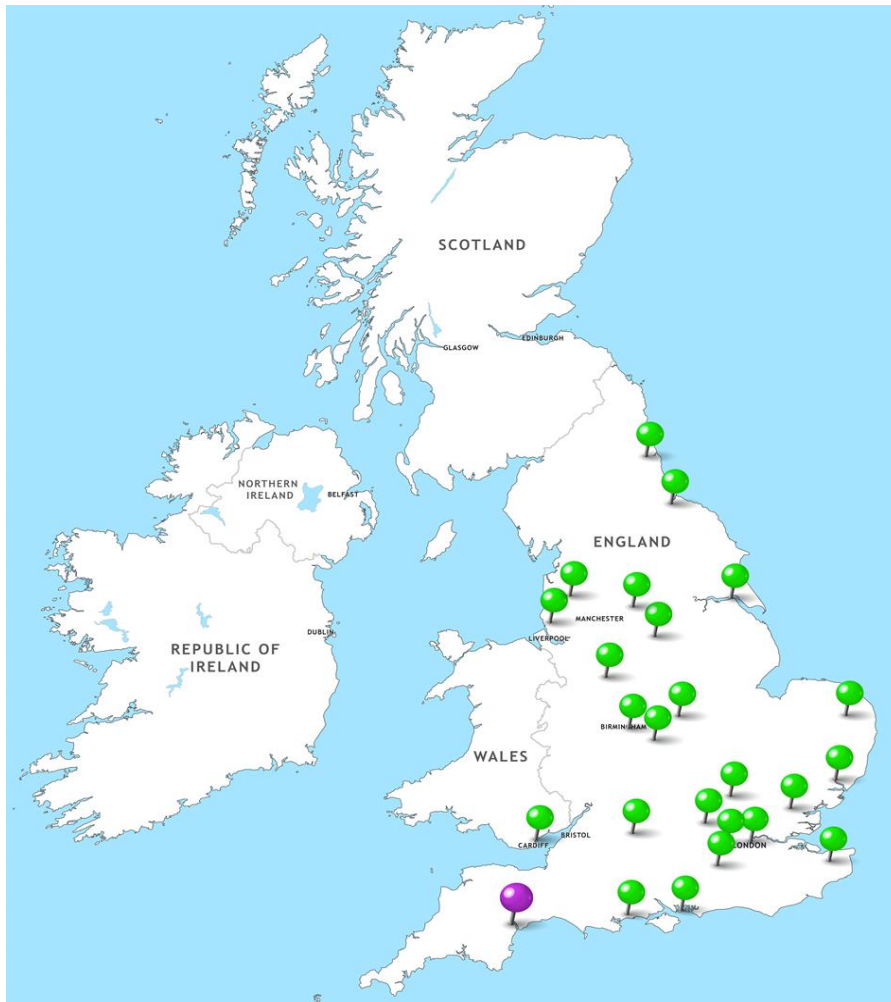




Enterprise Innovation Partnership

Review of the Education, Training and Deployment of Operating Department Practitioners



End of study report

Funded by Health Education England

'University needs and employer needs can have a huge variation. A university that doesn't listen to its placement hospitals does not provide the best prepared students for qualification. Employers then spend longer supporting newly qualified ODPs (especially if trained elsewhere) which has a direct impact on service.'

Anaesthetic Team Lead

'We work as a team, performing the tasks required at any one time by whomever is allocated to the task.'

**Senior Operating Department
Practitioner**

ACKNOWLEDGEMENTS

The author would like to thank Beverley Harden, National Lead, AHP Programme, Health Education England for commissioning this study.

Thanks also to the education providers for providing data about their courses, the clinical staff who completed the online survey, and the professional bodies for their support for this work.

Particular thanks go to the HEE regional staff who disseminated the survey.

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[2019](#)

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Executive Summary

In April 2017 Operating Department Practitioners (ODPs) joined the allied health professions (AHPs) community within the remit of the NHS England Chief Allied Health Professions Officer. The commitment at the time was to make greater use, across the NHS, of the fourteen thousand¹ strong ODP workforce.

This scenario prompted the National Lead, AHP Programme, Health Education England (HEE) to commission this study to learn more about the education training and deployment of ODPs.

The study included: two questionnaires to the 24 Higher Education Institutions (HEIs) which provide, Health and Care Professions Council (HCPC) approved, ODP pre-registration programmes (23 in England, 1 in Wales); and an online survey completed by 83 clinical staff respondents from 64 provider organisations in England.

The study found:

- **The potential for this emerging workforce has yet to be fully realised. Although many are deployed outside of the operating theatre e.g. accident and emergency and intensive care, many are increasingly employed in specific roles such as surgical care practitioner or autonomous recovery practitioner.**
- **Between 2015 and 2019 there has been a redistribution of the ODP education courses resulting in a clustering of provision in the Midlands and the North West of England, and a significant reduction in provision by education providers based in the South.**
- **An outcome of removing the student bursaries, is the reduction in the number of applications to OPD pre-registration programmes. To recruit to target some HEIs have been flexible with the entry tariff and there has been an increasing use of 'clearing'. However, there has been no significant change, since 2016, in the overall number of ODPs in training with HEIs reportedly recruiting to their locally agreed target, and a minimal downturn in the number of mature students.**
- **There is slow uptake in the Apprenticeship Standard for Operating Department Practitioner which was approved in March 2018.**
- **There is significant pressure on the operating theatre learning environment as a direct result of the increase in the numbers and type of students (other than ODPs) with learning outcomes related to perioperative experience. 37 per cent of the acute trusts in this sample have increased the number of ODP student placements. However, 19 per cent do not provide placements for this group of students.**
- **The majority of acute trusts employ more theatre nurses than ODPs. Specifically there are normally more scrub nurses and recovery nurses than ODPs, however,**

¹ Health and Care Professions Council record (2019) states there are 13,903 registered Operating Department Practitioners

there are normally more ODPs than anaesthetic nurses. In one fifth of the trusts the ODPs and theatre nurses work interchangeably and they refer to this collective group as theatre practitioners.

- Non-medical theatre staff work flexibly to optimise the use of operating theatres.
- Half of the responding trusts employ Band 4 operating theatre support workers (Assistant Theatre Practitioners).
- Service providers are mostly positive about the pre-registration ODP courses, 84 per cent stated both Dip HE and BSc (Hons) courses meet the service need with 70 per cent requesting that both should be offered and ideally there should be more than one cohort of qualifying students graduate each year.
- There is no standardised approach to preceptorship, nor to continuing personal and professional development, for the ODP workforce.
- Only 25 per cent of the sample has a strategic workforce plan for operating theatres.

The author has drawn the following recommendations from the study in the hope, that if adopted, the potential for operating department practitioners to be more effectively used across the NHS will be realised.

- 1. HEE, in partnership with education providers, should urgently review the distribution of education provision for Operating Department Practitioners.**
- 2. HEE, in partnership with service providers, should seek to further understand the pressures on the ODP student clinical training capacity.**
- 3. Acute trusts should review the potential for more effectively utilising the skills of this AHP workforce.**

1.0 Introduction and background

This report presents the findings of a Health Education England (HEE) funded small scale study into the current education, training and deployment of the operating department practitioner (ODP) workforce. It has been written specifically for the National Lead for Allied Health Professions (AHPs) Programmes, HEE. However, the authors believe it will be of interest to theatre managers and providers of ODP education and training.

The education and training of ODPs has developed rapidly since the 1990s when the then operating department assistant (ODA) was trained to the National Vocational Qualification Level 3. In 2002 The College of Operating Department Practitioners (CODP) introduced the two-year DipHE curriculum.

The role and title ODP was regulated in 2004 and the first standards of proficiency for this profession were published in the same year².

In 2012 the CODP announced the ODP curriculum would transfer to a three-year honours degree. A year later the Council of Deans of Health (CoDH) wrote a statement³ setting out the case for the three year BSc(Hons) curriculum in which they highlighted the 'high risk environment that ODPs practise in' and also directed the reader to the never events⁴ that are 'related to routine ODP clinical practice' (see table 10 appendix 1).

In September 2018 the CODP published a revised curriculum document for the BSc(Hons) Operating Department Practice⁵. In this document the CODP pointed out that only programmes that have Bachelor of Science in the title will be endorsed by the College (see Box A).

Box A: CODP curriculum

Programmes that achieve the College of Operating Department Practitioners endorsement must have the title 'Bachelor of Science with Honours in Operating Department Practice' or 'Bachelor of Science with Honours Operating Department Practice'. The exception to this would be for programmes endorsed in Scotland where 'Bachelor of Science in Operating Department Practice' is the equivalent programme, when mapped to the QAA framework for England, Northern Ireland and Welsh awards.

² Health and Care Professions Council (2014) Standards of Proficiency Operating department practitioners

³ Council of Deans of Health (2013) ODP Pre-registration Programmes Educational Threshold

⁴ DH 2012 The "never events" list 2012/13

⁵ College of Operating Department Practitioners (2018) Curriculum Document. Available from <https://www.unison.org.uk/content/uploads/2018/09/CODP-BScHons-in-ODP-Curriculum-Document-Sept-2018.pdf>

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There are 13,903 registered ODPs in the UK⁶, over 60 per cent of whom are female. In April 2017 ODPs were formally classified as AHPs. ODPs are one of fourteen AHP professions⁷ and are represented in England by the Chief Allied Health Professions Officer.

The role of the modern ODP covers three interconnected phases of perioperative care:

- anaesthetic phase
- surgical phase
- post-anaesthetic care phase



The potential of this emerging workforce is yet to be realised as illustrated by Helen Lowes⁸ in figure 1.

In the 2015 government spending review and autumn statement, a funding reform for healthcare students was announced⁹ and the grants for healthcare students were replaced by loans. The impact of this policy change is yet to be fully understood, in particular the impact on recruitment of mature students to ODP programmes. A recent report on

⁶ HCPC 2018/2019 final year end data.

⁷ Allied Health Professions are: art therapists, dramatherapists, music therapists, chiropodists/podiatrists, dietitians, occupational therapists, operating department practitioners, orthoptists, osteopaths, prosthetists and orthotists, paramedics, physiotherapists, radiographers (diagnostic and therapeutic), speech and language therapists.

