NHS Education for Scotland
Educational Governance

Programme Report
This form is for use by Programme Teams in reporting to the Educational & Research Governance Committee in relation to the management of educational quality and performance. The report is to be used for significant educational workstreams not subject to external regulation.

Programme: NES Allied Health Professions (AHP) Careers Fellowship Scheme
Directorate: NMAHP
Completed by: Helen McFarlane
Date approved by Programme Lead/Director: 28/04/2014

1. Reporting period
Please state the dates to which this report refers (this should be the period since the previous Educational Governance report).

The report covers the period from 2010 (when the scheme commenced) to November 2013.

2. Context for the report
Please indicate which projects and initiatives are covered by the report, providing a brief description of their purpose and other key information. This should include the programme inputs (staff, budget and other resources) and outputs (e.g. numbers of courses presented, numbers of learners successfully completing). Where the report relates to initiatives that have been subject to previous quality monitoring reports, this section should list the priority actions set out in the first report and indicate the progress achieved against each one. This information can be presented as a table.

The NES AHP Careers Fellowship Scheme is a learning and development fund. It exists to provide financial support to individuals and groups of allied health professions (AHPs) undertaking learning or development activities that meet the priority criteria for the Scheme. The priorities are flexible and can change according to the needs of AHPs across Scotland as advised through stakeholders, including the AHP Advisory Group and the Scottish Government. The priority needs may be clinical/professionally driven and/or
be rooted in Scottish Government policy priorities. The top priority for the scheme over this reporting period has been AHP support staff and assistant practitioners.

The following background information about AHPs and the NES AHP Advisory Group structure is provided to give additional context to the educational governance of the AHP Career Fellowship scheme.

In Scotland, the AHP group includes: arts therapists (art, drama, music); dietitians; occupational therapists; orthoptists; podiatrists; prosthetists and orthotists; physiotherapists; radiographers (diagnostic and therapeutic) and speech and language therapists. As from 1 April 2013, paramedics have been included under the AHP term in Scotland and negotiations are underway for additional funding to include paramedics in the NES AHP Career Fellowship scheme. Well-educated AHPs make a major contribution to safe, effective and person-centered health and social care. The AHP headcount in NHSScotland was 11,503 at 31 December 2012\(^1\). There are also approximately 500 AHP practitioners in social care (mainly occupational therapists) comprising 1% of the total social care workforce but addressing 35% of all adult referrals.

In NHSScotland, the AHP workforce includes staff at almost every level within the Skills for Health *Career Framework for Health* and AHPs have a role to play at each stage of their careers from providing direct clinical expertise and advice, educating others including service users and their families, developing and using an evidence base, contributing to the research knowledge underpinning high quality and effective care, and in providing leadership within uni-professional, inter-professional and multi-agency settings.

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As autonomous practitioners AHPs can see, diagnose, treat, rehabilitate and discharge people through care pathways. In addition they have a valuable role to play in the prevention of disease, advising on healthy lifestyles and assisting people to keep fit and active as they progress through the ages. AHPs work across all care settings, providing vital services as part of early years and child health through to adult and older people.

The NES AHP Advisory Group provides strategic advice to NES AHP staff concerning educational priorities. There are currently nine sub-groups (some are known as think tanks), one for each of the nine professions. Each sub-group has a representative on the NES AHP Advisory Group. The Group also includes representatives from: Scottish Government, the regulatory body Health and Care Professions Council (HCPC), and patient and family carers.

The NES AHP Career Fellowship scheme was set up in response to the NES AHP Consensus Conference “Towards an integrated education strategy for AHPs in Scotland” held in November 2009.

The background and rationale for establishing the AHP Careers Fellowship scheme were set out in the Programme Initiation Document and are reproduced here:

“Following the NHS Education for Scotland AHP Consensus Conference in November 2009, the AHP Director in NES successfully secured a recurrent fund to support AHP education across the career spectrum. In the current financial climate, the AHP Team at NES is well aware of the threats to funding for education and training and recognises the importance of having funds ring-fenced for supporting AHP education. Ensuring the funds are put to the best use, targeting priority areas for education and ensuring opportunities for applying and sharing the learning will maximise the benefits to the widest range of
AHPs. (For additional information about how the scheme strives to meet this equality of opportunities see Section 9).

Common requests to NES include support for education for increasing support worker and assistant practitioner roles within AHP services. Support for senior staff wanting to undertake masters’ level education is another common request to NES. Support for work-based learning and for team or “collective learning” opportunities were two of the key messages from the NES AHP Consensus Conference.

Well-educated AHPs make a major contribution to effective healthcare. The AHP workforce in Scotland is over 10,000 strong. It includes support workers, assistant practitioners, newly qualified staff and practitioners at all stages of their career; some working with general caseloads in rural areas, others working in particular specialisms as consultants, advanced practitioners or as developing specialists. AHPs also work as managers, team leaders, and in practice development and educator roles. Establishing this new fund will be for the benefit of the entire AHP workforce. The scheme will recognise that AHPs work across a range of settings, e.g. health, social care, voluntary organisations, schools and other education settings. However, NES remains a Health Board with remit for health education, therefore all applications will need to be endorsed by an AHP Director and demonstrate clear benefit to NHS but will not be restricted to NHS employees.

The AHP Team within NES has consulted extensively with AHPs across Scotland through a consensus conference methodology and has identified key factors that the AHP community of Scotland requires as support from NES. The AHP Careers Fellowship scheme is being developed in response to this consultation and enshrines the objectives and the principles generated and articulated by the emergent AHP strategy.
The funds, therefore, will be used to support the learning environment within Health Boards by establishing the NES scheme to provide a local mentoring, innovation and learning network, in addition to providing individual or team applicants with funds to pay for course fees and associated costs and/or to pay for other education and development activities.

AHPs are diverse and offer a unique skill set to the population in Scotland; there are nine professions (Appendix 1) all with a unique contribution to make to the population. As autonomous practitioners AHPs can see, diagnose, treat and discharge people through care pathways. In addition they have a valuable role to play in the prevention of disease, advising on healthy lifestyles and assisting people to keep fit and active as they progress through the ages. AHPs work across all care settings, providing vital services as part of early years and child health through to adult and older people, i.e. cradle-to-grave services. AHP workforce includes staff at almost every level within the Skills for Health Career Framework for Health and AHPs have a role to play at each stage of their careers from providing direct clinical expertise and advice, educating others - including service users and their families, developing and using an evidence base contributing to the research knowledge underpinning high-quality and effective care, and in providing leadership within uni-professional, interprofessional and multi-agency settings.

