

Background

This study forms part of a wider project between Health Education England and the University of Winchester exploring Allied Health Professions (AHP) career choices.

An online questionnaire was disseminated to current AHP students in England (undergraduate and postgraduate) for four weeks between February and March 2021. The aim was to explore and understand key motivations, sources of influence and barriers to choosing their specific profession.

The information and findings from the questionnaire will be shared via profession specific factsheets to help shape targeted careers information and guidance. This factsheet focuses on operating department practice as a career of choice.

Operating department practice student population in England

There are currently approximately 2533 active students on operating department practice courses in England.

Survey sample

- 155 operating department practitioner (ODP) students completed the questionnaire.
- 80.5% of participants were female and 19.5% were male.
- This finding contrasts with the ratio at a national level of qualified ODPs where the gender balance is 60% female to 40% male (College of Operating Department Practitioners, 2021). Our sample may be an indication of the trajectory of gender balance in the future for the ODP population.

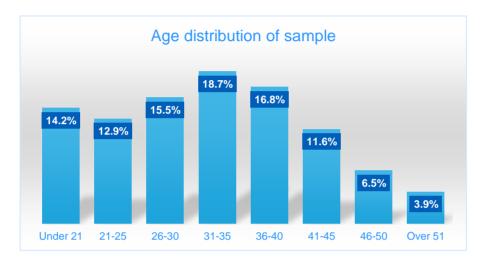
Ethnicity

Ethnicity	Percentage of sample
White background	78.7%
Asian background	9%
Black, African and Caribbean	5.8%
background	
Mixed or multiple ethnic background	3.2%
Other	2.6%
Arab background	0.6%

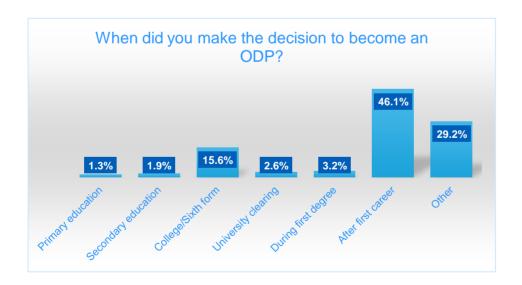
• Locating national data regarding ethnicity in ODP is difficult, however in a study by Wordsworth (2015), of the 76 first year ODP students, 87.5% identified as white British.

Age and stage at which participants made the decision to become an ODP

- In our sample, 73% of students were over 25.
- This finding is unsurprising. In a questionnaire disseminated to 2850 ODPs registered with the HCPC, the mean age of an ODP was 44 (HCPC, 2021). In 2016/17, over-25s made up 57.2% of new enrolments to ODP courses in England (Office for Students, 2019).
- 35.5% of the sample were between 31 and 40 years of age. Only 14.2% were under 21.



• 46.1% of the sample chose to become ODPs after their first career. Only 18.8% of the sample had chosen ODP during their school/college education.

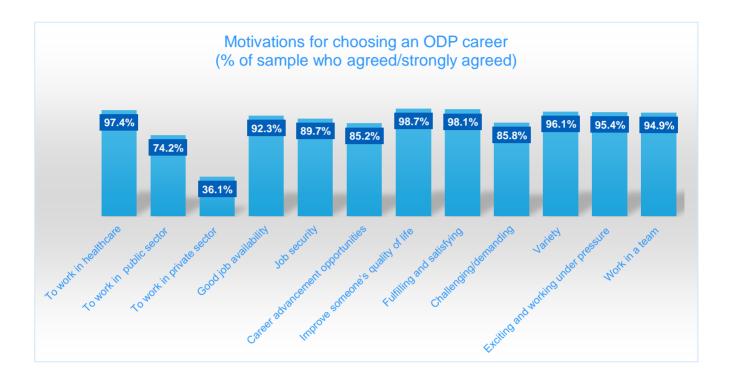


Motivations

Participants were asked to what extent different motivations impacted their ODP career choice.

