

# Evidence Brief: Theatre Workforce

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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## Evidence Brief: Theatre Workforce

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- [Complete Evidence Brief list – link for Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

### Key publications – the big picture

#### [Medical associate professions briefing](#)

Source: BMA

Publication: 25<sup>th</sup> September 2023

This briefing covers the increasing presence of MAPs (medical associate professions) in the NHS, their regulation, prescribing rights and the BMA's view on these developments.

#### [NHS Long Term Workforce Plan](#)

Source: NHS England

Publication date: June 2023

The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

p. 80 "In 2023/24 we will work with students, HEIs, royal colleges and clinical placement providers to understand and address the reasons students leave training and the variation in their experiences. Training attrition varies across the country, particularly for nursing. This Plan supports the existing commitment to reduce the proportion of students who leave nursing training from 16% in 2019/20 to 14% by 2024. We will also aim to bring the attrition rate down to 14% for paramedics and operating department practitioners (ODPs)."

p. 87 "For ODPs, level 1 theatre first assist training and increased critical care skills are being built into pre-registration training. This will maximise the workforce benefit they bring on graduation and drive transformation through overt recognition of skills."

p. 88 "To address the unwarranted variation in clinical placement hours in some professions – for example, ODPs and paramedics – we will support a review of the variation, aligned to the outcome-based clinical hours models in the college curricula."

#### [Future proof: The impact of parental and caring responsibilities on surgical careers](#)

Source: Nuffield Trust

Publication date: 28<sup>th</sup> February 2023

Support for working parents is vital for ensuring staff currently employed by the NHS achieve work–life balance, particularly amidst a workforce crisis driven by poor retention as well as recruitment. The Royal College of Surgeons of England commissioned the Nuffield Trust to explore the impact of parental and caring responsibilities on surgical careers in order to understand the issues within that profession. Our research shows a worrying gap between policy and reality.

#### [Using nursing associate roles in the NHS](#)

Source: NHS Employers

Publication date: 29<sup>th</sup> June 2023

Find out how to train, fund and deploy nursing associates, as well as the benefits they can bring to your organisation.

#### [Operating Department Practitioner Level 6 Apprenticeship Toolkit – South East](#)

Source: Health Education England; Canterbury Christ Church University and Buckinghamshire New University

Publication date: February 2023

Aimed at NHS organisations, apprenticeship leads, theatre practice educators and leaders, those involved with supporting apprentices. To support the development and growth of existing and future support workers within the operating department environment. To facilitate closer working relationships between Higher Education Institutes (HEIs) and NHS organisations supporting ODP apprenticeships. To signpost organisations and apprentices to available support within local organisations and HEIs. To provide examples of processes in place across the region to utilise and build upon where relevant.

N.B. Resources and external links are for suggestion only and do not have to be used over effective tools you may already have in place.

### [Closing the gap: actions to reduce waiting times for children and young people](#)

Source: Getting It Right First Time (GIRFT)

Publication date: 2023

NHS teams focusing on reducing surgical waiting times for children and young people can now access guidance featuring ten practical measures to help tackle the backlog.

NHS colleagues are working hard to restore elective care, but data shows that activity for children and young people (CYP) is still below pre-pandemic levels and recovery remains behind rates seen in adult services. The specialties of ENT, dental services, ophthalmology, urology, and trauma and orthopaedics (including spinal surgery) are especially challenged, with the longest waiting lists for surgery for young patients.

### [Establishing an effective and resilient workforce for elective surgical hubs: a Guide for NHS Trusts and Systems](#)

Source: Getting It Right First Time (GIRFT)

Publication date: June 2022

A key element of the elective recovery strategy for the NHS in England is the creation and expansion of elective surgical hubs. One of the integral success factors for the set-up and operation of these hubs will be an appropriately skilled sustainable workforce. This guidance is designed to assist providers and Integrated Care Systems (ICSs) in planning the workforce requirements for new or expanded surgical hubs.

### [The Allied Health Professions \(AHPs\) Strategy for England 2022 to 2027](#)

Source: NHS

Publication date: June 2022

Collectively, allied health professionals (AHPs) are the third largest clinical workforce in the NHS: 185,000 allied health professionals (AHPs) in 14 professions are working across the spectrum of health and care, education (including early years), academia, research, criminal justice system, voluntary and private sectors. From prevention to specialist care provision, AHPs deliver care to individuals, groups and, in some cases, specific populations of children and older adults. In 2016 NHS England published the first AHP strategy, AHPs into Action (2016/2017–2020/2021), a framework demonstrating the transformative potential of this workforce in supporting the NHS. The strategy set out the collective commitments and priorities for AHPs to deliver significant improvements for people who access services, their carers, and communities, evidenced in 53 case studies.

### [Identifying the extent to which theatre support workers seek opportunities to become Operating Department Practitioners \(ODPs\)](#)

Source: Health Solutions funded by Health Education England  
Publication date: February 2022

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.

### [Developing career pathways for diagnostic imaging support worker roles: guidance on roles and responsibilities](#)

Source: The Society of Radiographers and Health Education England

Publication date: December 2022

This guidance sets out the roles and responsibilities that diagnostic imaging support workers, including assistant practitioners, can perform at four career levels. It provides additional, profession-specific competencies that complement the AHP Support Worker Competency, Education and Career Development Framework.

### [Video: Operating Department Practitioner](#)

Source: NHS England Workforce Training and Education YouTube

Publication date: 2022

An overview about Operating Department Practitioners - what they do and why their role is so important in healthcare.

### [Position statement: The role of the nursing associate in the surgical care team](#)

Source: Perioperative Care Collaborative

Publication date: November 2021

The aim of this position statement by the PCC is to set out the principles and guidance relating to both the Nursing Associate (NA) scope of practice and their role within perioperative care. The NA will bridge the gap between the Registered Nurse (RN) and Perioperative Healthcare Assistant (PHCA), contributing to integrated care. Both employers and registered practitioners are required to ensure that patient safety is paramount. This should be a primary consideration when delegating roles to an NA, which should also comply with the regulatory standards. (NMC, 2018: Para 11; HCPC, 2016: Para 4). In England and Wales, the Workforce Standards of the National Safety Standards for

Invasive Procedures (NHSI, 2015) are an additional source of guidance.

### [Workforce issues: the blurring of boundaries in surgical care](#)

Author(s): Russell and Fletcher

Source: British Journal of Nursing 30(7)

Publication date: April 2021

Bradley Russell and Nicholas Fletcher discuss the need for clear boundaries for those nurses practising at an advanced level in surgical specialties.

### [A new deal for surgery](#)

Source: Royal College of Surgeons of England

Publication date: 2021

The COVID-19 pandemic has had a devastating impact on NHS surgical services in England. All elective (planned) surgery was cancelled in the first wave and many surgical teams were redeployed to help treat COVID-19 patients. Latest figures show the largest ever recorded NHS waiting list in England of 4.95 million people, including more than 430,000 waiting over a year.<sup>1</sup> In addition, there is a 'hidden waiting list' of people who have not yet come forward or who have not yet been referred for hospital treatment. Estimates vary, but could mean the waiting list growing to a figure of 9.7 million by 2023/24.<sup>2</sup>

### [The Health Education England Extended Surgical Teams \(HEEEST\) Pilot: Year 1 Report](#)

Source: Health Education England

Publication date: ?2021

This report has been written by the Health Education England Extended Surgical Teams (HEE EST) pilot team with input, modification and comment from the extended surgical team (EST) pilot community and the Association of Surgeons in Training (ASiT). The Joint Committee on Surgical training (JCST) and Confederation of Postgraduate Schools of Surgery (CoPSS)

have also contributed. The extended surgical team is a trained multi- professional team supporting the entire surgical care pathway. It is made up of consultant surgeons supported by doctors in training as well as staff and associate specialist (SAS) doctors, complemented by an EST comprising, for example, advanced clinical practitioners (ACPs), physician associates (PAs), prescribing pharmacists and surgical care practitioners (SCPs). Members of the EST are developed in role (80 per cent service, 20 per cent training) in core skills, enabling the most advanced and experienced EST members to function clinically at the equivalent level of a core trainee.

### [Extended Surgical Team \(EST\) pilot](#)

Source: Health Education England

Publication date: November 2020

The Health Education England Extended Surgical Team (EST) pilot commenced in November 2020 and is aimed at new 'extended' surgical teams, which include consultants, doctors in training and SAS doctors, but the focus of the pilot is the role of multi professional team members. HEE have supported the development of pilot sites to explore the development of the EST in new areas to both improve workforce provision and enable improvement provision of surgical training.

- [Year 1](#)
- [Year 2](#)
- [Year 3](#)
- [Return on Investment Tool \(Business Case\)](#)
- [News](#)

### [Regulating Physician Associates \(Pas\) and Anaesthesia Associates \(AAs\): a rapid review](#)

Author(s): Samsi et al.

Source: King's College London

Publication date: 2020

A Physician Associate (PA) is a 'new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision' (Health Education England, 2012). While there are far fewer Anaesthesia Associates (AAs) (formerly known as Physician Assistants (Anaesthesia) until July 2019) this review also covers this role, distinguishing it where possible. AAs are defined as a separate profession 'with a different set of competencies which enable them to work under the supervision of anaesthetists within the operating theatre environment' (Royal College of Physicians).

### [Position statement: The role of the Perioperative Healthcare Assistant in the Surgical Care Team](#)

Source: Perioperative Care Collaborative

Publication date: 2020

The aim of this position statement by the PCC is to set out the principles and guidance relating to both the PHCA scope of practice and their undertaking of delegated interventions and tasks in perioperative roles. Both employers and registered practitioners are required to ensure that patient safety is paramount. This should be a primary consideration when delegating roles to a PHCA, which should also comply with the regulatory standards. (NMC, 2018: Para 11; HCPC, 2016: Para 4). In England and Wales the Workforce Standards of the National Safety Standards for Invasive Procedures (NHSI, 2015) are an additional source of guidance.

### [Operating theatres: opportunities to reduce waiting lists](#)

Source: NHS Improvement

Publication date: February 2019

This report provides the insight to support clinicians, managers and hospital leaders further challenge themselves to improve



how care is delivered and how valuable theatre resources and clinical expertise can be best used.

### [Long Term Plan](#)

Source: NHS

Publication date: January 2019

The NHS Long Term Plan was developed in partnership with those who know the NHS best – frontline health and care staff, patients and their families and other experts.

### [Surgical Care Practitioners](#)

Source: NHS Employers

Publication date: 29<sup>th</sup> October 2018

Information for employers on the surgical care practitioner role and how it fits within the NHS.