Rehabilitation and enablement is a core skill set in many of the therapeutic aspects of an AHP intervention and the AHPs working in multi-disciplinary, multi-agency teams in Scotland are well positioned to provide leadership in redesigning services across a range of care settings.

The recommendations from this NES-led piece of work will assist NHSScotland and the Scottish Government in helping to achieve sustainable services whilst delivering high-quality services across
Scotland by providing educational opportunities to AHPs – including AHP support staff and assistant practitioners – relevant to each stage of their careers.”

**Inputs**

The fund totals £270k per annum of which NES funds £120k and the Scottish Government Chief Health Professions Officer funds £150k per year on a recurrent basis.

Leadership for the scheme is one of the responsibilities of Helen McFarlane, AHP Programme Director, and Project Management Support is provided by a Project Officer and Project Administrator; who provide project support to this programme alongside a range of other NMAHP projects and programmes.

The scheme equates to approximately 60% of the project time of the AHP Programme Director and represents the largest of the programmes within the portfolio of the AHP Programme Director. Project support time equates to 50% of a Project Officer and 100% of a Project Administrator’s time to support year-round management of the Fellowship (based on current volume).

In addition to the project team input, the scheme also requires time and commitment from the individuals who make up the Review Panel. The Review Panel considers all applications and makes recommendations on whether to accept, reject or set conditions for each applicant. The Panel includes: AHP Programme Director for Careers, NMAHP Educational Programme Manager for Support Workers, representative from the AHP Directors Group Scotland, representative from the AHP Federation Scotland, representative from the AHP Education HEI Forum Scotland and, at the initial development phase of the scheme, input from other NES directorates with experience in administrating fellowship schemes ie pharmacy Director and GP Medical lead.
**Outputs**

I. Quantitative outputs

There are two planned openings per year when AHPs can submit applications. The number of applications received since the inception of the scheme in 2010 until November 2013 (the reporting period of this report) is 483.

<table>
<thead>
<tr>
<th>Opening dates (month and year)</th>
<th>Number of applications received</th>
<th>Number of applications successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2010</td>
<td>41</td>
<td>37</td>
</tr>
<tr>
<td>May 2011*</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>August-September 2011</td>
<td>62</td>
<td>44</td>
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<tr>
<td>November-December 2011</td>
<td>25</td>
<td>17</td>
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<tr>
<td>February 2012 **</td>
<td>18</td>
<td>15</td>
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<tr>
<td>May 2012</td>
<td>40</td>
<td>28</td>
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<tr>
<td>May 2012***</td>
<td>3</td>
<td>1</td>
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<tr>
<td>August 2012</td>
<td>25</td>
<td>17</td>
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<tr>
<td>December 2012</td>
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<td>65</td>
</tr>
<tr>
<td>August 2013</td>
<td>83</td>
<td>48</td>
</tr>
<tr>
<td>December 2013</td>
<td>75</td>
<td>51</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>483</strong></td>
<td><strong>351</strong></td>
</tr>
</tbody>
</table>

**Footnotes**

*This opening was for application for support workers only undertaking a Higher national Certificate (HNC)

**This was for end-of-financial-year funding only

***This was a specific fellowship for an Orthoptic Clinical Teaching Fellowship with Glasgow Caledonian University to support establishment of the new pre registration programme for orthoptics

**NB:** The above Table includes both group and individual applications. Some of the group applications are for between 2 and 25 people, therefore total number of Fellows is higher than the number of applications. Some AHPs have applied on more than one occasion and therefore the above figure represents the number of Fellowships rather than the number of people who are or have been Fellows. Providing figures on the number of Fellows who completing their Fellowship involves a number of complexities. Applications are individual and over varying timescales; e.g. an applicant from the August 2011 cohort may be undertaking a two-year HNC course that did not begin
until January 2012 while another applicant may be for a one-day course hosted in September 2011. Undertaking the learning activity, reflecting on the learning and embedding the learning into practice are all important aspects of the Fellowship. For this reason, under the Fellowship’s governance, the definition of “completion” is on receipt of a Fellow’s learning report. This report is completed and returned to the project mailbox when the Fellow is able to report on these aspects of their Fellowship and, with this in mind, 270 reports have been received over the duration of this reporting period (November 2010 to December 2013).

II. Qualitative outputs

In addition to measuring the outputs via the number of successful Fellowships awarded there is a rich range of outputs from each Fellow as they achieve their learning. All Fellows are asked to identify both their expected learning outcomes and state how they intend to assess their learning outcomes. Line managers of applicants are asked about how they intend to utilise the learning and skills of the Fellow and how the learning will benefit service. They are also asked how they intend to measure these benefits. Some examples of outputs from Fellows who have completed their learning include:

I. Workbooks produced as online learning resources for physiotherapy support staff made available across Scotland via the Knowledge Services Community of Practice for work-based learning - http://www.knowledge.scot.nhs.uk/ahpsupportworkerlearning.aspx. The learning outcomes for the Fellow included: improved project management skills, improved facilitation skills Established a wide network of contacts within NHS Scotland Improved knowledge of learning processes

II. Report on learning needs to support level 4 assistant practitioners NHS Grampian in conjunction with RGU. The learning outcomes for the Fellow related to the experience of mentorship around market analysis, questionnaire design, scoping, curriculum development.
III. SQA accredited Professional Development Award at SCQF level 8
“Facilitating learning and assessment in workplace” -
http://www.glasgowclyde.ac.uk/courses/commercial-courses/pda-healthcare-facilitating-learning-teaching-and-assessment-in-the-workplace?_course8806 The anticipated learning outcomes for this Fellow were: awareness of undertaking market research; gaining an understanding of SQA process and development of PDAs; demonstrating facilitating skills; employing leadership skills; demonstrating project management skills and application of a tested methodology (as per dentistry process)

IV. Prize winning poster presentation by occupational therapy support worker at Annual Conference of the College of Occupational Therapy. The Fellow’s learning outcomes were to: successfully complete an abstract submission; design and produce the poster; present work at conference with confidence developing communication and presentation skills.

