

**Identifying the extent to which theatre  
support workers seek opportunities to  
become Operating Department Practitioners**

**End of study report**

The study was funded by Health Education England and commissioned by Unison on behalf of the College of Operating Department Practitioners

## Acknowledgements

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*'Working with operating department practitioners daily and seeing how amazing each and every one of them are at their job is inspiring to me. The people they help, the lives they save. It's made me realise that's the career I want since I began this job. The joy they have when they know they have helped someone, and they really appreciate it is priceless to see.'*

*'There are incredible role models within my department and an apprenticeship scheme was introduced last year which we were encouraged to consider. I have learned so much in the last 19 months, so it has made me think about continuing that learning process. I look for challenges and the opportunity to train whilst working within the department is a huge bonus. My circumstances determine that I need to continue to work rather than apply for a university course, and role within the department but still be hands on in the operating theatres'.*

*'When I took this job I was told I would be able to do the apprenticeship after two years of being a TSW. After two years I was told I could not do the apprenticeship because I had only been rostered on cleaning and instrument shifts and had no experience in theatre. A year later I was told I had a degree so it's unlikely I could be funded and no Level 3 qualification relevant to the apprenticeship so I still cannot do it. So, I have to leave my job and do it privately unsupported if I still want to pursue it as a career.'*

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## Executive summary

This report presents the findings of a small-scale one year study to identify the extent to which theatre support workers (TSWs) seek opportunities to become Operating Department Practitioners (ODPs), and to be part of the pipeline to increase the ODP workforce.

The report has been written to be of interest to Unison and the College of Operating Department Practitioners; the AHP Lead, Health Education England, Service Provider Organisations and HEIs.

In this Executive Summary the authors briefly outline the approach they have taken to the study, and an overview of the main findings. Firstly, they provide a summary of the key messages, followed by the main limitations to the data and the recommendations for national bodies, service providers and education providers.

## Key messages

- This study has highlighted just how enthusiastic the theatre support workers are about their role working in theatres, and the potential opportunity to train to become an ODP. The level of interest varies across England. Those from the Midlands and London reported the highest level of interest and those from the South (South East and South West) the lowest.
- There are a number of hurdles that make it difficult for the vast majority of TSWs to progress to become an ODP:
  - TSWs background education and training, although many already hold a first degree;
  - Lack of clarity of any funding available to support the apprenticeship model;
  - Insufficient clinical training capacity;
  - Dearth of easily accessible programmes of study.
- Those who aspire to becoming an ODP prefer the apprenticeship route.
- Lack of regulation of the Band 4 TSW results in some trusts preferentially developing nursing associates.
- There is relatively little engagement between the NHS and its partner higher education providers, and the private sector.
- There is no standardised career framework for this workforce

## Main limitations to the data

The quantitative data was limited to survey data and within the limitations of the study the response rate was sufficiently high to enable some conclusions to be reached and some

recommendations to be made. The qualitative data was sourced from two sets of focus groups (TSWs and managers/education providers) and the survey. It is possible that such data may be skewed to present either the best or worst impression.

## **The recommendations**

### **Funding**

1. Healthcare provider organisations should clarify what funding is available to enable theatre support workers to apply to study to become an ODP. They should also ensure parity of access to financial support.

### **Support for TSWs to undertake the apprenticeship programme**

2. Line managers should look to support the TSWs in their career planning and progression.
3. The sector needs to have a clear understanding of what it can do to help those TSWs who wish to follow the degree apprenticeship programmes, meet the entry requirements.

### **Place based co-creation of courses**

4. The local Integrated Care Systems should work with the trusts/further education colleges and higher education institutions, in their locality, to co-create courses that support education and training for Band 2 - Band 5 theatre staff.

### **Education support**

5. The College of Operating Department Practitioners should compile a list of the universities and further education colleges that are committed to supporting the TSW community and work with this group to ensure that the business case to develop them is robust.

### **Links with the private sector**

6. NHS healthcare provider organisations and partner higher education institutions should consider establishing a wider partnership to include any local private sector healthcare providers.

### **Career framework**

7. Health Education England in partnership with the College of Operating Department Practitioners should develop a career framework for theatre support workers.

## Study approach

The aims of the study were threefold:

- i. to profile a sample of existing TSWs;
- ii. to gain a greater understanding of the opportunities, barriers and challenges that TSWs face when they try to progress their career to become ODPs;
- iii. the extent to which TSWs aspire to become ODPs.

A two part methodological approach was undertaken to gather data:

- a) Online survey for current TSWs resulted in 476 responses from 124 organisations across England. Data from the survey gathered information from respondents about:
  - Current job roles
  - Any previous employment in the healthcare sector
  - Education background and qualifications.
  - Education and training undertaken within their role.
  - Job satisfaction, career aspirations and progression
- b) Two sets of virtual focus groups
  - Set A comprised of five focus groups with 11 TSWs to discuss their career aspirations, progression and identify the enablers and barriers to developing as an ODP.
  - Set B comprised of five focus groups with 34 participants drawn from theatre service managers, ODPs and Higher Education Institution ODP programme leads to identify how TSWs could potentially be part of a pipeline to increase the number of ODPs.

A project task and finish group comprising representation from key stakeholders was formed. The group met four times throughout the duration of the project and reported into the College of Operating Department Practitioners' Professional Committee.



## Main findings

- Seventy-one percent indicated they are employed on Agenda for Change Band 2 usually as a Perioperative Healthcare Assistant.
- Thirty-three percent of the respondents report to an operating theatre manager and twenty-seven percent to a theatre team leader.
- Sixty-seven percent have worked in a healthcare setting prior to their current role and fifty-two percent of this group have been employed as a Healthcare Assistant.
- Just over half of respondents reported gaining some qualifications at school, although three percent indicated that they had no school qualifications. Twenty-two percent have A-levels or equivalent and twelve percent indicated they had undertaken an apprenticeship programme.
- Fourteen percent stated they have a first degree, mostly a Bachelor of Science degree.
- Sixty-three percent of the TSWs have completed the NHS Care Certificate course and forty-one percent have a National Vocational Qualification or equivalent.
- Twenty-five percent had been given training and development opportunities since they had started in their current roles.
- Twenty-five percent are currently undertaking education and training including the Care Certificate, NVQ levels 2 and 3, apprenticeships and functional skills.
- Seventy-one percent advised that they aspire to becoming an ODP, preferably through an apprenticeship route because it poses the least financial burden. Although access to an apprenticeship course locally is a challenge for many TSWs. The demand for programmes of study for TSWs is unclear.
- Managers wish to encourage TSWs to take up opportunities to develop. However, the lack of access to funding for both theatre support workers and theatre managers is a major stumbling block in the current model. Financial support to backfill TSWs, aspiring to become operating department practitioners, is not readily available.
- It is recognised, by the managers, that this workforce undertakes a lot of work that is over and above their role as a support worker, particularly supporting other healthcare practitioners to gain clinical skills in the areas where TSWs are employed. In addition, Band 2 and Band 3 TSWs may mentor or supervise others. This is locally determined.
- Focus group B participants noted that they had a good partnership with their local Further education Colleges. These colleges help TSWs gain confidence to become a university student and to transition from NVQ Level 3 to university Level 4 study.
- Challenges faced by the healthcare providers to develop the TSWs include pressure on the clinical training capacity; time spent recruiting Healthcare Assistants; Band 4

Assistant Practitioners in theatre are not regulated, and the need to manage expectations. Although they recognise that *'The ODPs are the future.'*

- The NHS and partner education providers do not take up the local opportunities to partner with the private sector to increase training capacity.
- In the absence of a standardised career framework for TSWs, healthcare provider organisations make locally determined decisions about this critical workforce and develop their 'grow your own' model.

## 1.0. Introduction and background

This report presents the findings of a small-scale study funded by Health Education England, and commissioned by Unison on behalf of the College of Operating Department Practitioners. The purpose of the study was to identify the extent to which theatre support workers (TSWs) seek opportunities to become Operating Department Practitioners (ODPs) and to be a potential pipeline to increase the ODP workforce.

As part of the recent Review of the Education, Training and Deployment of Operating Department Practitioners, undertaken by Allied Health Solutions on behalf of Health Education England [1], 51% of trusts (32 organisations), who responded to the survey, employ Band 4 TSWs (Assistant Theatre Practitioners). Scrub technicians were also employed at this Band. 10% of these organisations reported that they also employ apprentice ODP staff. Sixty-nine percent advised that other clinical support staff who work in theatres are mostly Band 2 and Band 3 and include Healthcare Assistants, TSWs, operating department orderlies, clinical support workers and stores clerks.

As of September 1<sup>st</sup> 2021 there were 14,559 ODPs registered with the Health and Care Professions Council. Workforce data from HEE predicts supply growth of ODPs to be 2-3% per year. Pre-COVID-19 the expected supply growth would have been 1-2% per year. It is anticipated that demand may be higher, however, concerns include limited clinical placement capacity; some pre-registration ODP programmes closing, and an ageing workforce. Almost one quarter of the ODP workforce are approaching retirement age with 27% aged 50 years and above (2381 whole time equivalents) [2].

The study was undertaken within the context of national workforce developments [3],[4], which includes identifying career pathways to registered roles for healthcare workers, and apprenticeships as potential routes to registered ODP roles.

## 2.0. Approach to the study

The aims of the study were to:

- a) profile a sample of existing TSWs;
- b) gain a greater understanding of the opportunities, barriers and challenges that TSWs face when they try progress their career to become ODPs;
- c) determine the extent to which TSWs aspire to become ODPs.

A two-part methodological approach was undertaken to gather data (figure 1, page 13).

## 2.1. Online survey for current theatre support workers

A JISC online survey (appendix A) for TSWs was designed in collaboration with key stakeholders: College of Operating Department Practitioners (CODP), HEI ODP programme leads, ODP students, Theatre support workers, a learning and development facilitator within an NHS Trust, Department for Healthcare Education for the Military, the Centre for Perioperative Care and service users.

The survey included the following components:

- a) The respondents' job: job title, organisation, department they work in, Agenda for Change Band, working hours, length of time in role, who they report to, key tasks undertaken in the role.
- b) Previous employment in the healthcare sector, if applicable, including any employment in other departments within their current employing organisation.
- c) Education background and qualifications.
- d) Education and training undertaken within their role.
- e) Job satisfaction, career aspirations and progression, including how long the respondent planned to stay in the role, whether they aspire to be an ODP, whether COVID-19 has affected their views and if so what the enablers and barriers might be.

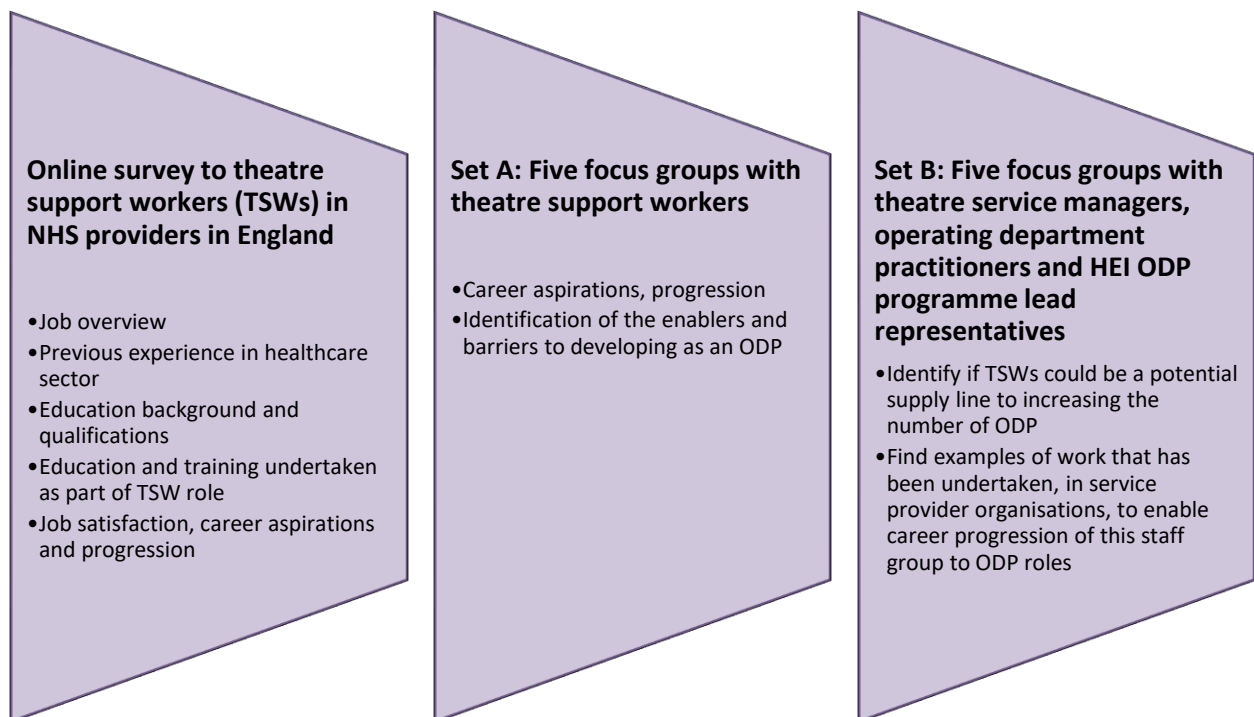
The survey was distributed through the CODP and HEE Allied Health Professional (AHP) leads to AHP leads in NHS provider organisations for completion.

## 2.2. Virtual focus groups

The results from the analysis of the survey were used in discussion with the participants in the focus groups. Two sets of focus groups were held:

- Set A consisted of five focus groups with 11 TSWs to discuss their career aspirations, progression and identify the enablers and barriers to developing as an ODP.
- Set B consisted of Five focus groups with a total of 34 participants drawn from theatre service managers, ODPs and Higher Education Institution ODP programme leads and representatives, to identify how TSWs could be a potential supply line to increasing the number of ODPs. These focus group participants were encouraged to share any work that they had undertaken to enable career progression of TSWs to ODP roles.

**Figure 1: Study approach**



### 2.3. Project task and finish group

A project task and finish group comprising representation from key stakeholders (appendix B) was established. It met four times throughout the duration of the project and reported into the CODP professional committee.

The task and finish group was responsible for:

- Monitoring the delivery of the project objectives via a clear project plan.
- Enabling engagement of key stakeholders in the project in their respective organisations.
- Supporting AHS to provide regular reports to HEE on project progress.
- Supporting and advising on the content of the survey and focus groups.
- Monitoring the evaluation and impact of the project activity.
- Supporting AHS to ensure that regular communication and progress of the project is shared with all key stakeholders.

The task and finish group membership included the CODP, Unison, nominated HEE AHP lead from one of the seven HEE regions, TSWs, ODPs, ODP students, HEI representation, service manager for perioperative services in an NHS provider organisation, Centre for Perioperative Care, service users, military healthcare education and private healthcare representation.