### [Surgical Care Practitioner Infographic](#)

Source: NHS Employers

Publication date: 29<sup>th</sup> October 2018

Access our infographic exploring the role of the surgical care practitioner (SCP).

### [Review of the Education, Training and Deployment of Operating Department Practitioners End of study report](#)

Source: Allied Health Solutions funded by Health Education England

Publication date: 2019

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 thousand<sup>1</sup> 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.

### [Theatre productivity](#)

Source: NHS England and Getting It Right First Time (GIRFT)  
To support elective recovery, GIRFT is helping to lead a national theatre programme which aims to draw together all key national workstreams engaged in improving theatre productivity, efficiency and workforce. The key aims of the programme are to support providers and systems to maximise the effectiveness and throughput of their surgical theatres through improvements across the surgical elective pathway. The programme reports into the National Theatre Board and onward to the National Elective Recovery Programme.

### [A question of balance: the extended surgical team](#)

Source: Royal College of Surgeons of England

Publication date: 2016

The surgical workforce has been depleted by reductions in the numbers of doctors in training in surgery, and changes to their working hours and shift patterns. Frequent reference has been made to ‘filling gaps’ in rotas, particularly at night, and ‘plugging holes’ in ward and theatre cover. The reality is that the medical element of the surgical workforce has changed and surgical departments need to redesign their teams in response – as one senior NHS manager told us: ‘The gaps are not really gaps anymore; this is what we have’.

### [Extended roles and their scope of practice](#)

Source: Royal College of Surgeons

This guidance describes in detail two distinct roles for the extended surgical care team, with defined clinical tasks and responsibilities:

- Surgical care practitioner (SCP)
- Surgical first assistant (SFA)

Both roles support the routine care of the surgical patient and increase the capacity of the surgical team. They work under the supervision of a consultant surgeon and support continuity of care in areas that can be delegated to non-medically qualified staff, while allowing surgeons to focus on more complex patient pathways and specialised care.

### Clinical governance of the Surgical Care Team

Source: Royal College of Surgeons

All extended roles in the surgical team should work within a local clinical governance framework. This ensures that:

- Quality of patient care can be assured.
- There is consistency and standardisation of practice.
- The boundaries of the extended roles are documented in written protocols.
- Appropriate responsibilities and supervisory arrangements are clarified and agreed with the extended team member, senior members of the surgical team and service managers.
- Every member of the multidisciplinary team is aware of the accountability, responsibility and scope of practice of those roles and how they fit into the surgical team.
- There are clear arrangements and support for the professional development, monitoring and review of the roles.

A register of all practitioners acting as extended members of the surgical team should be kept in each department where these roles have been introduced.

### [Guidance for the Assistant Practitioner role in perioperative support](#)

Source: Health Education England Work Based Education Facilitator Network

Assistant Theatre Practitioners (ATP) compliment the work of the perioperative team working with Surgeons, Anaesthetists and Registered Practitioners to ensure that every operative procedure is risk averse and patients are provided with safe, dignified and effective care. The ATP assists in patient care during surgery by supporting the multidisciplinary team in the perioperative care of the patient, under the supervision of a registered practitioner. The ATP as a scrub practitioner provides skilled assistance to the surgeon in the operating theatre within the sterile field. The term 'skilled assistance' is limited to the handling of instrumentation, maintenance of the surgical field and completion of the necessary risk assurance processes associated with the operative procedure. The term 'skilled assistance' does not extend to activities associated with the role of first assistant/advanced scrub practitioner, (The Perioperative Care Collaborative (PCC 2015).

## In the news

[Anaesthesia associates: College votes to halt recruitment until review is conducted](#) Full text available with NHS OpenAthens account\*

Author: Wilkinson, Emma

Publication Date: 2023

Publication Details: BMJ (Clinical research ed.), 383, pp.2460. , England:

Anaesthetists have shown they are unequivocal in their concern about associates. Emma Wilkinson reports on the outcome of an extraordinary meeting.



Members of the Royal College of Anaesthetists have voted through six resolutions proposed by grassroots campaigners who have opposed the expansion of anaesthesia associates, in an extraordinary general meeting held last week.

### [Surgeons: NHS workforce plan must be backed up by numbers](#)

Source: Royal College of Surgeons of England

Publication date: 9th March 2023

Professor Fiona Myint, Vice President of the Royal College of Surgeons of England, has warned that continuing to reduce the backlog of over 7.21 million patients waiting for treatment will be “difficult and slow”, unless the government publishes a workforce plan for the NHS that is fully funded and outlines the number of staff needed in the future, as promised.

### [Hospital introduces disposable head coverings for theatre staff](#)

Source: Medway NHS Foundation Trust

Publication date: 14<sup>th</sup> December 2022

Medway NHS Foundation Trust has introduced new disposable head coverings for staff within its operating theatres, helping to improve safe practice and inclusivity for colleagues.

Thanks to this new initiative, head coverings are now routinely available at Medway Maritime Hospital in a disposable format, adding to the standard operating theatres hat. The new style of head covering meets the strict uniform requirements for operating theatre staff, who must wear sterile and disposable clothing such as scrubs, surgical gloves and gowns to reduce the risk of patients contacting an infection.

## Case Studies

### [Delivering clinical T level industry placements: Frimley Health NHS Foundation Trust](#)

Source: NHS Employers

Publication date: 31<sup>st</sup> July 2023

Find out how Frimley Health NHS Foundation Trust piloted T Level industry placements in a range of clinical settings.

### [The Perioperative Practitioner – Insights from a Physician Associate](#)

Source: The Royal College of Surgeons of Edinburgh

Publication date: 20<sup>th</sup> November 2019

On Saturday 9th November, The Faculty of Perioperative Care hosted their 5th Annual Conference on the theme of Reshaping the Surgical Team: Integration of the Non-Medical Practitioner into Surgery. The conference produced a range of topics and thought-provoking talks from speakers explaining their roles as Physician Associates and Advanced Clinical Practitioners, to discussions on the role universities play in ensuring they are providing essential education for all practitioners who wish to progress onto more advanced roles within the surgical team.

### [What it's really like to be an ODP](#)

Source: Birmingham City University

We've spent time talking to BCU alumna Paige Jones, who works as an ODP and was recently filmed for a BBC documentary: Edge of Life. Below, Paige very kindly gives us an insight into what it's really like to be an ODP.

### [Surgical Care Practitioner Case Study](#)

Source: Royal College of Surgeons of England

Read on to find out more about life as a Surgical Care Practitioner from the perspective of Adrian Jones, one of the first of his kind.

### [Christopher Cunliffe Level 6 Operating Department Practitioner \(integrated degree\)](#)

Source: Skills for Health Healthcare Apprenticeships  
Meet Christopher Cunliffe, a Level 6 Operating Department Practitioner (integrated degree) apprentice working at Warrington and Halton Teaching Hospitals NHS Foundation Trust .We spoke with Christopher about his apprenticeship journey, keep reading to find out more.

### [Anaesthesia Associate Role Impact Case Study](#)

Source: Health Education England  
Anaesthesia Associates (AAs) are anaesthetic providers who work under the direction and supervision of a Consultant Anaesthetist. The AA role was first introduced in 2004 and is now established within many NHS hospitals, with approximately 160 AAs on The Royal College of Anaesthetists' Managed Voluntary Register as of 2022. This case study provides insight into how the AA roles are typically used, and the impact of the role on NHS patients, systems, and workforce. The case study data are based on a qualitative analysis of interview data collected from 12 research participants (4 AA leads and 8 AA employers) from 8 NHS organisations across 5 NHS England regions. The data indicate that the perspectives of the leads and the employers are mostly aligned, thus the viewpoints have been combined for the purpose of this case study.

## The Star for workforce redesign

More resources and tools are available by searching "surgical" in [the Star](#)

## Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**”

### [Supporting Facilities Data](#)

Source: NHS England

The number of operating theatres and supporting facilities in NHS organisations in England.

### [Operating Theatres Programme](#) Members log in required

Source: NHS Benchmarking Network

The Acute Transformation Dashboard shows key activity and performance metrics at monthly reporting in the following areas, going back to April 2019:

- Outpatients
- Operating Theatres
- Emergency Care
- Managing Frailty
- Acute Therapies
- Radiology

## National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

## Published Peer Reviewed Research

### Advanced Practice

[Advanced non-medical roles within surgery and their engagement with assistive health technologies](#) Abstract only\*

Author: Bradburn, Amy and Garbutt, Anthony

Publication Date: 2023

Publication Details: British journal of nursing (Mark Allen Publishing), 32, (14) pp.672-676. , England:

The role of the surgical care practitioner (SCP) is common in UK surgical centres. The SCP curriculum is robust and well developed in multiple specialties since it was first developed in 1989. The SCP role can often concentrate on technical skills, developing a skillset that is highly effective during traditional open surgical procedures. This skillset requires further investigation because technology-assisted surgeries are becoming more common, including the use of novel approaches to developing non-technical skills. To effectively develop this skillset, analysis of robust advanced practice frameworks is necessary, alongside clear alignment to the advanced practitioners' professional regulations. This article examines the interpretation of the advanced practice concept within technology-assisted surgeries, which is potentially guiding the evolution of advanced practice within operating theatres and improving patient care.

### Career development and pathways

[Ever thought about being a scrub nurse?: The role of perioperative practitioners – or theatre nurses – in ensuring patient safety across anaesthetics, surgery and recovery](#)

Abstract only\*

Item Type: Journal Article

Authors: -Racel Casanova Eviota, Jo

Publication Date: 2021

Journal: Nursing Standard 36(12), pp. 71-72

Abstract: The perioperative environment has three main areas: anaesthetics, surgery and recovery. A professional who works in these areas is called a perioperative practitioner and is either a nurse or an operating department practitioner (ODP).

[Career opportunities for theatre practitioners](#)

Author: Lord, S.

Publication Date: 2017

Publication Details: Journal of Perioperative Practice, 27, (7-8) pp.152-153. , United Kingdom: Association for Perioperative Practice.

Never have there been such a vast number of career opportunities for all levels of staff within the perioperative environment including healthcare support workers, operating department practitioners and nurses.

