

Career opportunities for theatre practitioners

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Citation:

CADMAN, Victoria (2017). Career opportunities for theatre practitioners. *Journal of Perioperative Practice*, 27 (11), 246-247. [Article]

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Viewpoint - Career opportunities for theatre practitioners

Key words - Career, opportunity, progression, theatre

'What's the point in doing that?' This is often the response given to those saying they are undertaking education outside of work hours. Many do not see their role in theatre as just a job, but now want a career which means extra studying. Ideally this needs to be in advance so they are one step ahead for when an opportunity arises. Career opportunities and education go hand in hand together, and so it is difficult to discuss one without mentioning the other to some degree. We need education to access career opportunities, but we also need career routes to help drive education forward.

Career opportunities for theatre practitioners have in the past been somewhat limited. Progression was generally constrained to management, or education and training with relatively few opportunities deviating from one of these strands. Of course other opportunities existed, but they were difficult to come by. Now, times are changing, things are different. Now, is an exciting time to be a theatre practitioner, especially for operating department practitioners (ODPs). Numerous pathways for development exist for those wishing to progress their careers further (NHS Health Education England 2016) and attitudes towards post registration education and progression are changing rapidly. Extended and advanced roles in the theatre department such as Surgical Care Practitioners, along with the alternative career route of Physicians' Assistant (Anaesthesia) are becoming increasingly common as a means to address

workforce development, service provision, and improve the patient experience, whilst also attempting to address the problems of rota gaps and reduced budgets. For example, it is no secret that there is currently a shortage of anaesthetic trainees leading to a delayed expansion in their workforce (RCoA 2016). The Physicians' Assistant (Anaesthesia) role contributes towards solving some of the problems caused by this by undertaking anaesthetic activity in a 1:2 ratio allowing a diminishing number of consultants (relative to what is required for service provision) to be free for more complex cases, and for anaesthetic trainees to focus on their training opportunities rather than covering rota gaps. Due to the nature of theatre practitioners existing roles, such advanced roles are a natural step forward for those wishing to develop their knowledge and skills further. As perioperative practice continues to evolve with new surgical techniques being developed and new equipment being produced people will always be needed to train, demonstrate, and sell the equipment needed. This is impacting on the career routes for medical reps as whilst some still focus on sales and management there are also routes relating to product development, and education and training. More research is also needed to evaluate and justify these new techniques and practices which in turn increases the research involvement required from theatre practitioners offering another possible career pathway.

The move from the Diploma to Degree course for operating department practice has also had an effect on opportunities. Recruitment to advanced roles often requires some form of study at degree level or numerous years' experience. The advancement to degree has opened the door to these opportunities earlier for newer staff. If nothing else it at least puts qualifying ODPs at the same academic level of

other professions such as nurses and allied health professions which has possibly been the most frustrating point that ODPs wanting to progress have had to overcome. For those wishing to take a more academic route with their careers and go into education or research they now qualify with skills at a higher level to help enable them to do this, or to access further study more easily through narrowing the gap in educational level between the levels needed to qualify and those needed for an advanced role.

For careers outside of theatre departments, theatre practitioners with a nursing background have always had the flexibility of moving for career progression. However, ODPs have been restricted to the theatre and critical care environment despite having both specialist and transferable skills that could be applied to other areas. The level of training in aspects such as safeguarding is fundamentally the same across professional groups, and for other areas such as infection control, tissue viability, and pain control, ODPs have knowledge from a different experience to a ward based role, yet when was the last time you saw a job advert for a hospital wide role advertised in a way that even made it open for ODPs to apply? Yet for many of these areas ODPs/theatre practitioners have unique knowledge, skills and experience that they could impart to other professional groups and highly benefit the role. This is something that requires a managerial change in attitude, to have an increased awareness, and to recognise the skill set that theatre practitioners have that could ultimately allow them to progress in roles outside of the theatre department. Part of this change may come from the announcement that ODPs have been invited to join the Allied Health Professions from April 2017 (CODP 2016). This announcement was welcomed by many and may help in achieving this recognition

for ODPs. Being recognised as an AHP may finally raise the professional profile of ODPs amongst other professions so that the majority, rather than only the minority, know who we are. This will hopefully lead to an increased awareness and understanding of what we are capable of contributing towards roles both in and outside of theatre. It also raises the potential for how ODPs roles will develop further and this in turn may lead to further career options. We still have a long way to go in doing this, but this is a big step in the right direction.

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