⁸ Helen Lowes is an ODP lecturer at Sheffield Hallam University

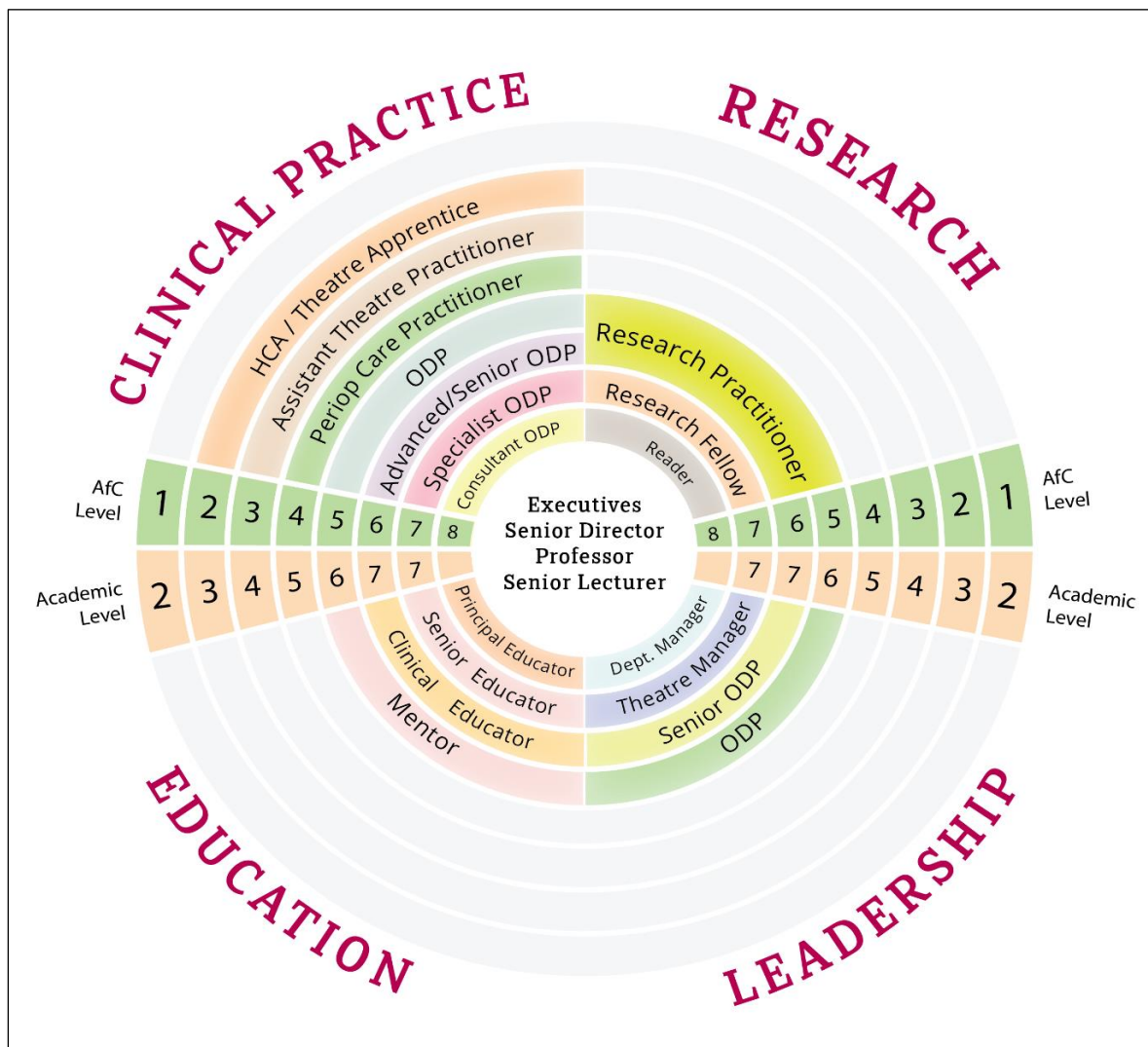
⁹ Gov. UK (2015). Spending review and autumn statement 2015 Available from

<https://www.gov.uk/government/topical-events/autumn-statement-and-spending-review-2015>

Review of the Education, Training and Deployment of Operating Department Practitioners

recruitment of mature students to nursing, midwifery and allied health courses¹⁰ referred to the Higher Education Statistics Agency (HESA) data for 2016/17 which stated that 57.2 per cent of all new ODP students were aged over 25.

Figure 1: Professional career framework for the ODP profession and perioperative practitioners



¹⁰ Marketwise Strategies Limited (2019) Recruitment of Mature Students to Nursing, Midwifery and Allied Health Courses - Research

2.0 Approach to the study

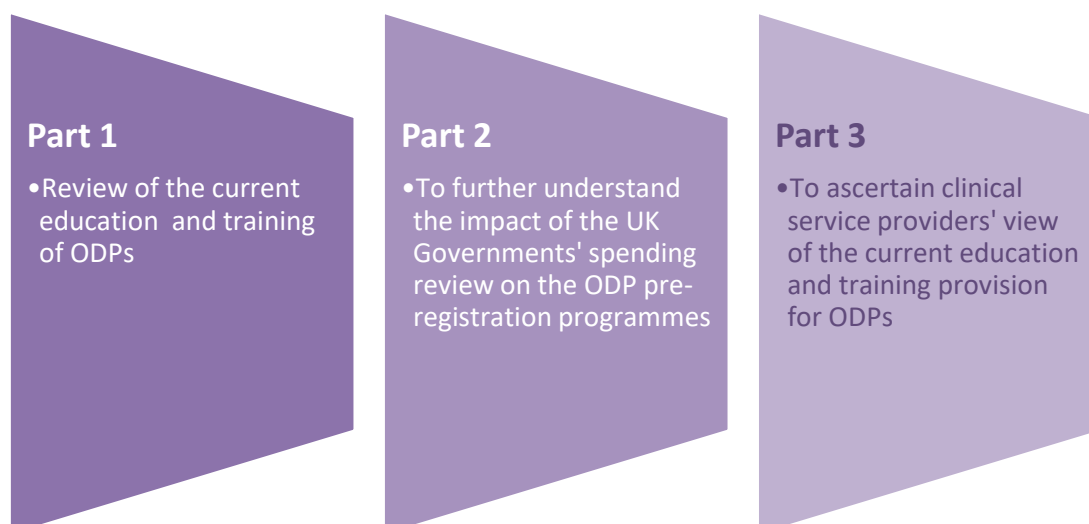
This study aimed to gain a greater understanding of the current challenges to the education and training of the OPD workforce, and the extent to which the knowledge and skills of the newly qualified OPD meet service needs. There were three key objectives:

1. To review the current education and training for the OPD workforce;
2. To further understand the impact of the UK Government's spending review on pre-registration recruitment;
3. To map clinical service provider needs against the existing education and training.

A multi-methodological three-part approach was undertaken (figure 2) using four separate data collection rounds:

1. The number and geographical spread of the UK education providers for 2015-2019.
2. Telephone interviews with 24 OPD programmes leaders about the 2017/18 intake (see appendix 2 questionnaire 1).
3. Follow-up questionnaire for OPD programme leaders (17 responded) concerning the 2018/19 intake (appendix 2 questionnaire 2).
4. A bespoke survey for completion by healthcare provider organisations in England (appendix 3) distributed via HEE's Regional Leads for Quality and Commissioning. A total of 83 staff working in theatres across 64 healthcare providers in England completed the survey.

Figure 2: Three-part methodology



3.0 Main findings

The findings from this study are presented from both an HEI perspective and a service provider perspective and are set out as follows:

3.1 Insight into HEIs' ODP course provision

3.2 Service Providers' perspective on the education and training of ODPs

3.1 Insight into HEIs' ODP course provision

Since 2015 the distribution of ODP education provision has changed markedly (figures 3-5).

In 2015, 26 universities in the UK were approved by the HCPC to deliver pre-registration ODP programmes: 24 universities in England; one in Scotland and one in Wales (appendix 4 table 11) (figure 3).

Between 2016 and 2018 both the University of Plymouth and Glasgow Caledonian University closed their ODP programmes. Subsequently Birmingham City University established a satellite centre in partnership with the Royal Devon and Exeter Hospital to ensure some education provision in the South West of England (figure 4). The University of the West of Scotland has recently won a tender to develop an ODP programme which has yet to be approved by the Health and Care Professions Council.

In March 2019 both Oxford Brookes University (Oxford and Swindon campuses) and the University of Surrey announced they were closing their ODP programmes resulting in a reduction in the number of programmes in the South of England from eight to six.

In contrast two new degree programmes have recently been launched:

- University of Derby online Degree Apprenticeship programme
- University of Bolton BSc(Hons) and Degree Apprenticeship programmes

The net result is that of 2019 24 HEIs are recruiting to ODP programmes, with a geographic clustering in the Midlands and the North West of England and a paucity of providers in the South of England, in particular the South West, and currently no provision in Scotland (figure 5).

In 2017/18 ten universities ran a Diploma in Higher Education (DipHE), five of which are being phased out. Ten other universities reported that their DipHE course had already closed and only two universities currently offer only the DipHE. A total of 22 universities are recruiting to a 2019/20 ODP degree programme.

Figure 3: ODP education providers 2015

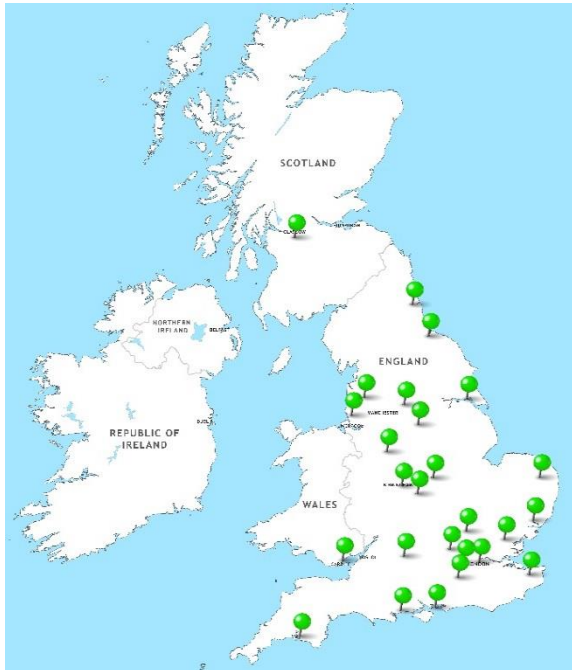


Figure 4: ODP education providers 2018

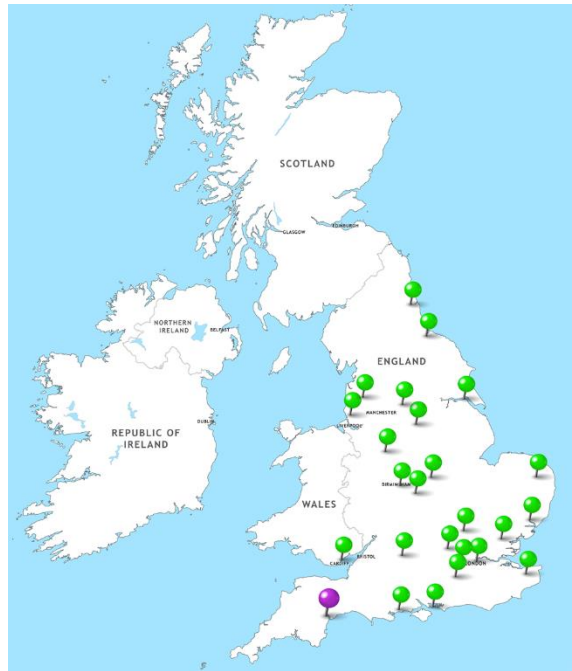
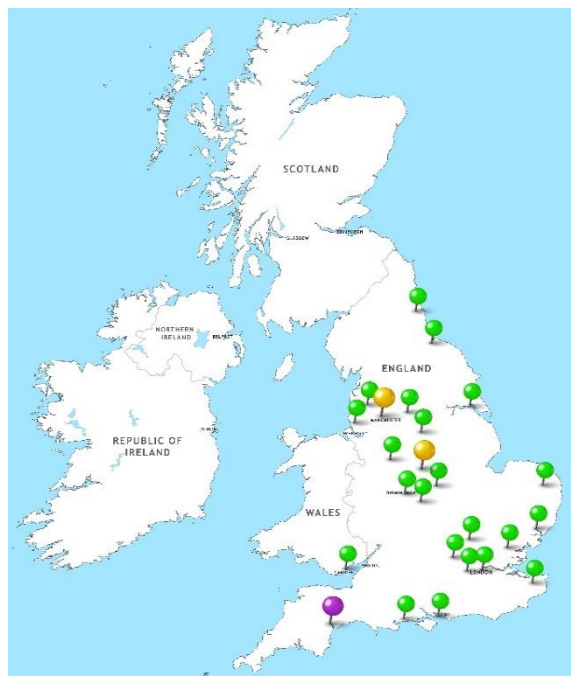


