

Case Study



Prosthetist and Orthotist Trailblazer Meet the Chairs

This month we are introducing you to the co-chairs of the Level 6 Prosthetist/Orthotist Trailblazer group, Michael O'Byrne and Juliet Sturgess (pictured above).

We asked them a few questions:

1. What is your day job?

Michael is Chairman of Opcare. Opcare works in conjunction with the NHS to provide a range of services for people with upper and lower limb loss or absence. By background Michael is a Prosthetist and started the business in 1989. Today his group employs approximately 850 staff, focused on providing specialist services.

Juliet is an Orthotics Service Manager at Yeovil District Hospital NHS Foundation Trust where she also maintains a clinical caseload specialising in Paediatric Orthotics. Juliet qualified as a Prosthetist/Orthotist in 2002.

2. Why did you step up to be chair of the Prosthetist and Orthotist Trailblazer?

As an employer Michael was frustrated with the existing system as there was little connection between the education system and the everyday world of providing services.

"I followed an apprenticeship style training route myself and could see the advantages of the system." - Michael

Juliet was struggling with recruitment of Orthotists and recognised the national shortage of these vital clinicians. There was a will to 'cast the net wider' and create an alternative route into the profession which would appeal to those not interested or able to attend full time study.

“The role of a Prosthetist/Orthotist is a very hands-on practical one and so the learning on the job approach of an apprenticeship seems to fit with the profession and the apprenticeship role enables employers to grow their own local workforce.” - Juliet

3. Who was involved in the trailblazer group?

Representation from NHS services and private services contracted into the NHS was key. We were able to join forces as we all need more staff to sustain our services. By working together we could produce system change and offer the apprentices a full experience reflective of the different environments which they may work in through their careers.

“We are really proud of the fact that we included patient representation on our trailblazer and were the first group to do so. This definitely kept the focus on how the apprenticeship would add benefit to the patient as well as grow the workforce.” - Michael

Working with the HEIs and professional body involved really gave an understanding of the demands, challenges and systems that those organisations have to work through. Employers directly communicating with HEIs really improved understanding for both parties.

4. Looking back what were the challenges?

Achievement



The Prosthetist and Orthotist (Degree) apprenticeship standard has now been approved for delivery

We were one of the first healthcare professions to have their standard approved and as such we could not call upon previous experience although we were fortunate to have support from Skills for Health and the Institute for Apprenticeships.

Getting universities to think differently about how they deliver their degree programmes was a challenge. It helped both employers and universities to look internationally as in many other countries an apprenticeship model of higher education is more established.

“By working with an organisation in Germany we could better understand the practicalities and the solutions to changing to this delivery model.” - Juliet

For such a specialist profession as ours, potential numbers of apprentices did not initially appeal to universities so it was vital to secure the maximum available funding band allocation or the apprenticeship would be a non-starter.

Support through national procurement of HEIs means that we have a structured process in which to combine national numbers to create a business opportunity that is more sustainable for the HEIs. By linking in with the development of other AHP apprenticeships, copying the German model for Prosthetics and Orthotics, gave universities a blue print to rolling out this model of delivery to other healthcare disciplines. It also opened up the HEIs' eyes to the potential international business that this type of learning can offer.

5. What achievements are you most proud of?

We are proud of the collaboration, participation and contribution of all the trailblazer group members. Being the first group to include patient representation has proven extremely useful and has retained the focus on the patient, inspiring people to stay onboard through this long process.

A level 3 Prosthetics and Orthotics Technician apprenticeship was also developed in parallel. Through this we were also able to 'complete' the circle and a clear career progression has resulted which is better suited to many people's lives.

“These apprenticeships will provide opportunities to individuals who would have otherwise been unable to progress through to degree level qualification as a Prosthetist/Orthotist.” - Juliet

6. Do you have any tips for other Trailblazer chairs?

- ✓ Ensure you form a good relationship with your Skills for Health and Institute for Apprenticeship support team.
- ✓ Include end user input which in healthcare is patient representation.
- ✓ Consider the implementation phase from the commencement of the project.

✓ Investigate potential educational partners from an early stage.

✓ Remember that apprenticeships are employer led but seek to understand the boundaries in which universities need to operate to ensure quality.

“Make sure that employers in your group feel empowered to have their say. The apprenticeship approach is fantastic but there is always a risk that new approaches get smothered by more traditional training provision. Sometimes there is a reluctance to change. If employers are dissatisfied with the status quo this is a real opportunity to change that.”
- Michael

“Consider innovate ways of delivering the educational content by looking at other models across the world. In our case the International Society of Prosthetics and Orthotics (ISPO) already approve educational programmes around the world and their approval systems relate to the requirements for registration in the UK. This will ease the process to become a registered Prosthetist/Orthotist through this apprenticeship route.” - Juliet

7. As organisations get ready to implement this standard, what challenges do you foresee?

Our professional groups are not large, and the roles are very specialised which means it is difficult to get the apprenticeship off the ground nationally. Finding training partners who are able to take on the cost of training a small number of learners from across England is difficult so national procurement is important. This needs to be completed in the correct manner to ensure due diligence and fairness to gain the right HEI so having expertise in the field of procurement is key.

“There is only currently one education provider of the traditional degree in England and it is important that we work to not destabilise that route by introducing the apprenticeship route.” - Michael

A key outcome from the process is that we increase the numbers of qualified Prosthetist/Orthotists. Cohort numbers need to be feasible and the start-up costs of developing new training provision needs to be taken into account. With such a shortfall in current clinicians creating capacity to enable experienced prosthetist/orthotists to mentor and train apprentices will be a challenge. We are working with Health Education England to access

this training and support for employers and inter-employer collaborations will again ensure a system wide co-ordinated approach.

8. Do you have any top tips for others considering implementing this apprenticeship?

Employing an apprentice has to be done well in order for it to be a benefit to the employing organisation. Think about where to advertise any apprenticeship role. There are national websites but if you want to grow a local workforce it may be best to look at your own workforce and look to develop an existing member of support staff. Regional colleges and apprenticeships shows are good for recruitment and co-competition between organisations at these events can increase interest in the careers and benefit all the organisations.

Taking a longer-term view of workforce planning enables organisations to gain confidence in employing an apprentice. By looking at patterns of recruitment problems, vacancy rates, retention patterns and planned retirements employers can take a view of when they will require qualified staff and build apprenticeships into that plan. As the apprentice will be in the workplace from day-one they can quickly become useful in certain aspects of the service delivery and this can help justify their salary and may result in the service being less reliant on any locum staff.

While there is a real opportunity to develop the apprentice into the Prosthetist/Orthotists or technician you need them to be there is a real benefit to expose them to as many different aspects of their role even if you own organisation does not deliver that aspect in the locality. This can simply be done by collaboration within and external to organisations.

Download the Prosthetist and Orthotist standard [here](#) and the Prosthetist and Orthotist Technician standard [here](#).

* Prosthetist and Orthotist are registered healthcare professionals, regulated by the Health and Care Professions Council. Prosthetist provide an artificial replacement for patients who are missing a limb. Orthotists provide a range of aids to correct problems or deformities in people's nerves, muscles or bones. Find out more about a career as an orthotist or prosthetist [here](#).