### Education and training

[The introduction of a Surgical Care Practitioner training programme to an acute National Health Service trust and an exploration of the interrelationships between Surgical Care Practitioners, their trainers and surgical trainees](#) Abstract only\*

Author: Carter, Phoebe, Carter, Jemima and Carter, Paul

Publication Date: 2023

Publication Details: Journal of perioperative practice, pp.17504589231163684. , England:

This study aimed to explore the impact of the introduction of a Surgical Care Practitioner programme on junior surgical training within an acute National Health Service trust. A qualitative methodology of semi-structured interviews was used to gather information from eight Surgical Care Practitioners, eight surgical trainees and eight consultant grade trainers. The authors found

an overall positive and mutually beneficial outcome of the training programme, with surgical trainees unanimous that the presence of the Surgical Care Practitioners freed them up for more time to be spent in theatre, as well as acting as highly experienced surgical assistants when the trainees were operating on their own. This study found significant mutual benefits to surgical trainees and Surgical Care Practitioners, as well as smoother running of the wards, theatres and the clinical firms through the addition of a highly skilled and versatile Surgical Care Practitioner workforce.

### [Theatre practitioners and organisational adaptive capacity in disaster response](#)

Author: Klunder-Rosser, Jennifer

Publication Date: 2023

Publication Details: Journal of perioperative practice, pp.17504589231177833., England:

Disasters are increasing globally, requiring flexible strategic approaches from healthcare organisations to manage the resultant influx of patients requiring care while also maintaining normal operational services. Theatre practitioners play a key role in disaster response and recovery; however, a lack of appropriate skill utilisation may be reducing overall organisational adaptive capacity and leading to poorer outcomes for organisations, staff and patients. Understanding what skills individual practitioners have, and how they can be deployed to the greatest effect, is a concern for managers to ensure optimal use of resources and to reduce negative impacts of disaster response upon healthcare personnel. This is especially pertinent in the post-COVID healthcare climate where a paucity of operating theatre practitioners and poor workforce planning has led to a lack of surgical capacity at a time when it is most needed.

### [Implementing a surgical first assistant role into that of a clinical nurse specialist at an orthopaedic specialist hospital](#) Abstract only\*

Author: Denton, A.

Publication Date: 2021

Publication Details: British Journal of Nursing, 30, (20) pp.1178-1183. , United Kingdom: MA Healthcare Ltd.

Background: Clinical nurse specialists (CNSs) are experienced senior nurses with advanced clinical knowledge, communication and leadership skills and commonly take on extended roles to optimise care delivery within health and social care. Aim(s): To critically explore the experience of one clinical nurse specialist who undertook an enhanced qualification to become a surgical first assistant. Method(s): A case-study approach based on Gibbs' reflective model is used to reflect on the experience, its benefits to patient care and the challenges and facilitators related to taking on advanced surgical roles. Finding(s): Long-term benefits can be achieved by investing in CNSs educated to hold the enhanced surgical first assistant qualification. Advanced roles enhance evidence-based service delivery, while also benefitting the clinical nurse specialist, the patient and the trust. Copyright © 2021 MA Healthcare Ltd

### [A Curriculum for Perioperative Nurse Deployment During a Pandemic](#)

Author: Hemingway, Maureen W. and Silvestri, Sandra

Publication Date: 2021

Publication Details: AORN Journal, 113, (2) pp.138-145. , United States:

As the coronavirus disease 2019 (COVID-19) pandemic spread around the world, the US Surgeon General called for the cancellation of elective surgeries. At a large academic medical center in the Northeast, there was a resulting surplus of perioperative nurses who were deployed to inpatient units in need of skilled nursing care for a surge of COVID-19 patients. To

prepare them for deployment to inpatient units, perioperative leaders developed a core curriculum to ensure that the OR nurses possessed the skills and knowledge required to successfully care for patients outside the OR with the same level of care and compassion that they provided to perioperative patients. The leaders employed available resources at the hospital to design and implement the course in a short amount of time. This article describes the development of a curriculum for OR nurses to manage a surging patient volume on inpatient units because of the COVID-19 pandemic. Copyright © AORN, Inc, 2021.

### [Operating department practitioners and adult nurses: interprofessional education bedfellows or a bridge too far?](#)

Author: Taylor, Natasha, Horwood, Gemma and Kneafsey, Rosie  
Publication Date: 2019

Publication Details: BMJ simulation & technology enhanced learning, 5, (4) pp.189-191. , England:

Background: Interprofessional education (IPE) is well embedded in undergraduate health curricula. However, scant literature exists on which health and care disciplines, such as adult nurses and operating department practitioners (ODPs), prefer to work within simulated learning events., Methods: This study took place over a number of simulated interprofessional events, with a range of health and care disciplines students, using a variety of simulation tools. The total number of participants was: adult nurses 16 and ODPs 18., Results: An ordinal logistic regression analysis was carried out on survey data collected. The OR of ODPs choosing adult nurses as the discipline they would prefer to work with at these events was 1.994 (95% CI 1.034 to 3.334) times that of adult nurses choosing ODPs as the discipline they would prefer to work with at these events, a statistically significant effect., Conclusions: It is clear that a statistical difference in preferential choice exists, with ODPs choosing to work with adult nurses almost twice that of adult nurses choosing

to work with ODPs. This supports the importance of IPE and the understanding of other professions, to improve team working across health and care organisations. Copyright © Author(s) (or their employer(s)) 2019. No commercial re-use. See rights and permissions. Published by BMJ.

### [How can the presence of a surgical care practitioner improve training for staff who are learning how to scrub for robotics cases in a urology theatre? Abstract only\\*](#)

Author(s): Prue Barry

Source: Journal of Perioperative Practice 29(6) pp. 172-178

Publication date: June 2019

Aim: This study examines how a surgical care practitioner can contribute to the learning needs of junior scrub staff learning to scrub for urological robotics cases. Key themes include education, technical training, non-technical skills, patient safety and the specialist practitioner as educator. Methods: Data collection was via an online survey, distributed by a gatekeeper to 13 participants. These were junior scrub practitioners who had completed their robotic rotation. Results: A 62% response rate was achieved. The majority of respondents indicated that there was a difference in interactions when a surgical care practitioner was assisting compared to a surgical trainee. Half of the respondents felt more confident when the surgical care practitioner was assisting. Conclusions: A range of approaches were proposed for how the surgical care practitioner could enhance learning. Structured input is likely to be more appropriate to avoid the surgical care practitioner being distracted from their own duties whilst assisting. There is scope for further research.

### [Factors that influence medical student learning in the operating room Abstract only\\*](#)

Author(s): Hexter et al.

Source: Medical Teacher 41(5) pp. 555-560



Publication date: May 2019

Introduction: The operating room (OR) is a dynamic, high-pressure clinical setting that offers a unique workplace-based learning environment for students. We undertook a narrative synthesis of the literature to identify factors that influence medical student learning in the OR, and we recommend educational strategies that maximize "theater-based learning". Methods: Key words were searched across three databases PubMed, EMBASE and ERIC (Education Resource Information Center). Eligible studies included original articles published after 1997 presenting empirical research on factors that influence medical students learning in the OR. Methodological quality was measured using the Newcastle-Ottawa Score for education. Results: We identified 764 studies on the topic of student learning in the OR, of which 16 studies fulfilled inclusion criteria. The quality assessments demonstrated a mean value of 2.1 out of a maximum of 6. Conclusions: We identified five key domains that influence student learning in the OR: emotional factors, socio-environmental factors, organizational factors, factors related to educational relevance and factors related to the educator. Educational strategies to enhance theater-based learning include: an induction and physical orientation, clear learning objectives, educator feedback, and simulation.

[Non-technical skills in minimally invasive surgery teams: a systematic review](#) Abstract only\*

Author(s): Gjeraa et al.

Source: Surgical Endoscopy 30 pp. 5185-5199

Publication date: 2016

Background: Root cause analyses show that up to 70 % of adverse events are caused by human error. Strong non-technical skills (NTS) can prevent or reduce these errors, considerable numbers of which occur in the operating theatre. Minimally invasive surgery (MIS) requires manipulation of more complex

equipment than open procedures, likely requiring a different set of NTS for each kind of team. The aims of this study were to identify the MIS teams' key NTS and investigate the effect of training and assessment of NTS on MIS teams. Methods: The databases of PubMed, Cochrane Library, Embase, PsycINFO, and Scopus were systematically searched according to Preferred Reporting Item for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Articles containing outcome measures related to MIS teams' key NTS, training, or assessment of NTS were included. Results: The search yielded 1984 articles, 11 of which were included. All were observational studies without blinding, and they differed in aims, types of evaluation, and outcomes. Only two studies evaluated patient outcomes other than operative time, and overall, the studies' quality of evidence was low. Different communication types were encountered in MIS compared to open surgery, mainly due to equipment- and patient-related challenges. Fixed teams improved teamwork and safety levels, while deficient planning and poor teamwork were found to obstruct workflow and increase errors. Training NTS mitigates these issues and improves staff attitudes towards NTS. Conclusions: MIS teams' NTS are important for workflow and prevention of errors and can be enhanced by working in fixed teams. In the technological complex sphere of MIS, communication revolves around equipment- and patient-related topics, much more so than in open surgery. In all, only a few heterogeneous-design studies have examined this. In the future, the focus should shift to systematically identifying key NTS and developing effective, evidence-based team training programmes in MIS.

[A combined teamwork training and work standardisation intervention in operating theatres: controlled interrupted time series study](#) Abstract only\*

Author(s): Morgan et al.

Source: BMJ Quality and Safety 24(2)



Publication date: February 2015

Background: Teamwork training and system standardisation have both been proposed to reduce error and harm in surgery. Since the approaches differ markedly, there is potential for synergy between them. Design: Controlled interrupted time series with a 3 month intervention and observation phases before and after. Setting: Operating theatres conducting elective orthopaedic surgery in a single hospital system (UK Hospital Trust). Intervention: Teamwork training based on crew resource management plus training and follow-up support in developing standardised operating procedures. Focus of subsequent standardisation efforts decided by theatre staff.

Measures: Paired observers watched whole procedures together. We assessed non-technical skills using NOTECHS II, technical performance using glitch rate and compliance with WHO checklist using a simple quality tool. We measured complication and readmission rates and hospital stay using hospital administrative records. Before/after change was compared in the active and control groups using two-way ANOVA and regression models. Results: 1121 patients were operated on before and 1100 after intervention. 44 operations were observed before and 50 afterwards. Non-technical skills ( $p=0.002$ ) and WHO compliance ( $p<0.001$ ) improved significantly after the intervention in the active versus the control group. Glitch count improved in both groups and there was no significant effect on clinical outcomes. Discussion: Combined training in teamwork and system improvement causes marked improvements in team behaviour and WHO performance, but not technical performance or outcome. These findings are consistent with the synergistic hypothesis, but larger controlled studies with a strong implementation strategy are required to test potential outcome effects.