Figure 5: ODP education providers 2019



Key:



ODP established courses



ODP new courses



ODP course supported outside of region

3.1.1 Recruitment to ODP pre-registration programmes

2017/18 was a very successful year for recruitment to these programmes as shown in table 1. 95 per cent of the total DipHE and BSc(Hons) target was reached.

Table 1: Recruitment data for 2017/18 intake

Award	Year	Target	Actual	% of target recruited
BSc(Hons)	2017/18	708	633	89
DipHE	2017/18	353	350	101

2018/19 was another successful year for recruitment (table 2). 19 universities that shared their 2018/19 data recruited to 85 per cent of the overall target of 783¹¹.

Table 2: Recruitment data for 2018/19 intake

Award	Year	Target	Actual	% of target recruited
BSc(Hons)	2018/19	605	520	86
Dip HE	2018/19	178	147	83

3.1.2 Number of applicants

17 HEIs provided data about the number of applicants for 2017/18 and 2018/19 intakes (table 3). This data set shows there has been a 29 per cent overall reduction in the number of applicants over this two-year period.

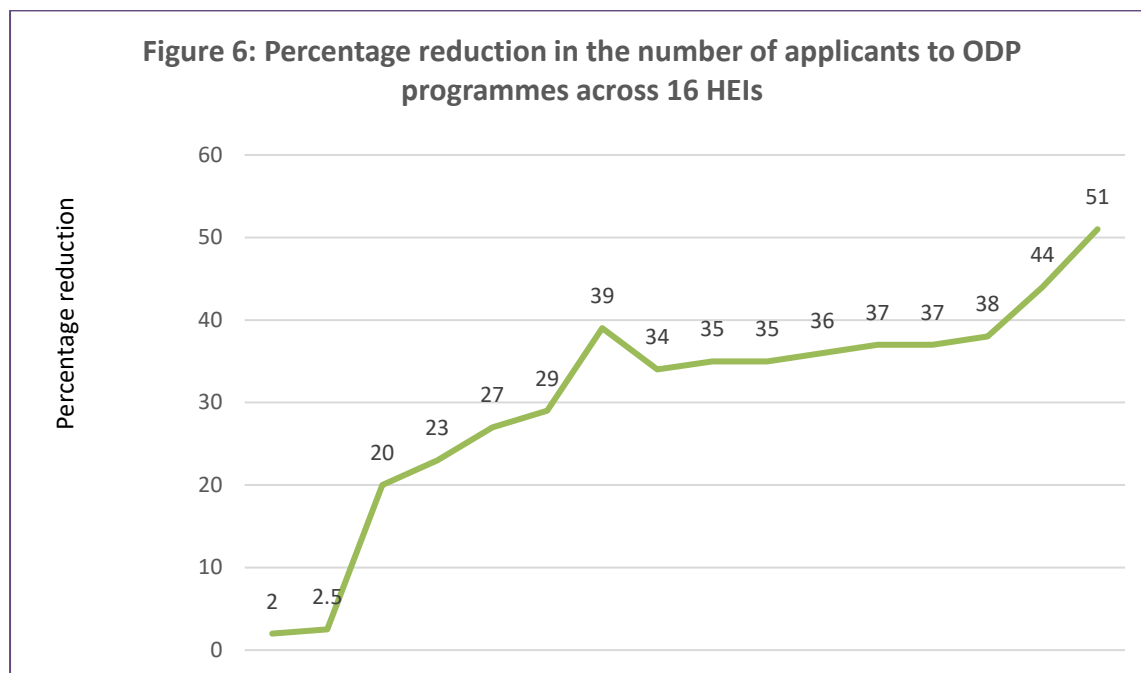
The percentage change in the number of applicants ranged from 51 per cent fewer applicants to 21 per cent more applicants (one institution only), see figure 6¹². For some HEIs this meant that they were required to recruit ODP students through clearing for the first time, and for some it resulted in the university reducing the entry tariff to the course.

Table 3: Number of applicants for 2017/18 and 2018/19 intakes

Award	Year	Applicants
BSc(Hons) & DipHE combined	2017/18	3521
BSc(Hons) & DipHE combined	2018/19	2496
Reduction		1025
% Reduction		29

¹¹ 19 out of 24 HEIs provided 2018/19 ODP recruitment data

¹² Figure 6 illustrates reduction in applicants only

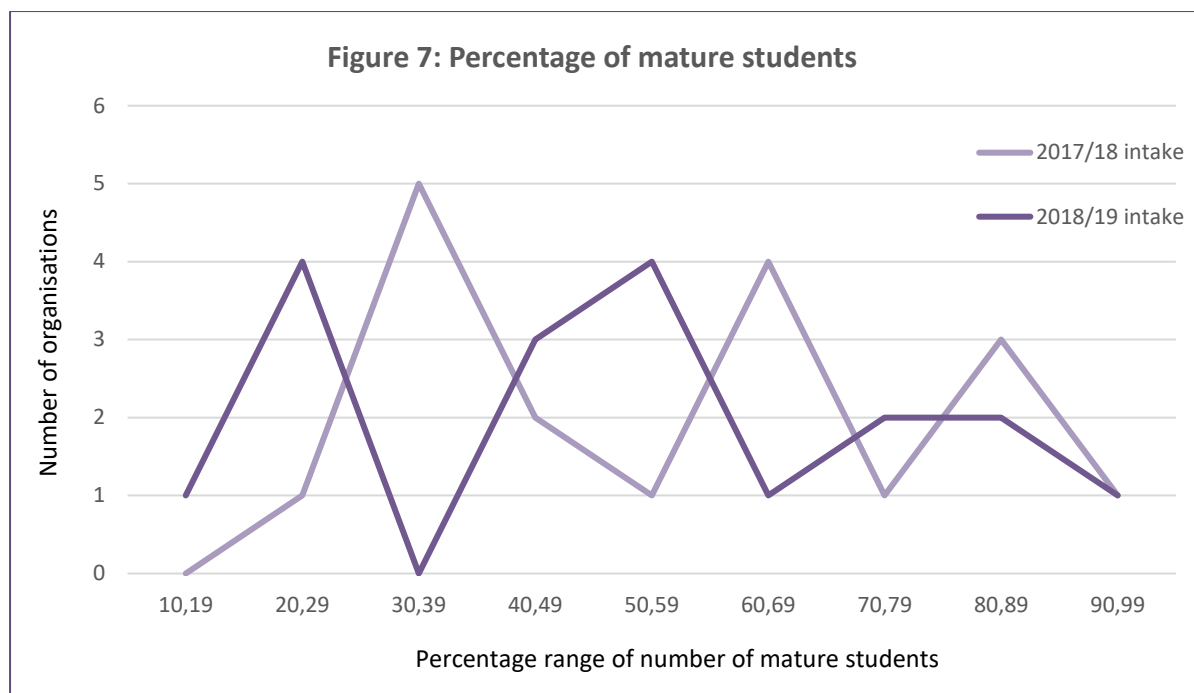


Interestingly, HEIs do not routinely correlate the number of students who were recruited through clearing with those who left the programme before the completing the course.

3.1.3 Recruitment challenges

The long-term impact of the withdrawal of student bursaries on the number of mature students is unknown. However, there is a working hypothesis that there will be a decrease in the number of mature students applying for ODP courses. 17 providers of ODP programmes provided mature student data for their 2017/18 and 2018/19 intakes.

From this very small data set the average percentage of mature students on the ODP programmes between 2017/18 and 2018/19 dropped from an average of 57 per cent to an average of 51 per cent and the percentage range of mature students was lower for 2018/19 than 2017/18 (figure 7).



The respondents observed that one of the challenges with recruitment is the lack of awareness of the role and the low profile of the profession. The partnership between the HEI marketing department and admissions is very important. In some HEIs there is considerable support for recruitment to the ODP programmes but in others it is the ODP academic staff themselves who are responsible for the recruitment.

3.1.4. Apprenticeship programmes

24 ODP course leaders commented on apprenticeship programmes. Eight stated that they are planning to run an apprenticeship programme and one advised that they have already converted the ODP Foundation Degree programme to an apprenticeship route. Seven reported that their organisations are considering the option of offering an apprenticeship programme because of the interest from their clinical partners. Three other organisations observed that they are trying to understand the market and how sustainable such a development would be. The remaining four advised that there are no plans to develop apprenticeship programmes.

'There is a plan to develop apprenticeship programme for 2019 intake. However, the finances are a challenge and it is not well understood. They are not sure there is enough interest in the programme.'

Course Leader

3.1.5. Recruiting academic staff

There is concern in this sector about recruiting academic staff. Although there is a stable academic workforce at the moment, there is apprehension about replacing the staff, especially senior staff. The reasons for these concerns are: 1) staff with the appropriate knowledge and skills to work in an HEI are already employed in the clinical service at a higher salary than the HEI pay scales permit; 2) the university expectation that academic staff will hold at least a Masters degree. The current trend is to employ ODPs with at least two years clinical experience as Teaching Fellows.

'However the university is changing its job spec to include PhD as desirable and all future staff will have to be working towards a PhD.'

Course Leader

3.1.6. Clinical training capacity

Many of the HEIs reported that there is competition for accessing clinical training places in theatres (Box B). The key issues are:

- more students than placements;
- nursing and paramedic students often prioritised over ODP students;
- lack of clinical specialties.

