

Central Manchester University Hospital NHS Foundation Trust

County Durham and Darlington NHS Foundation Trust

Dartford and Gravesham NHS Trust

Derbyshire Community NHS Foundation Trust

Doncaster and Basset Law NHS Foundation Trust

Dorset County NHS Foundation Trust

East Lancashire NHS Trust

East Sussex County Healthcare NHS Trust

Five Borough Partnership NHS Foundation Trust

Frimley Health NHS Foundation Trust

Guy's and St Thomas' NHS Foundation Trust

Isle of Wight NHS Trust

King's College Hospital NHS Foundation Trust

Lancashire Teaching Hospital NHS Foundation Trust

Livewell Southwest

Norwich and Norfolk University Hospitals NHS Foundation Trust

Nottingham University Hospitals NHS Trust

Oxford University Hospitals NHS Foundation Trust

Royal Berkshire NHS Foundation Trust

Royal Devon and Exeter NHS Foundation Trust/Exeter Mobility Centre

Royal Liverpool and Broadgreen University Hospitals NHS Trust

Royal National Orthopaedic Hospital NHS Trust

Salford Royal NHS Foundation Trust

Salisbury NHS Foundation Trust

Sandwell and West Birmingham Hospitals NHS Trust

Sherwood Forest Hospitals NHS Foundation Trust

Stockport NHS Foundation Trust

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

The Rotherham NHS Foundation Trust

University Hospitals Bristol NHS Foundation Trust

University Hospitals Coventry and Warwickshire NHS Trust

University Hospitals of Leicester NHS Trust

Warrington and Halton NHS Foundation Trust

Wirral University Teaching Hospital NHS Foundation Trust

Yeovil District Hospital NHS Foundation Trust

Appendix 2: Commercial providers who supplied workforce data.

Andrew Lodge Orthotics

A&S Healthcare

Arden Orthotics

Bell Orthotics Ltd

Blatchford

Buchanan Orthotics Limited

Crispin Orthotics Limited

Dacey Limited

DM Orthotics Limited

Dudley Surgical Appliances Ltd

Elite Orthotic Consultancy

Frank Crewsdon Orthotics Ltd

Halo Medical

Healthcare UK Ltd

John Florence Limited

M G Gilligan Ltd

Moore Bros Surgical

Opcare

Orthotic Biomechanical Solutions

Orthotic Experts Ltd

Ossur UK

Ottobock Healthcare PLC

Pace Rehabilitation Ltd

Peacocks Medical Group Limited

Premier Orthotics Ltd

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Prescription Footwear Associates Limited

Proactive Prosthetics

Salts Healthcare Limited

Southern Orthotic Solutions

Steeper

Talar Made Limited

TayCare Medical Limited

Technology in Motion

Trulife Limited

Appendix 3: Agenda for the Education Summit

- 09:00 – Registration and networking
- 09:30 - Welcome and introduction - Suzanne Rastrick, Chief Allied Health Professions Officer, NHS England
- 09:40 – Brief update on HEE's ongoing work relating to the NHS England Orthotic Report - Andy Sharman, AHP Clinical Fellow, Health Education England
- 09:50 – Brief update on the ongoing work within NHS England relating to the Orthotic report - Neil Churchill, Director for Patient Experience, NHS England
- 10:00 - Workforce planning - Paru Patel, Deputy Head of Workforce Planning, Health Education England
- 10:10 – Current situation, AHP apprenticeships - Lucy Blinko, Manager, Qualifications, Apprenticeships and NOS development, Skills for Health
- 10:20 – Patient perspective - Rebecca Loo, Orthotic Campaign
- 10:30 – Patient perspective - Steve McNeice, Westminster Cross Party Limb Loss Group
- 10:40 – Facilitated discussion - What do patients need from the orthotic and prosthetic workforce?
- 11:00 – Refreshment break and networking
- 11:20 - Facilitated discussion - What do learners need from the workplace learning environment?
- 11:40 – Facilitated discussion – What do employers need from the orthotic and prosthetic workforce?
- 12:00 – Facilitated discussion – What are the challenges we need to overcome?
- 12:30 – Summary of the morning and plan for afternoon workshops
- 12:40 – Lunch and networking
- 13:30 - Workshops in breakout rooms
- 14:30 – Refreshment break and networking
- 15:00 – Continuation of workshops
- 16:00 – Feedback and outcomes from workshops
- 16:50 – Summary and close