V. Service improvement for pain relief clinics’ service-user evaluation following Fellowship for physiotherapists undertaking injection therapy training. The Fellows’ intended learning outcomes were to: further develop analytical skill in the assessment of musculoskeletal disorders and their underlying pathology; enhance diagnostic and clinical reasoning knowledge; allow critical use of acquired expertise in order to formulate appropriate and effective treatment regimes; encourage constant evaluation of treatment regimes; introduce complex skills, which will require critical analysis and evaluation of patient response; competently select patients suitable for injection therapy; communicate effectively regarding treatment choice and clinical outcomes of injection therapy; confidently assess the advantages and disadvantages of injection therapy; demonstrate good aseptic techniques in the application of the treatment; show skilful practical application of needle placement; recognise warning signs of adverse reactions to any of the drugs used and initiate appropriate management; clearly define all aspects of post-injection aftercare and rehabilitation; demonstrate advanced clinical reasoning through a synthesis of practical, theoretical
and experiential learning; critically evaluate injection therapy as an adjunct to other treatment.

VI. Article in publication process for the Royal College of Speech and Language Therapists journal *The Bulletin* by speech and language therapy support worker with extended role in supporting adults with dysphagia (swallowing difficulties). The Fellow’s learning outcomes following the Fellowship were expected to be to: know more about the role of the speech and language therapy support worker with people who have dysphagia in the community; establish how their role with this client-group might be developed (within the boundary of the post); be able to contribute to optimal speech and language therapy care through appropriate service skill-mix for people with dysphagia in the community.


All Fellows are required to produce a learning outcomes report as an output of their funding from the Fellowship scheme (Appendix 2). All Fellows are encouraged to widely share their learning, e.g. via conferences, team meetings and journal articles. A number of Fellows measure their outcomes by the products that they develop as a result of their learning.

3. Quality & performance management strategy

*Please provide a brief description (or a reference to accompanying documentation) of the strategy for managing programme quality and performance. This should describe matters such as programme governance, programme development, validation/approval or accreditation, external regulation and evaluations. Please use this section to identify the individuals and groups accountable and responsible for programme quality and performance.*
Helen McFarlane, AHP Programme Director, is responsible for the quality and performance of this programme. This responsibility is underpinned by monthly project team meetings with the Project Officer and Project Administrator to address and review all current activities in the Fellowship and consider future activities. Risks, mitigation, equality impact and communication are reviewed at these meetings and action notes recorded and managed. (For more details see Sections 9 and 12). If required expert knowledge is requested to support and guide decision-making for specific requests or strands of work.

**Programme governance**

The scheme was established using a Project Initiation Document. Project plans, risk assessment, financial forecasts and reports are used by the Programme Director and project management staff to support the Fellowship. An AHP Careers Fellowship Review Panel, including internal NES staff and external representatives of Scottish AHP bodies, meets to consider applications and provide advice on the programme - such as the application process, criteria for support, etc.

Broader feedback from AHPs across Scotland is also sought via a range of methods including:

I. Questback survey  
II. Email  
III. Consultation conference and written consultation documentation.

The scheme was established at a time when the NMAHP directorate was exploring alternative project governance systems to the traditional approach of each project having a separate steering group made up from representatives from the AHP community in Scotland. NMAHP found that there was a propensity to overuse the same individuals, including AHP directors and HEI representatives. The AHP Careers Fellowship scheme was selected by NMAHP directorate to pilot a new approach. The programme management
team was tasked with identifying an existing body to support a steering group function. The NES AHP Advisory Group was identified as a relevant group as it consisted of representatives from: each of the nine uni-professional subgroups and think tanks, Scottish Government, AHP Directors, HCPC regulatory body, HEI academic heads, patients and students. Representation from each of the AHPs is therefore included in the NES AHP Advisory Group. This was brokered with the AHP Director and agreed by the Group.

![GOVERNANCE FRAMEWORK FOR THE AHP CAREERS FELLOWSHIP SCHEME]

The NES AHP Advisory Group, therefore, fulfills the role of the overarching steering group for the Fellowship scheme and provides ultimate advice when the programme requires specific governance issues resolved, e.g. changes to priority funding areas for the scheme. The AHP Advisory Group meets a minimum of twice per year. There are nine sub-groups (one for each of the professions within the AHP family). These groups also meet twice per year and provide advice as required to the Fellowship scheme; for example setting priorities for their professional perspective for applicants to the scheme.
Examples of advice sought from the forum include:

I. agreement on the priority categories for the scheme
II. title and name of the scheme
III. whether the scheme should be limited to the AHP National Delivery Plan recommendations
IV. the process of the application systems
V. the additional inclusion of an interview process as part of the application to the scheme

The Fellowship scheme is a standing item on every NES AHP Advisory Group meeting agenda. In addition to this the Fellowship scheme has been the focus of a one-day event with the Advisory Group and all members of each uni-professional advisory sub group. This event was a key evaluation event for the scheme three years into its establishment. A report was produced in the form of a discussion document and cascaded throughout the AHP community in Scotland for additional comments and responses.

**Priorities for the scheme**

The agreed priorities for the scheme have changed to reflect the advice provided. The priority categories for the first opening of the scheme in 2010 were:

i. Applications from AHP support workers and assistant practitioners
ii. Applications for the benefit or AHP support workers and assistant practitioners

**Programme development**

The NES AHP Careers Fellowship scheme responds to the needs of each learner. There is no formal programme of study. Although this is therefore not a programme, the Team has consistently looked for improvement in the process by listening and learning from what stakeholders and Fellows have said - including the application process. Details are provided below of examples of how this listening has led to implementation of changes and
improvements. There are further details within Section 5 of this report on Quality Improvement.

Developing this programme of work has been achieved by listening to the feedback from the AHP community in Scotland and creating an application process that responds to feedback, e.g. as highlighted in evaluations such as Radiography Assistant role development report, AHP HNC applications. Guidance notes (Appendix 3) include extensive information to assist in making a successful application and are available online. They have been developed by the Programme Director and are regularly adjusted following evaluations and feedback from panel members, applicants and line managers. All major decisions are then discussed and endorsed by the AHP Advisory Group.

**Validation/approval or accreditation**

There is no formal programme of study to be validated, approved or accredited. However, individuals applying for funding to participate in learning activities are encouraged to ensure any courses are validated, e.g. by a relevant professional body, or accredited. The application form asks the applicant to give their rationale for why a particular provider of learning has been selected. Some of the applicants themselves are applying to develop programmes of learning as part of their own Fellowship activities and these applicants are always advised to seek appropriate validation/approval or accreditation for any learning programmes they develop, e.g. developing a learning programme for podiatry support staff has become a Professional Development Award at SCQF level 7 validated by the SQA.