[Multidisciplinary team simulation for the operating theatre: a review of the literature](#) Abstract only\*

Author(s): Tan et al.

Source: ANZ Journal of Surgery 84(7-8)

Publication date: July-August 2014

Introduction: Analyses of adverse events inside the operating theatre has demonstrated that many errors are caused by failure in non-technical skills and teamwork. While simulation has been used successfully for teaching and improving technical skills, more recently, multidisciplinary simulation has been used for training team skills. We hypothesized that this type of training is feasible and improves team skills in the operating theatre. Methods: A systematic search of the literature for studies describing true multidisciplinary operating theatre team simulation was conducted in November and December 2012. We looked at the characteristics and outcomes of the team simulation programmes. Results: 1636 articles were initially retrieved. Utilizing a stepwise evaluation process, 26 articles were included in the review. The studies reveal that multidisciplinary operating theatre simulation has been used to provide training in technical and non-technical skills, to help implement new techniques and technologies, and to identify latent weaknesses within a health system. Most of the studies included are descriptions of training programmes with a low level of evidence. No randomized control trial was identified. Participants' reactions to the training programme were positive in all studies; however, none of them could objectively demonstrate that skills acquired from simulation are transferred to the operating theatre or show a demonstrable benefit in patient outcomes. Conclusion: Multidisciplinary operating room team simulation is feasible and widely accepted by participants. More studies are required to assess the impact of this type of training on operative performance and patient safety.

[Adding value to the education of nurses, midwives and operating department practitioners through a 'life-wide' curriculum](#) Abstract only\*

Author: Jackson, Norman, Fellows, Claire and Leng, Jane

Publication Date: 2010

Publication Details: Nurse education today, 30, (3) pp.271-5. , Scotland

The University of Surrey is developing the idea of a life-wide education. The intention is to develop a not for credit personal and professional development award through which a student's life-wide learning enterprise can be encouraged, supported, valued and publicly recognised. This paper is not intended to be a research study proving that life-wide learning is a valid concept for higher education. Rather, its intention is to stimulate thinking about a set of pedagogic ideas that may add value to our current higher education paradigm and to provide some supporting evidence of student engagement with these ideas. The initial scoping exercise surveyed 40 student nurses, midwives and operating department practitioners (ODP) to discover what they did outside their programme of study that they believe added value to their personal and professional development. The survey established that students have encountered a wide range of experiences in their lives that have impacted on their personal and professional development and strong vocational motivations have often been triggered by personal life experiences. A majority of the students surveyed indicated that they would be interested in gaining some form of university recognition for the personal development they have gained through wider life experiences if the opportunity was made available to them.

[How can positive and negative trainer feedback in the operating theatre impact a surgical trainee's confidence and well-being: a qualitative study in the North of England](#)

Author(s): Kamali and Illing

Source: BMJ Open 8(2)

Publication date: 2018

Objective: To identify the perception of positive feedback (PF) and negative feedback (NF) provided by trainers in the operating

theatre on surgical trainees' confidence and well-being.

Design Narrative interview study. Setting: Twelve hospitals that form part of one deanery within the UK. Participants: Maximum variation sampling of 15 higher general surgical trainees provided insight into how PF and NF from trainers in the operating theatre affect confidence and well-being.

Methods: Narrative telephone interviews were conducted with general surgical trainees between April and June 2016. All interviews were recorded, transcribed and anonymised.

Transcriptions were analysed using the five-step framework analysis by two independent researchers. Results: Fifteen trainees (age 28–38 years) were interviewed (median interview time: 29 min). Thematic framework analysis identified nine themes within the data. PF, which included corrective feedback, helped the trainees to relax and seemed to enhance their operative performance. All trainees reported significant and unjustified NF, some of which would be defined as undermining and bullying. Many believed this to have a negative impact on their training with minimal educational benefit. Many trainees felt NF adversely affected their performance in the operating theatre with some expressing a wish to leave the profession as a consequence. Conclusion: Both PF and NF exist in the operating theatre. Both have an important influence on the trainee, their performance and career. PF, if specific, helped aid progression of learning, increased motivation and performance of surgical trainees. In contrast, NF was perceived to have detrimental effects on trainees' performance and their well-being and, in some, introduced a desire to pursue an alternative career. This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial.

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### Efficiency and productivity

[Extended operating times are more efficient, save money and maintain a high staff and patient satisfaction](#) Abstract only\*

Author(s): Herron et al.

Source: Journal of Perioperative Practice 28(9) pp. 231-237

Publication date: September 2018

Current public sector austerity measures necessitate efficiency savings throughout the NHS. Performance targets have resulted in activity being performed in the private sector, waiting list initiative lists and requests for staff to work overtime. This has resulted in staff fatigue and additional agency costs. Adoption of extended operating theatre times (0800-1800 hours) may improve productivity and efficiency, with potentially significant financial savings; however, implementation may adversely affect staff morale and patient compliance. A pilot period of four months of extended operating times (4.5 hour sessions) was completed and included all theatre surgical specialties. Outcome measures included: the number of cases completed, late starts, early finishes, cancelled operations, theatre overruns, preoperative assessment and 18-week targets. The outcomes were then compared to pre-existing normal working day operating lists (0900-1700). Theatre staff, patient and surgical trainee satisfaction with the system were also considered by use of an anonymous questionnaire. The study showed that in-session utilisation time was unchanged by extended operating hours 88.7% (vs 89.2%). The service was rated as 'good' or 'excellent' by 87.5% of patients. Over £345,000 was saved by reducing premium payments. Savings of £225,000 were made by reducing privately outsourced operation and a further £63,000 by reviewing staff hours. Day case procedures increased from 2.8 to 3.2 cases/day with extended operating. There was no significant increase in late starts (5.1% vs 6.8%) or cancellation rates (0.75% vs 1.02%). Theatre over-runs reduced from 5% to 3.4%. The 18 weeks target for surgery was achieved in 93.7% of

cases (vs 88.3%). The number of elective procedures increased from 4.1 to 4.89 cases/day. Only 13.33% of trainees (n = 33) surveyed felt that extended operating had a negative impact on training. The study concludes that extended operating increased productivity from 2.8 patients per session to 3.2 patients per session with potential savings of just over £2.4 million per financial year. Extrapolating this to the other 155 trusts in England could be a potential saving of £372 million per year. Staff, trainee and patient satisfaction was unaffected. An improved 18 weeks target position was achieved with a significant reduction in private sector work. However, some staff had difficulty with arranging childcare and taking public transport and this may prevent full implementation.

[Trauma theatre productivity - Does the individual surgeon, anaesthetist or consultant presence matter?](#) Abstract only\*

Author(s): Turnbull et al.

Source: Injury 49(5) pp. 969-974

Publication date: May 2018

Introduction: With rising NHS clinical and financial demands, improving theatre efficiency is essential to maintain quality of patient care. Consistent teams and consultant presence have been shown to improve outcomes and productivity in elective orthopaedic surgery. The aim of this study was to investigate the impact on trauma theatre productivity of different surgeons and anaesthetists working together in a Major Trauma Centre. The influence of consultant presence and weekend operating on productivity was also considered. Methods: Data relating to a single orthopaedic trauma theatre was gathered retrospectively for a two-year period. Variables including orthopaedic and anaesthetic consultant presence, number and complexity of operations performed and procedure start times were collected for daily trauma lists. Individual anaesthetic and orthopaedic consultants were compared by productivity outcomes. The impact of surgeons operating more frequently with one

anaesthetist was also examined. Results: Data relating to 2384 patients undergoing a total of 2787 procedures was collected. Orthopaedic consultant presence at the first surgical case ( $p < 0.05$ ) and for 50% or greater of cases ( $p < 0.05$ ) lead to higher mean number of cases performed per list and reduced turnaround time. Despite working with a significantly higher number of different consultant anaesthetists ( $p < 0.001$ ) in year two, the productivity of surgeons as judged by list start time, total cases per list and total operating time was not significantly affected. Significantly earlier start times ( $p < 0.001$ ) and shorter turnaround times ( $p < 0.001$ ) at weekends led to maintained productivity despite shorter theatre time. No significant difference in productivity was found when comparing individual anaesthetic and orthopaedic consultants. Productivity was not significantly increased by surgeons operating more frequently with one individual anaesthetist. Conclusion: In the setting of an acute trauma theatre, orthopaedic consultant presence led to increased productivity. Furthermore, individual surgeon and anaesthetist pairings had no effect on overall productivity. Future efforts to improve productivity should focus on achieving earlier start times, consultant supervision of lists and reduced turnaround times between cases.

### [Re-evaluation of three-session theatre efficiency](#)

Author(s): Nadig and Kamaly-Asl

Source: The Bulletin of the Royal College of Surgeons of England 99(7)

Publication date: June 2017

The first decade of the new millennium brought in a vast amount of changes in the National Health Service (NHS). There has been a need and constant drive towards efficiency and savings. Theatre utilisation has become the principal managerial measure of theatre performance across trusts in the UK.<sup>1</sup> In 2002 the Modernisation Agency published its Step Guide to Improving Theatre Performance<sup>2</sup> while the Audit Commission reported on

operating theatres in 2002 and 2003.<sup>3,4</sup> Theatre utilisation of 84% has been considered an acceptable standard of theatre practice.<sup>4</sup> Trusts across the country have taken measures to meet the national targets such as a reduction in waiting list times for elective surgery. Enhancing theatre capacity is a key step in reducing total waiting times to under 18 weeks.<sup>1</sup> The regular two-session (2S) theatre lists have been increasingly replaced by three-session (3S) lists. The aim of this study was to compare the efficiency of 3S theatre days and 2S days at the Greater Manchester Neuroscience Centre in Salford.

### Extended surgical team

#### [The current state of the surgical care team in the United Kingdom: Shall we 'do a time out'? Abstract only\\*](#)

Author: Krishnamoorthy, Bhuvaneshwari and Britton, Carolina Relvas

Publication Date: 2022

Publication Details: Journal of perioperative practice, 32, (12) pp.368-378. , England:

Abstract: The reduction of junior doctors' working hours over the last two decades paved the way to non-medical practitioners providing care traditionally discharged by surgeons and other medics. These registered practitioners play a vital role in the care of patients in surgery and work within multi-disciplinary teams comprising surgical care practitioners, advanced clinical practitioners in surgery, and physician associates, with significant experience in nursing or allied health care professional practice. Health Education England and the Royal Colleges of Surgeons have invested considerably in developing the relevant educational frameworks to support and quality assure the training of non-medical practitioners. Notwithstanding, to ascertain whether advanced and extended practice have been developed appropriately, a wide critical stance is needed. This article aims to begin to analyse the status quo of the extended



surgical team and of the associated pitfalls and challenges, making conservative comparisons between the roles with the international scene. The objective is to help students, trainees and all involved in surgical care to adopt an informed and critical viewpoint about the extended surgical team in the United Kingdom, in the hope that this can lead to improvement and forward planning in workforce design for the benefit of patients and their communities.