The HEIs also noted that the increased demands on the clinical service limit the clinical supervision time available to support multiple learners.

Box B: Examples of comments made about training capacity

'Placement is an issue.'

'Staff under pressure in clinical service; little time to support students.'

'Hospitals will not take as many students e.g. a large teaching hospital will only take 3 students per year of study.'

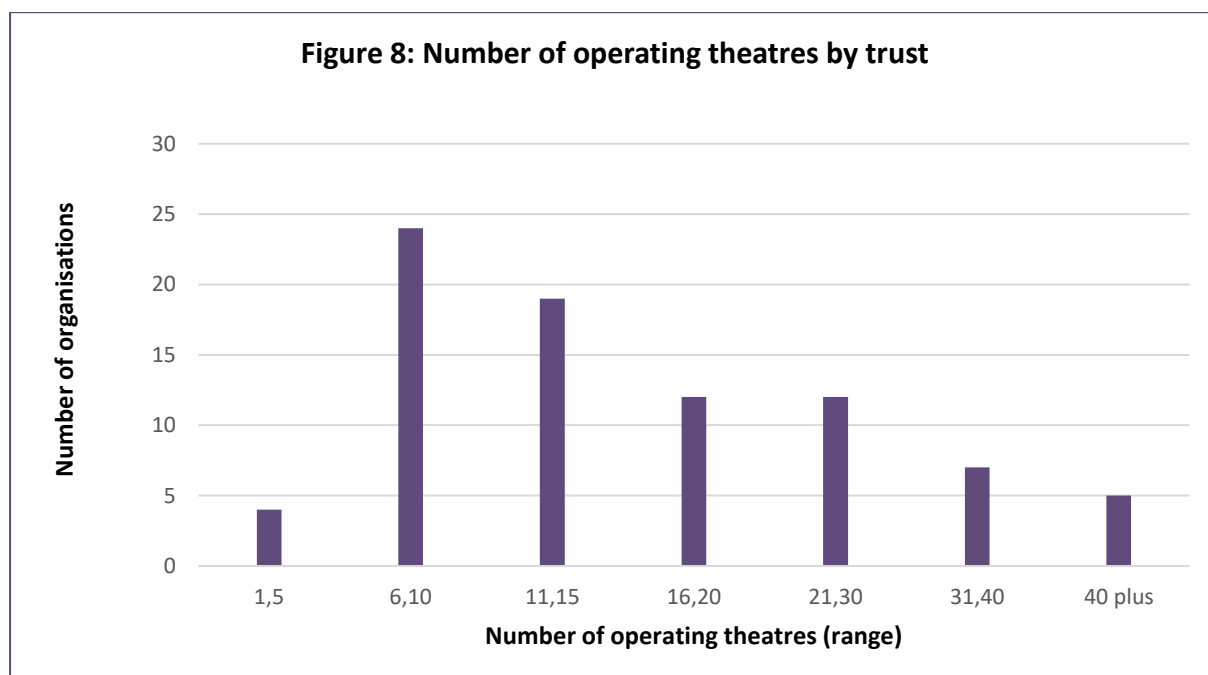
'We also have competing tensions to get access to theatres. Student nurses are rostered there but may never choose to work in theatres.'

'The programme was originally validated for 35 students, but the planned intake was dropped to 25 because of a lack of placement opportunities.'

3.2 Service providers' perspective on the education and training of ODPs

3.2.1. Profile of respondents' theatre services

83 respondents from 64 different organisations in England (appendix 3) answered the healthcare provider survey, 37 per cent (n=31) from NHS tertiary care providers, 58 per cent (n=48) from NHS secondary care providers and 5 per cent (n=4) from the Independent sector. The number of theatres in the organisations that the respondents work in range from just 1 to 53 (figure 8).

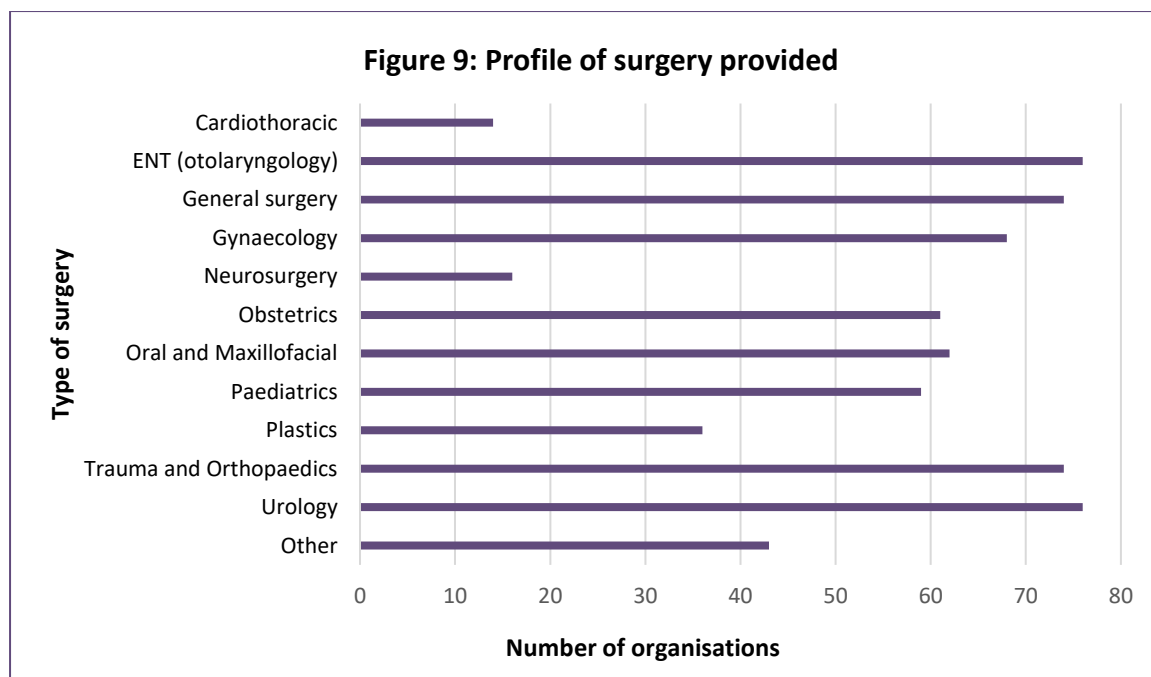


The respondents reported a range of specialisms provided by their trust. The majority reported that they provide:

- general surgery,
- otolaryngology (ENT),
- trauma and orthopaedics
- urology.

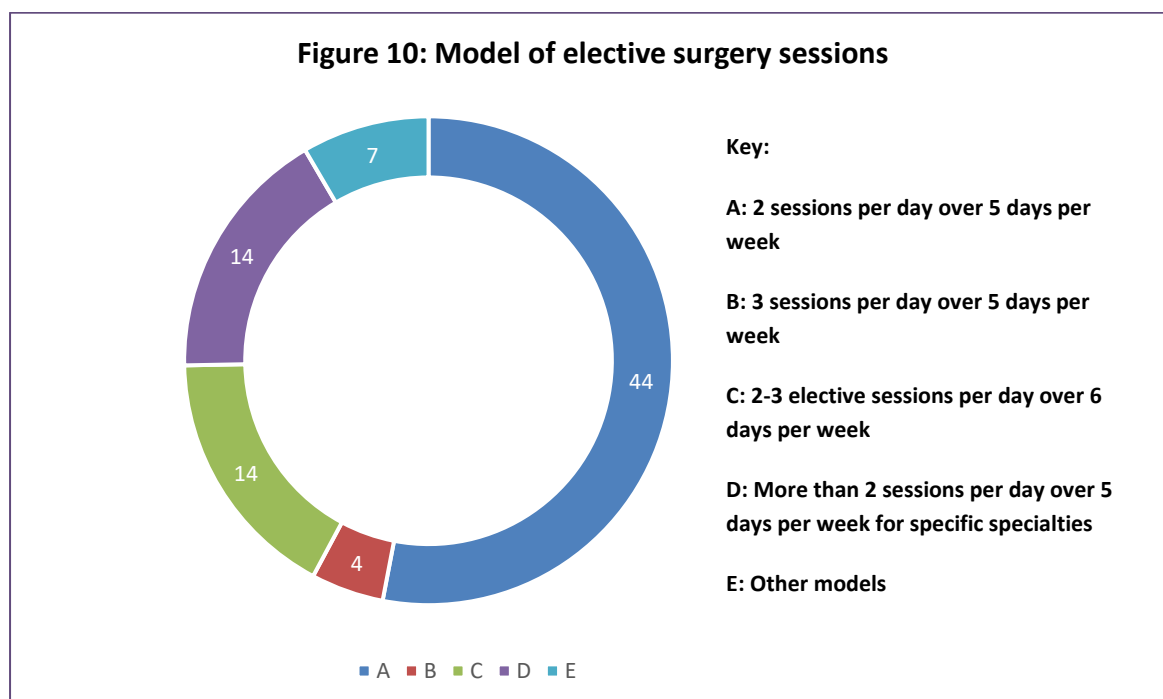
Further details of the surgical specialisms provided are illustrated in figure 9.





A range of other surgical procedures are provided by the respondents' organisations, the most common are ophthalmology, vascular, breast and gastro-intestinal.

The number of elective surgery sessions per week provided by the organisations is predominantly two sessions per day over five days per week (figure 10).



Review of the Education, Training and Deployment of Operating Department Practitioners

Other models include all-day sessions and for some specialties, such as orthopaedics, there are more theatre sessions than for other specialties. In some large centres the operating theatres are used every day, as explained by one patient pathways manager: *'We run two-three elective sessions per day over seven days in some specialties, there are approximately 68 total theatre sessions per day'*.