## 3.0. Main findings

The findings from this study are presented from both a TSW perspective and from the perspectives of theatre service managers, ODPs and Higher Education Institutions' ODP programme leads. They are set out in two sections:

### 3.1 Insight into TSWs perspectives

### 3.2 Perspectives from theatre service managers, ODPs and Higher Education Institution ODP programme leads

#### 3.1. Insight into TSWs perspectives

There were 476 responses to the online survey that was distributed to TSW staff in 124 organisations across England (table 1). Sixty-eight respondents indicated NHS, NHS England, hospital or unit/ward name as the organisation they worked for and did not specify their employing organisation. There were 33 responses from TSWs working in one of 9 private health care organisations. Comments from the focus groups with TSWs are also included in this section.

**Table 1: Number of survey responses by region**

Region							
North East and Yorkshire	North West	East of England	London	Midlands	South East	South West	Unknown
107	83	34	46	56	67	12	68

##### 3.1.1. About the respondents' job roles

The respondents to the survey were asked to provide information about the job that they do. The responses are presented under the following headings:

- Department they work in
- Number of operating theatres where they work
- Their job title
- Agenda for Change (AfC) employment band
- Number of hours per week that they work in this role
- Length of time they have been in this post
- Job title of person they report to
- The job role and AfC pay band of the person the TSWs report to

## Theatre support workers

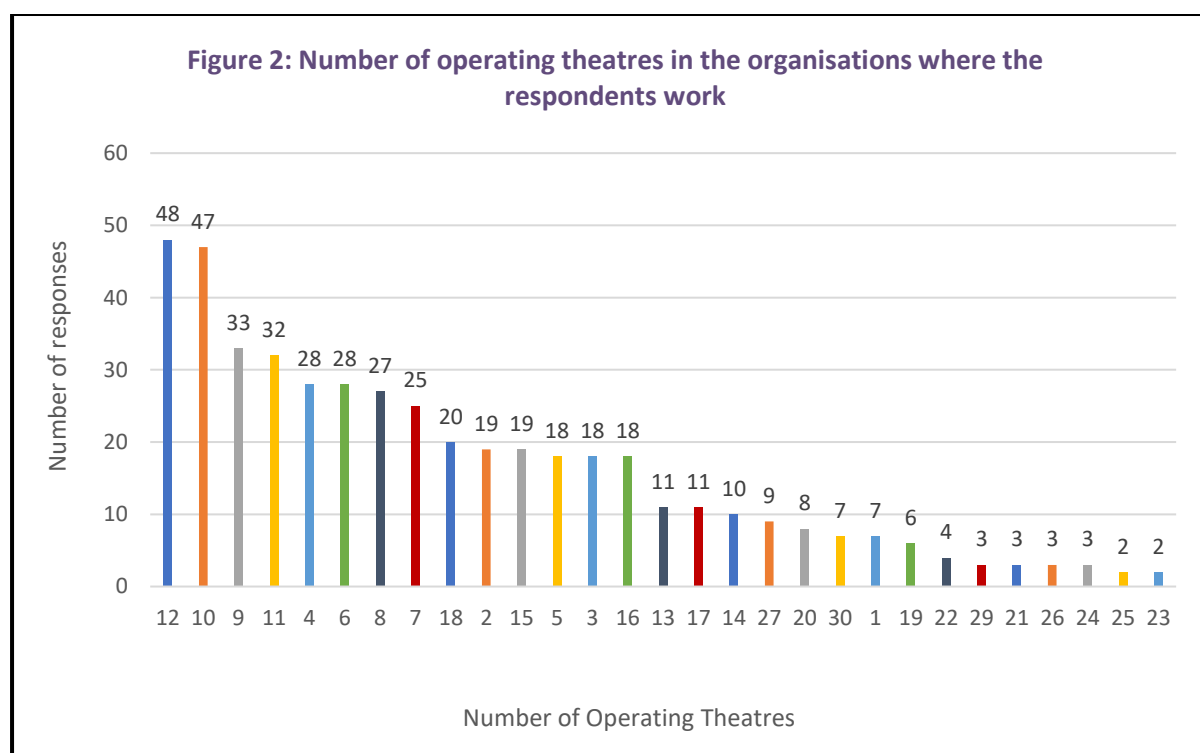
- Amount of time they spend with a supervisor
- Tasks that they undertake

### Department the respondents work in

Three hundred and ninety-eight respondents identified the department they work in: ninety-three percent (n=371) work in theatres, five percent (n=19) in day surgery and two percent (n=8) in a maternity department .

### Number of operating theatres

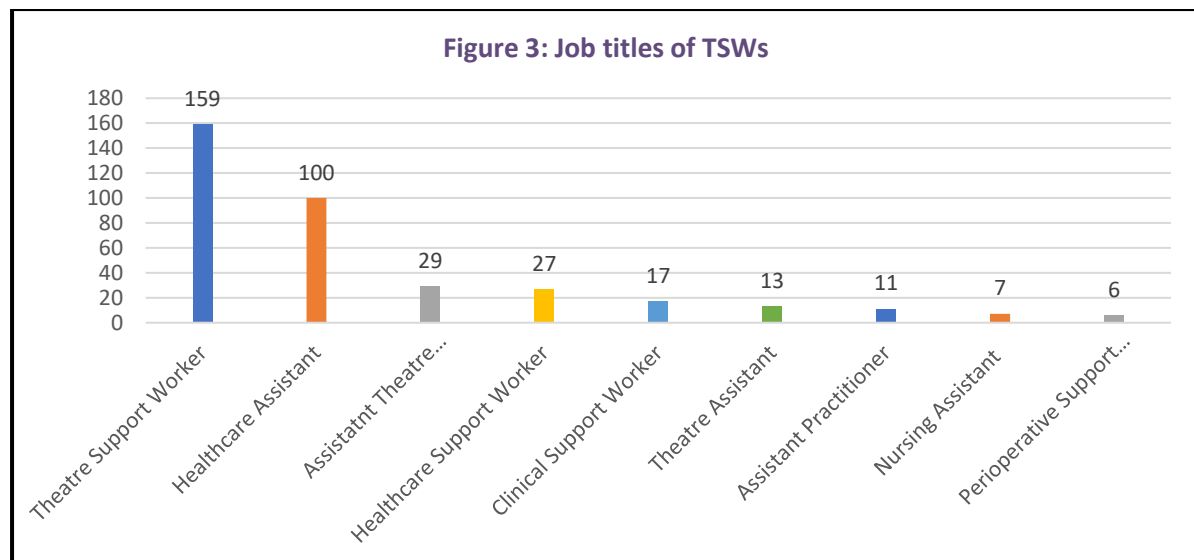
Respondents were asked how many operating theatres there are where they work. The responses ranged from one theatre (n=7) to 29 theatres (n=3), (figure 2). The number most frequently cited was 12 (n=48).



### Respondents' Job title

The job title of respondents was provided by 369 respondents (figure 3). They stated nine different job titles. The most frequently used job titles are TSW (n=159) and Healthcare Assistant (n=100). In March 2020 the Perioperative Care Collaborative (PCC) published a position statement [5] about the role of the perioperative healthcare assistant (PHCA) in the surgical care team. This statement identified that a PHCA should replace all other terminology for support workers in the perioperative setting,

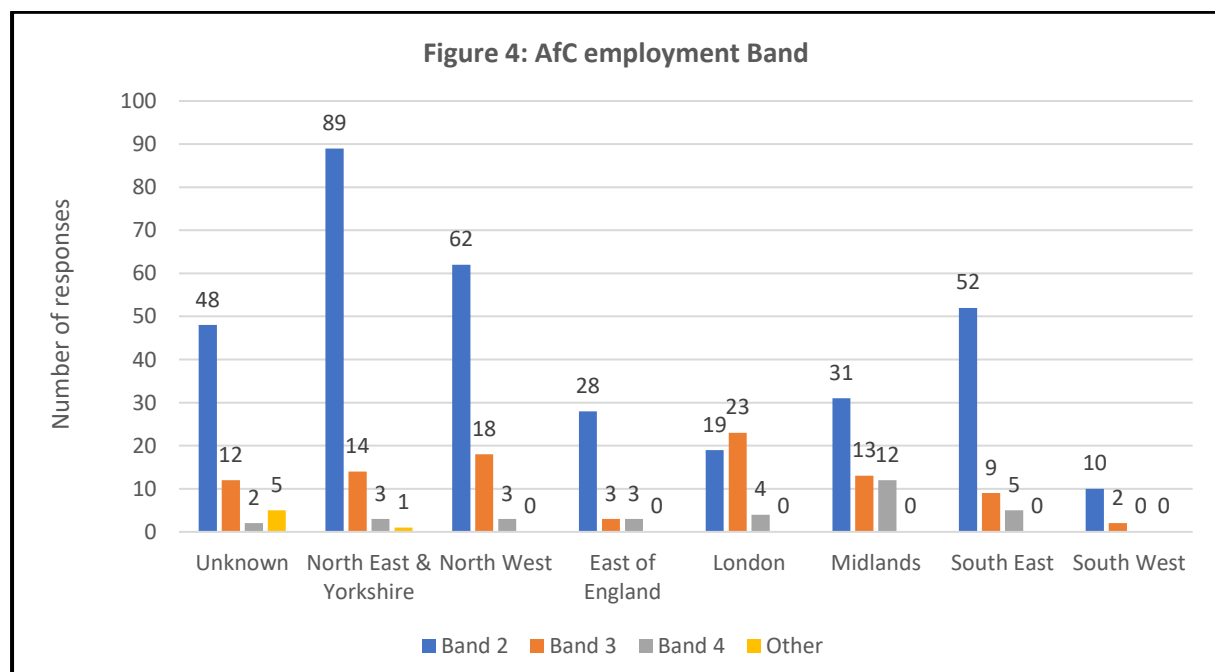
## Theatre support workers



## Pay Bands

Seventy-one percent (n=339) indicated they were employed on AfC Band 2, 94 (19%) on AfC Band 3 and 33 (6%) on AfC Band 4. Eight respondents indicated their pay grade as 'other' which included the comments: 'don't have a Band', 'don't know', 'minimum wage' and 'work in the private sector.'

AfC pay band is also presented for each of the regions (figure 4). This shows that respondents from North East and Yorkshire are predominantly employed on AfC Band 2. AfC Band 3 staff are most prevalent in London and AfC Band 4 staff most prevalent in the Midlands.





### Hours of work

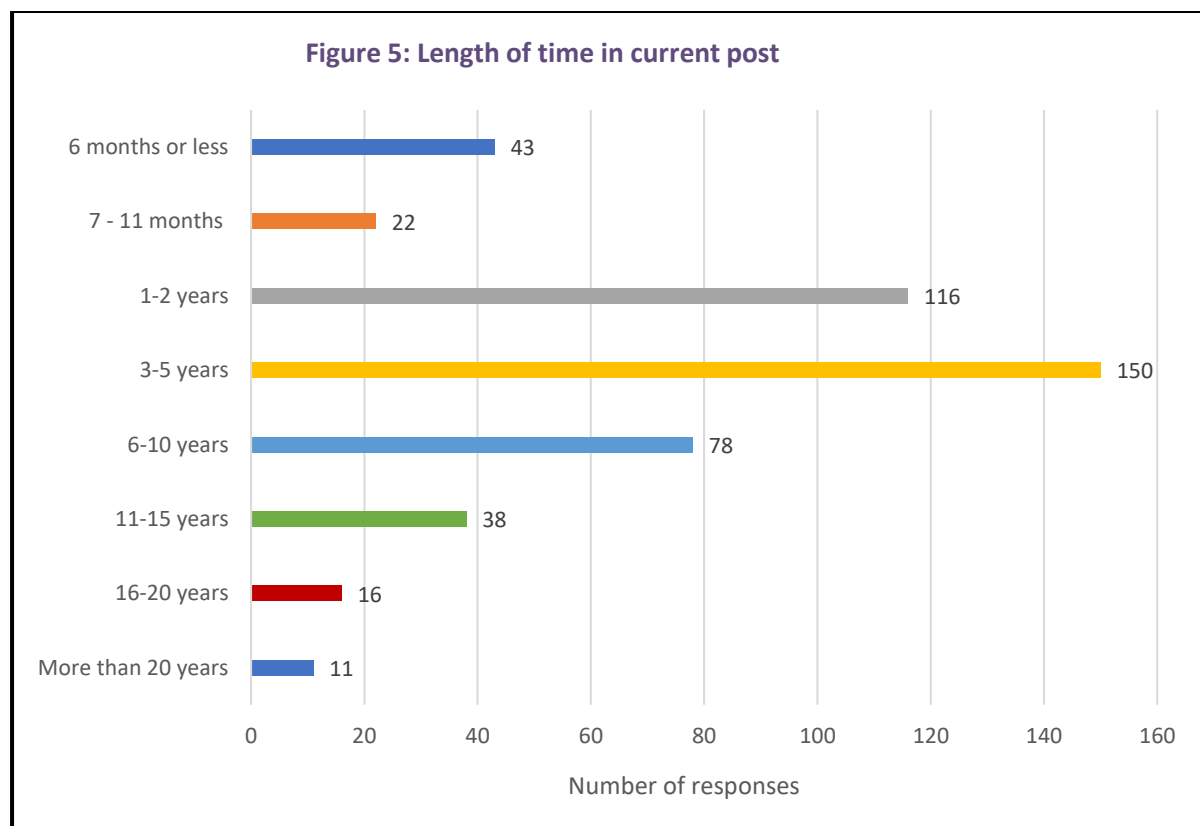
Eighty-three percent (n=399) of the TSW respondents indicated that they worked full-time in their role and 16% (n=77) part-time. The range of part-time hours is shown in table 2.