### Health, wellbeing, and burnout

#### [Effects of music therapy on occupational stress and burn-out risk of operating room staff](#)

Author(s): Kacem et al.

Source: Libyan Journal of Medicine 15:1

Publication date: May 2020

The operating theatre staff is exposed to various constraints such as excessive working hours, severe medical conditions and dreadful consequences in case of malpractice. These working conditions may lead to high and chronic levels of stress, which can interfere with medical staff well-being and patients quality of care. The aim of this study is to assess the impact of music therapy on stress levels and burnout risk on the operating room staff. This is a preexperimental study including the operating rooms staff of urology and maxillofacial surgery in the academic hospital of Sahloul Sousse (Tunisia) over a period of six weeks. The study consisted of three phases. The first was an initial assessment of stress level with a predefined survey. The second included three music therapy sessions per day over one month. The third was an immediate stress level reassessment following the intervention. Stress levels were evaluated using the Perceived Stress Scale version PSS-10 and the Maslach Burnout Inventory. The overall response rate was 73.9%. The average age of the study population was  $37.8 \pm 7.7$  years with a female predominance (64.7%). After the music therapy program,

Perceived Stress Scale average score decreased from  $22 \pm 8.9$  to  $16 \pm 7.9$  ( $p = 0.006$ ). Concerning the burnout, only the average score of emotional exhaustion decreased significantly from  $27 \pm 10.8$  to  $19.2 \pm 9.5$  ( $p = 0.004$ ). Music therapy is an innovative approach that seems to reduce operating theatre staff stress. It must be considered as a non pharmacological, simple, economic and non invasive preventive tool.

[Risk and health effects in operating room personnel](#) Abstract only\*

Author(s): van den Berg-Dijkmeijer et al.

Source: Work 39(3) pp. 331-344

Publication date: 2011

Objective: The objective was to find the factors that pose a possible health risk to OR personnel. Work-related health problems of operating room (OR) personnel were signalled by an occupational physician and preparations for the development of new Worker's Health Surveillance (WHS) were started with a systematic review of the literature. Methods: A systematic review was performed of articles in Pubmed, published from January 1991 to December 2007, concerning risks or health effects in the working conditions of OR personnel. Results: Twenty-three articles reported that workers in the OR are exposed to infectious agents, noise, anaesthetic gases and radiation. Eleven studies reported elevated risk for (allergic) skin diseases, musculoskeletal complaints and infectious diseases. Conclusions: Factors that form a health risk for workers in the operating room are infectious agents, noise, anaesthetic gases and radiation. Health effects on workers in the OR are (allergic) skin disorders, musculoskeletal complaints and infectious diseases.

### Leadership

#### [Surgical specialty speed-dating: Promoting surgical leadership to female medical students](#) Abstract only\*

Item Type: Journal Article

Authors: Patel, Manal I. and Fung, Alex

Publication Date: 2021

Journal: Medical Teacher 43(1), pp. 114-115

Abstract: In the article, the authors present their study to determine whether the Women in Surgery (WinS) symposium "Leaders of the Field" will inspire female students in pursuing surgical careers and achieve their leadership potential. The 2019 symposium at the University of Cambridge in England include a 'specialty speed-dating' in which senior female surgeons promoted their specialties to small student groups. Also mentioned is the importance of mentorship in medical education.

#### [Challenging gender stereotypes and advancing inclusive leadership in the operating theatre](#)

Author(s): Minehart et al.

Source: British Journal of Anaesthesia 124(3)

Publication date: March 2020

Modern healthcare is delivered by interprofessional teams, and good leadership of these teams is integral to safe patient care. Good leadership in the operating theatre has traditionally been considered as authoritative, confident and directive, and stereotypically associated with men. We argue that this may not be the best model for team-based patient care and promote the concept of inclusive leadership as a valid alternative. Inclusive leadership encourages all team members to contribute to decision-making, thus engendering more team cohesion, information sharing and speaking up, and ultimately enhancing team effectiveness. However, the relational behaviours associated with inclusive leadership are stereotypically associated with women and may not in fact be recognised as

leadership. In this article we provide evidence on the advantages of inclusive leadership over authoritative leadership and explore gender stereotypes and obstacles that limit the recognition of inclusive leadership. We propose that operating teams rise above gender stereotypes of leadership. Inclusive leadership can elicit maximum performance of every team member, thus realising the full potential of interprofessional healthcare teams to provide the best care for patients.

#### [Lean healthcare from a change management perspective](#)

Abstract only\*

Author(s): van Rossum et al.

Source: Journal of Health Organization and Management 16;30(3) pp. 475-93

Publication date: May 2016

Purpose - Lean healthcare is used in a growing number of hospitals to increase efficiency and quality of care. However, healthcare organizations encounter problems with the implementation of change initiatives due to an implementation gap: the gap between strategy and execution. From a change management perspective, the purpose of this paper is to increase scientific knowledge regarding factors that diminish the implementation gap and make the transition from the "toolbox lean" toward an actual transformation to lean healthcare. Design/methodology/approach - A cross-sectional study was executed in an operating theatre of a Dutch University Medical Centre. Transformational leadership was expected to ensure the required top-down commitment, whereas team leadership creates the required active, bottom-up behavior of employees. Furthermore, professional and functional silos and a hierarchical structure were expected to impede the workforce flexibility in adapting organizational elements and optimize the entire process flow. Findings - The correlation and regression analyses showed positive relations between the transformational leadership and team leadership styles and lean healthcare



implementation. The results also indicated a strong relation between workforce flexibility and the implementation of lean healthcare. Originality/value - With the use of a recently developed change management model, the Change Competence Model, the authors suggest leadership and workforce flexibility to be part of an organization's change capacity as crucial success factor for a sustainable transformation to lean healthcare.

### Medical Associate Professions (MAPs)

#### [Anaesthesia associates: College votes to halt recruitment until review is conducted](#)

Author: Wilkinson, Emma

Publication Date: 2023

Publication Details: BMJ (Clinical research ed.), 383, pp.2460. , England:

The reduction of junior doctors' working hours over the last two decades paved the way to non-medical practitioners providing care traditionally discharged by surgeons and other medics. These registered practitioners play a vital role in the care of patients in surgery and work within multi-disciplinary teams comprising surgical care practitioners, advanced clinical practitioners in surgery, and physician associates, with significant experience in nursing or allied health care professional practice. Health Education England and the Royal Colleges of Surgeons have invested considerably in developing the relevant educational frameworks to support and quality assure the training of non-medical practitioners. Notwithstanding, to ascertain whether advanced and extended practice have been developed appropriately, a wide critical stance is needed. This article aims to begin to analyse the status quo of the extended surgical team and of the associated pitfalls and challenges, making conservative comparisons between the roles with the international scene. The objective is to help students, trainees

and all involved in surgical care to adopt an informed and critical viewpoint about the extended surgical team in the United Kingdom, in the hope that this can lead to improvement and forward planning in workforce design for the benefit of patients and their communities.

#### [The experience of working with anaesthesia associates in the United Kingdom and the impact on medical anaesthetic training](#)

Abstract only\*

Author: Sellers, Claudie, Penfold, Nigel, Gass, Cleave and Drennan, Vari M.

Publication Date: 2022

Publication Details: The International journal of health planning and management, 37, (5) pp.2767-2778. , England:

Anaesthesia Associates have been established in the UK for over 10 years, but without statutory regulation. Renewed interest surfaced based on a widening gap between patient need and workforce supply in the UK and established advanced practice non-doctor roles within healthcare systems elsewhere. However, there are no robust data on their impact on patient or hospital outcomes, or training opportunities for medical anaesthetists, and perceptions of the profession within the anaesthetic community are mixed. This paper describes an investigation into the demographics and scope of practice of Anaesthesia Associates in the UK in 2017, and the experience of working together as an anaesthetic team. Through qualitative interviews, we explored the role and relationships, the impact on medical anaesthetic training and ideas about future development. The overall experience of working with Anaesthesia Associates was positive. Successful integration requires understanding of the educational needs and competencies of all. Future development relies on strong leadership and robust patient outcome and efficiency measures. Interviewees strongly supported statutory regulation, which was agreed by the government in 2019 but not yet implemented. Anaesthesia Associates were seen as a

benefit to anaesthetic departments and as such may provide part of the solution to the prevailing workforce issues in UK Anaesthesia, further critically challenged by the SARS-CoV-2 pandemic. Copyright © 2022 John Wiley & Sons Ltd.

### [Surgical care practitioners: an audit across the surgical specialties](#) Abstract only\*

Item Type: Journal Article

Authors: Fletcher, Nicholas and Russell, Bradley

Publication Date: 2022

Journal: British Journal of Nursing 31(11), pp. 572-577

Abstract: Introduction: The Royal College of Surgeons of England (RCS), when devising their curriculum for surgical care practitioners (SCPs), aimed to provide a level of training to produce a practitioner able to work across the surgical patient's journey, providing care to, arguably, an advanced level. This audit planned to examine the reality of this. Method: SCPs from a closed group, on the Facebook social media platform were invited to complete an online questionnaire about their role as an SCP. Results: A total of 92 responses were gathered from across the surgical specialty SCP community and from around the UK. Data were collected on the breakdown of the SCP's role and working practices. Conclusion: The data collected demonstrated the multifunctional nature of the SCP and their ability to work at a level as envisioned by the RCS curriculum.

### [The role of the surgical care practitioner during the COVID-19 pandemic: An audit of experiences](#)

Author: Fletcher, Nicholas, Russell, Bradley and Broughton, Jonathan

Publication Date: 2021

Publication Details: Journal of perioperative practice, 31, (3) pp.108-113. , England:

INTRODUCTION: The Surgical Care Practitioner is a medical associate profession role, working to an advanced level,

undertaken by registered nurses, operating department practitioners or physiotherapists, on completion of a Royal College of Surgeons accredited course. The COVID-19 pandemic has led to all health care professionals needing to adapt to help support the health care system as it tackles its effect., AIM: Audit of roles undertaken by Surgical Care Practitioners during the COVID-19 pandemic in the context of Royal College of Surgeons (2014) Curriculum to review the utilisation of this medical associate profession role., METHOD: The online questionnaire service, SurveyMonkey R, was used to collect data on the activities being undertaken by the Surgical Care Practitioner during the COVID-19 pandemic., RESULTS: Eighty Surgical Care Practitioners from across seven different surgical specialties within the United Kingdom completed the online survey. Nearly half stated that they remained mostly working in their substantive role, just less than a third helped in critical care units, with the remaining redeployed in equal shares to emergency departments or assisting on wards with nurses and as part of medical teams. A brief description of their activities was also recorded., CONCLUSION: This audit has demonstrated the versatility of the Surgical Care Practitioner and ability to adapt during the pandemic.