Choosing a career 'where I can use my skills to improve the quality of life for a
patient/service user' was the most popular motivation for choosing ODP (98.7% of the
sample agreed/strongly agreed with this statement).

- Most commonly identified motivations are shown in the graph below.
- Across 35 motivations listed in the questionnaire, nine had less than 50% agreeing/strongly agreeing with the importance of the motivation. Twelve had more than 90% agreeing/strongly agreeing.

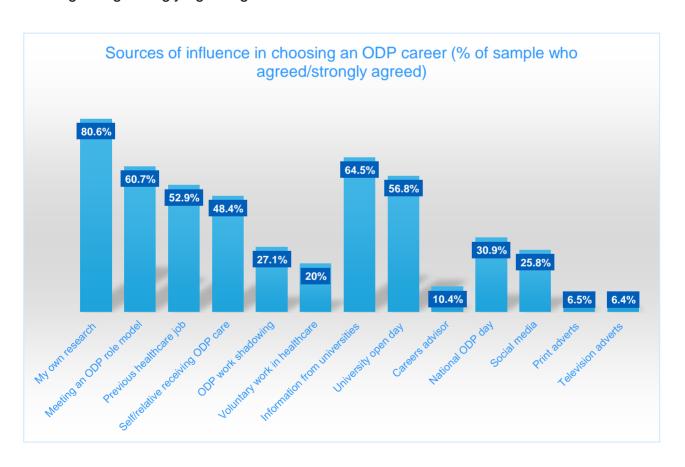


- Altruistic reasons had the highest percentages of responses.
- Only 39.3% of the sample strongly agreed/agreed that they chose ODP as it has a 'good public image and prestige'. This may suggest that prestige is not important to the sample or that ODP is not seen as having a good public image.
- 'Good job availability' was an important motivation for all age groups. The difference between age groups was relatively small although it did marginally grow with increasing age for some age groups. For those under 21, 86.3% agreed/strongly agreed with its importance, for those between 26-30, 95.8% agreed/strongly agreed and for those between 46 and 50 this increased to 100% who agreed/strongly agreed.
- Choosing a profession that is 'intellectually stimulating' was important for 88.4% of the sample. This finding highlights the importance of career advisors (explored below) having knowledge of ODP to encourage school/college students to take this career path.
- Participants were asked about the influence of the opportunity to work in the public and private sector. The public sector scored noticeably higher: 74.2% to 36.1%. This may be unsurprising as the majority of ODPs in England work in the NHS acute/ hospital/ secondary care (HCPC, 2021). It was interesting that the motivation to work in the NHS was much higher (92.9%) than the motivation to work in the public sector more generally (74.2%).

Sources of Influence

Participants were asked about the sources that influenced their career choice.

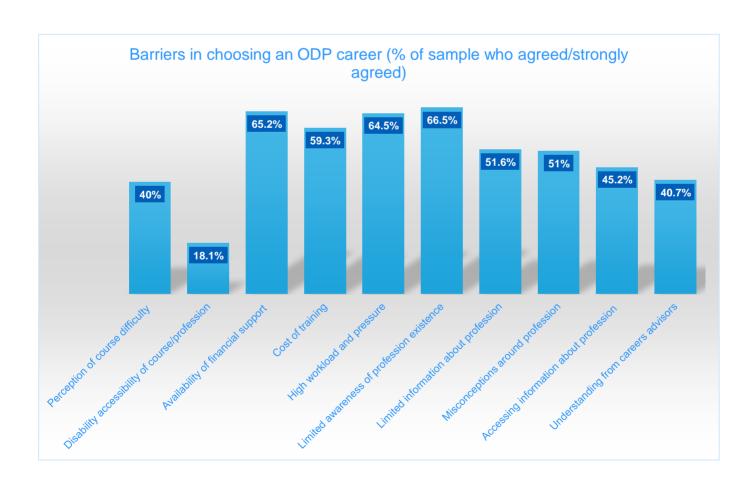
- The most influential factor was 'conducting my own research' (80.6% of the sample agreed/strongly agreed).
- Selected sources of influence are shown in the graph below on page 4.
- All personal sources scored higher than educational sources (all 13% or below). With the
 exception of 'information I got from universities' (64.5%) and 'attending a university open
 day' (56.8%), media and marketing sources were influential for less than 31% of the
 sample.
- Career advisors were influential for only 10.4% of the sample. It was noticeable that 32.9% of the sample disagreed/strongly disagreed with the influence of career advisors.
- It was noticeable that over 52% of the sample agreed/strongly agreed with the influence
 of 'a previous job in healthcare'. It may be the case that this is where individuals were
 coming across ODPs for the first time.
- Nearly 50% of the sample were influenced by 'my own experience of being a patient/a
 relative receiving care from the profession'. This shows the impact on patients of
 watching ODPs perform their role. However, only 27.1% had been influenced by 'work
 shadowing experiences with the profession'.
- The influence of the National ODP day was promising with 30.9% of the sample agreeing/strongly agreeing that it was a source of influence.