**Table 2: Range of part-time hours worked by TSWs**

	Hours worked per week			
	8-16	16-24	24-32	32-37.5
<b>Number of respondents</b>	4	21	46	6

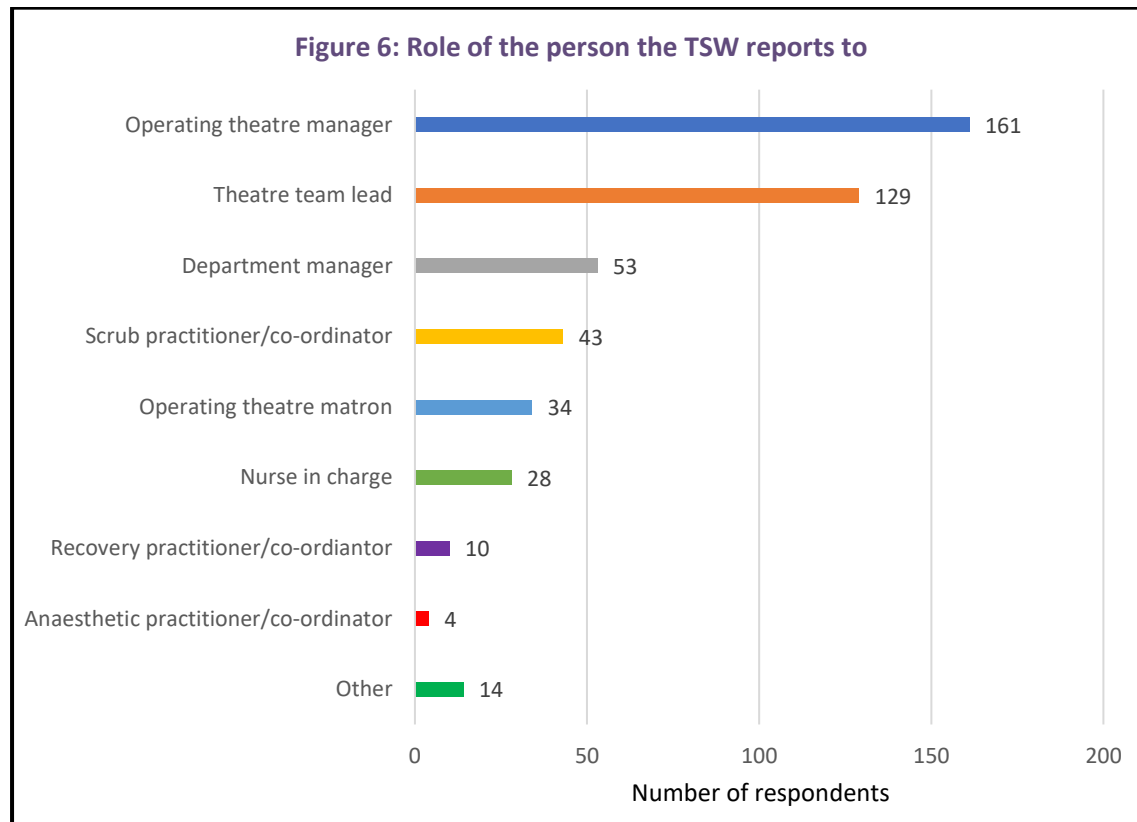
### Length of time in current post

Out of 474 respondents who answered the question about the length of time they had worked in their current role the largest proportion of respondents, thirty-two percent (n=150) had been in their current post for between three and five years. Figure 5 illustrates the distribution of the time the respondents have been in their current post.



### Job title of the person that the respondents reports to in their role

A third of the respondents stated they report to an operating theatre manager, twenty-seven percent (n-129) to a theatre team lead and the remainder to a range of different professionals as illustrated in figure 6. Interestingly the other category included a healthcare assistant.

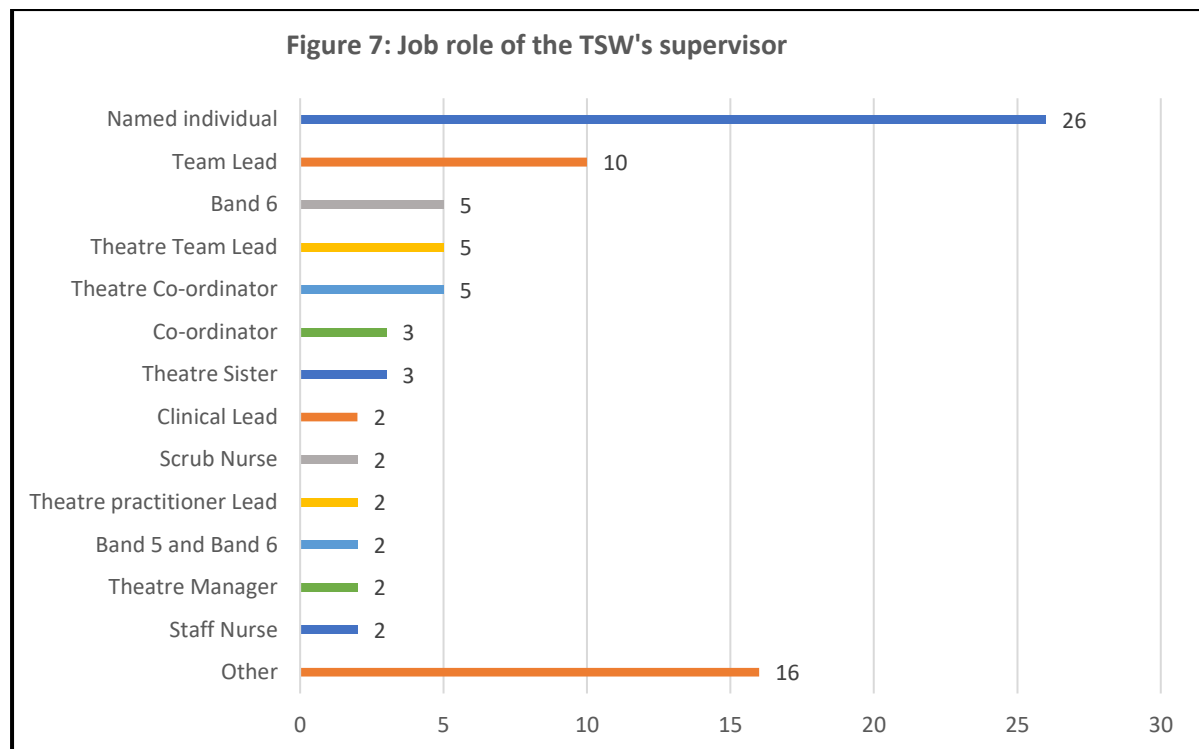


### The job role and AfC pay band of the person the TSWs report to

The majority of the respondents indicated that the person they report to is employed at AfC Band 7 (n-269) and 23 percent (n-114) that they reported to somebody employed at AfC Band 6. Remarkably, 10 respondents (2%) and 13 respondents (3%) reported to staff employed on AfC Band 4 and Band 5 respectively.

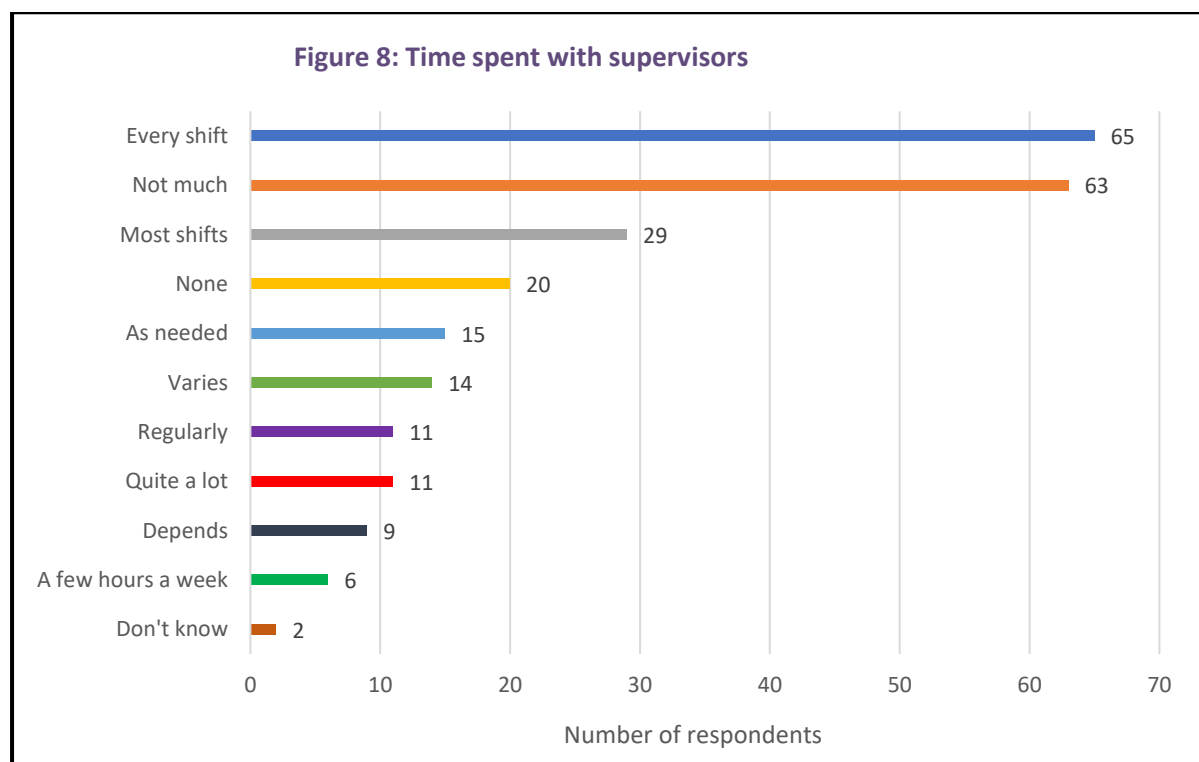
The respondents were also asked who they are supervised by on a daily basis. The largest proportion mentioned a named individual followed by team lead and other post holders such as theatre coordinator, scrub nurse, theatre practitioner lead and staff nurse (figure 7).

## Theatre support workers



### Time spent with supervisor

Respondents were also asked how much time they spent with the person that supervised them. Thirty-eight percent (n-94) of the respondents advised they met their supervisor on every shift they worked. However, twenty-eight percent (n-69) indicated that they did not see their supervisor very much (figure 8).

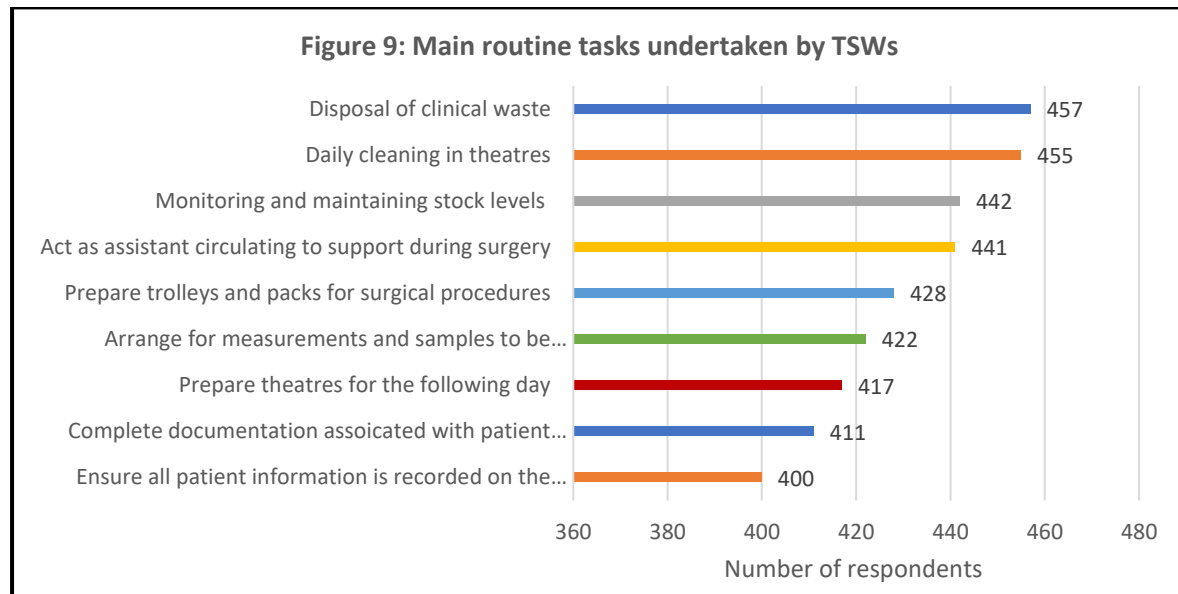


### Key tasks undertaken by respondents

Respondents identified undertaking a wide range of tasks (figure 9 and appendix C).

In addition, TSWs in the focus groups, indicated that they assist new staff with induction and support with new processes and systems e.g. newly qualified staff working in scrub, porters and supernumerary staff and are also involved in supporting nursing and ODP students.

One respondent stated: *'If there are a lack of staff trained in my speciality I have on occasions had to run the theatre, way above my pay grade at a Band 3.'*

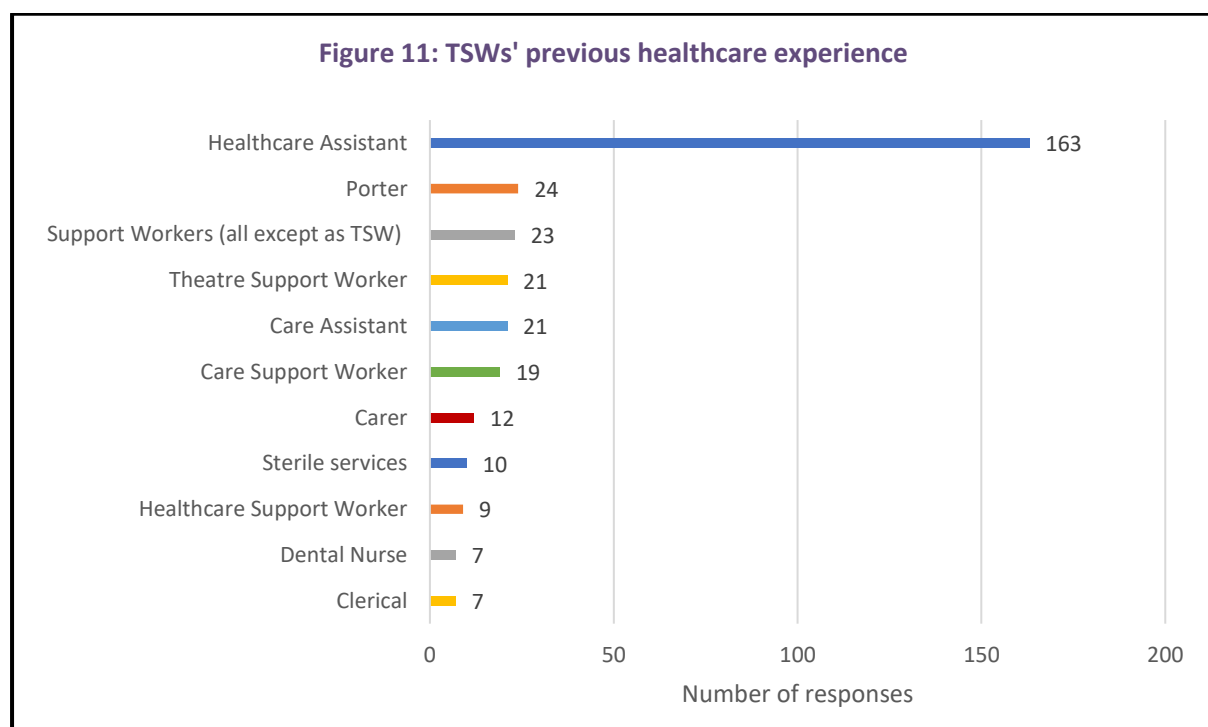
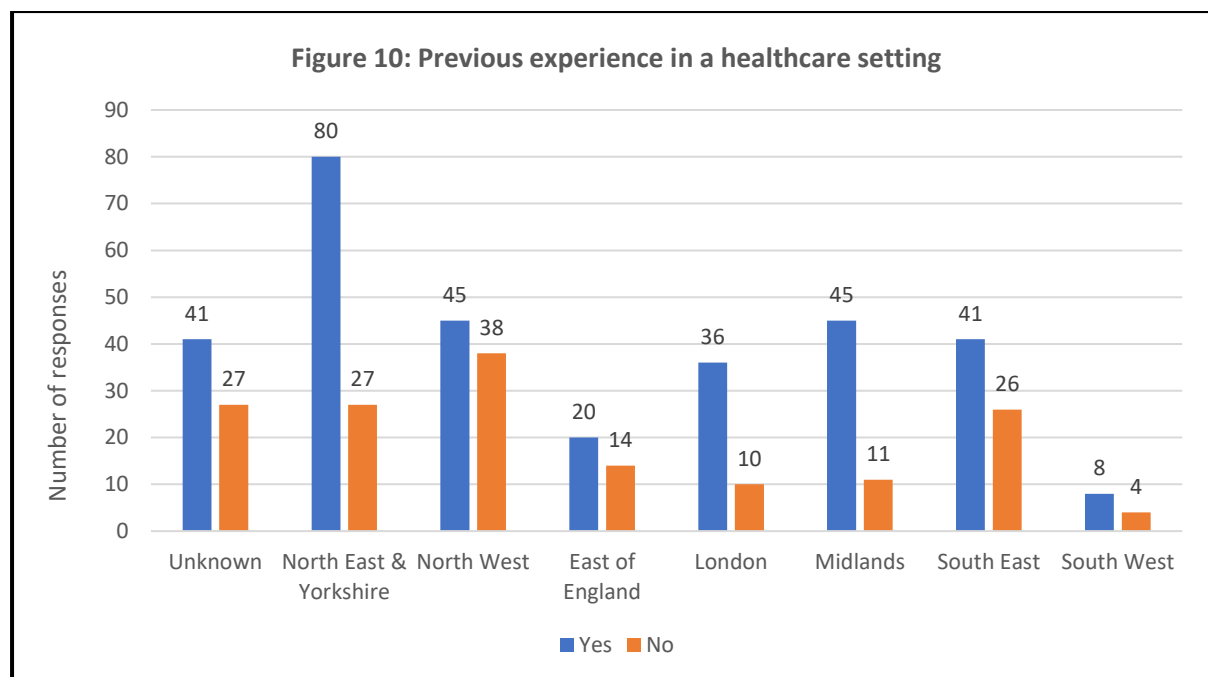