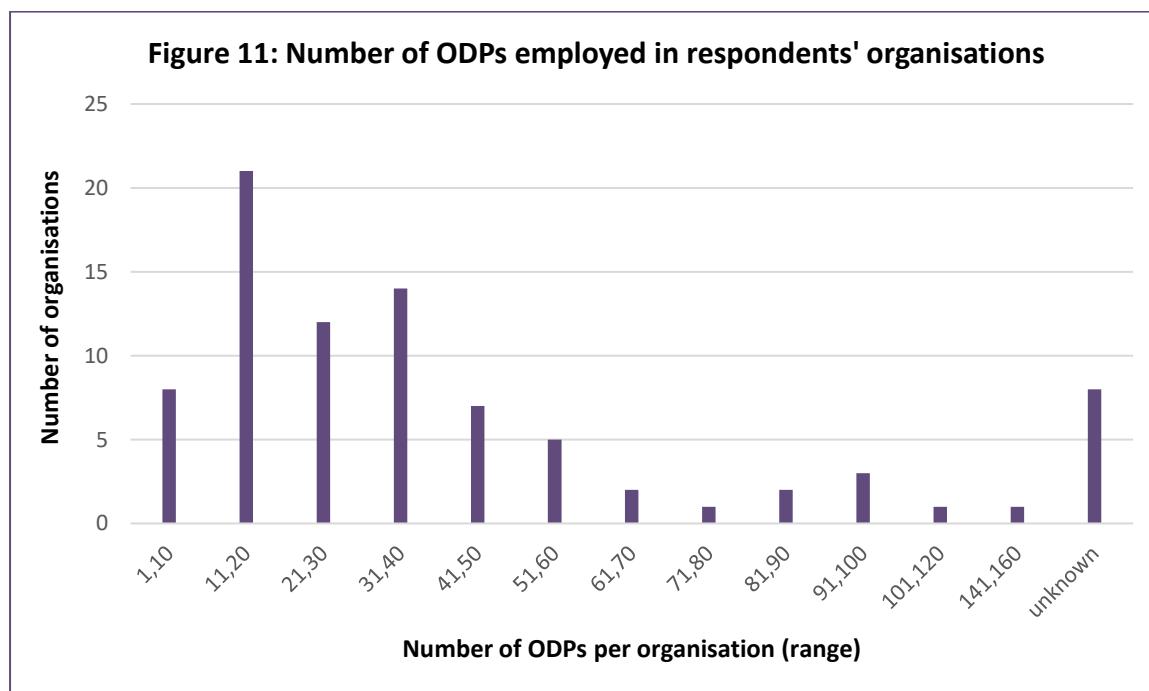
3.2.2. Strategic plans for theatre services

47 per cent of the respondents advised that their organisations have strategic service plans for the operating theatres with a further 22 per cent stating that they are being developed. Whereas only 25 per cent have strategic workforce plans for this service. The vast majority of the existing plans were updated during the past three years.

27 per cent noted that there are no operating theatre plans in place.

3.2.3. Employment and deployment of the ODP workforce

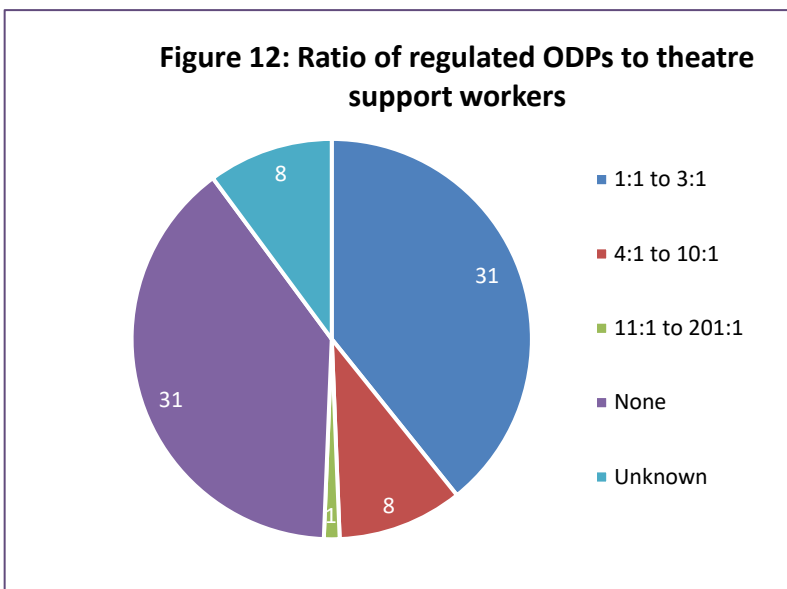
Most respondents advised that their trusts employed between 11 and 40 ODPs (figure 11).



3.2.4. Ratio of ODPs to other staff

31 respondents advised their trusts employ three ODPs to every support worker. Similarly, 31 respondents reported that there are no theatre support workers at all employed in their trust (figure 12).

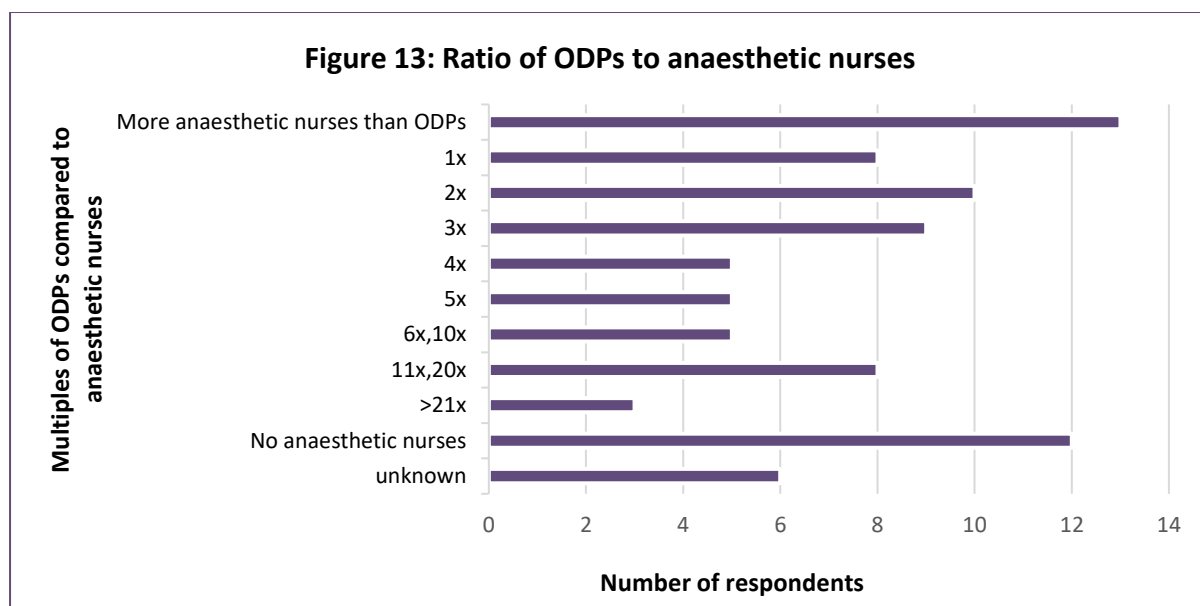
23 per cent of the respondents reported that there are equal numbers of theatre nurses and ODPs employed in their trust. 19 per cent stated that there are twice the number of theatre



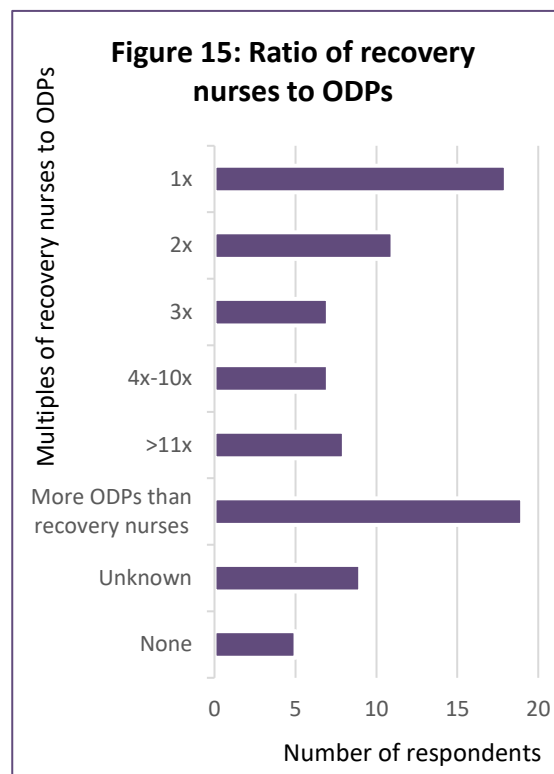
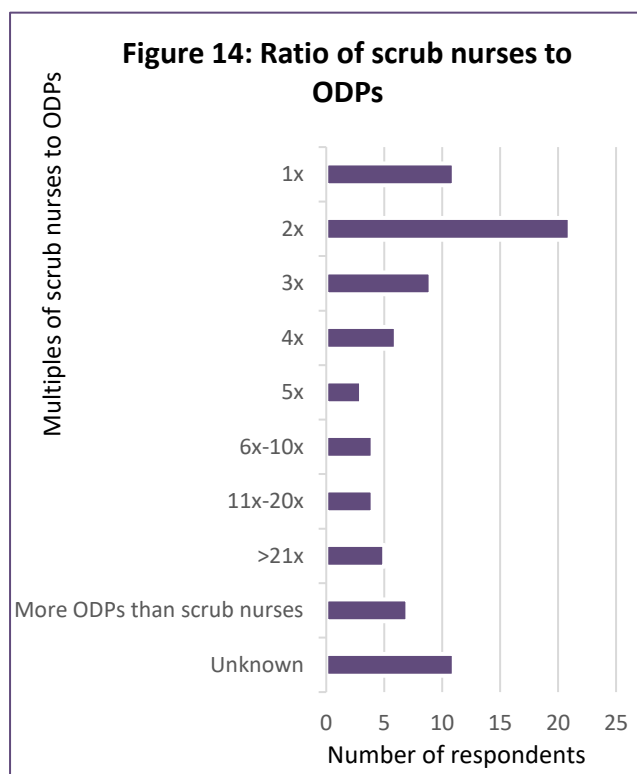
nurses, 14 per cent noted three times the number and 11 per cent reported that there are between 4 per cent and 5 per cent more theatre nurses. Three trusts reported employing 16-20 times more theatre nurses than ODPs. Interestingly a further 11 per cent stated that the majority of non-medical theatre staff are nurses.

Only 11 per cent advised that there are more ODPs than nurses working in the theatres with the highest ratio 6:1. Remarkably, two respondents advised that the trusts where they are employed have no theatre nurses and 8 per cent did not know what the ratio was.

With regard to the ratio of ODPs to anaesthetic nurses, 13 respondents advised that there are more anaesthetic nurses than ODPs and eight noted that there are equal numbers. The remainder (n=57) stated that there are more ODPs than anaesthetic nurses, and in some trusts considerably more as shown in figure 13. Surprisingly, 12 respondents reported that there are no anaesthetic nurses employed in the trust where they work.



Conversely the number of scrub nurses and recovery nurses is normally higher than the number of ODPs (see figures 14 and 15). Although according to the respondents the number of recovery nurses is closer to the number of ODPs employed in their trust.



13 respondents pointed out that ODPs and theatre nurses work interchangeably, and, in some trusts, they are both referred to as theatre practitioners.

The majority of ODPs have the opportunity to work in different areas: 89 per cent of the respondents rotate through anaesthetics; 73 per cent advised they rotate through the scrub area and 63 per cent through recovery.

72 per cent of the respondents reported that ODPs are deployed (not employed) outside of the operating theatre (figure 16).

Increasingly ODPs are employed in specific roles such as surgical care practitioner or autonomous recovery practitioner (table 4).