**External regulation**

There is no formal programme of study therefore external regulation is not applicable.

**Evaluations**

The AHP Careers Fellowship Scheme has been the subject of a range of evaluations. These have included:
I. Survey (from March 2011) relating to the application process and lessons learned log (Appendix 4).

II. Consultation event seeking input to the priorities of the scheme

III. Consultation document and survey (Appendix 5).

IV. Each Fellow submits a final report setting out what they have learned, how these learning outcomes have been evidenced and how they have shared their learning

V. Line managers are asked at application stage if they would be prepared to provide a report on the longer term outcomes of Fellow(s)’ learning. This impact evaluation will be based on principles of Return on Investment and form part of the next phase of the scheme with many of the first Fellows recruited in 2010 completing their learning in 2012/2013.

The above evaluations have led to a range of changes and improvements. The numbering of the improvements below relate to I to V of the above including:

I. The application process initially used the electronic system eforms. However, the feedback and complexities of requiring supporting comments at three levels (applicant, line manager and AHP Director) meant this was not fit for purpose and a word version was created. The third section for AHP Director supporting comments was de-coupled from the initial application form and in response to the survey feedback, questions included in this section were altered and all applications from that Director’s Health Board were sent to the AHP Director in a batch making the prioritization process easier. The initial application form and the first revised form are in the appendix. Subsequent improvements have been made following each opening (Appendix 6).

II. The priorities for the scheme have developed. The initial opening specified: “The priority for the scheme for 2010-11 will be AHP Support Workers and Assistant Practitioners. Applications from support staff or from individuals who can demonstrate that their application will have particular benefit to the education and/or role development of AHP Support Staff and Assistant Practitioners will be particularly welcomed. All other applications will also be considered and judged on merit.”
The next opening reflected the advice from the advisory sub-groups and the priority became: “The priority for 2011-12 has been agreed as continuing to be AHP Support Workers and Assistant Practitioners. Applications from support staff are particularly welcome. Applications where the development activity will be for the direct benefit of support staff are also included within this priority area and reflects the health boards requirements to address skill mix and ensure a well educated workforce provides quality, safe, effective and person-centred care.” Following consultation with the NES AHP Advisory Group the following areas have been recommended as of high importance to NHSScotland:

“Career Framework
Level 2 Support Worker, level 3 Senior Support Worker and level 4 Assistant Practitioners. Applications are especially encouraged for the following:

HNC AHP Physiotherapy Support at Stevenson College Edinburgh commencing January 2012
HNC AHP Occupational Therapy at Langside College commencing March 2012
Online Communication Difficulties & Talking Mats module commencing January 2012

Skills: including workforce analysis, research, health promotion and communication

Care settings: including early years services, dementia services, mental health in mainstream health settings, transitions for children moving to adult long term care services, supporting War Veterans experiencing complex trauma and need for prosthetics services, musculoskeletal advanced practice.”
Following the consultation work the categories and priorities were reviewed and amended further in November 2012 for the 2012/13 opening with the top priority remaining support staff but adding Quality Improvement as the second priority. Applications from support workers and assistant practitioners remain the top priority. Category 2 has been widened from support staff to a focus on service improvement. Any applications for over £15,000 will now be subject to an interview process in addition to the paper application. Other applications are also welcome and but will be considered only if there are funds remaining:

**Category 1**: AHP Support Workers and Assistant Practitioners. Applications from support staff and assistant practitioners to support development and learning are particularly welcome.

**Category 2**: Applications with a direct benefit and link to service improvement. Where the learning and development activity will be directly connected to introducing or further developing an improvement to your service, these applications will be considered as high priority. Learning and development activities that can demonstrate a wider benefit or potential, e.g. for a Scotland wide benefit will be of particular interest to the panel considering these applications.

**Category 3**: other applications will be considered subject to availability of funds. Whilst not an exclusive list the following areas have been recommended as of high importance by members of the NES AHP Advisory Group:

**Skills**: workforce analysis, research, measuring impact, service redesign, health promotion, communication, self-management, leadership, ultrasound and role development

**Care settings**: early years services, dementia services, mental health in mainstream health settings, diabetes, dysphagia, chest and abdomen reporting, transitions for children moving to adult long-term
care services, supporting War Veterans experiencing complex trauma and need for prosthetics services, advanced practice, delivering AHP services in the prison setting, the integration agenda, telehealth services and AHP consultant services.”

4. Standards and performance criteria

Please indicate what standards, objectives and performance criteria are used to appraise the quality of the Programme. How are standards and performance criteria used to gauge quality (e.g. programme review, quality assurance visits)?

The Review Panel members use the criteria to assess each application (Appendices 7 & 8). There are no standards, objectives or performance criteria that are specific to the development of the Careers Fellowship scheme that could be used to appraise the quality of the scheme directly. However, AHPs are registered professionals with HCPC. Recognising that ongoing support is often critical to successful completion and application of learning, Fellows have access to a number of mechanisms of support, e.g. NES AHP Programme Director, their line manager’s commitment, organic Fellowship networks that have been developed by Fellows and access to the Practice Education Leads in their Health Boards.

Support staff and assistant practitioners are not HCPC registered but are expected to adhere to the codes of practice and mandatory standards set out by Scottish Government Health Directorate. All NHS AHP workforce are expected to have professional development plans (PDPs) that are relevant to their Agenda for Change KSF outlines.

The HCPC requires all registrants to adhere to the Continuing Professional Development (CPD) standards and recommend that NHS AHP staff make use of their KSF evidence as part of their CPD. The application process for the AHP Careers Fellowship scheme requests that all applicants identify which elements of the KSF are relevant to the learning and development they are applying to undertake. Applicants are also asked to confirm that the learning activity has been identified as part of the person’s KSF PDP and line managers are asked to supply the relevant extract from the individuals PDP.
NES produces a range of capability frameworks setting out standards for practice at different levels of the Career Framework, e.g. Senior AHP Education Framework, Consultant Development Needs Analysis Toolkit, Advanced Practitioner Self Assessment Framework. Where an applicant to the Careers Fellowship Scheme appears to be relevant to such a framework, their application is typically successful only on condition that the applicant agrees to using the framework and adheres to the standards included, e.g. when an applicant was applying to undertake a range of learning activities to assist her development towards advance practice within a physiotherapy musculoskeletal (MSK) service, the applicant was advised to map her learning needs to the Advanced Practice MSK.