The roles and responsibilities of different members of the surgical care team are set out in the Perioperative Care Collaborative position statement [5].

### **3.1.2. Previous experience in the healthcare sector**

Sixty-six percent (n-316) of respondents reported having worked in a healthcare setting prior to their current role. The ratio between those who have worked previously in a healthcare setting and those who haven't, for each region, is set out in figure 10. Fifty-two percent (n-163) of this group had been employed as healthcare assistants (figure 11).

## Theatre support workers



Thirty-two percent (n=100) of those who had worked in healthcare prior to becoming a TSW, reported that they had spent between five and ten years in these roles, this is further evidence of the experience TSWs have.

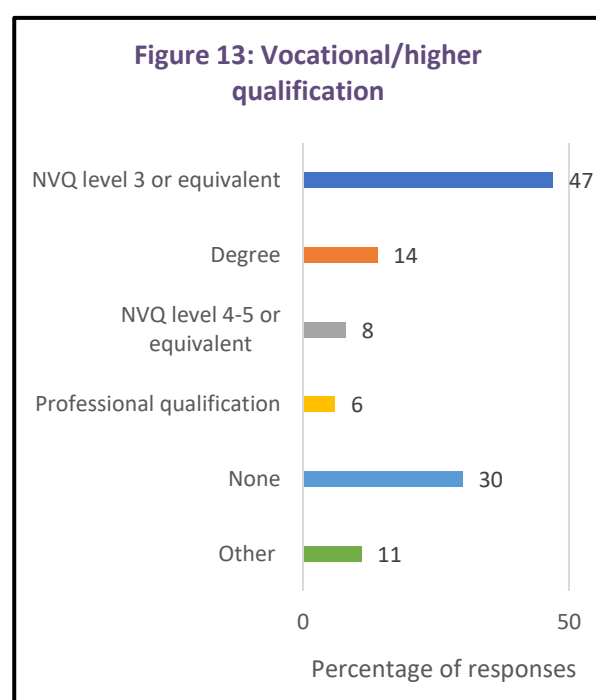
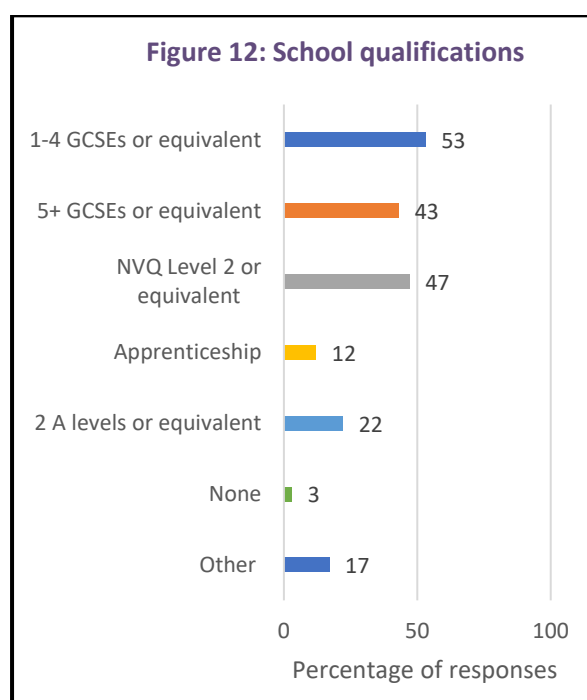
### 3.1.3. Education background and qualifications of respondents

#### Qualifications held by respondents

The TSWs' reported school/secondary education qualifications and vocational/higher education qualifications are illustrated in figures 12 and 13. Just over half of respondents reported gaining some qualifications at school. Twelve percent (n-61) indicated they had undertaken an apprenticeship programme. Twenty-two percent (n-108) had gained A-levels or equivalent and three percent (n-19) advised that they had no school qualifications.

With regards to vocational and higher education, forty-seven percent (n-225) of the respondents hold an NVQ Level 3 or equivalent (225 responses, 47%). A third of respondents have no vocational/higher qualifications. For more details see appendix D.

Notably, fourteen percent (n-71) mentioned they have a degree. Table 3 details the type of degree, the majority hold a bachelor of science.



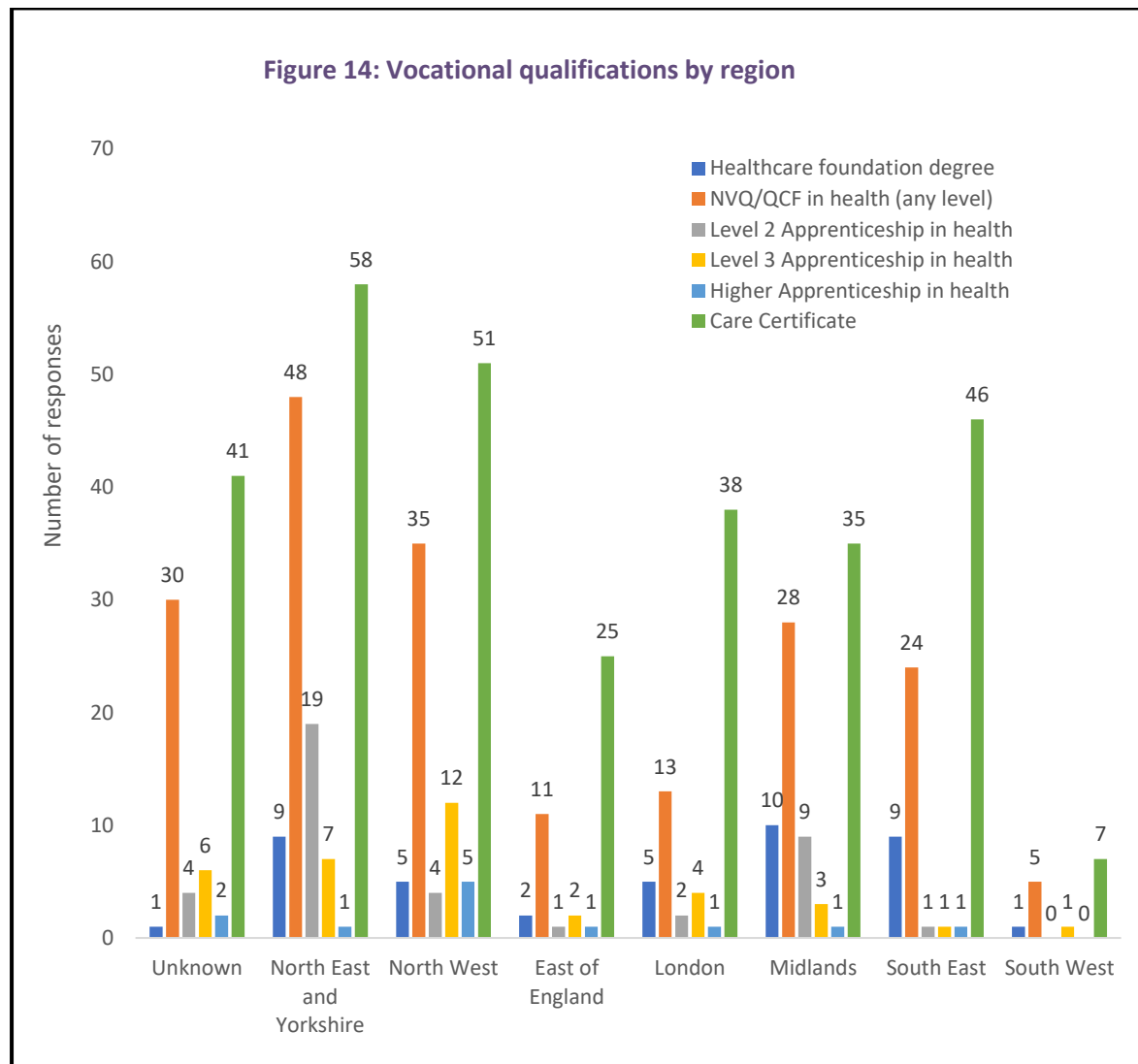
**Table 3: Degree or other higher education qualification**

	Higher Education Qualification				
	Foundation degree	Bachelor of Arts	Bachelor of Science	Masters	Bachelor of Commerce
<b>Responses</b>	15	24	48	6	1

The degree most frequently studied by this sample was nursing followed by media, psychology and health and social care (appendix E). Seventeen indicated they hold international

qualifications in a variety of subjects, with the vast majority in a health care discipline (appendix F).

Many more respondents hold a vocational qualification. Sixty-three percent (n-301) hold the NHS Care Certificate; forty-one percent (n-196) an NVQ or equivalent/QCF. Eighteen percent (n-88) an apprenticeship in health. The relative distribution by region is shown in figure 14.



### 3.1.4. Access to education and training for the TSWs in their current role

Twenty-seven percent (n-133) identified, from a prescribed list, the studies they are currently undertaking (table 4). The highest number of responses was for the Care Certificate followed by an NVQ/QCF in health, then a level 3 apprenticeship in health and a three year degree.

Seven respondents indicated that they are studying the operating department practice degree apprenticeship programme.

**Table 4: Studies currently being undertaken**

Type of study	Number of responses
A three year degree.	17
A two year higher diploma (nursing, perioperative nursing, trainee nursing associate)	3
A foundation degree specifically for healthcare support workers	6
NVQ/QCF in health (any level)	20
A degree standard apprenticeship in operating department practice	7
A-level 2 Apprenticeship in health	5
A-level 3 Apprenticeship in health	16
A higher apprenticeship in Health (level 4 and above)	5
The Care Certificate	54

**The two most reported challenges to access and/or transition to the operating department practice course (table 5) are:**

- **Recognition of existing qualifications**
- **The study required to be eligible to apply for an ODP course**

**Table 5: Challenges identified accessing/transitioning to an ODP course**

Topic	No of respondents
Financial challenge	4
No idea the course existed	1
Work/life balance	4
Access to an apprenticeship pre-registration award	2
Recognition of existing qualifications	7
No support available from employer	4
Finding the best course available	3
Currently studying to access the ODP course	7
Attitude/support of the staff	3
Did not complete the course	1

In addition to statutory and mandatory training, twenty-five percent (n-120) advised they had been given an opportunity to commence training and development since taking up their current post (table 6).



**Table 6: Training and development opportunities since starting in their current post**

<b>Training and development opportunities</b>	<b>Number of responses</b>
Care Certificate	19
Apprenticeship	16
Cannulation	15
NVQ Level 3	14
Maths	13
English	12
NVQ Level 2	11
Robotic Surgery training	6
Venepuncture	5
Theatre training	5
Covid training	4
<b>Total</b>	<b>120</b>

The TSWs identified the following as the main education and training opportunities they had undertaken in their current roles:

- Functional skills – Maths and English
- Apprenticeship including the ODP apprenticeship
- NVQ level 2 and 3
- Care Certificate

Respondents were invited to make comments about education and training that would help them do their job more effectively. There were a total of 423 responses, some respondents gave multiple answers (Appendix G). Of particular note is the fact that 87 respondents commented that an ODP course, especially the apprenticeship route, would help them. However, some respondents mentioned the shortage of ODP apprenticeship programmes. Examples of direct quotes are reproduced in boxes 1 and 2 below.