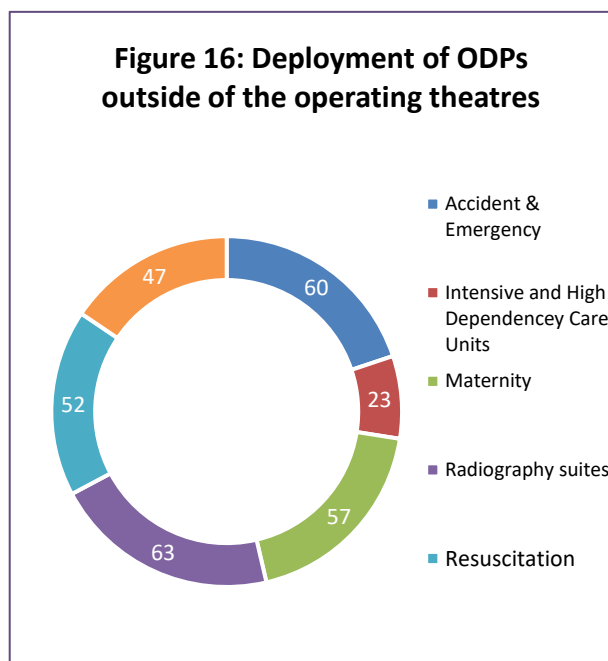


Table 4: Specific roles for ODPs

Role	Number of respondents
First Surgical Assistant	23
Surgical Care Practitioner	11
Autonomous Recovery Practitioner	17
Advanced Critical Care Practitioner	5
Physicians Anaesthetic Assistant	8
None of the above	41

'SFA (Surgical First Assistant) staff are planned to follow the SFA part one to enable advanced practice within theatres.'

ODP

The number of ODPs in these roles varies by trust. For example, the maximum number of First Surgical Assistants reported was eight, the maximum number of Physicians Anaesthetic Assistants nine and for the other roles the maximum number was six. Many of the trusts only employ one ODP in each of these roles.

3.2.5. Staff rotas

48 per cent reported that non-medical operating theatre staff work flexibly to ensure service delivery is optimised. As one senior ODP explained: *'we work as a team, performing the tasks required at any one time by whomever is allocated to the task'*. Some trusts take a strategic approach to enabling flexibility and require staff to develop skills in at least two areas e.g. anaesthetics and scrubs.

90 per cent of the respondents advised that ODPs cover out of hours and emergency services rotas and that the majority of these staff are employed at Band 5 or 6 (see table 5). 36 per cent reported that they work nights and 17 per cent weekends (see table 6).

'We have a rolling rota for nights and weekends, not all staff participate in both. Any extra shifts that need to be covered are offered out first and if not taken up staff are rostered regardless.'

ODP

Table 5: ODP staff involved in out of hours and emergency services

Grades of ODPs	Percentage of responses
Bands 5 & 6	49 (n=37)
Bands 5,6,7	36 (n=27)
Band 6	7 (n=5)
Band 5	4 (n=3)
Band 6 & 7	1 (n=1)
All grades	3 (n=2)

Table 6: ODP staff out of hours rota pattern

Out of hours shifts	Percentage of responses
Nights	36 (n=51)
Weekends	17 (n= 24)
On-call	26 (n=36)
Early shift	1 (n=2)
Late shift	6 (n=9)
Long day	9 (n=13)
24 hour rota	4 (n=5)

3.2.6.Support workers

Half of the respondents (51 per cent) stated that their trust employs Band 4 support workers in the operating theatres, whereas only 10 per cent noted that apprentice ODP staff are employed in their organisation. Most of the Band 4 staff are employed as Assistant Theatre Practitioners, the other main group employed at this Band are the scrub technicians.

69 per cent advised that other clinical support staff work in theatres mostly Band 2 and Band 3 staff as listed in table 7. According to the respondents the ratio of clinical support staff to registered non-medical staff ranges from 1:1 to 1:20 (table 8) .

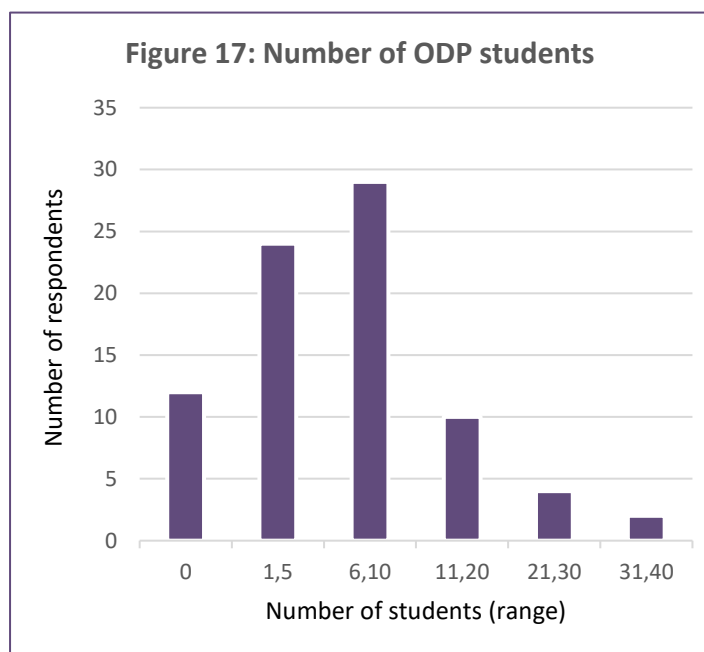
Table 7: Clinical support worker Band 2 and Band 3

Role	Number of respondents
Healthcare Assistants (Bands 2 & 3)	27
Theatre Support Worker (Bands 2 & 3)	19
Operating Department Orderlies	7
Clinical Support Workers	4
Stores Clerk	3
Other	11

Table 8: Ratio of clinical support staff: regulated non-medical theatre staff

Ratio	Number of respondents
1:1	3
1:2	11
1:3	16
1:4	3
1:5	5
1:6-1:9	6
1:10 – 1:20	9

3.2.7. ODP students

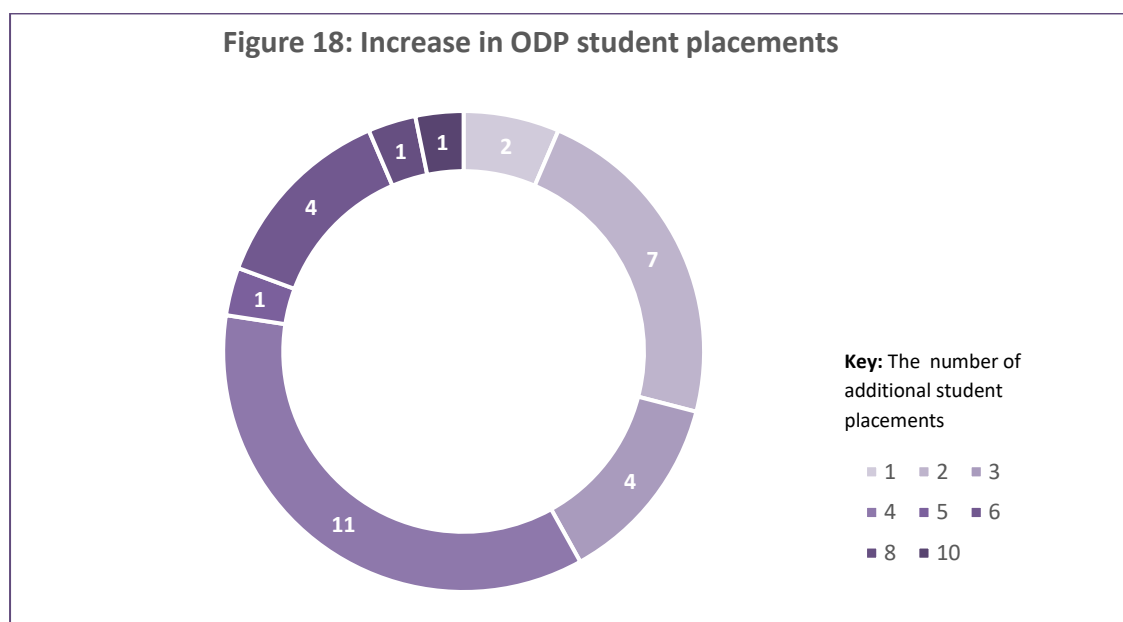


As shown in figure 17 the majority of organisations currently support up to 10 ODP students. It is interesting to note that 12 respondents reported that they do not have ODP students in their organisation.

57 per cent of the respondents advised that their organisations provide placements for ODP students on DipHE (Diploma in Higher Education) programmes. Whereas, 75 per cent provide placements for ODP students on BSc(Hons) programmes.

18 respondents stated that their organisation provides placements for ODP students from just one partner university and 30 stated they provide placements for two universities. Only four respondents advised that they provide ODP student placements for students from three different universities.

37 per cent (n=31) advised that there has been an increase in ODP student placements since 2016. Most of these organisations have increased the number of ODP placements by 4 as shown in figure 18.



The **increase** in the number of placements has been as a result of:

- an increase in HEI cohort size (n=19);
- an increase in the number of placement hours as the programme has changed from a two year DipHE to a three year BSc (n=14);
- an increase in service demands (n=12).

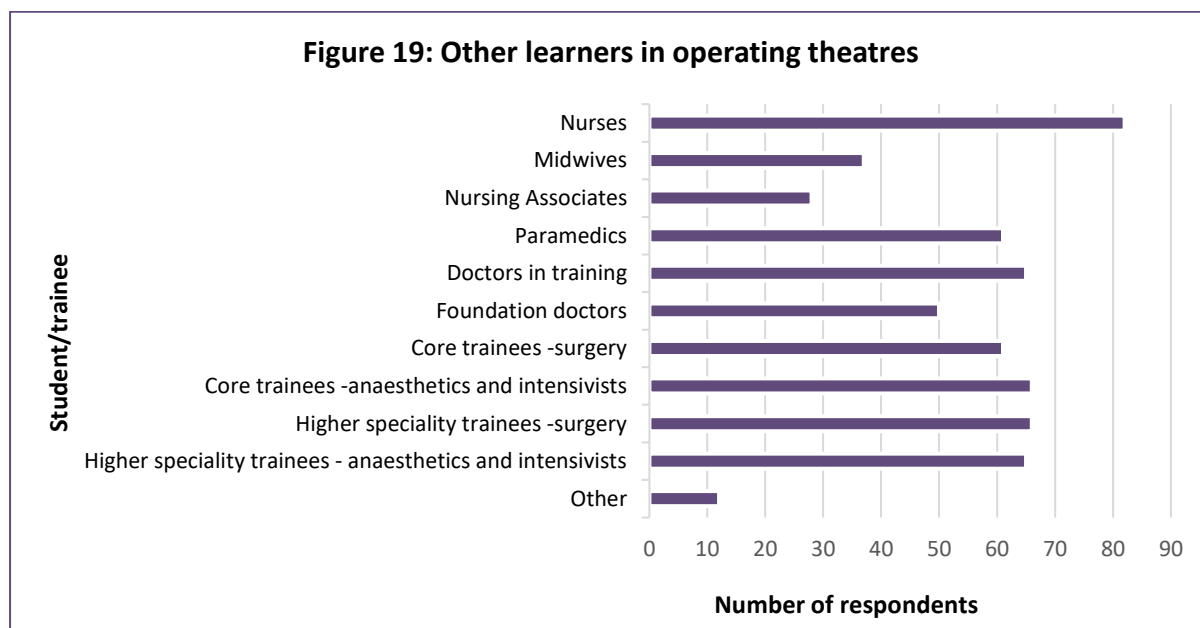
However, 11 per cent advised that there has been a slight **decrease** in the number of ODP student placements since 2016. The main reasons for this reduction are:

- an increase in other students requiring clinical placements (n=12);
- a decrease in the uptake of ODP university places (n=10).