5. Quality improvement

Please indicate how quality management processes are used to affect improvements in educational and service outcomes. Where possible, provide examples of where measurable improvements in quality and performance have been identified through evaluation and other quality improvement approaches e.g. LEAN, Total Quality Management.

No formal QI approaches have been used in the evaluation of this Fellowship Scheme. However, the 2nd priority area for applicants is “Quality Improvement”. The NMAHP Directorate agreed QI processes represented in the diagram below and the scheme reflected the focus on NHS staff needing to enhance understanding of Quality Improvement by adding this as the second priority for the scheme. Applicants who can demonstrate that their learning will include improving their knowledge and application of QI approaches will meet this priority category. Applicants are regularly signposted to the QI Hub web resources as a way to enhance their fellowship learning.

It is recognised that some projects undertaken by Fellows could be considered “small tests of change” and this is methodology will be built on in the evolution of the Fellowships.
NMAHP Quality Improvement Approach

Drawing on the principles of QI - such as Lean thinking - has resulted in individual applications for similar learning being grouped together. This has led to efficiencies for example; involving course providers to come to Scotland to run a course where more Scottish health staff can benefit and additional travel costings for the fellows are avoided. Applications that seem to reflect similar areas of development are linked together to avoid any risk of duplicating projects. Project management tools designed to enhance the quality of project work undertaken by fellows were added to the career fellowship part of the NES website and feature in training and support network sessions provided to successful fellows http://www.nes.scot.nhs.uk/education-and-training/by-discipline/allied-health-professions/career-fellowship-scheme-funding-for-your-learning-and-development/project-management-guidance.aspx. Fellows have commented how much improved the quality of the work they are doing becomes when they participate in these networks. For example, a number of fellowship applications from different Health Boards have focused on the need to clarify the role and responsibilities of support workers and assistant practitioners and consider the learning needs that arise. Whilst one fellowship might focus on the uniprofessional support worker such as speech and language therapy or podiatry another fellowship may be considering the role of support staff in rehabilitation services or mental health
services. Despite the different focus, these fellowships are awarded on condition they work with each other to share progress.

6. Quality and performance outcomes

Please provide details of noteworthy issues relating to educational quality and performance. This should include areas of high quality or issues requiring remedial action. This analysis of educational performance during the reporting period should be based on the performance indicators, objectives and standards specified in the report. It should provide an account of progress toward objectives and targets, and issues to be addressed in future activity.

This section may be used to comment on dimensions of educational quality such as impact on service, the learner experience (including attainment), recruitment, selection and appointment, delivery of curriculum including assessment, support and development of trainees, trainers and local faculty.

Evidence of quality and performance outcomes will normally be derived from evaluation activities, programme reviews/reports, assessment data and quality improvement activities.

The fellowship scheme was subject to an indepth evaluation which involved a written report in April 2013 Shaping the Agenda: Influencing Learning Priorities for Allied Health Professionals (Appendix 9). A consultation conference with over 150 delegates also contributed to this evaluation of the fellowship scheme. Since the report was produced there have been further openings and more fellowships have been awarded with the total of applications during the reporting period for this governance report at 483 and successful applications totaling 351. This information is given in the table in the above section 2 of this report. The detail included in Shaping the Agenda, however, provides useful additional breakdown of information, therefore, although the timescales of the two reports are not an exact match extracts from Shaping the Agenda: Influencing Learning Priorities for Allied Health Professionals report are included below:

The conference resulted in a number of key messages which will inform the direction of the AHP Careers Fellowship Scheme in the next two years.
• The AHP Careers Fellowship Scheme has achieved a great deal in just two years and is highly valued by those it has funded.
• Projects have brought clear benefits for the NHS, its patients and staff.
• Sustainability is essential – the benefits must continue after a project has been completed.
• The scheme is vital in order to continue funding AHP learning and development.
• Flexibility has allowed the scheme the freedom to try to balance breadth with depth and to respond to changing priorities.
• Greater awareness of the scheme, what it offers and who can apply, is needed among AHPs and other relevant groups.
• Improved communication is necessary to ensure that boards promote the scheme so that every part of the country gets its share of the resources.
• The time has come to reconsider the funding priorities.
• Setting priorities so that the £270,000 annual fund has the greatest possible benefit among NHS Scotland’s 11,503 AHPs (source – December 2012 statistics from Information Services Division Scotland http://www.isdscotland.org/) will inevitably be a challenging task.

“Today has been very powerful – I am more than ever convinced of the effectiveness of the whole AHP Careers Fellowship Scheme programme. It’s gathering quite a momentum and I will take that back to the board and say what we have achieved so far,”

NES former non-executive board member, Theresa Houston.

Between November 2010 and August 2012 there has been investment in a total of 188 AHP Careers Fellowship Scheme projects. There have been a total of 242 applications, which have come from 14 territorial and two special health boards. Since November 2012 there has been a further opportunity to apply. An additional 83 applications were received bringing the total of applications to 335.
7. Key achievements and innovation

Please describe any key achievements and innovative practice demonstrated during the reporting period (for example, development of new provision to meet service needs, enhancement of existing provision).

The AHP Careers Fellowship scheme is an innovative approach to ring-fencing funds for learning and development for AHPs. It is unique in the UK. The highly flexible nature of the scheme has enabled the AHP Team in NES to attract recurrent funding from Scottish Government, in contrast to the previous approach of securing short-term funds tied to very specific care settings or skill areas requiring development. The stresses of spending funds with short-term year-end deadlines are alleviated and applications over a longer time period can be accepted.

The fund is a genuinely “bottom up” highly responsive scheme to the learning needs of AHPs with the safeguards of a robust application process requiring not only line management support but the strategic backing from the AHP Director. Group applications, as well as individual applications, can be made which means NES can respond to the collective nature of a team’s learning needs.

The following provide some specific examples of key achievements and innovative practice:

The Project Team regularly produce updates and newsletters that highlight the successful work of the career fellows. A showcase briefing that highlights 15 different examples of successful achievements can be viewed at http://www.nes.scot.nhs.uk/media/1650386/ahpcareerdevelopment-web_v2.pdf

There were around 60 applications for funding for Higher National Certificate (HNC) qualifications, for example, HNCs in physiotherapy support or occupational therapy support, and most of these applications were successful.