**Box 1: Programmes that TSWs would like to follow**

*‘An ODP apprenticeship would enable me to train and expand my skills and knowledge whilst learning from my colleagues. I would then feel like I can contribute more at work and be a more valued part of the team.’*

*‘The ODP apprenticeship scheme is something I deeply desire.’*

**Box 2: Challenges faced by a TSW who wishes to progress**

*'I would like to be able to move higher up the Bands. I find this hard to do at the moment as most of the courses are full-time or have set days which will be hard to have off work to attend them. I also can't afford to go part-time. So, I could do online training however I feel like I would need to have face to face sessions to be able to pass the exams.'*

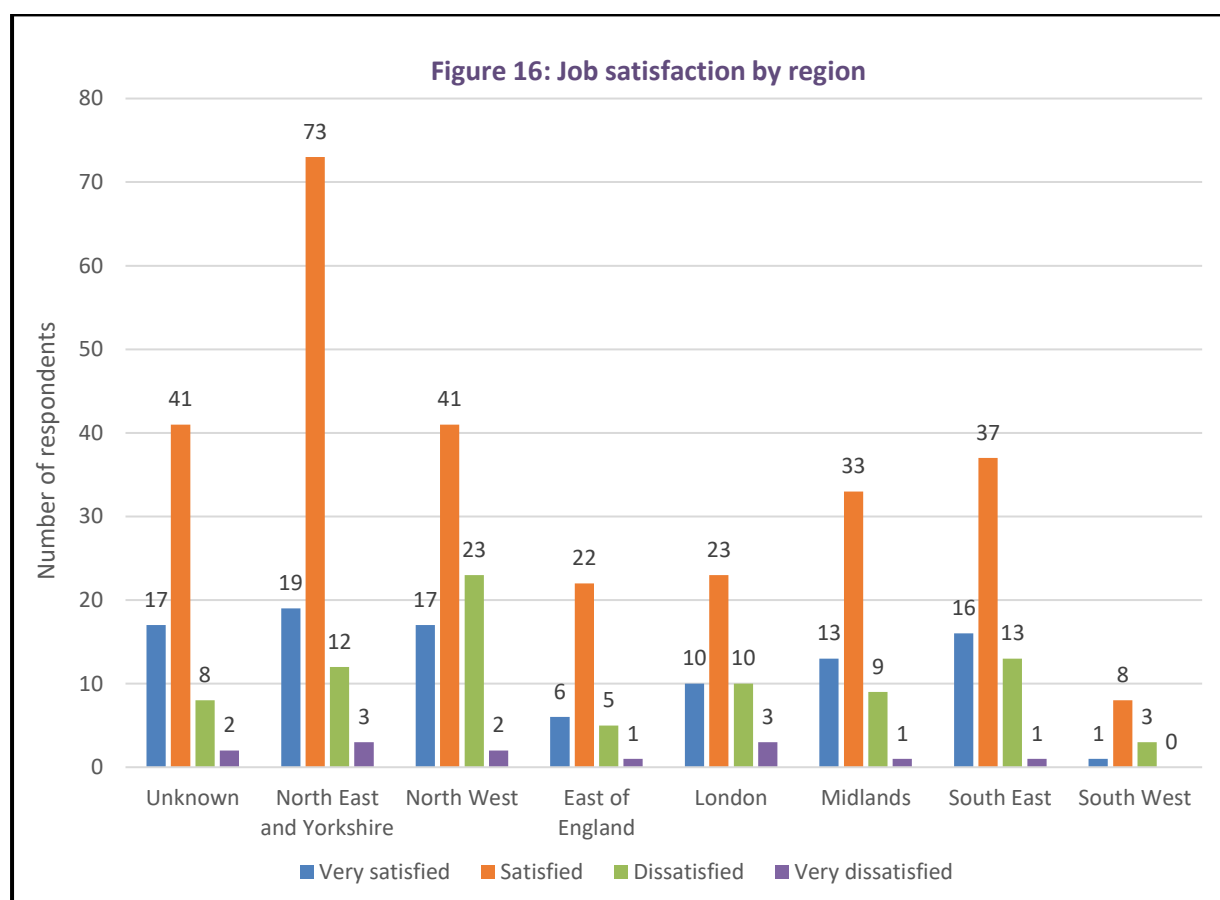
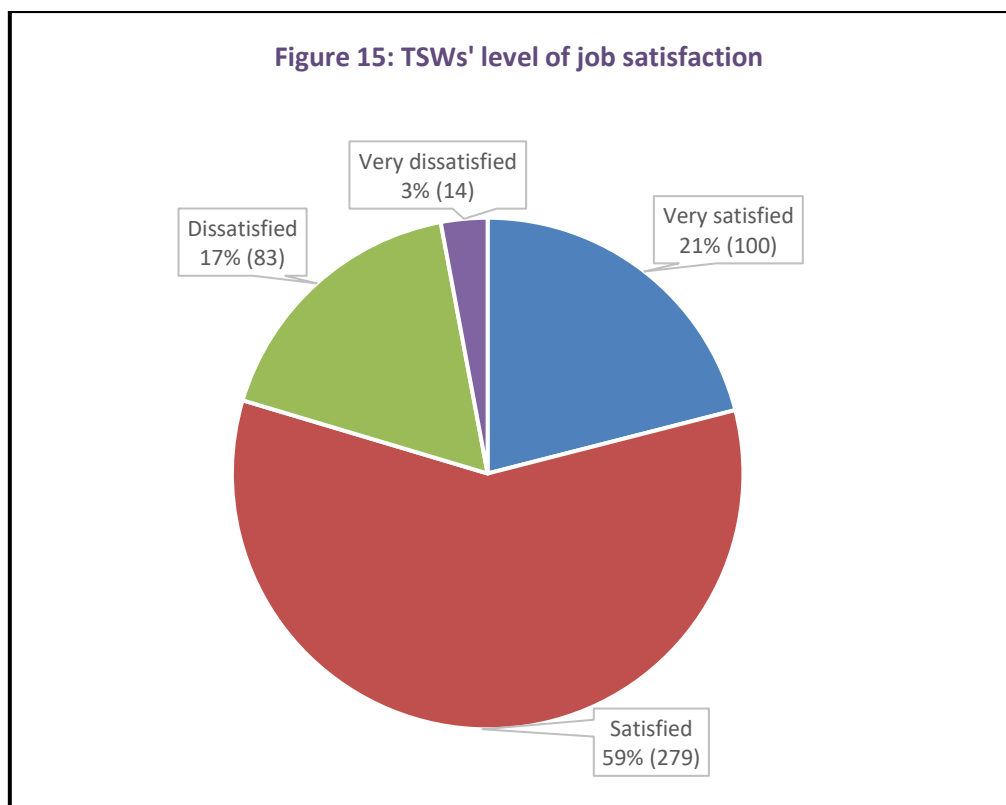
Finding the right course for the TSW is often a challenge and HEIs are encouraged to further promote the courses that are available to this workforce.

### **3.1.5. Job satisfaction, career aspirations and career progression**

In this section the respondents' job satisfaction, plans to stay in their current role, aspirations to become an ODP and their career plans are described.

#### Job satisfaction

Respondents were asked about their job satisfaction in their current role. The majority were satisfied. Twenty one percent (n=100) stated they are very satisfied and only three percent (n=14) reported feeling very dissatisfied (figures 15 and 16).



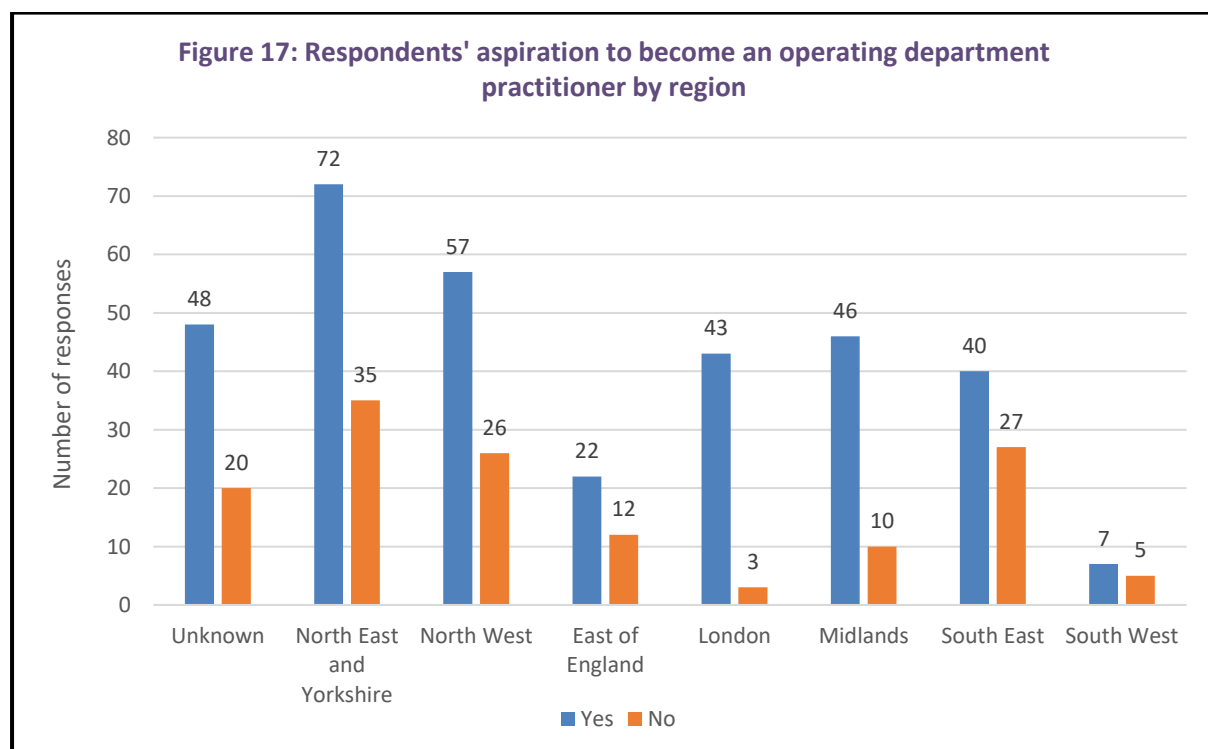
#### Length of time respondents plan to stay in their current role

Respondents were asked how long they planned to stay in their current role. There were 510 responses to this question with some respondents providing multiple answers (appendix H). The most frequently stated responses were: 'not sure' (13% (n=70)) 'until I retire' (11% (n= 61)), 'as soon as an opportunity arises to develop and train as a healthcare professional' (10% (n=52)), 'as long as possible' 9% (n=48)).

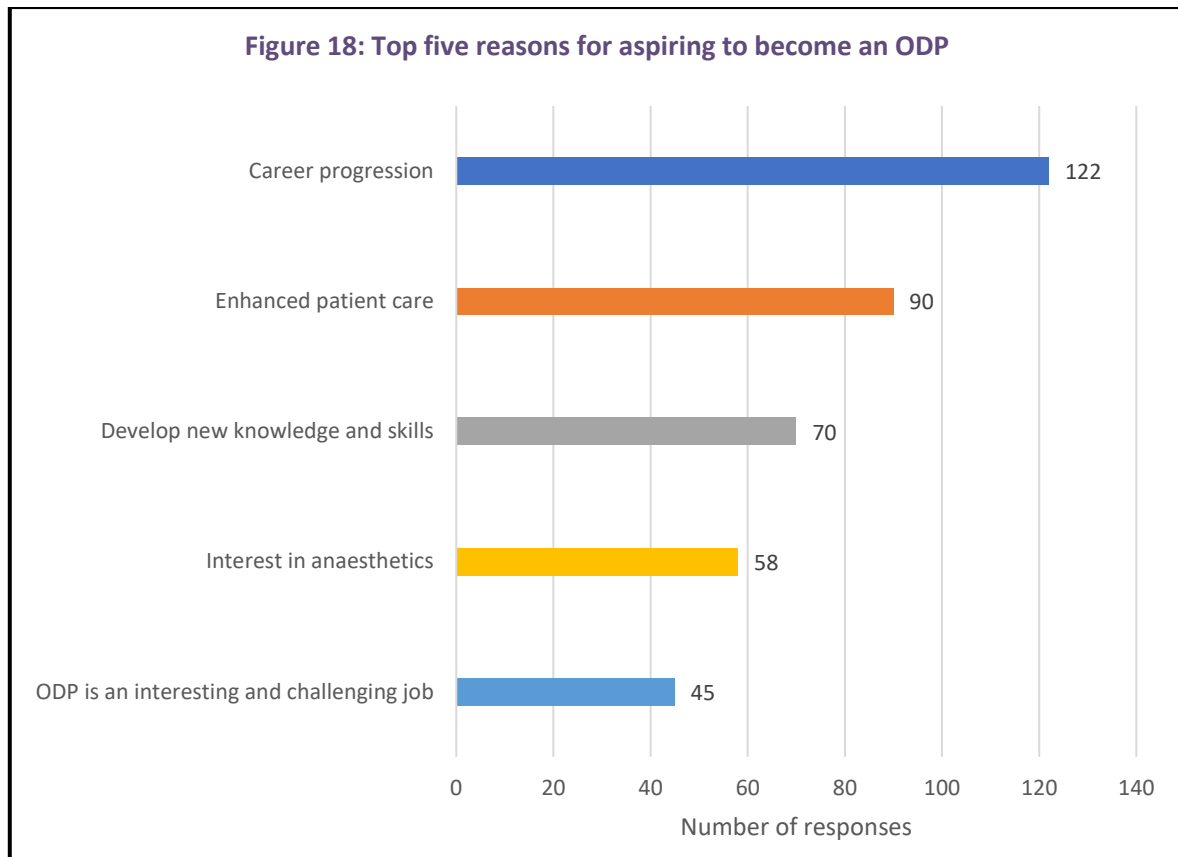
### Aspirations to become an ODP

**Seventy-one percent (n=338) reported that they aspire to become an ODP.**

The relative numbers of respondents, by region, who aspire to become ODPs is illustrated in figure 17 below. Approximately forty percent of the sample from the South of England (South East and South West) advised they **do not want** to become an ODP. Between thirty and thirty-five percent of the sample from the North East & Yorkshire, the North West and the East of England reported they do not aspire to become ODPs. However, only eighteen percent of the sample from the Midlands and seven percent from London do not want to become an ODP.



Where respondents indicated that they were aspiring to become an ODP they were asked the reasons for this. 315 TSWs responded and some gave multiple answers as illustrated in the quotes below. The main reasons they gave are their personal career progression and the enhanced patient care that they will be able to provide (figure 18). Further information is provided in appendix I). Examples of detailed explanations are included in box 3 below.



### Box 3: Sample of reasons why TSWs want to become ODPs

*'It is an amazing job; you get to follow the patient from the first moment the step into theatre until they have recovered and they're ready to go back to the ward. An ODP is essential in theatres as they are able to complete every kind of task related to an operation and their knowledge is great!'*

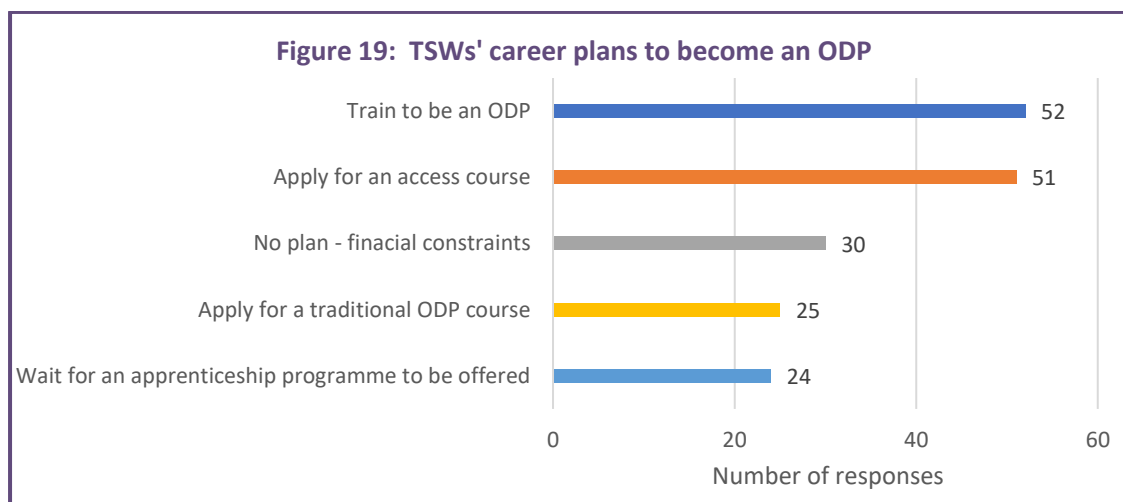
*'During COVID -19 I have been redeployed to HDU/ITU and have realised that I can be so much more than just a healthcare support worker and I want to progress to become an ODP in different surgeries and in the operating department.'*

*'Working with operating department practitioners daily and seeing how amazing each and everyone of them are at their job is inspiring to me. The people they help, the lives they save. It's made me realise that's the career I want since I began this job. The joy they have when they know they have helped someone, and they really appreciate it - is priceless to see.'*

*'There are incredible role models within my department and an apprenticeship scheme was introduced last year which we were encouraged to consider. I have learned so much in the last 19 months, so it has made me think about continuing that learning process. I look for challenges and the opportunity to train whilst working within the department is a huge bonus. My circumstances determine that I need to continue to work rather than apply for a University course.'*

### Career plans of respondents

Those who indicated they wanted to become an ODP were asked to advise what their career plan was to achieve this goal. There were 311 responses with some respondents providing multiple answers. Train to become an ODP and undertake an access course were the most frequent responses (figure 19, box 4 and appendix J).