### [Extending the surgical workforce – should we be worried?](#)

Author(s): Taylor and Bovis

Source: The Bulletin of the Royal College of Surgeons of England 102(3)

Publication date: March 2020

We map the impact of medical associate professions on surgical training.

It is clear to all of us in surgical training that the surgical landscape and surgical workforce have changed over the past few decades. We are constantly trying to meet both the demands of surgical training and those of a stretched NHS. The pressure on services has increased with falling numbers of doctors in

training, a greater number of patients being treated<sup>1</sup> and higher expectations of care – not to mention the growth of training pressures with ever-increasing paperwork demands. Surely we would embrace any change claiming to relieve the burden on surgeons in training?

[Surgical role expansion among the NHS workforce](#) Abstract only\*

Author(s): Alan Gasper

Source: British Journal of Nursing 29(10)

Publication date: May 2020

Professor Alan Gasper, from the University of Southampton, discusses the new government initiative to train nurses and other healthcare staff to become surgical care practitioners.

[Two decades on - cardiothoracic surgical care practitioners in the UK: a narrative review](#)

Author(s): Shegafi et al.

Source: Journal of Cardiothoracic Surgery 15(39)

Publication date: 2020

Background: The role of Surgical Care Practitioner (SCP) was first introduced by the NHS in the field of cardiothoracic surgery more than two decades ago to overcome the chronic shortage of junior doctors, and subsequently evolved into other surgical specialties. This review aims to provide evidence on the current situation of SCPs' clinical outcomes within their surgical extended role, with an emphasis on the cardiothoracic surgical field. Method: A systematic search of PubMed, Scopus, Embase via Ovid, Web of Science and TRIP was conducted with no time restriction to explore the evidence on SCPs. All included articles were reviewed by three researchers using the selection criteria, and a narrative synthesis was undertaken. Findings: Ten out of the 38 studies identified were selected for inclusion. Only one study specifically investigated cardiothoracic SCPs. Three themes were identified: (1) clinical outcomes (six studies), (2)

workforce impact (two studies) and (3) colleagues' opinions (two studies). All studies demonstrated that SCPs provided safe practice, added value and were of benefit to workforce environments and surgical teams. Conclusion: Although the current literature provides assurances that the presence of SCPs within surgical teams is beneficial in terms of their clinical outcomes, their impact on the workforce and colleagues' opinions, a significant gap was identified around the SCPs' role within their surgical extended role, specifically in cardiac surgery. Thus, prospective clinical research is required to evaluate SCPs' clinical impact.

[Evaluating a specialist nurse's role in a general paediatric surgical team](#) Abstract only\*

Author: Quick, Julie

Publication Date: 2014

Publication Details: Nursing children and young people, 26, (8) pp.16-20. , England

A surgical care practitioner (SCP) is a registered nurse or allied health professional who, following specific education and competency training, carries out pre- and post-operative treatment and some surgical interventions under the supervision of a consultant surgeon, contributing to the maintenance of surgical services and the enhancement of patient care. With a cohesive approach, the SCP can do much to ensure continuity of care and mutual understanding and concordance between staff, child and family. Costs can be reduced and the surgical training of junior doctors supported. The results of this audit show that, with the inclusion of an SCP, higher quality general children's surgery can be provided at a medium-sized district general hospital, so that patients can be seen locally.

[The general surgical care practitioner improves surgical outpatient streamlining and the delivery of elective surgical care](#)

Abstract only\*

Author: Kumar, Rohan, DeBono, Lisa, Sharma, Paritosh and Basu, Sanjoy

Publication Date: 2013

Publication Details: Journal of perioperative practice, 23, (6) pp.138-41. , England:

The feasibility of implementing a surgical care practitioner (SCP) role for the delivery of secondary care within the general surgery department of a district general hospital was evaluated.

Streamlining patients into an SCP-led 'one-stop' gallbladder clinic for symptomatic uncomplicated cholelithiasis led to a reduction in follow-up clinic workload for major elective laparoscopic work and more appropriate triaging of primary care referrals. Each of these improvements contributed to an efficient service model.

### New and extended roles

[Blog: Development from a trainee to registered practitioner through the nursing associate apprenticeship. A new role within our trust and how it is utilised within Ophthalmology theatres](#)

Source: Royal College of Nursing

Publication date: 25<sup>th</sup> January 2022

The nursing associate foundation degree was a two-year university programme consisting of working and learning through the apprenticeship route. I had placements and many spoke opportunities within this time to broaden experiences of different patients with varying health conditions in a multitude of environments, such as outpatients clinics, the mental health sector, emergency floor, an endocrine ward, depot injection clinic, spending time with the enhanced recovery nurse, lung specialist nurse, cardiac surgeon and general surgeon to name a few. This gave a wide spectrum of experience of patients that could encounter the perioperative journey. Whilst undergoing the course I worked within main theatres and then transferred to ophthalmic day surgery theatres. When I started I was able to

sterilely set up trolleys ready for surgery to help free up registered staff to prepare equipment ready for surgeries such as corneal grafts.

[Changing faces within the perioperative workforce: New, advanced and extended roles](#) Abstract only\*

Author: Abraham, Jenny

Publication Date: 2019

Publication Details: Journal of perioperative practice, 30, (10) pp.295-300., England:

The operating department like many other areas within healthcare is diversifying its workforce. Several new, advanced and extended roles have been integrated within the team. This article briefly outlines historical and current developments which have influenced the operating department workforce. It focuses on the following: Surgical Care Practitioner, Physician Associate, Anaesthesia Associates formerly known as Physician Assistant in Anaesthesia, Surgical First Assistant, Assistant Theatre Practitioner and Nursing Associates, highlighting the professional regulators, education and training, qualification and continuing professional development requirements.

[What is the contribution of physician associates in hospital care in England? A mixed methods, multiple case study](#)

Author(s): Drennan et al.

Source: BMJ open 9(1)

Publication date: 2019

Objectives To investigate the deployment of physician associates (PAs); the factors supporting and inhibiting their employment and their contribution and impact on patients' experience and outcomes and the organisation of services. Design Mixed methods within a case study design, using interviews, observations, work diaries and documentary analysis. Setting Six acute care hospitals in three regions of England in 2016–2017. Participants 43 PAs, 77 other health professionals,

28 managers, 28 patients and relatives. Results A key influencing factor supporting the employment of PAs in all settings was a shortage of doctors. PAs were found to be acceptable, appropriate and safe members of the medical/surgical teams by the majority of doctors, managers and nurses. They were mainly deployed to undertake inpatient ward work in the medical/surgical team during core weekday hours. They were reported to positively contribute to: continuity within their medical/surgical team, patient experience and flow, inducting new junior doctors, supporting the medical/surgical teams' workload, which released doctors for more complex patients and their training. The lack of regulation and attendant lack of authority to prescribe was seen as a problem in many but not all specialties. The contribution of PAs to productivity and patient outcomes was not quantifiable separately from other members of the team and wider service organisation. Patients and relatives described PAs positively but most did not understand who and what a PA was, often mistaking them for doctors. Conclusions This study offers new insights concerning the deployment and contribution of PAs in medical and surgical specialties in English hospitals. PAs provided a flexible addition to the secondary care workforce without drawing from existing professions. Their utility in the hospital setting is unlikely to be completely realised without the appropriate level of regulation and authority to prescribe medicines and order ionising radiation within their scope of practice.

### New ways of working

[Integrating a pharmacist into an anaesthesiology and critical care department: is this worthwhile?](#) Abstract only\*

Author(s): Chapuis et al.

Source: International Journal of Clinical Pharmacy 41 pp. 1491-1498

Publication date: October 2019

Background Operating rooms and Intensive Care Units are places where an optimal management of drugs and medical devices is required. Objective To evaluate the impact of a dedicated pharmacist in an academic Anaesthesiology and Critical Care Department. Setting This study was conducted in the Anaesthesiology and Critical Care Department of Grenoble University Hospital. Method Between November 2013 and June 2017, the drug-related problems occurring in three Intensive Care Units and their corrections by a full-time clinical pharmacist were analyzed using a structured order review instrument. Pharmaceutical costs in the Anaesthesiology and Critical Care Department were analyzed over a 7 year period (2010–2016), during which automated dispensing systems and recurrent meetings to review indications of medications and medical devices were implemented in the department. Main outcome measure Analysis of two issues: correcting drug-related problems and containing pharmaceutical costs. Results A total of 324 drug-related problems were identified. The most frequent problem concerned anti-infective agents (45%), and this was mainly due to the over-dosage of drugs (30%). Dosage adjustments were the most frequent interventions performed by the pharmacist (43%). Over the 7 year period, pharmaceutical costs decreased by 9% (€365,469), while the care activity of the department increased by 55% (+ 12,022 surgical procedures and + 1424 admissions in the ICU). Conclusion Integrating a pharmacist into the Anaesthesiology and Critical Care Department was associated with interventions to correct drug-related problems and containing pharmaceutical costs. Pharmacists should play a central role in such medical environments, to optimize the use of drugs and medical devices.



### Non-medical workforce

#### [The non-medical workforce and its role in surgical training: Consensus recommendations by the Association of Surgeons in Training](#)

Author(s): Gokani et al.

Source: International Journal of Surgery 36(1) pp. S14-S19

Publication date: November 2016

Changes in the delivery of the healthcare structure have led to the expansion of the non-medical workforce (NMW). The non-medical practitioner in surgery (a healthcare professional without a medical degree who undertakes specialist training) is a valuable addition to a surgical firm. However, there are a number of challenges regarding the successful widespread implementation of this role. This paper outlines a number of these concerns, and makes recommendations to aid the realisation of the non-medical practitioner as a normal part of the surgical team. In summary, the Association of Surgeons in Training welcomes the development of the non-medical workforce as part of the surgical team in order to promote enhanced patient care and improved surgical training opportunities. However, establishing a workforce of independent/semi-independent practitioners who compete for the same training opportunities as surgeons in training may threaten the UK surgical training system, and therefore the care of our future patients.