Barriers to entering operating department practice

Participants were asked how their career choice had been affected by potential barriers to entering an ODP career. The participants had recognised barriers and overcame them to choose ODP as their career.

- The greatest barrier was 'limited awareness of the existence of the profession' (66.5% of the sample agreed/strongly agreed with this statement) which is a concern.
- Most commonly identified barriers are shown in the graph below.
- Although each barrier was not chosen by a high percentage of the sample, the majority of barriers were chosen by 30-60% of the sample.
- Financial barriers were seen as a concern by over half of the sample. This suggests that communication surrounding financial support available for ODP students needs to be strengthened.
- Nearly all barriers relating to understanding the ODP role had over 40% of the sample agreeing/strongly agreeing with their existence as barriers to choosing ODP.
- Although a lower percentage in comparison to other barriers, 18.1% of the sample agreed/strongly agreed that 'a concern around accessibility of the course/profession in terms of physical or mental disability' was a barrier. 15.4% of the sample reported having a disability and therefore it is important that this message is addressed to potential ODP students.



Additional findings

Participants were asked what they thought was the public perception of ODP. The majority perceived that the public had no awareness of ODPs and therefore no understanding of the role. The role was confused with nurses. Frequently, participants suggested that this confusion extended to healthcare staff' perception of ODP. A number of participants were concerned that the profession was not well represented at career fairs among other NHS or AHP careers. There was hope that due to the increased publicity of ODPs in the news, including seeing ODPs in leadership roles, and on social media during the pandemic, that awareness will improve.

Key findings

- Individuals are choosing to become ODPs at varying stages and ages and therefore discovering the profession through many different routes.
- Altruistic reasons were the key motivations for choosing ODP.
- Personal sources of influence, such as conducting research, and university information, including open days, were the most important sources of influence.
 Overall, educational, media and marketing sources scored low in terms of influence.
- A lack of awareness and understanding about ODP and the financial challenges were identified as the key barriers to choosing ODP.

Recommendations

- A lack of awareness of the ODP profession is a concern. When asked about the public perception of the profession, the majority thought the public did not know what an ODP was. This was supported by 66.5% of respondents agreeing/strongly agreeing that a 'lack of awareness of the existence of the profession' was a barrier to choosing ODP. This may explain the low percentage of individuals under 21 in our sample (14.2%) owing to individuals not learning about the profession at school/college. However, the low percentage of under 21s may be only representative of our sample. Nevertheless, addressing the lack of awareness of the ODP profession should be seen as a priority and the next three recommendations provide examples of how this could be achieved.
- The effect of the National ODP day was a positive: 30.9% of the sample agreed/strongly agreed with it as a source of influence. Therefore, marketing about this day should be continued. National ODP day is mainly promoted through social media, accordingly it may be beneficial to explore using additional platforms (including additional social media platforms) to raise awareness of National ODP day to ensure maximum reach. For example, to reach those under the age of 21, platforms such as TikTok or Instagram could be utilised. Finally, the promising findings suggest that National ODP day should be used by Trusts to encourage individuals to visit the workplace to learn about the ODP role.
- Changes in employment circumstances and priorities because of the Covid-19 pandemic mean that individuals may be looking for a career change (Biddle, 2021). Additionally, the number of students entering ODP after a first career is high (46.1%). Therefore, marketing targeted at those looking for a career change is key. This is an area of focus for HEE (HEE, 2020).