Learning about Talking Mats – a tool for working with people who have difficulty communicating – has been particularly popular, figuring in around 30
applications so far. Applications for *Talking Mats* on-line course were overwhelmingly successful - http://www.talkingmats.com/training/.

The event which took place at the Beardmore as part of the evaluation of the scheme featured four fellowships. These illustrated the broad range of learning activities that have been funded via the career fellowship scheme:

I. AHP workforce analysis reports for Speech and language therapy and occupational therapy - Cecile Henderson, NES Research and Information Officer

II. Developing an online training course in the use of *Talking Mats* - Lois Cameron, Co-Director, *Talking Mats*

III. Supporting the new Health & Care Professions Council (HCPC) approved orthoptics pre-registration degree programme at Glasgow Caledonian University - Rachel McKay, Head Orthoptist, NHS Greater Glasgow and Clyde

IV. Upskilling in post-operative rehabilitation following hip and knee replacements - Linda Halcrow, Physiotherapist, NHS Shetland and Lynda Bussetil, Assistant Physiotherapy Practitioner, NHS Shetland

8. Complaints and constructive feedback

*Did you receive complaints, negative comments*\(^2\) *or constructive feedback relating to the programme? Please record the number and nature of the complaints/negative comments received, together with an indication how they were resolved and the time taken to do so. Importantly, please indicate lessons learned through the complaints and the actions taken to improve quality and/or performance as a result.*

There have been very few complaints, two in total. One individual who was not successful in their application to receive the total funding for their professional doctorate studies because they did not meet the priority criteria. The applicant was awarded a significant contribution towards their course fees of £1,200 but remained unhappy that they would need to find alternative sources of finance to support their studies.

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\(^2\) This excludes negative ratings or comments submitted as part of a NES evaluation exercise.
Another complaint was not of the Career Fellowship scheme but directed to the organisers of a conference that the Fellow had applied to the scheme for funding. The Project Team has been assisting this fellow with her complaint and are hoping for a successful outcome.

Complaints are made by the Fellows to the Project Team by email and have all been addressed at the project level without needing to invoke any formal NES complaints process. Any complaints that are not resolved at this level would utilize the NES complaints process.

9. Inclusivity

Please describe the measures taken to ensure that educational initiatives are fully inclusive of all learners within the target staff group(s). This section of the report should be used to record any reasonable adjustments\(^3\) made to enable learners to participate in education and training.

Key questions are included at all three stages of the application process regarding inclusivity. The applicant is asked to consider how their learning and development will promote equality and diversity. The line manager is asked how they have ensured there has been equality of opportunity for all staff to apply to the fellowship scheme and is particularly requested to consider that both part time and full time members of staff have been enabled to apply. The AHP Director is also asked how they have considered equality and diversity. Detailed guidance notes are included to assist applicants and their managers in completing this part of the application.

In addition to this all applicants are asked to complete an equality monitoring form (Appendix 10) by NES. This information has been collated from the start of the scheme and after five years of data gathering will be reported. Initial analysis has been presented to the AHP community across Scotland via the consultation conference and survey.

\(^3\) The Equality Act 2010 requires service providers and employers to make 'reasonable adjustments' to facilitate access for people with disabilities. Guidance on reasonable adjustments is available from Kristi Long (kristi.long@nes.scot.nhs.uk)
Inclusivity has featured not only the protected characteristics but a breakdown of board/geographic area, rural or urban work setting, care group, career level.

Analysis of this data and any remedial action required will be part of the next steps identified in the relevant part of this governance report.

10. Educational infrastructure

Many of NES’ educational initiatives involve infrastructure provided by other NES directorates and teams, or by external organisations. Briefly describe the external educational infrastructure for the programme including tutors, educational supervisors, ePortal, e-Portfolio, learning management systems, and Knowledge Network services.

The fellowship scheme has a close relationship with a key part of the AHP Educational infrastructure - the NES-funded AHP Practice Education Facilitation (PEF) Programme. Each NES-funded Practice Education Lead (PEL) is part of the communication cascade system for the scheme and many PELs play an active role in promoting the scheme, identifying learning priorities within their Health Board area and in assisting the applicants and their line managers to complete the application forms. The successful fellows are put in touch with their local PEL for ongoing mutual support. There have been joint NES-led events when the fellows from any one cohort are invited alongside all the PELs across Scotland to join together in learning activities relevant to promoting a quality learning environment within their Health Boards. The regional Practice Education Coordinator (PEC), also part of the PEF infrastructure, equally plays a key role in supporting the scheme. When, for example, the evaluation event highlighted that one of the Boards in the West PEC locality had comparatively few applications, the PEC spent time with the AHP director and the lead AHPs to identify learning priorities and shape these into potential career fellowship applications for the Board to progress. This proactive link with the PEF infrastructure led to highly innovative and successful applications to the scheme:

I. An AHP-team learning experience to improve patient and staff experiences on discharge from AHP services in NHS Dumfries & Galloway AHPs in NHS Dumfries & Galloway want to improve both
patient and staff experiences at the point when a service user is discharged, especially when they are discharged following long-term input from AHP services. The context for this is a small but upsetting number of complaints that have resulted in MSP involvement when individuals have been unsatisfied with their experience when discharged from their AHP services. It may be that AHPs require improved communication and empathy skills and would benefit from having a better knowledge of appropriate sources of support and community input when there is no clinical rationale to continue to have individuals on the AHP active caseload.

II. Work-based learning for a support worker to shadow multiple professions involved impacting on nutritional care in the hospital where she works; “I wish to learn about how other professions and roles support nutritional care of patients. By shadowing the following roles in our hospital I will have an opportunity to understand how each role currently supports nutritional care: medical, nursing, support worker, catering and domestic, AHPs and pharmacy staff. This will help me understand both their professions and their contributions to nutritional care. I will enquire about the educational requirements within the hospital that support nutritional care.

I am often asked questions about nutritional care when I am working in the wards and I would like to be more confident in answering these questions when it is appropriate for me to do so. I also wish to learn more about nutritional support to help me in my role. I would like to educate others about basic nutritional care support. I want to find out what nutritional care guidelines and resources exist and work with my line manager to learn about these. I would like to apply them into my practice and to educate others about what I have learned and how they too can help meet the nutritional care requirements of patients while they are in bed.”
11. Quality improvement priorities
Reflecting on the educational quality issues identified above, describe how the Programme Team plans to improve educational quality in the next reporting period. This should include anticipated changes to quality management/improvement processes.