### Operating Department Practitioners (ODPs)

#### [London Operating Department Practitioner Advocacy Pilot Project](#)

Publication Date: 2023

Journal: Operating Theatre Journal (398), pp. 22-23

A successful pilot project was carried out earlier this year in London with the aim of strengthening the identity of Operating

Department Practitioners (ODPs). A collaborative effort led by Guy's and St Thomas' hospitals on behalf of NHS England brought together Chelsea and Westminster, Kingston, Chase Farm, and Newham hospitals to participate in this important initiative. The primary objective of the project was to provide a permanent point of reference, namely the ODP board, for healthcare practitioners that would enable them to comprehend the fundamentals and essential aspects of the ODP profession. By doing so, the project was aimed at raising awareness, and to recognise the importance of this discipline within operating departments and beyond, ultimately leading to increased morale and retention among ODPs working in London.

#### [The Royal Navy Operating Department Practitioner: Perioperative care on land and sea](#) Abstract only\*

Author: Long, Glenn, Jones, Gareth, Roper, David, Eaton, Yasmin and Howells, Amy

Publication Date: 2020

Publication Details: Journal of perioperative practice, 30, (6) pp.176-182., England:

Royal Navy Operating Department Practitioners are employed in a number of different roles, during peacetime, humanitarian aid operations and periods of war. In recent times, Royal Navy Operating Department Practitioners have deployed on active operations in addition to working in NHS hospitals at home in the United Kingdom. This article will explore the different avenues and experiences of Operating Department Practitioners who are currently serving in the Royal Navy. The reader will then also gain an insight into the different echelons of care provided by the Defence Medical Services to the United Kingdom Armed Forces and Allied Nations. The article will then consider the unique experiences available to Royal Navy Operating Department Practitioners in this multi-faceted role which offers the opportunity to explore work patterns in different environments.



### [The evolving roles of Operating Department Practitioners in contemporary healthcare: a service evaluation](#) Abstract only\*

Author(s): Lowes et al.

Source: Journal of Perioperative Practice 30(3) pp. 46-56

Publication date: March 2020

A mixed method study was undertaken to capture quantitative and qualitative data in relation to the contemporary roles and skills of Operating Department Practitioners. The data provide evidence that Operating Department Practitioners take opportunities to widen their knowledge skills and practice, with over 37% of the sample completing a mentorship qualification and 14% having completed or studying towards a postgraduate or Master's Degree. The study provides evidence of the development in the roles of the Operating Department Practitioner and suggests that Operating Department Practitioners offer an eclectic mix of skills which are delivered in a variety of clinical settings. It is recognised that Operating Department Practitioners have the potential to further improve patient safety and service delivery in roles other than those historically associated with the profession.

### [A review of Operating Department Practitioner students' experiences of clinical placements as a result of changing organisations in each academic year](#) Abstract only\*

Author: Brown, Steven

Publication Date: 2019

Publication Details: Journal of perioperative practice, 29, (3) pp.42-48. , England:

Operating Department Practitioner students as part of their education undertake placements that enable them alongside their academic studies to meet the Health and Care Professions Council Standards of Proficiency; however, like all education providers there was an annual shortage of appropriate placements. As a result, the organisation involved in this review needed to explore an alternative approach to allocating clinical

placements. In addition, the course team wanted to change how students gained their clinical skills and possibly increase their understanding of the Operating Department Practitioner role. Traditionally the institution involved (like other Operating Department Practitioner education providers) placed students in one organisation for all of their clinical placements unlike other professions such as nursing who placed students in different areas. The review resulted in students being placed in a different organisation in each year of their course. A qualitative methodology in the form of focus groups was employed to review students' views of the change and their clinical experiences. This resulted in students highlighting areas such as readiness for being qualified and links to evidenced-based practice as benefits of the new system. The review has been successful in terms of placement numbers but also student experiences, although an ongoing review is being undertaken, the change has been successful.

### [Belongingness: Student ODPs' learning experiences in clinical placements](#)

Author: McAvoy, Valerie and Waite, Marion

Publication Date: 2019

Publication Details: Journal of perioperative practice, 29, (1-2) pp.17-23. , England:

The aim of this qualitative study is to explore student operating department practitioners' (ODPs') experiences of belongingness in clinical placements. Belongingness has been shown to be significant for learning in clinical placements for student nurses and midwives. This study was designed to look specifically at student ODPs' experiences. Semi-structured interviews were conducted with eight student ODPs. The interviews were transcribed and coded. All student ODPs could describe clinical placement experiences where they felt they belonged and those where they felt they did not belong. Both had a significant impact on students' learning experience. Students also described their

own sense of responsibility for belonging while in placement. This study provides qualitative data to help understand how belongingness can positively or negatively affect the learning experiences of student ODPs in clinical placements.

### [The evolving roles of Operating Department Practitioners in contemporary healthcare: a service evaluation](#) Abstract only\*

Author(s): Lowes et al.

Source: Journal of Perioperative Practice 30(3)

Publication date: 2019

A mixed method study was undertaken to capture quantitative and qualitative data in relation to the contemporary roles and skills of Operating Department Practitioners. The data provide evidence that Operating Department Practitioners take opportunities to widen their knowledge skills and practice, with over 37% of the sample completing a mentorship qualification and 14% having completed or studying towards a postgraduate or Master's Degree. The study provides evidence of the development in the roles of the Operating Department Practitioner and suggests that Operating Department Practitioners offer an eclectic mix of skills which are delivered in a variety of clinical settings. It is recognised that Operating Department Practitioners have the potential to further improve patient safety and service delivery in roles other than those historically associated with the profession.

### [Exploring the professional development of the ODP role](#) Abstract only\*

Author(s): Robinson and Straughan

Source: Journal of Operating Department Practitioners 2(7)

Publication date: December 2014

Considering the evolution of the contemporary operating department practitioner (ODP), this paper will explore the barriers and developments that have led to the ODP profession's current occupational position. Consideration and engagement

with primary research will highlight perceptions of the role of the ODP from other health professions and the detrimental effect a practitioner's perspective can have on a profession as a whole. Further, changes to educational standards will be considered in relation to their application and the perceptual challenges from the healthcare community considered. A brief reflective approach to the challenges for developing roles, such as physician's assistant anaesthesia, will also be outlined in consideration of what lies ahead.

## Retention

### [Retention of surgical trainees in England](#) Abstract only\*

Item Type: Journal Article

Authors: Khalil, Khalid; Sooriyamoorthy, Thushanth and Ellis, Ricky

Publication Date: 2023

Journal: Surgeon (Elsevier Science) 21(4), pp. 203-207

Background: Surgical training is a competitive process attracting highly motivated clinicians. The National Health Service is currently facing long waiting lists and a workforce crisis yet there is a paucity of data regarding attrition of surgical trainees in England. This study aims to describe the attrition of surgical trainees from 2016 to 2021 and explore the relationship between specialty competition ratios and attrition rates. Methods: Data was obtained from Health Education England by freedom of information requests. Binary [logistic regression](#) analyses explored differences in attrition between surgical specialties. Spearman's correlation was used to assess the relationship between competition ratios and attrition rates. Results: From 2016 to 2021, 481 surgical trainees have left surgical training, with an average yearly attrition rate of 2.68%. This number varied considerably across specialties with Paediatric Surgery having the highest rate at 4.20% and Trauma & Orthopaedic Surgery (T&O) the lowest at 1.52%. Compared to General

Surgery, trainees in [Neurosurgery](#), T&O and Plastic Surgery were significantly less likely to leave their respective programmes (OR 95% CI 0.53 (0.33–0.85)  $p = 0.009$ , 0.44 (0.34–0.58)  $p < 0.001$ , 0.51 (0.33–0.78)  $p = 0.002$ , respectively). Attrition rates were inversely related to competition ratios, with more competitive specialties experiencing less attrition ( $\rho = -0.302$  ( $p = 0.078$ )). Conclusion: These data highlight the increasing attrition of surgical trainees over recent years, with some specialties experiencing greater rates of attrition than others. Qualitative research and exit interviews are needed to ascertain the causal factors behind the attrition of surgical trainees to improve training and retention of this highly skilled workforce.

### Supply

[Growing our own theatre staff: Practice development and education](#) Abstract only\*

Author(s): Cresswell et al.

Source: Journal of Perioperative Practice 28(5)

Publication date: May 2018

Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust engaged in a quality improvement project aimed at improving quality and safety in theatres. The improvements delivered were recruitment to full staffing template, reduction in agency staffing to zero, and creating a theatre coordinator role to ensure safe staffing. The Practice Education Team was increased fivefold with no extra investment as a result of these improvements. Student satisfaction results amongst ODPs and nurses have increased alongside staff morale and productivity.

[Significant factors for work attractiveness and how these differ from the current work situation among operating department nurses](#) Abstract only\*

Author(s): Björn et al.

Source: Journal of Clinical Nursing 25(1-2) pp. 109-16

Publication date: January 2016

Aims and objectives: The aim was to examine significant factors for work attractiveness and how these differ from the current work situation among operating department nurses. A second objective was to examine the associations between age, gender, length of employment, work engagement, work ability, self-rated health indicators and attractiveness of the current work situation.

Background: The attractiveness of work is rarely taken into account in research on nurse retention. To expand this knowledge, it is relevant to examine factors that make work attractive and their associations with related concepts.

Design: Correlational, cross-sectional survey using a convenience sample. Methods: Questionnaires were answered by 147 nurses in four operating departments in Sweden.

Correlation and regression analyses were conducted.

Results: The nurses rated the significance of all factors of work attractiveness higher than they rated those factors in their current work situation; salary, organisation and physical work environment had the largest differences. The most significant attractive factors were relationships, leadership and status. A statistically significant positive correlation between work engagement and attractive work was found. In the multiple regression model, the independent variables work engagement and older age significantly predicted work attractiveness.

Conclusions: Several factors should be considered in the effort to increase work attractiveness in operating departments and thereby to encourage nurse retention. Positive aspects of work seem to unite work engagement and attractive work, while work ability and self-rated health indicators are other important dimensions in nurse retention. Relevance to clinical practice: The great discrepancies between the significance of attractive factors and the current work situation in salary, organisation and physical work environment suggest ways in which work attractiveness may be increased. To discover exactly what

needs to be improved may require a deeper look into the construct of the examined factors.