69 per cent of the respondents claimed that their organisations are exploring the introduction of ODP apprenticeships and 40 per cent that they are considering using existing apprenticeship levy to support ODP higher apprenticeships.

3.2.8. Other students gaining clinical experience in operating theatres

Operating theatres are a key learning environment for many students other than ODPs (figure 19).



All respondents noted that student nurses gain clinical experience in the operating theatres. Unexpectedly, more than three-quarters of respondents reported that doctors either those gaining core surgical skills or higher speciality trainers, and paramedics are trained in theatres alongside ODPs.

Examples of other students who spend time in operating theatres are diagnostic and therapeutic radiographers, occupational therapists and veterinary students.

3.2.9. ODP courses

The findings related to the ODP courses are mostly positive. 72 per cent reported that there should be more than one output of graduate ODPs each year and 70 per cent that the HEIs should continue to offer both DipHE and BSc(Hons) courses. 84 per cent agreed that the DipHE programme and the newly qualified diplomates meet the needs of the service. Similarly, 79 per cent stated that the BSc(Hons) programme and the newly qualified graduates also meet the service needs. 76 per cent agreed that the university courses cover all the areas necessary to meet the scope of practice required by a newly qualified ODP.



The respondents also commented very positively on the support the universities provide for the students:

- 86 per cent agreed that the simulation suite/skills laboratories are effective in enhancing the students' understanding and practical ability within the workplace.
- 83 per cent agreed that there is adequate support for students.
- 83 per cent agreed the link tutor/clinical educators are effective in their role.
- 76 per cent agreed that the communication between the HEI and the service is satisfactory.

Respondents were positive, although less so, about the CPPD provision:

- 60 per cent agreed that the universities are keen to offer CPPD training for the practice educators/workplace mentor.
- 62 per cent agreed that the universities offer suitable perioperative CPPD modules.

Nonetheless, the respondents raised a number (n=60) of concerns about the academic programmes, a sample of these comments are listed in box C (overleaf). One respondent summed up the challenge, from an employer perspective, as shown in box D.

Box C Service providers' concerns about the academic programmes

Apprenticeships

'The uptake on the modernisation of ODP training (including apprenticeships) has been slower than our expectation as a healthcare provider institution struggling to cope with staff shortage and increased demand. HEI engagement was somewhat invisible until HEE linked the process with procurement.'

Curriculum

- *'There are very few theatre specific modules.'*
- *'There has been a significant reduction in practical skills over the years. We are having to try and incorporate much more applied clinical knowledge during the students placements.'*

Simulation suites

- *'I'm not sure the simulation suites bring anything more to the education.'*
- *'Students often comment on the use of simulation as assessment rather than a teaching tool.'*

University support

- *'No regular support from university.'*
- *'It can be challenging when dealing with a failing student to get adequate support from university staff.'*

Communication with the universities

- *'Communication from the university with our staff is poor.'*
- *'Universities are not listening to our concerns.'*

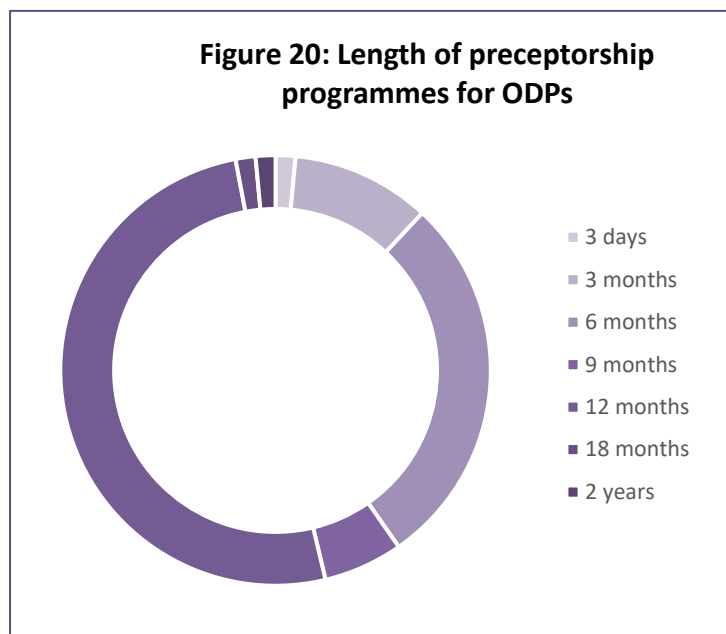
Box D The partnership challenge

'University needs and employer needs can have a huge variation. A university that doesn't listen to its placement hospitals does not provide the best prepared students for qualification. Employers then spend longer supporting newly qualified ODPs (especially if trained elsewhere) which has a direct impact on service.'

Anaesthetic Team Lead

3.2.10. Preceptorship programmes

84 per cent (n=70) of the survey respondents advised that their trust has a preceptorship programme for newly qualified ODPs (figure 20) and 93 per cent advised that the preceptorship programmes are multi-professional.



The majority of organisations represented in this survey run a 12-month preceptorship programme. Two respondents noted the length of an ODP's preceptorship programme is determined by how long it takes an ODP to complete the competencies.

3.2.11. Provision of Continuing Personal and Professional Development (CPPD)

51 per cent (n=33) of those who commented on the CPPD funding advised that there is funding to pay for CPPD and 63 per cent (n=40) agreed that there is capacity to release ODP staff to attend CPPD courses.

There is a wide range of CPPD opportunities available to ODP staff (table 9).

Table 9: CPPD opportunities

CPPD	Number of respondents
Approved CPPD courses	25
In-house training	34
External training	7
Mandatory training	8
Study days	4
Rotation	14
Bespoke development programme	6

' We have a strong practice education team in theatres who gather feedback from appraisals and use workforce planning to ensure that ODPs are able to stay up to date and develop as required.'

Practice Educator

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Examples of CPPD opportunities include:

- Recovery courses
- Mentorship programmes
- CPPD modules
- In-house training for ODPs
- Practice Educator led regular teaching sessions
- Audit day study sessions
- Super-user training with equipment companies

'CPPD support for ODPs is significantly behind our other AHP and nursing colleagues'

Practice Education Facilitator

However, 12 respondents reported that the opportunities for CPPD are very limited, as one Practice Education Facilitator pointed out: *'access to CPPD is quite difficult as we are a very busy unit under very difficult financial scrutiny'*. One respondent advised that *'All CPPD training has stopped, with the exception of the anaesthetic course for registered nurses'*.

Disappointingly 93 per cent reported that their organisation does **not** have a career development plan for ODPs. The career development plans that exist are theatre practitioner based and are open to nurses and ODPs.



Appendix 1: Never events

Table 10: The DH “never events” list 2012/13

Never event number	Never event
1	Wrong site surgery
2	Wrong implant/prosthesis
3	Retained foreign object post-operation
4	Wrongly prepared high-risk injectable medication
5	Maladministration of potassium-containing solutions
8	Intravenous administration of epidural medication
10	Overdose of midazolam during conscious sedation
17	Transfusion of ABO-incompatible blood components
18	Transplantation of ABO incompatible organs as a result of error
19	Misplaced naso- or oro-gastric tubes
20	Wrong gas administered
21	Failure to monitor and respond to oxygen saturation
23	Misidentification of patients
25	Maternal death due to post-partum haemorrhage after elective caesarean section

Appendix 2: HEI survey

This section provides details of the two questionnaires to the HEI ODP course providers

A. Questionnaire 1, sent to 24 HEI providers as shown below (100% response rate).

Nation/region	Number of HEIs
England	7
North	7
Midlands & East	8
London	2
South	6
Wales	1

Background to the programme

- How many programmes?
- How long has it/they been running?
- Where do they sit in the organisational structure?
- Where is the programme in the curriculum cycle?
- If a DipHE is currently offered are there plans to develop a BSc programme?
- Is there a simulation suite or on-site skills laboratory?

Impact of the post-comprehensive spending review

- Autumn 2017 intake
- Percentage of mature students that made up the intake
- Projected intake Autumn 2018 on current applications
- Percentage of applications from mature students
- Likelihood of going to clearing

Recruitment

- What is the institutional structure for recruitment?
- Where does the responsibility for recruitment to this programme lie?
- Challenges with recruitment
- Example of best practice if all going well

Institution's commitment to Operating Department Practice

- Entry tariff – is the institution willing to be flexible?
- Does the institution invest in the programme?
- Does the institution plan to introduce ODP apprenticeship programmes? If so are they degree apprenticeship programmes or apprenticeship programme for the support workforce

B. Questionnaire 2 Follow-up questionnaire for course leaders, overview of the 2018/19 intake, sent to 24 HEI providers as shown below (88% response rate).

Nation/region	Number of HEIs
England	5
North	5
Midlands & East	8
London	2
South	5
Wales	1

2018/19 intake

Please complete the table below

Planned intake for 2018/19	Actual intake for 2018/19

Applicants for 2018/2019 intake

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There is evidence that there is a decrease in the number of applicants for many healthcare pre-registration programmes. Please provide the data for your course in the table below

Number of applicants to the pre-registration ODP programme 2017/18	Number of applicants to the pre-registration ODP programme 2018/19

Retention of Year 1 students

HEE's RePAIR (Reducing Pre-registration Attrition and Improving Retention) project captured data on retention trends at the time when the Government announced the comprehensive spending review. This study did not include ODP data so it would be really helpful to provide any retention data you are able to provide for your Year 1 students for 2018/19 intake.