#### **Box 4: Examples of TSWs' career plans**

*'My career plan as a healthcare assistant is based on my personal assessment. My career exploration and my career identification which I have been working towards. My action plan is that I am already doing my functional skills in Maths and English as part of the entry criteria. I am planning to become a registered nurse in future or an ODP.'*

*'I started off as a cleaner whilst studying my degree at University of Huddersfield. Just from cleaning I felt it was an environment that I would like to work in in the future. Once I graduated I came across a theatre orderly role. I applied for that and became successful in Huddersfield main theatres. I've always had an interest in medicine and health care. Whilst I was an orderly I applied for my current post and I have been working here ever since. I never thought I would enjoy a job as much as I do, the environment just suits me.'*

A few of the respondents pointed out that despite their expressed wish to become an ODP this was not possible for them because they were deemed not eligible by their employing organisation, as illustrated in the quotes below (box 5).

**Box 5: Examples of reasons TSWs gave for not being eligible to train to be an ODP**

*'When I took this job I was told I would be able to do the apprenticeship after 2 years of being a TSW, after 2 years I was told I could not do the apprenticeship because I had only been rostered on cleaning and instrument shifts and had no experience in theatre a year later I was told I had a degree so it's unlikely I could be funded and no level 3 qualification relevant to the apprenticeship so I still cannot do it. So, I have to leave my job and do it privately unsupported if I still want to pursue it as a career.'*

*'Unfortunately, I tried applying and was told I've been out of education too long, and don't have any relevant qualifications in healthcare. I would need to do an access course but was incredibly vague as what access course and the only one I could find was a full time one, and I need to pay rent and bills as I live on my own.'*

Sixty-six percent (n=236) had discussed their career plan with their line manager and 117 (33%) had not.

One hundred and sixty-four TSWs stated which careers, other than operating department practice, they would like to follow. Forty three mentioned a career in nursing (box 6), 17 wished to train as a nursing associate and then consider whether they wished to train as a nurse, and 12 wished to become scrub practitioners (appendix K). It is recognised that the opportunities to become an ODP varies across the country.

**Box 6: Example as to why a TSW might consider training to be a nurse**

*'Registered nurse because there are more opportunities available. The ODP is restricted in many ways developing in the role. You are not considered as credible as a nurse and cannot progress as far as a nurse in advanced practice roles as they are restricted in relation to drug dispensing, PGDs and NMP.'*

### Enablers and barriers to becoming an ODP

The TSWs who attended the TSW focus group sessions identified a number of enablers and barriers to progressing to become an ODP, these are listed in Box 7.

#### **BOX 7: Enablers and barriers to becoming an ODP**

##### **Enablers:**

- Life experience
- Transparency about the academic requirements for the courses
- Clear career pathway
- Interview candidates before being accepted onto the course
- Promote talent spotting within teams in organisations
- Flexible approach to studying e.g., part time course, flexible hours.

##### **Barriers:**

- Affordability and financial issues
- Academic requirements
- Confusion about entry criteria and lack of clarity about training routes
- Lack of perceived availability of the ODP apprenticeship
- Lack of profile of ODPs as a profession
- Lack of flexible training options

Fifteen percent (n=70) indicated that their career plans had changed as a result of COVID-19. The reasons they gave varied (table 7). The two main reasons are: studies paused and a desire to move into or remain in healthcare.

**Table 7: Reasons for career plans changing as a result of COVID-19**

Reasons identified	Number of responses
Studies and/or career progression paused/delayed/ceased	24
Desire to move into/remain working in healthcare	15
Considering leaving healthcare	9
Change in career direction	9
Personal circumstances e.g., family, ill health, financial issues	5
No or limited support in role	4
Change in place of work/redeployment	2
Staff health and wellbeing	2



### 3.2. Perspectives from theatre service managers, ODPs and Higher Education Institution ODP programme leads

A total of 34 people took part in five virtual focus groups. These participants are employed in a variety of different roles, as shown in table 11, the majority are employed as practice learning facilitators .

**Table 8: Roles held by the focus group participants**

Role	Number
Practice learning facilitator	11
Practice development lead in theatres	6
Education team lead in theatres	4
University lecturer	3
Theatre manager	3
Theatre specialty manager	2
Theatre matron	2
Clinical professional development lead	1
Principal ODP	1
AHP strategic Lead	1

#### 3.2.1. The apprenticeship route

According to those who took part in these focus groups many TSWs aspire to develop themselves in their chosen career, particularly through the apprenticeship route as they require ongoing financial support. A popular option is to support the Band 2 TSWs to progress to Band 3 and develop scrub skills, with a view to being eligible to apply for an ODP apprenticeship programme. Unfortunately, the step from Band 3 to becoming an ODP apprentice is relatively large. In addition, some of the TSWs have minimal qualifications including no evidence of functional skills qualifications at Level 2. For these TSWs it will take a long time for them to achieve the necessary Operating Department Practice (Degree Apprenticeship) entry requirements. Once they have successfully completed English Language and Mathematics many courses require A-levels or an NVQ Level 3 as the entry qualification.

Managers wish to encourage TSWs to take up opportunities to develop, but the lack of access to funding for both theatre support workers and theatre managers is a major stumbling block in the current model. Financial support to backfill TSWs, aspiring to become operating department practitioners, is not readily available. It was reported that backfill funding is available for nurse apprentices, and it was assumed that this disparity results from the fact that ODPs are not correctly recorded on the NHS electronic staff record (ESR) system.

#### 3.2.2. ‘Grow your own’ models

In the absence of a standardised approach to employing, deploying, educating and training theatre support workers many trusts have decided to take a locally determined approach (see

case study 2 page 34). Some participants, in the focus groups, advised that this workforce is employed initially at Band 2 and once they have successfully completed the NVQ Level 3, or have embarked on a development programme, they are promoted to Band 3.

Others advised that Band 2 staff who have successfully completed the NVQ Level 3 perioperative practice course may be considered for ODP training, some may be promoted to Band 3, but it is not a requirement for entry onto the programme.

Some trusts do not have Band 4 Assistant Practitioner roles. Those that do reported employing the Band 4 staff as part of the scrub team for some routine procedures.

It should be noted that not all theatre support workers wish to gain promotion even if a trust has an effective 'grow your own' model.

### **3.2.3. Responsibilities of theatre support workers**

It is recognised that this workforce undertakes a lot of work that is over and above their role as a support worker, particularly supporting other healthcare practitioners to gain clinical skills associated with the area in which the theatre support worker is employed. This is largely unrecognised. It should be noted that the professional body does not endorse TSWs undertaking supervision of other healthcare practitioners.

The extent to which a Band 2 or Band 3 TSW mentors or supervises others is also locally determined. The participants reported a range of different approaches, for example: one trust considers the TSWs as practice supervisors who provide feedback and to some extent assessment (in partnership with a practice assessor) of student performance and another stated that it would not consider allocating a student to a TSW. One participant advised that their Band 2 TSWs support newly qualified Band 5 practitioners because '*they are highly valued and highly skilled*'.

### **3.2.4. Support from Higher Education Institutions**

Whether a university chooses to support a programme of study is largely governed by its business model and the sustained need for a course. At the moment the demand for programmes of study for TSW is unclear.

There are further considerations that determine whether a higher education institution (HEI) elects to support this workforce:

1. The demand for the trainee nursing associate programme has required the faculties to rethink their provision.
2. The move to discontinue the DipHE route to operating department practice registration has removed one of the routes that previously the support workers took to registration as an ODP.
3. Some higher education institutions no longer recognise the Level 3 perioperative practice award.

4. The capacity and flexibility within the higher education institute itself. Some HEIs are better placed to flex their programmes, to enable a greater clinical placement capacity throughout the academic year, rather than creating peaks and troughs of learners in theatres, which ultimately limits the number of learners any theatre suite can sustain.

### **3.2.5. Further Education Institutions and access to higher education**

Many of the participants reported a good partnership with their local Further Education Colleges. These colleges help the TSWs gain the confidence to become a university student and to transition from NVQ Level 3 to university level 4 study and often work with the trust to deliver a range of healthcare support worker programmes.

Online access courses are available. An example that was recommended is the GRASP [6] access course. The Access to Higher Education (HE) Diploma is a qualification, equivalent to A-level and is readily accepted as an alternative to 'A-levels' for entry into University.

### **3.2.6. Challenges for healthcare providers**

The participants from healthcare providers identified a number of challenges in relation to developing TSWs. These are presented below under the following headings:

- Pressure on the clinical training capacity
- Time spent recruiting Healthcare Assistants
- Band 4 Assistant Practitioners who work in theatres are not regulated unlike Nursing Associates who are regulated by the Nursing and Midwifery Council
- Managing expectations

#### Pressure on the clinical training capacity

The pressure on the clinical training capacity, including the number of clinical staff available to supervise learners in the perioperative environment, is very difficult to manage. Trusts have developed a number of initiatives to enable as many different groups of students as possible to gain the essential clinical experience. However, many organisations have decided to prioritise Operating Department Practitioner and Theatre Assistant Practitioner/TSW training over other professional groups. Other organisations have developed additional clinical placements for these groups of students e.g. resus, critical care and surgical wards. More worryingly some trusts report that they do not have sufficient staff to support 'off the job training'.

### Time spent recruiting Healthcare Assistants

Healthcare provider organisations spend a lot of time and resource recruiting staff into Healthcare Assistant posts to fill the workforce gap. The majority of them have great potential to progress in their career and the trusts then look for ways to keep them i.e. education, training and career progression. It is an ongoing cycle.

### Band 4 Assistant Practitioners who work in theatres are not regulated

An unintended consequence of regulation of the Band 4 Nursing Associates is that healthcare providers are opting to preferentially support courses that lead to Nursing Associate awards, because this workforce is regulated, and the trusts are assured of professional accountability. As a result, some Healthcare Assistants are choosing to apply for nursing associate or nurse training rather than operating department practice training.

### Managing expectations

Trusts are increasingly having to balance the workforce challenge to retain the theatre support workforce with managing their employees' expectations of career development opportunities.

## **3.2.7. Support from the private sector**

The participants noted that the NHS and partner higher education institutions are not taking full advantage of the clinical training opportunities available in the private sector. Furthermore, there are many support workers employed in the private sector who have valuable skills which they could bring to the NHS.

## **3.2.8. Development of a career framework**

Repeatedly the participants called for a standardised career framework for TSWs. Without a career framework for TSWs, healthcare provider organisations will continue to make locally determined decisions about this critical workforce. The result is unequal opportunities and for some trusts losing their workforce to neighbouring organisations that offer enhanced career openings.

### 3.2.9. Case studies from focus groups with managers and education providers

During the focus groups with the managers and education providers two significant case studies emerged (see below)<sup>1</sup>.

#### Case study 1

##### **Christopher Emsley, Principal Operating Department Practitioner and Safety Lead for Theatres, East Lancashire Hospitals NHS Trust**



Chris started his career in the NHS as a housekeeper in the Accident and Emergency Department at East Lancashire Hospital. He eventually started working as a support worker in theatres.

Sixteen years ago, he successfully completed the NVQ Level 2 training. In 2005, after three and a half years as a support worker, he started the ODP diploma course. Chris advises that the *'support worker role was very good grounding to become an ODP.'*

Once Chris had qualified he continued to work at East Lancashire Hospital and then moved to a nearby trust to gain further experience as the team leader in colorectal surgery.

After a period in this role, he returned to East Lancashire NHS Trust to follow a career in scrub in emergency surgery. He has recently progressed to deputise for the matrons and take a lead on safety in the operating theatres.

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<sup>1</sup> The participants have very kindly provided the following information and agreed to the detail being included in the report,

## Case study 2

### East Kent Hospitals University Foundation NHS Trust in partnership with Canterbury Christchurch University

**Ruth Leonard, Lead Theatre Learning and Development Facilitator**

**Susan Crowhurst, Theatre Learning and Development Facilitator**

**Alan Mount, Professional Lead, Operating Department Practice and Apprenticeship Course Lead**

East Kent NHS Hospitals (EKHUFT) is one of the largest hospital trusts in the country with five hospitals. There are 36 operating theatres with 172 theatre support workers overall, 131 at Band 2 and 22 at Band 3 and 19 Associate Theatre Practitioners at Band 4.

The Operating Department Practice provision at Canterbury Christchurch University is well established. The university offers two programmes: traditional three year undergraduate and the three-year integrated apprenticeship course. CCCU has been running the ODP degree apprenticeship course for two years.



The Lead Theatre Learning and Development Facilitator in theatres explained that the trust *'is very privileged to have both direct entry and apprenticeship programmes being offered by their partner HEI'*. Currently there are 19 direct entry ODP students and 18 ODP apprentices in training at EKHUFT with Canterbury Christchurch University (CCCU).

EKHUFT is very clear that the trust *'should not just be looking at students for apprenticeships, we need to start much earlier than that. The funding needs to be identified to enable this group of staff to get their functional skills in Maths and English at level 2 as well as the care certificate and a Level 3 qualification in Health & Social Care'*.

Any non-registered practitioner has the opportunity to advance their career to professional registration. Their desire to advance is identified at appraisal, sometimes as early as the probationary period. An analysis is undertaken of their current academic portfolio to identify what gaps they have in meeting the entry requirements for a degree. A plan is then devised in conjunction with the Apprenticeship team, to ensure that each individual has passed the Care Certificate, English & Maths at Level 2 or equivalent and a Level 3 Qualification in Healthcare. The Theatre Managers are supportive of this initiative enabling these individuals to study alongside their work commitments.

The Trust has worked with their local Further Education Institution (East Kent College) to develop a Level 3 perioperative programme. The second cohort started this programme in September 2021. This training encompasses both classroom sessions, once a month inclusive of the '20% off the job', as well as clinical assessment. The TL&DF team work closely with the lead lecturer to ensure progress is monitored and students are supported with quarterly meetings.