The status of items identified in the action plan will be addressed in the subsequent quality monitoring reports.

<table>
<thead>
<tr>
<th>Issue to be addressed</th>
<th>Action</th>
<th>Responsible officer(s)</th>
<th>Expected completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Longitudinal tracking of Fellows</td>
<td>To be able to consider the longer-term impact of learning by fellows a database that maximizes the ability for the project to keep in touch with up to date contact details needs to be explored</td>
<td>Helen McFarlane and Project Officer in discussion with Frank Rankin</td>
<td>September 2014</td>
</tr>
<tr>
<td>Ensuring applicants have capability to fulfill Fellowships of national or regional significance that require funds of over £15k</td>
<td>Establishing interview process for fellowship applications totaling more than £15k</td>
<td>Helen McFarlane and Project Officer and AHP Careers Fellowship Review Panel</td>
<td>March 2014</td>
</tr>
<tr>
<td>Application form and guidance remain contemporary</td>
<td>After each opening review the application form and guidance notes and seek any improvements</td>
<td>Helen McFarlane</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Inclusion of paramedics as part of the AHP group</td>
<td>To source additional funding to widen the scheme to include paramedics and alter the scheme processes to reflect this eg adding Scottish Ambulance Service to panel</td>
<td>Helen McFarlane with John Burnham SAS</td>
<td>Summer 2014</td>
</tr>
</tbody>
</table>
12. Risk assessment and management

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Version</th>
<th>Summary of changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2010 (draft prepared)</td>
<td>1</td>
<td>N/A</td>
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</tbody>
</table>
| 24 March 2011             | 2       | R2 – to includes linking to other funding opportunities by way of mitigation  
R3 – lower likelihood (pre) from 4 to 3 following evaluation and lessons learned from pilot and (post) from 5 to 4. Further measure of mitigation in continued development of robust SLAs and reporting structures  
R5 - lower likelihood (pre) from 3 to 2 and (post) from 1 to 2 to reflect ongoing development and implementation of communication and marketing strategy  
R6 – addition of support tools and templates on NES website as a measure of mitigation  
R8 – Creation and adoption of a tracking system by way of mitigation |
| 3 June 2013               | 3       | R1 – Closed down  
R2 – Introduction of interview process for applications >£15k  
R3 – Merge R3 and R4 as duplication of risk and mitigation  
R4 – Closed down  
R6 – Reduce pre-mitigation likelihood from 3 to 2 and adjust Alumni to NES Connects, add in links to ADSG and database development  
R7 – Closed down  
R8 - Adjust Alumni to NES Connects  
R9 – Addition of Review Panel succession planning |

Monitoring frequency: The risk register will be reviewed by the AHP Careers Fellowship Project Team between AHP Careers Fellowship Review Panel at their bi-annual panel review meetings. (Ownership of risks: as detailed in risk register)
### AHP CAREERS FELLOWSHIP

**Risk Assessment and Management Plan – June 2013**

<table>
<thead>
<tr>
<th>Risk</th>
<th>Likelihood (Pre)</th>
<th>Impact (Pre)</th>
<th>Quantification (Pre)</th>
<th>Ownership of risk</th>
<th>Measures of Mitigation</th>
<th>Likelihood (Post)</th>
<th>Impact (Post)</th>
<th>Quantification (Post)</th>
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<tbody>
<tr>
<td><strong>Operational</strong></td>
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<tr>
<td>R1. Potential delays impacting on marketing and application process of the Careers Fellowship</td>
<td>3</td>
<td>3</td>
<td>9</td>
<td>PMT/Steering Group</td>
<td>To ensure transparency and fairness in funding opportunities clear priorities for funding rooted directed by the AHP Community’s requirements must be considered and a robust selection criteria must be in place. Linking opportunities to other streams of work and potential funding opportunities internal and external to NES Introduction of robust interview process with selected interview panel for applications requesting funding support &gt;£15k</td>
<td>2</td>
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<td><strong>Operational</strong></td>
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<tr>
<td>R2. Difficulties in economy likely to impact on Boards support of education and training budgets leading to the AHP Careers Fellowships being overwhelmed</td>
<td>5</td>
<td>5</td>
<td>25</td>
<td>PMT/Review Panel</td>
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<td>4</td>
<td>4</td>
<td>16</td>
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<tr>
<td>Risk</td>
<td>Likelihood (Pre)</td>
<td>Impact (Pre)</td>
<td>Quantification (Pre)</td>
<td>Ownership of risk</td>
<td>Measures of Mitigation</td>
<td>Likelihood (Post)</td>
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<tr>
<td><strong>Operational / People</strong></td>
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<td><strong>PMT/Review Panel</strong></td>
<td>4</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>R3. The financial and developmental implications of funding staff time when staff and managers do not prioritise release of staff when faced with competing workforce pressures</td>
<td>3</td>
<td>5</td>
<td>15</td>
<td></td>
<td>Demonstrate how the Fellowship is linked to existing requirements (i.e., KSF, succession planning), connected activity (for example, Quality Strategy, Patient Rights) and maintaining regulation status to meet the HCPC CPD requirements</td>
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<td>Ongoing development of robust SLAs and reporting structures to record and audit deliverable milestones</td>
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<td>AHP Careers Fellowship is flexible as it is not restricted to attending courses in education centres but also considers opportunities for AHPs to participate in work-based learning and the possibility of funding for backfill, inter Board managed secondments, overtime will be considered where relevant</td>
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<td><strong>Financial</strong></td>
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<td></td>
<td><strong>PMT/Steering Group</strong></td>
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<td>4</td>
<td>12</td>
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<tr>
<td>R4. Implications for funding staff time to participate in a learning experience funded by the AHP Careers Fellowship</td>
<td>4</td>
<td>4</td>
<td>16</td>
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<tr>
<td>Closed down – 3 June 2013</td>
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<td>Risk</td>
<td>Likelihood (Pre)</td>
<td>Impact (Pre)</td>
<td>Quantification (Pre)</td>
<td>Ownership of risk</td>
<td>Measures of Mitigation</td>
<td>Likelihood (Post)</td>
<td>Impact (Post)</td>
<td>Quantification (Post)</td>
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</tbody>
</table>
| **Operational**  
R.5 Lack of information and communication to target audience | 2 | 3 | 6 | PMT/Review Panel | Develop diverse continuing improvement communication and marketing strategies to support and promote the Fellowship | 1 | 3 | 3 |
| **People**  
R6. Maintaining support for applicants within Boards for the duration of their programme of learning. | 2 | 5 | 10 | PMT/Steering Group | Frequent communication to, and involvement of, relevant stakeholders in order to maintain enthusiasm and commitment for the Fellowship.  
Commitment from line managers and/or mentors is required as part of the application process and continued support will be recommended during the learning experience  
Addition of support tools and templates on the Fellowships page of the NES website to offer resources to assist the Fellows  
The development of the NES Connects scheme will offer further local support.  
Strengthened communications and links with AHP Directors Scotland Group  
Development of Fellowship database to allow networks to be created to encourage continuity of contact between Fellows | 2 | 2 | 4 |
<table>
<thead>
<tr>
<th>Risk</th>
<th>Likelihood (Pre)</th>
<th>Impact (Pre)</th>
<th>Quantification (Pre)</th>
<th>Ownership of risk</th>
<th>Measures of Mitigation</th>
<th>Likelihood (Post)</th>
<th>Impact (Post)</th>
<th>Quantification (Post)</th>
</tr>
</thead>
<tbody>
<tr>
<td>People/Operational R7. Lack of staff engagement and participation to the scheme in Health Boards</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>PMT/Steering Group</td>
<td>Regular contact with colleges to regularly report on status of candidates. Robust tracking process to follow work-based funded initiatives with reporting mechanisms built in to payment schedules. NES Connects Scheme can offer support and regular contact with applicants</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>People/Operational R8. Applicants 'going off radar' if taking time off and not tracked effectively and possibility of high attrition rates impacting on fellowship activities</td>
<td>5</td>
<td>3</td>
<td>15</td>
<td>PMT/Review Panel</td>
<td>Robust application process to encourage initial process of self selection, followed by NES selection process. Explore referee-styled approach and matching to person specification at application stage. Support for AHPs who have been successful in application will be available locally through PEF network Creation and adoption of dedicated tracking processes to support and track Fellows proportionate to content of their application</td>
<td>3</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Risk</td>
<td>Likelihood (Pre)</td>
<td>Impact (Pre)</td>
<td>Quantification (Pre)</td>
<td>Ownership of risk</td>
<td>Measures of Mitigation</td>
<td>Likelihood (Post)</td>
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</tr>
<tr>
<td><strong>Operational</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Review of work and governance of Fellowships by the Review Panel</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>R9. Governance arrangements around potential developments and future priorities of the AHP Careers Fellowship.</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>PMT/Review Panel</td>
<td>Process of succession planning of Review Panel members to be developed to ensure ongoing success of Panel for the future of the Fellowships</td>
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<td></td>
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<td>Consultation and review of governance by the NES AHP Advisory Group at their biannual meetings</td>
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</tbody>
</table>
**Risk Quantification Guidance**