- However, engaging individuals at an earlier age is also important. Less than a quarter of ODP students choose the profession during their time at school/college. This, combined with the low impact of educational sources of influence in choosing ODP is a concern. These factors may help explain the noticeably high number of students over the age of 25 joining ODP courses. It is important to utilise sources of influence at school/college (e.g. career advisors) to promote the profession to younger people.
- Findings from this study have highlighted the transformational influence on individuals spending time with ODPs on their decision to study ODP. In this sample, 48.4% had been influenced by themselves/a relative receiving treatment/care from an ODP. Additionally, 60.7% of the sample saw meeting an ODP role model as influential in their decision to study ODP. Qualified ODPs should be helped to recognise their roles as career ambassadors when meeting patients. The age range of ODP students suggests that interactions with patients of all ages can be a potential recruitment opportunity.
- The importance of ODP work shadowing was influential for only 27.1% of the sample. This is likely to be related to work experience in theatres being limited to individuals aged seventeen and above. This has an effect as this will be after many UCAS applications for those at school/college. In addition, the Covid-19 pandemic meant open theatre sessions were stopped during and post-pandemic. To address this, the new theatre live recruitment tool should be widely circulated to improve accessibility of seeing the profession. In addition, work experience could involve being in theatre after a procedure (as opposed to during the procedure) to gain familiarity of the ODP role and theatre environment.
- The questionnaire findings found that 52.9% of the sample agreed/strongly agreed with the influence of a previous job in healthcare in choosing an ODP career. Many of these individuals may be theatre support workers or healthcare assistants and therefore it would be beneficial to support career routes for these individuals to pre-registration programmes, for example through apprenticeships.

Acknowledgements

This factsheet was produced by Dr Lucy Wallis from the University of Winchester utilising the data responses from the Motivations for choosing an Allied health Profession career questionnaire 2020. Lucy was assisted by Dr Rachel Locke, Helen Lowes, Professor Beverley Harden and Carrie Biddle. For more details, please contact Rachel Locke:

Rachel.Locke@winchester.ac.uk

References

Biddle, C. (2021). Allied Health Professions careers awareness strategy 2021 – 22, Health Education England. https://www.hee.nhs.uk/sites/default/files/documents/AHP%20Careers% 20Awareness%20-%20access.pdf.

College of Operating Department Practitioners (2021). History of the College of Operating Department Practitioners and the ODP Profession.

https://www.unison.org.uk/content/uploads/2021/11/History-of-CODP-2021.pdf.

Health and Care Professions Council (2016). Continuing professional development audit report 2013-15. Health and Care Professions Council. http://hpc-uk.org/assets/documents/10005188Continuingprofessionaldevelopmentauditreport2013-15.pdf.

Health and Care Professions Council (2021). HCPC Diversity Data Report 2021: operating department practitioners. https://www.hcpc-uk.org/globalassets/resources/factsheets/hcpc-diversity-data-2021-factsheet--operating-department-practitioners.pdf.

Health Education England (2020). Career changers - the armed forces. https://www.hee.nhs.uk/our-work/allied-health-professions/helping-ensure-essential-supply-ahps/making-step-health-case-studies.

Office for Students. (2019). Recruitment of Mature Students to Nursing, Midwifery and Allied Health Courses – Research. https://www.officeforstudents.org.uk/media/14f84fe4-47c4-47c3-a125-559feed1f712/mature-students-and-nmah-courses-report.pdf.

Wordsworth, S. (2015). Student choice in operating department practice. Journal of operating department practitioners. 3, (2): 89-95.