Planning for admittance to the ODP degree apprenticeship programme begins nine months prior to the start of the course. Posters are put up in the departments advertising the role. 'Expression of Interest' forms are then forwarded to interested individuals, followed by shortlisting and a competitive interview round in early summer. This provides the theatre teams with sufficient time to prepare for any successful individual to move onto the 'student' rota by upskilling other TSWs ready for a move into that speciality.

For the first cohort there was some uncertainty about how many could be on the apprenticeship programme. The result was a slightly higher number than originally planned. For the second cohort this was limited to two TSWs per site. However, the theatre managers are realising the value of growing their own and, with the increasing shortfall of skilled theatre staff, are considering raising this number to three per site in the future.

From September 2021 onwards, as a new cohort starts, all the apprentices from the Trust are invited to a Trust Apprenticeship Welcome day. This is an opportunity for them to meet each other and to begin to build a network of support and meet the Theatre Learning & Development Facilitator (TL&DF) team.

EKHUFT covers a very large geographic footprint and the ODP campus is a long way from the Trust. CCCU has addressed this challenge by running a reciprocal accommodation arrangement to minimise travel expenses, or remove double accommodation costs for direct entry students. The University has also utilised virtual learning platforms and virtual meeting spaces to enable learning during COVID-19, this has also resulted in a positive impact on travel time and expense for apprentices.

EKHUFT theatre staff and CCCU have a very strong partnership. One of the CCCU senior lecturers in Practice Learning is an ODP and the other is a nurse, with many years of perioperative experience.

The TL&DF team meets monthly with the Senior Lecturer Placement Learning Academics (SLPLA) to discuss the training capacity. As a result of the pandemic, student nurses were not allocated to the theatre departments because it is considered a high-risk area. As placements open up again student nurses are accommodated on a case by case basis, therefore short (4-8 weeks) placements are negotiated with the SLPLA. Unfortunately, very few of the nursing

students who have spent eight weeks in theatres choose to work in theatres once they have qualified. However, the TL&DF team encourage student nurses, who are placed on the surgical wards, to experience theatres by following their patients through their perioperative journey. This model potentially offers a greater number of nursing students the opportunity to experience the theatre environment. The Lead TL&DF also promotes theatre practice as a career choice for newly qualified nurses at the annual 'hustings'.

Historically, the Trust has had challenges in recruitment because of its proximity to London and the fact that it is based in a coastal county. CCCU recruits many students from London who gain clinical experience within the Trust, but return to London post qualification. The TL&DF team have reached out to our local education providers to raise awareness of ODP as a profession and included details of the courses at CCCU. In turn the university has worked hard to place local students to their nearest hospital, to reduce the risk of losing them post qualification. However, there is still a significant shortfall. The benefit of the ODP degree apprenticeship programme is that we are able to develop our own staff and quite literally 'grow our own'.

We need to invest in our learners, whether they are ODP or nursing students, apprentices or direct entry, they are the future, which is why the Trust carefully and continually reviews the numbers of students in training.



## 4.0. General discussion, conclusions and recommendations

This study has provided significant insight into the TSW workforce including their aspirations to become an ODP and how this could potentially enhance the ODP workforce supply into the healthcare system. Overwhelmingly, TSWs report enjoying working within the theatre environment and many are keen to progress to become ODPs, with seventy-one percent of the TSW respondents aspiring to become an ODP.

Career progression, the opportunity to enhance patient care, develop new knowledge and skills, and an interest in anaesthetics were cited as reasons TSWs wish to become ODPs, coupled with the fact that being an ODP is an interesting and stimulating job.

Main challenges for TSWs aspiring to become an ODP are the costs associated with the education and training and a lack of clarity about any funding available to support them, should they be successful in their application. Availability of funding is also a major concern for theatre managers in the current model including a lack of backfill.

### Recommendation 1

Healthcare provider organisations should clarify what funding is available to enable theatre support workers to apply to study to become an ODP. They should also ensure parity of access to financial support.

### Recommendation 2

Line managers should look to support TSWs in their career planning and progression

Other barriers to train to become an ODP, as identified by the TSWs, included recognition of their existing qualifications, the academic requirements to study to become an ODP, and the perceived lack of availability of an ODP apprenticeship programme. The respondents (TSWs and managers) noted that there appear to be many more apprenticeship programmes that have been approved than are currently available. to enable TSWs to be able to identify these courses.

### Recommendation 3

The sector needs to have a clear understanding of what it can do to help theatre support workers, who wish to follow the degree apprenticeship programmes, meet the entry requirements.

This is particularly important as the preferred career plan for those wishing to become an ODP is through the apprenticeship route which also enables them to have ongoing financial support. Advertising the ODP apprenticeship opportunities clearly through HEI websites is important. Nevertheless, it was highlighted that becoming an ODP apprentice, when employed as a Band 2, is a very significant step. Although fourteen percent of the TSWs who responded to the survey hold a first degree, thirty percent reported they have no vocational or higher qualification. This study has also highlighted that some TSWs have minimal qualifications including some with no evidence of functional skills qualifications at Level 2. This means they will take a long time to gain the ODP apprenticeship.

#### **Recommendation 4**

The local Integrated Care Systems should work with the trusts/further education colleges and higher education institutions in their locality to co-create courses that support education and training for Band 2 - Band 5 theatre staff.

Other barriers, specifically identified by the healthcare providers, include pressure on the clinical training capacity in the perioperative environment, and the considerable amount of the time they spend recruiting, educating, developing and attempting to retain their HCAs.

#### **Recommendation 5**

The College of Operating Department Practitioners should compile a list of the universities and further education colleges that are committed to supporting the theatre support worker community and work with this group to ensure that the business case to develop them is robust.

An unexpected finding from this study is the paucity of engagement with the private sector. Through this study the private sector has expressed a wish to support their local NHS trusts and education providers to enable more TSWs to train to become ODP by providing additional clinical training capacity.

#### **Recommendation 6**

NHS healthcare provider organisations and partner higher education institutions should consider establishing a wider partnership to include any local private sector healthcare providers.

Furthermore, the managers expressed their concern about the lack of regulation for Band 4 TSWs which results in some healthcare providers preferentially supporting courses that lead to the regulated nursing associate role.

However, it is important to note that not all the TSWs wish to become an ODP. The relative percentage of respondents who do not wish to become an ODP varies across the country. From this sample a higher percentage from the South of England reported they do not wish to train to become an ODP. In contrast to London and the Midlands where a much lower percentage do not wish to become an ODP or conversely a much higher percentage do.

Nine percent mentioned they would like to train to become a nurse, four percent as a nursing associate and three percent as a scrub practitioner. The remaining thirteen percent wish to remain in their current post as a TSW. Sixty-seven percent of those in TSW roles have previous healthcare work experience with the vast majority having worked as a Healthcare Assistant.

In conclusion this study has highlighted just how enthusiastic the theatre clinical support workforce is to seek to become ODPs. This clinical community wishes to be valued, nurtured and to be provided with transparent, flexible routes to becoming an ODP. They are keen to progress and work in the theatre environment and wish to be provided with options to do so. Theatre managers wish to encourage TSWs to seek and take up opportunities.

However, there is no standardised career framework for TSWs to support their progression. Therefore, healthcare provider organisations make locally determined decisions about this critical workforce.

#### **Recommendation 7**

Health Education England in partnership with the College of Operating Department Practitioners should develop a career framework for theatre support workers.

Realising the potential of the theatre support workforce and implementing these recommendations will support the NHS to respond to the increasing demands on theatre services.

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## 1.0. Appendices

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## Appendix A: The survey

### The extent to which theatre support workers seek opportunities to become Operating Department Practitioners

Unison and The College of Operating Department Practitioners (CODP), through funding from Health Education England (HEE), has commissioned Allied Health Solutions to identify the extent to which theatre support workers seek opportunities to become Operating Department Practitioners (ODPs) and be a potential supply line to increase the number of ODPs entering the NHS workforce. The project will include identification of the enablers and the barriers to achieving this.

This survey is part of the project and is an opportunity for you to demonstrate your important contribution to the service you work in, including the type of education and training you have and would like to undertake as well as your job satisfaction and career aspirations. The survey is divided into five sections:

Section 1: About your job

Section 2: Previous employment in the healthcare sector

Section 3: Education background

Section 4: Education and training for your theatre support worker role

Section 5: Job satisfaction and career aspirations

It is anticipated the survey will take 20 minutes to complete. Please complete the survey by to be added. If you have any queries about the survey, please contact June Davis:  
[junedavis@alliedhealthsolutions.co.uk](mailto:junedavis@alliedhealthsolutions.co.uk)

The information you provide in this survey will be securely accessed by Allied Health Solutions. The online survey platform used is fully General Data Protection Regulation 2018 (GDPR) compliant. The data provided from the survey will be used by Allied Health Solutions on behalf of the CODP and HEE to inform this project.

On this basis, please indicate below whether you agree to take part in this survey

☐

I am happy to take part in this survey sent to me by Allied Health Solutions

☐

I do not want to take part in this survey

Do you give permission for anonymised quotes to be used in the project report?

Yes

No

### Section 1: About your job

In this section we ask you to provide details about the job that you have and the work that you do.

1. What is the name of the organisation you work for?
2. Which department do you work in?
3. What is your job title?
4. Please tick from the list below which Band or equivalent you are employed on.  
Band 2  
Band 3  
Band 4  
Band 5  
Other, please specify.

5. Do you work part-time or full-time?  
Please tick appropriate box below.

Part- time go to Q6

Full- time, go to Q7

6. How many hours per week do you work and what are your daily hours e.g., 14 hours a week over 2 days 9am-5pm
7. How long have you been in this post?
8. Please indicate:
  - a) the clinical professional (or professionals) that you report to e.g., line manager

- Operating theatre manager

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- Operating theatre matron
- Theatre team lead
- Nurse in charge
- Department manager
- Scrub practitioner/coordinator
- Anaesthetic practitioner/coordinator
- Recovery practitioner/coordinator
- Other please state

and

- b) indicate their Agenda for Change or equivalent pay Band

- Band 4
- Band 5
- Band 6
- Band 7
- Band 8a
- Band 8b
- Band 8c
- Band 8d
- Band 9

Other, please specify (for those out with the NHS)

9. If the person who supervises you on a day to day basis is not identified in Q8 above please give their details below.  
Please note this person may be referred to you as your team leader or they may support you on a one to one basis

10. How much time do you spend with the person identified in Q9?

11. Please identify the key tasks that you undertake in this job from the list below. Please tick all that apply.

- Daily cleaning of the theatre area including all furniture, fittings and specialised equipment.
- Dispose of clinical waste safely & appropriately
- Monitor and maintain stock levels of materials and equipment in each theatre area.
- Prepare packs, set up trolleys, setup theatres for scrub team.
- Ordering of Central Sterile Services Department (CSSD), Theatre Sterile

Supply Unit (TSSU) stores and instruments for the theatre lists.

- Act as circulating assistant during operative procedures.
- Deal appropriately with specimens and measurement of urine and blood loss.
- Set up operating theatre for the following day's list, ensuring instruments, trays etc are available, recording shortages to ensure smooth running of list.
- Receive and identify patients for clinical/operative procedures and support them whilst in the Anaesthetic Room prior to surgery.
- Undertake and interpret a range of patient observations as required in the clinical area, for example temperature, pulse, respiration, blood pressure, oxygen saturation levels, and blood glucose. Report adverse signs to registered nurse/doctor
- Undertake relevant tasks in recovery.
- Ensure all relevant information is recorded on the computerised patient information sheet.
- Complete any documentation necessary for the patients care plan.
- Any other routine tasks, please list in the space below

12. How many operating theatres does the organisation you work in have? Please state in the box below.

## Section 2: Previous employment in the healthcare sector

In this section we wish to understand any previous work experience you have had in the healthcare sector. This includes any employment in another department in the organisation that you currently work in.

13. Have you worked in a healthcare setting prior to your current post?

Yes go to Q 14

No go to Q15

## Theatre support workers

14. Please list the healthcare jobs that you have had and the length of time you were in that post e.g., healthcare assistant on a hospital ward for 2 years.

### Section 3: Education background

In this section we ask questions about your secondary and higher education.

#### Secondary/school education

15. Which of the following qualifications do you have? Please tick all that apply.

- 1 - 4 O levels / CSEs / GCSEs (any grades), Entry Level Foundation Diploma, NVQ Level 1, Foundation GNVQ, Basic Skills
- 5+ O levels (passes) / CSEs (grade 1) / GCSEs (grades A\*- C or 9-4), National Qualifications (Grade A-C) , School Certificate, 1 A-level / 2 - 3 AS levels / VCEs, Higher Diploma,
- NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First / General Diploma, RSA Diploma
- Apprenticeship
- 2+ A-levels / VCEs, 4+ AS levels, Higher School Certificate, Progression / Advanced Diploma, Highers
- No school qualifications
- Other qualifications: please state in the box below
  - The country the qualification(s) were obtained from. Please state

Please list any other school qualification that you have in the space below.

#### Vocational/Higher Education

16. Which of the following qualifications do you have? Please tick all that apply.

- NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma
- Degree (for example BA, BSc), Higher degree (for example MA, PhD, PGCE)

- NVQ Level 4 - 5, HNC, HND, RSA Higher Diploma, BTEC Higher Level
- Professional qualifications (for example teaching, nursing, accountancy)
- No vocational / higher qualifications
- Other vocational / work-related qualifications-please give details in the space below.
- Other qualifications: please state in the box below
  - The country the qualification(s) were obtained from. Please state

17. If you hold a degree please give the title of the degree e.g., BSc (Hons) Biochemistry in the space below.

18. If you hold a health professional qualification please state the qualification and the country where it was obtained, including any international qualifications in the space below.

### Section 4: Education and training for your support worker role.

In this section we are seeking information about education and training that relates specifically to your role as a theatre support worker.

19. Do you hold any of the following?

- A foundation degree specifically for healthcare support workers
- An NVQ/OQF in health (any level)
- A level 2 Apprenticeship in health
- A level 3 Apprenticeship in health
- A Higher Apprenticeship in health (level 4 and above)
- The Care Certificate

20. Are you studying for any of the following?



## Theatre support workers

- A three year degree Please state in which subject
- A two year higher diploma Please state in which subject
- A foundation degree specifically for healthcare support workers
- NVQ/QCF in health (any level)
- Operating department practice degree apprenticeship
- A level 2 Apprenticeship in health
- A level 3 Apprenticeship in health
- A higher apprenticeship in Health (level 4 and above)
- The Care Certificate

If you are studying for an operating department practice course, please identify any challenges accessing and/or transitioning to the course?

21. Other than the statutory training that healthcare providers are required to deliver, what staff development and training opportunities have you had since you started this post? Please list in the space below.
22. What education and training opportunities do you currently have? Please list in the space below.
23. What education and training would help you to do your job even more effectively? Please list in the space below.

## Section 5: Job satisfaction and career aspirations

This section captures information about job satisfaction and career aspirations.

24. How satisfied are you with your job?  
Please tick one of the following

Very satisfied

Satisfied

Dissatisfied

Very dissatisfied

25. How long do you plan to stay in your current job?

26. Do you aspire to become an operating department practitioner?

Yes, go to Q27

No, go to Q28

- 27 a) If so, why do you wish to become an operating department practitioner?