### Teamwork and culture

#### [Operating department practitioners and midwives: The undervalued obstetric care collaboration](#) Abstract only\*

Author(s): Rebecca Newsam

Source: British Journal of Midwifery 26(11)

Publication date: November 2018

More than one-quarter of births in the UK are reported to be by caesarean section, requiring the skills and expertise of operating department practitioners (ODPs) and midwives, an often-overlooked care collaboration. This reflective case study looks back at an experience that the author, a registered ODP, had as a third-year student. It provides an example of how a lack of understanding of roles and poor interprofessional communication between the midwife and postoperative practitioner detrimentally affected a woman's care. The aim is to demonstrate areas for improvement and make recommendations highlighting the need for inclusive education and learning in perioperative obstetric care.

#### [Building an effective and efficient theatre team and harnessing its power](#) Abstract only\*

Author(s): Bennett et al.

Source: Journal of Perioperative Practice 28(5) pp. 123-127

Publication date: 2018

Medway Maritime Hospital (MMH) is Kent's largest and busiest hospital serving a local population of 406,000 people. The local population has a large proportion of high socioeconomic deprivation resulting in a high demand on medical services compared to the surrounding hospitals. We have a range of specialities including general, colorectal, urology, orthopaedics,

ear, nose and throat, gynaecology, vascular and emergency sub-specialities.

#### [Developing high-reliability multiprofessional teams in the operating theatre: a national initiative](#)

Source: Annals of the Royal College of Surgeons of England (Supplement) 95 pp. 346-347

Publication date: 2013

Operating theatres and interventional suites are complex, dynamic environments in which the delivery of safe healthcare is fraught with challenge. There can be significant and harmful consequences to the patient's wellbeing if a procedure does not progress as intended. This potential hazard may arise in response to having to manage a high volume of cases or when performing lengthier, technically challenging procedures. Additional factors include the urgency of the procedures involved, and the potential for staff members' lack of familiarity with one another, the task itself, and any associated technologies involved in the care provided.

#### [Surgical teams: role perspectives and role dynamics in the operating room](#) Abstract only\*

Author(s): Leach et al.

Source: Health Services Management Research 24(2)

Publication date: 2011

Observations of surgical teams in the operating room (OR) and interviews with surgeons, circulating registered nurses (RNs), anaesthesiologists and surgical technicians reveal the importance of leadership, team member competencies and an enacted environment that encourages feelings of competence and cooperation. Surgical teams are more loosely coupled than intact and bounded. Team members tend to rely on expected role behaviours to bridge lack of familiarity. While members of the surgical team identified technical competence and preparation as critical factors affecting team performance, they



had differing views over the role behaviours of other members of the surgical team that lead to surgical team performance. Observations revealed that the work climate in the OR can shape interpersonal relations and begins to be established when the room is being set up for the surgical case, and evolves as the surgical procedure progresses. The leadership and supervisory competencies of the circulating RNs establish the initial work environment. Both influenced the degree of cooperation and support that was observed, which had an effect on the interactions and relationships between other members of the surgical team. As the surgery unfolds, the surgeon's behaviours and interpersonal relations modify this environment and ultimately influence the degree of team work, team satisfaction and team performance.

### [Does teamwork improve performance in the operating room? A multilevel evaluation](#) Abstract only\*

Author(s): Weaver et al.

Source: The Joint Commission Journal of Quality and Patient Safety 36(3)

Publication date: March 2010

Background: Medical care is a team effort, especially as patient cases are more complex. Communication, cooperation, and coordination are vital to effective care, especially in complex service lines such as the operating room (OR). Team training, specifically the TeamSTEPPS™ training program, has been touted as one methodology for optimizing teamwork among providers and increasing patient safety. Although such team-training programs have transformed the culture and outcomes of other dynamic, high-risk industries such as aviation and nuclear power, evidence of team training effectiveness in [health care](#) is still evolving. Although providers tend to react positively to many training programs, evidence that training contributes to important behavioral and patient safety outcomes is lacking. Method: A multilevel evaluation of the [TeamSTEPPS](#) training program was

conducted within the OR service line with a control location. The evaluation was a mixed-model design with one between-groups factor (TeamSTEPPS training versus no training) and two within-groups factors (time period, team). The groups were located at separate campuses to minimize [treatment](#) diffusion. Trainee reactions, learning, behaviors in the OR, and proxy outcome measures such as the Hospital Survey on Patient Safety Culture (HSOPS) and [Operating Room Management](#) Attitudes Questionnaire (ORMAQ) were collected. Results: All levels of evaluation demonstrated positive results. The trained group demonstrated significant increases in the quantity and quality of presurgical procedure briefings and the use of quality teamwork behaviors during cases. Increases were also found in perceptions of patient safety culture and teamwork attitudes. Discussion: The hospital system has integrated elements of [TeamSTEPPS](#) into orientation training provided to all incoming hospital employees, including nonclinical staff.

## Technology

### [Surgery in the 2020s: Implications of advancing technology for patients and the workforce](#)

Author(s): Richard SC Kerr

Source: Future Healthcare Journal 7(1) pp. 46-49

Publication date: 2020

As the surgical workforce, surgical techniques and patient expectations change, the Royal College of Surgeons of England is actively engaged in taking forward the recommendations of its Future of Surgery Commission. Here the commission's chair articulates the implications for smaller hospitals and the need for achieving interoperability and safe sharing of patient data across different systems, so enabling immediate access to patients' records across healthcare organisations; extension of regulation to surgical care practitioners, reflecting the recent decision to regulate physician associates and physician assistants;

introducing a UK-wide registry of surgical devices, with tracking for implantable devices; implementing a robotics strategy to help the NHS plan and purchase new surgical robotics, as well as monitor their use and the effect on outcomes; and investing in genomic medicine and artificial intelligence for diagnostics, and in stem-cell research for treatment.

### Up-skilling

#### [Operating theatre nurses: self-reported clinical competence in perioperative nursing: a mixed method study](#)

Author(s): Blomberg et al.

Source: Nursing Open 6(4) pp. 1510-1518

Publication date: October 2019

Aims: The aim of this study was to investigate how operating theatre nurses (OTNs) self-rated their clinical competence and describe their experience of important factors for the development of clinical competence in perioperative nursing. Design: A cross-sectional study with a mixed-method approach was chosen. Data were collected through a modified version of the questionnaire Professional Nurse Self-Assessment Scale of Clinical Core Competence I, which was supplemented with an open-ended question. Methods: Data were collected from 303 operating theatre nurses in Sweden. Statistics analysis was used to identify the relationship between the participants' background variables. The open-ended question was analysed by using a qualitative conventional content analysis. Results: Academic degree and professional experience of perioperative nursing were significant for the development of clinical competence. Academic degree appeared to affect operating theatre nurses' leadership and cooperation in the surgical team, as well as how consultations took place with other professionals.

#### [The effect of continuing professional education on perioperative nurses' relationships with medical staff: findings from a qualitative study](#) Abstract only\*

Author(s): Susan L. Tame

Source: Journal of Advanced Nursing 69(4) pp. 817-827

Publication date: June 2012

Aims. To report perceived changes to UK perioperative nurses' relationships with medical staff following periods of formal, university-based study. Background. Continuing professional development is considered important for nursing internationally; however, practice changes may not result following formal study. The literature did not describe perioperative nurses' experiences of formal study, and it was believed differences may exist due to hierarchical interprofessional relationships in the operating theatre. Design. Descriptive, qualitative. Methods. Unstructured interviews (N=23) were conducted between 2006–2007 with a purposive sample of perioperative nurses who had recent experience of continuing professional education. All participants were employed by one National Health Service Trust in the North of England, UK. Audio-taped interviews were transcribed fully into the ethnograph computer-assisted qualitative data analysis programme and data coded and analysed to identify themes. Findings. The findings indicated that whilst continuing professional education did not have a direct impact on practice, development of increased knowledge and confidence facilitated participants' collaboration with and questioning of medical colleagues. Such increased interprofessional collaboration was attributed to indirectly enhancing patient care. Conclusion. Continuing professional education appeared to lead to intrinsic changes to practitioners rather than direct behavioural change. Nurses' increased knowledge and confidence affected the balance of power in the doctor–nurse relationship in British perioperative environments. This paper is of significance to perioperative nursing and may be transferable to other areas of care.



## Competency Frameworks

### [Standards of Proficiency: Operating Department Practitioners](#)

Source: Health & Care Professions Council

Publication date: September 2023

These standards set out safe and effective practice in the professions we regulate. They are the threshold standards we consider necessary to protect members of the public. Professionals must meet all the standards of proficiency to register with us and meet the standards relevant to their scope of practice to stay registered with us.

### [The Curriculum Framework for the Surgical Care Practitioner](#)

Source: The Royal College of Surgeons of Edinburgh and the Royal College of Surgeons of England

Publication date: 2022

The Royal College of Surgeons of England (RCS England) and the Royal College of Surgeons of Edinburgh (RCS Edinburgh) began a combined project entitled 'Supporting the Extended Surgical Team' to reflect our commitment to the development of this group of the surgical workforce as their role is vital to the delivery of safe surgical care to patients. The first part of this combined project has been to support the greater recognition of Surgical Care Practitioners (SCPs) with this revision of the curriculum for the MSc degree in surgical care practice as well as seeking formal regulation from the General Medical Council. The first edition of the SCP curriculum was published in 2006 and revised in 2014. This revision has been undertaken not only to update the 2014 curriculum but also to meet the General Medical Council's standards for the development and design of postgraduate medical curricula set out in Excellence by Design. The focus of this revision has been to promote the development and learning for the trainee SCP based largely in the workplace. The format of the curriculum reflects the clinical pillar of advanced practice with both knowledge and clinical skills as well

as technical skills supplemented by case studies and qualitative analysis. It also includes the other three pillars of advanced practice, namely leadership and management, education and research. As a result, the successful SCP will graduate with an MSc in surgical care practice, which will enable the SCP to work in an advanced role within the surgical team.

### [Core Competency Framework for Anaesthetic Practitioners 2022](#)

Source: NHS Education for Scotland

Publication date: December 2022

### [The Core Competency Framework for Anaesthetic Practitioners 2022](#)

sets out the core competencies that registered nurses, preparing for the role of anaesthetic practitioner in NHSScotland must achieve. This work-based development demonstrates that they are equipped with the knowledge and skills to work at a minimum level of competency.

### [National Core Curriculum for Perioperative Nursing](#)

Source: PCC

Publication date: 2017

It is the aim of this curriculum to provide a nationally recognised route for career progression for all perioperative nurses. It will also enable registered nurses, new to theatres to gain a nationally recognised Higher Education Institute (HEI) perioperative qualification as part of this Master's route. For those nurses who wish to work in theatres, but who do not have a level 6 (degree level) qualifications, it is suggested that a BSc (Hons) route should also be offered, which includes the core competencies of this curriculum.

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