Number of Yr 1 students who left the course during Semester 1	% of students who left the course who were mature students

Appendix 3: Healthcare provider survey

Survey to healthcare providers in England. 83
respondents from 64 organisations

Nation/region	Number of HEIs
England	
North	7
Midlands & East	17
London	16
South	17
Undisclosed	7

Section 1 – Organisation details

1. What type of healthcare provider (HCP) is
your organisation?

- Secondary care NHS provider
- Tertiary care NHS provider
- Independent care provider

2. Please record the number of operating theatres
you have in your organisation.

3. Which surgical specialisms does your
organisation provide?

- Cardiothoracic
- ENT (otolaryngology)
- General surgery
- Gynaecology
- Neurosurgery
- Obstetrics
- Oral & Maxillofacial
- Paediatrics
- Plastic
- Trauma & Orthopaedics
- Urology
- Other

3a If you selected Other, please specify

4. How many daily elective sessions do your
operating theatres offer per week?

- Two sessions per day over 5 days per
week
- Three sessions per day over 5 days per
week
- More than two sessions per day over 5
days per week only for specific
specialties
- Two or three elective sessions per day
over 6 days per week
- Other (if you have a different model for
elective surgery please advise)

5. Are the ODPs involved in out of hours and
emergency services?

- Yes
- No

5a. Please identify which grades of ODPs are
involved in out of hours and emergency services.

5b. What is their out of hours and emergency
services rota?

6. Has your organisation developed strategic
plans for the operating theatres?

- Strategic Service Plan exists (please go
to Q6a)
- Strategic Workforce Plan exists (please
go to Q6b)
- In the process of developing strategic
operating theatre plans (please go to Q7)
- No operating theatre strategic plan in
place (please go to Q7)

6a. If you advised that you have a Strategic
Service Plan for theatres please advise which
year the Strategic Service Plan was last updated.

6b. If you advised that you have a Strategic
Workforce Plan for theatres please advise which
year the Strategic Service Plan was last updated.

Section 2 – Workforce

7. What is the whole time equivalent (WTE) number of ODPs employed within your organisation?

8. What is the ratio of regulated (registered) ODPs to unregulated (non-registered) ODP support workers within the theatres? Please give the ratio e.g. 3:1

9. What is the ratio of ODPs to operating theatre nurses?

10. What is the ratio of ODPs to anaesthetic nurses?

11. What is the ratio of ODPs to scrub nurses?

12. What is the ratio of ODPs to recovery nurses?

13. Do your qualified ODPs rotate through the following areas?

	Yes	No
Anaesthetics		
Scrub		
Recovery		

14. Do any qualified ODPs have fixed employment within one of these areas?

- Yes
- No

15. Are the ODPs deployed to other parts of your organisation (outside of operating theatres)

- Yes (please go to Q16)
- No (please go to Q17)

16. If you answered yes to Q15 please tick from the following list those areas where ODPs may be employed.

- Accident & Emergency
- Intensive and High Dependency Care Units
- Resuscitation teams
- Radiography suites

- Maternity/delivery suites
- Other

16a. If you selected other please specify.

17. Are any of your ODP staff working in the following roles? Please tick all that apply.

- First Surgical Assistant (please go to Q18)
- Surgical Care Practitioner (please go to Q18)
- Autonomous Recovery Practitioner (please go to Q18)
- Physician Assistant (please go to Q18)
- Advanced Critical Care Practitioner (please go to Q18)
- Physicians Anaesthetic Assistant (please go to Q18)
- None of the above (please go to Q19)

18. Please state the number of staff working in any of the roles ticked in Q17 e.g. First surgical Assistant 3.

19. Do you have a flexible staff rota in theatres e.g. do nurses undertake certain tasks some days of the week and ODPs undertake those same tasks other days of the week?

- Yes
- No

19a. Please clarify how your flexible rota works.

20. Do you employ the following as support workers within theatres?

	Yes	No
AfC Band 4 staff		
Apprentice ODP staff		

21. List below the groups of Band 4 staff you employ in theatres.

22. Do you employ other clinical support staff in theatres?

- Yes (please go to Q23)
- No (please go to Q 24)

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23. Please list below other clinical support staff you employ in theatres.

24. Please give the ratio of clinical support staff to regulated (non-medical) theatre staff.

Section 3 – Education and Training (healthcare provider based)

25. How many ODP students are currently supported within your organisation?

26. Do you provide student placements for ODP students from Dip HE courses?

- Yes
- No

27. Do you provide student placements for ODP students from BSc(Hons) courses?

- Yes
- No

28. Do you support students from more than one university?

- Yes (please go to Q29)
- No (please go to Q30)

29. Please specify the number of universities that you provide ODP student placements for?

30. Apart from ODPs what other student groups are supported within the theatres?

- Nurses
- Midwives
- Nursing Associates
- Paramedics
- Doctors in training
- Foundation doctors
- Core trainees - surgery
- Core trainees - anaesthetics/intensivists
- Higher speciality trainees -surgery
- Higher speciality trainees - anaesthetics/intensivists
- Advanced Clinical Practitioners
- Other

30a. If you selected Other please specify.

31. Has the number of ODP student placements increased since 2016?

- Yes (please go to Q32)
- No (please go to Q35)

32. How many more ODP students can you take each year when compared to 2016?

33. The increase in ODP student placements has resulted from the following:

- Partner HEIs have increased the cohort size
- The duration of the course has increased and consequently the number of practice hours has increased
- Your service demands have increased
- Your Trust has strategically decided to deploy ODPs outside of the operating theatre
- Other

33a. If you selected Other, please specify

34. Has the number of ODP student placements decreased since 2016?

- Yes (please go to Q35)
- No (please go to Q37)

35. How many fewer ODP students can you take each year when compared to 2016?

36. The reduction in ODP student placements since 2016 has resulted from the following. Please specify all that apply.

- The number of student nurses requiring clinical placement in theatres has increased
- Nursing Associate students now require clinical placement in theatres.
- The number of medical students requiring clinical placement in theatres has increased
- There has been a reduction in the number of suitably qualified student supervisors
- The number of theatre sessions has reduced
- Other

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36a. If you selected Other, please specify.

37. Is your organisation exploring the introduction of higher apprenticeships into the ODP workforce?

- Yes
- No

38. Is your organisation minded to use existing apprenticeship levy funds to support the introduction of ODP higher apprenticeships?

- Yes
- No
- Unknown

Section 4 – Education and Training (university based)

39. Please read each sentence in the table below and put a tick in the column which best fits your views.

	Strongly agree	Agree	Disagree	Strongly disagree
1. It is important that the universities we support have more than one student output per year.				
2. It is important that the universities continue to offer both the DipHE and the BSc(Hons) courses.				
3. The university curriculum for the DipHE programme meets the needs of the service.				
4. The university curriculum for the BSc(Hons) programme meets the needs of the service.				
5. The universities simulation suites/skills laboratories are effective in enhancing the students understanding and practical ability within the workplace.				
6. The universities provide adequate support for the students.				

	Strongly agree	Agree	Disagree	Strongly disagree
7. The link tutor/clinical educator are effective in their role.				
8. The university courses cover all the areas necessary to meet the scope of practice required by a newly qualified ODP.				
9. The universities are keen to offer CPPD training for the practice educators/workplace mentors.				
10. The universities offer suitable perioperative CPPD modules.				
11. Communication with the universities is satisfactory.				
12. The universities respond adequately to concerns.				
13. The universities offer engaging employer forums and engagement events.				
14. The newly qualified DipHE students meet the service requirements of them.				
15. The newly qualified BSc(Hons) students meet the service requirements of them.				
16. Local universities are proactively exploring offering BSc Higher Apprenticeships in partnership with our service.				

40. If you disagree or strongly disagree with any of the above statements please give your reasons.

41. Is there funding to pay for CPPD modules?

- Yes
- No

41a. Is there capacity to release ODP students to attend a course?

- Yes
- No

**Section 5 – ODP career development
opportunities**

42. Does your organisation have a preceptorship programme for newly qualified ODP staff?

- Yes (please go to Q 42a)
- No (please go to Q 43)

42a. How long is the preceptorship programme?

42b. Is the preceptorship programme multi-professional?

43. How does your organisation enable existing ODP staff to maintain and extend their skills?

44. Does your Trust have a bespoke career development plan for ODPs?

- Yes
- No

44a. Please outline the ODP career development plan.

44b. Please provide an outline of the education and development support ODPs aspiring to progress in their chosen career have.

Section 6 – Personal details

45. Organisation

45a. Job role

**Thank you very much for your participation
in this survey.**

Appendix 4: HCPC approved ODP programmes

Table 11 Overview of the HCPC approved ODP programmes

	University	DipHE	BSc(Hons)	Comment
1.	Anglia Ruskin University	No longer running this programme	Programme well established	The BSc(Hons) programme is delivered on two sites: Cambridge and Chelmsford.
2.	Birmingham City University	Autumn cohort NHS and military, programme well established. Spring cohort in partnership with Royal Devon and Exeter (Exeter satellite campus)	Programme well established	There are three groups of students for the DipHE award: Sept intake in Birmingham: 1)NHS and 2)military Feb intake for the Royal Devon and Exeter Hospital to support the South West as the course in Plymouth is no longer provided. Commenced in 2018.
3.	Bournemouth University	Programme well established	Scheduled to start in 2019	Last DipHE intake in 2018
4.	Buckinghamshire New University	Programme well established	Commenced 2018	

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5.	Cardiff University		Programme well established	Struggling to recruit because of geography in Wales, even though the places are commissioned.
6.	Canterbury and Christchurch University	No longer running this programme	Programme well established	Geography makes it difficult to recruit from outside of Kent.
7.	Coventry University	Programme well established		There is no conversion programme from DipHE to BSc(Hons) although a top-up degree is available.
8.	Edge Hill University		2 intakes per year: Autumn and Spring Programme well established	
9.	Glasgow Caledonian University			Course currently not running
10.	London South Bank University	No longer running this programme	Programme well established	
11.	Oxford Brookes University	No longer running this programme	2018 Autumn last intake	
12.	Sheffield Hallam University	2017 Autumn cohort, last intake	Programme well established	
13.	Staffordshire University	2017 Autumn cohort, last intake	New programme in autumn 2018	

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14.	Teesside University	This programme is running out in 2018	There are 2 intakes each year. Autumn cohort & Spring cohort	
15.	The University of East Anglia	Autumn 2017 cohort, programme well established	Plan to start in Autumn of 2019.	
16.	The University of Huddersfield	No longer running this programme	Programme well established	
17.	The University of Hull		Programme well established	
18.	The University of Leicester	No longer running this programme	There are 2 intakes each year: Autumn & Spring. Programme well established	
19.	The University of Surrey		Autumn 2018 last intake	
20.	The University of West London	No longer running this programme	Programme well established	
21.	University of Bedfordshire	This programme us running out in 2018	Programme established	
22.	University of Central Lancashire	No longer running this programme	Programme well established	
23.	University of Northumbria at Newcastle	Programme well established		The university advised that there is no need to go to clearing as they do not have any difficulty recruiting to this programme.

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24.	University of Plymouth			Course currently not running
25.	University of Portsmouth	No longer running this programme	Programme well established	
26.	University of Suffolk	No longer running this programme	Programme well established	

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