And

- b)What is your career plan to become an operating department practitioner?

- 27b) Have you discussed this plan with your line manager?

Yes

No

28. If not, do you aspire to an alternative healthcare career plan?

Yes, go to Q29

No

29. Please provide an outline of your healthcare career plan in the space below.

30. Have your career plans changed as a result of COVID-19?

Yes, Please go to Q31

No

31. If your answer to Q30 was Yes, how have they changed?

**Thank you very much for taking the time to complete this survey**

## Appendix B: Members of the project task and finish group

Name	Role	Organisation
Rebecca Adams	ODP programme lead	University of Gloucestershire
Peter Brown	ODP programme lead	Teesside University
Maj Beverley Burden	Department of Healthcare Education	School of Defence Education Birmingham City University
Paul Chapman	HEE AHP Programme Manager	Health Education England
June Davis	Director	Allied Health Solutions
Abdul Diouri	1 <sup>st</sup> year ODP student	Buckinghamshire New University
Mike Donnellon	Chair of the College of Operating Department Practitioners Education and Standards Committee	College of Operating Department Practitioners
Val Johnston	Assistant National Officer	Health Service Group UNISON
Chris King	AHP Student Support Officer	School of Defence Education Birmingham City University
Ruth Leonard	Lead Theatre Learning and Development Facilitator	East Kent Hospital University Foundation Trust
Alan Lofthouse	National Officer	UNISON Health Group
Professor Mary Lovegrove OBE	Director	Allied Health Solutions
Elaine Lowe	Service user representative	COMENSUS, UCLAN
Angela Melling	Service user representative	COMENSUS, UCLAN
Dr David Selwyn	Director	Centre for Perioperative Care
Anne-Marie Thompson	Theatre Support Worker	Milton Keynes University Hospital NHS Foundation Trust
Professor David Sines CBE	Independent Chair of project task and finish group	
Bec Tinkler	Talent management Partner	Ramsay Healthcare
Kate Williams	1 <sup>st</sup> year ODP student	Buckinghamshire New University

## Appendix C: Key tasks undertaken by TSWs

Key tasks	Number of responses
Daily cleaning of the theatre area including all furniture, fittings and specialised equipment.	455
Dispose of clinical waste safely & appropriately	457
Monitor and maintain stock levels of materials and equipment in each theatre area.	442
Prepare packs, set up trolleys, set up theatres for scrub team.	428
Ordering of Central Sterile Services Department (CSSD), Theatre Sterile Supply Unit (TSSU) stores and instruments for the theatre lists.	229
Act as circulating assistant during operative procedures.	441
Arrange for specimens and measurement of urine and blood loss.	422
Set up operating theatre for the following day's list, ensuring instruments, trays etc. are available, recording shortages to ensure smooth running of list.	417
Receive and identify patients for clinical/operative procedures and support them whilst in the Anaesthetic Room prior to surgery.	345
Undertake and interpret a range of patient observations as required in the clinical area, for example temperature, pulse, respiration, blood pressure, oxygen saturation levels, and blood glucose. Report adverse signs to registered nurse/doctor.	213
Undertake relevant tasks in recovery.	168
Ensure all relevant information is recorded on the computerised patient information sheet.	400
Complete any documentation necessary for the patients care plan.	411
Other tasks included: <ul style="list-style-type: none"> <li>Positioning the patient during the perioperative phase</li> <li>Attending departmental teaching sessions on a weekly basis</li> <li>Assist in transferring patients from theatres to a ward</li> <li>Collecting patients from the holding bay to theatre</li> <li>Holding the theatre bleep on night shifts and contacting the staff nurse if there is a patient requiring emergency surgery</li> <li>Assisting with crash calls in theatre</li> <li>Ensure all pressure areas of the patients are protected at all times and make sure warmings and Flowtron Boots are in place before the operation starts.</li> <li>Acting as the tissue viability link</li> <li>Admit and discharge patients for surgery including giving clinical advice on discharge</li> <li>Act as a scrub practitioner</li> <li>Act as a link for infection control</li> <li>Manual training link worker</li> </ul>	73

## Appendix D: School/secondary education qualifications and vocational/higher education qualifications held by respondents

Education	Number of responses	% of responses
<b>Secondary/school education</b>		
1 - 4 O levels / CSEs / GCSEs (any grades), Entry Level Foundation Diploma, NVQ Level 1, Foundation GNVQ, Basic Skills	253	53
5+ O levels (passes) / CSEs (grade 1) / GCSEs (grades A*- C or 9-4), School Certificate, 1 A-level / 2 - 3 AS levels / VCEs, Higher Diploma	207	43
NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First / General Diploma, RSA Diploma	224	47
Apprenticeship	61	12
2+ A-levels / VCEs, 4+ AS levels, Higher School Certificate, Progression / Advanced Diploma	108	22
No school qualifications	19	3
Other examples cited included: <ul style="list-style-type: none"> <li>• Function skills in English and Maths Level 1 and 2</li> <li>• NVQ Level 3 in health and social care</li> <li>• BTEC health and social care Level 2 and 3</li> <li>• Foundation Degree in health.</li> <li>• Degrees including BA English and Linguistics, BSc in Nursing, BSc in Biology, BSc in Sport Exercise Science,</li> </ul>	84	17
<b>Vocational/Higher Education</b>		
NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma	225	47
Degree (for example BA, BSc), Higher degree (for example MA, PhD, PGCE)	71	14
NVQ Level 4 - 5, HNC, HND, RSA Higher Diploma, BTEC Higher Level	40	8
Professional qualifications (for example teaching, nursing, accountancy)	32	6
No vocational / higher qualifications	143	30
Other qualifications or vocational / work-related qualifications. Examples cited included: <ul style="list-style-type: none"> <li>• BSc in Nursing</li> <li>• BSc in electronics and communications engineering</li> <li>• Care certificate</li> <li>• Diploma in nursing</li> <li>• Foundation degree</li> <li>• Chef</li> <li>• Advanced diploma in nutrition and diet – level 5</li> <li>• Prince2 project management</li> </ul>	53	11

## Appendix E: TSWs Higher Education Qualifications

Field of study	Number of responses
Nursing	11
Media	8
Other	8
Psychology	6
Health and Social Care	6
Healthcare	6
Unknown	5
Business	5
History	4
Biomedical Sciences	4
Languages	4
Sport Science	3
Politics	3
Education	3
Social Care	3
Philosophy	3
Criminology	2
Animal Sciences	2
Biochemistry	2
Agriculture	2
Biology - Forensic	1
Engineering	1
Social Sciences	1
Biology	1
Biology - Human	1

## Appendix F: International qualifications held by respondents

Country obtained and topic area	Number of responses
<b>Bulgaria</b>	<b>1</b>
Specialist Midwife	1
<b>India</b>	<b>6</b>
BSc History	1
BSc Nursing	2
Diploma - General Nursing	1
Diploma - Nursing and Midwifery	2
<b>Pakistan</b>	<b>1</b>
Diploma - Nursing and Midwifery	1
<b>Philippines</b>	<b>6</b>
BSc Business Administration	1
BSc Nursing	1
Nursing	1
Registered Midwife	2
Registered Nurse	1
<b>Portugal</b>	<b>1</b>
Nursing Degree	1
<b>Romania</b>	<b>1</b>
Red Cross First Aid Sister	1
<b>Tunisia</b>	<b>1</b>
Senior Technician - Anaesthesia and Resuscitation	1
<b>Total</b>	<b>17</b>

## Appendix G: Education and training that would help TSWs do their job more effectively

NB: 423 responses ( some respondents gave multiple answers)

Comment		Number of responses	Example of quote
ODP course especially the apprenticeship route  NB some respondents mentioned the shortage of ODP apprenticeship programmes		87	<i>A ODP apprenticeship would enable me to train and expand my skills and knowledge whilst learning from my colleagues. I would then feel like I can contribute more at work and be a more valued part of the team.</i>  <i>The ODP apprenticeship Scheme is something I deeply desire</i>
Specific training (total of 62 responses)	Bereavement	1	
	Communication skills	2	
	Surgical/theatre procedures	10	
	Theatre instruments	8	
	Anaesthetics	13	
	Ventilation	2	
	Endoscopy	2	
	Drugs	2	
	First aid and Life Support	7	
	Mental health	3	
	Anatomy and physiology	4	
	Robotics	1	

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	Clinical audit	1	
	Human factors	1	
	Multi-professional working	1	
	Orthopaedics	1	
	Ophthalmic	2	
Any relevant training		39	<p><i>There is no clinical educator for HCA staff in the trust</i></p> <p><i>I would do any training relevant to my Job description that will immensely help me in my Job.</i></p> <p><i>All the training to do my job as there is no other training in this trust I get greeted with a big fat no when I have asked</i></p>
<p>Not sure what is available</p> <p>NB worth suggesting that information is provided for them as some had no idea what is available.</p>		36	<p><i>Open days to find out what is available</i></p> <p><i>More support &amp; understanding of further development &amp; opportunities</i></p> <p><i>formalized training opportunities which are emailed out to TSWs with information as to what they would be useful for</i></p>
In house training	General theatre practices/primarily practical	32	<i>I would take part in any available trainings related to the Theatres and operating practice. Unfortunately, support workers, are not very well looked after and there aren't any training available for us</i>
Nursing training		31	
Cannula and catheterisation		31	<i>Cannulation and catheter course as I would be more skilled and would be able to potentially save time if I am in the anaesthetic room with the patient, I could At least get a cannula inserted.</i>
An NVQ Level 3 e.g., health and social care		27	



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Equipment including lasers/packs and trays		21	<i>More training for support workers to understand why we use certain equipment and help understand why we do certain things in the operating theatre</i>
Clinical observations and measurements		21	<i>Courses in taking patient observations so we could work in recovery and on wards</i>
Numeracy		16	
Literacy		16	
Scrub opportunity (including training)		13	
Theatre specific induction course		14	<i>Theatre specific training instead of care certificate, which is not tailored to our needs, although it is helpful to give an overall insight into working in a healthcare environment.</i>
Bridging/access course to be able to do ODP programme		12	
Statutory and mandatory training		9	<i>Satisfied with the mandatory training that is offered</i>
More time in recovery		8	
Surgical assistant training		2	
Critical care practitioner training		2	
HCA/Senior HCA training		6	
Structured Assistant theatre practitioner training		7	
Midwifery apprenticeship		2	
Master degree		2	Two already studying at this level
Other awards	Foundation degree to enable progression	1	

## Theatre support workers

	Any or NVQ Level 4	4	
Rotation		4	
Venepuncture		8	
Blood related training	Taking blood	8	
	Blood pressure	4	
	Blood gases	5	
	Blood glucose	1	
ECG		9	
Administrative tasks	Including IT update	4	
CPD/updates		5	<i>More CPD for support workers, people who want to progress giving them opportunities to show their potential</i>
Regular time allocated each week to learn		4	
Career progression		3	<i>I would like the opportunity for Career Progression, which is difficult as a healthcare support worker.</i>
Patient care		5	
Other training	Conflict resolution/behaviour	2	
	Shadowing ODPs	2	
Other significant issues	Mentoring/buddying scheme	3	
	Recognition of existing qualifications	4	
			<i>Being a registered Nurse in the Philippines &amp; having a 4 years experienced on Government hospital in the area of NICU / Delivery Room . And currently working as a Band 2 HCA in Main theatres</i>

## Appendix H: Length of time TSWs plan to stay in their current role

Length of time	Number of responses
Until retire	61
Unsure/Not sure/ I do not know/Unknown	70
Until I qualify as an ODP	7
Hoping to apply for an ODP apprenticeship	11
Until I start the ODP apprenticeship	2
Until I have finished my apprenticeship	4
No plans to change jobs	29
As long as possible	48
Not long	8
Foreseeable future	31
Indefinitely	19
0 months (about to leave)	3
1 month	3
6 months -1 year	9
1 year	25
1-2 years	4
2 years	23
3 years	8
3-5 years	5
5 years	11
5+ years	10
10 years	8
10+ years	6
20+ years	4
As soon as the opportunity arises to develop/train	52
As soon as opportunity to be promoted	26
Until I complete the course I am on	8
Leave as soon as possible	21
Aspire to train to become an ODP	25
Aspire to be a nurse	2

## Appendix I: Reasons for aspiring to become an ODP

Comment	Number of responses
Career progression	122
Enhanced patient care	90
Develop new knowledge and skills	70
Interest in anaesthetics	58
ODP is an interesting and challenging job	45
Enjoy working in theatre environment	33
Want to be able to scrub	29
Rewarding role	27
To become a registered practitioner and professional status and responsibility	26
Greater support to the team	20
Wanted to be an ODP for a long time	15
Interest in working in recovery	13
Diverse role	12
Better pay/ AfC Band	10
To be part of the ODP team	9
Career opportunities as an expanding role	7
Assist with surgery	6
To assist in A&E and Intensive care	3
Hold a degree	3

## Appendix J: Career plan to become an Operating Department Practitioner

Comments	Number of responses
Apply for an ODP apprenticeship	81
About to start an ODP apprenticeship	5
Access course	51
Complete functional skills course	22
Continue with education	2
Finish an ODP degree course	8
Apply for an ODP post	1
Band 4 apprenticeship	1
Train to be an ODP	52
Train to be a nurse/nursing associate	6
Further develop as an HCA	2
No plan as financially constrained/wait for financial model to be clear	30
Wait for an apprenticeship to be offered in the trust	24
Apply for traditional ODP degree	25
Online course	2
Already hold a degree so not eligible to apply for an apprenticeship	1
No opportunities to progress	3
Complete Care certificate	1
Trust based training	1
Shadow an ODP to get more experience	4
Apply to university (non-specific)	4
Unsure	12
To help and save lives	2
To retire	1
Work in the different areas of perioperative practice to broaden knowledge and skills	10
Apply for a secondment when one is available	10
Non-specific career progression	11
Additional study modules	1
Scrub knowledge and skills	4
To develop specialist clinical skills	3
In-house course(s)	8

## Appendix K: Alternative healthcare career plan

Comment	Number of responses
Career in nursing	43
Train as a Nursing Associate then consider nursing	17
Career as an ODP	51
Career in maternity services	5
Study medicine	4
Scrub practitioner	12
Train to be an AHP : paramedic (3); dietitian (1); diagnostic radiographer (2); occupational therapist (1); sonographer	8
Apply for an access course to a professional qualification	5
Leave to progress career	9
Assistant theatre practitioner	6
First step is to pass functional skills	9
Work in recovery	1
No plan just more than Band 2/healthcare support worker	11
Progress in theatres	7
Work in a mortuary	1
Extend skills set	4
Work as a manager/ administrator	3
Promotion to a higher Band/career progression	9
Apprenticeship and then train to be a regulated professional	5
Independent study	1
Secondment opportunity	1
New career in: 1. Medical devices 2. Medical law 3. Clinical perfusionist	3

# Contact Us

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