The following provides information on the tools used to assist in the quantification of risks:

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Score</th>
</tr>
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<tbody>
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<td>Almost Certain</td>
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<tr>
<td>Probable</td>
<td>4</td>
</tr>
<tr>
<td>Possible</td>
<td>3</td>
</tr>
<tr>
<td>Unusual</td>
<td>2</td>
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<tr>
<td>Remote</td>
<td>1</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Severity/Impact</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophic (Severe impact on successful project delivery)</td>
<td>5</td>
</tr>
<tr>
<td>Major (Substantial impact)</td>
<td>4</td>
</tr>
<tr>
<td>Moderate (Noticeable impact)</td>
<td>3</td>
</tr>
<tr>
<td>Minor (Minimal impact)</td>
<td>2</td>
</tr>
<tr>
<td>Negligible (Negligible impact)</td>
<td>1</td>
</tr>
</tbody>
</table>

**Overall Risk Quantification**

<table>
<thead>
<tr>
<th>Score</th>
<th>Quantification</th>
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<tbody>
<tr>
<td>25-30</td>
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</tr>
<tr>
<td>15-24</td>
<td>Medium</td>
</tr>
<tr>
<td>1-9</td>
<td>Low</td>
</tr>
</tbody>
</table>
APPENDIX 1

What is “Allied Health Professions”?  

The Allied Health Professions (AHP) are staff who work in:

- Arts Therapies
- Dietetics
- Occupational Therapy
- Orthoptics
- Podiatry
- Physiotherapy
- Prosthetists and Orthotists
- Radiography (Diagnostic and Therapeutic)
- Speech and Language Therapy
- *Paramedics have now been added following SGHD decision in April 2013.*
1. **CONTACT DETAILS**

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Job Title:</td>
</tr>
<tr>
<td>Address:</td>
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<tr>
<td>Tel No:</td>
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</table>

2. **FINANCIAL DETAILS**

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<thead>
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<th>Description of deliverable</th>
<th>Timescale</th>
<th>Payment</th>
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<td>Total</td>
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3. **REPORT: FORMAT**

As a successful applicant to the AHP Careers Fellowship Scheme you are committed to provide a final report (not exceeding 500 words) showing evidence of the learning experience secured by accessing this funding. Whilst the content of your work will be of educational value to support staff please remember that as the fellow your activities have been supporting your own learning. The structure of the report must include:

- **A: Context of your learning experience**
- **B: Approach to learning you have taken**
- **C: Effects of your learning**
- **D: Recommendations for next steps, if relevant**
- **E: Outline of plans to share experiences and findings with other Applicants and NHS Boards, if relevant**

**SUBMISSION INSTRUCTIONS**

The final report should be submitted to **AHP.Fellowships@nes.scot.nhs.uk**

NHS Education for Scotland, Floor 2, NMAHP, 102 Westport, Edinburgh, EH3 9DN
GUIDANCE NOTES FOR APPLICATION PROCESS

The following information will provide you with additional background to the AHP Careers Fellowship Scheme and will help you provide NHS Education for Scotland (NES) with the information we need to progress your application for resources to support your career development opportunities.

The categories and priorities for the Fellowship funds have been reviewed. Thanks to all who contributed to the consultation via the event in November 2012 and by responding to the survey. Applications from support workers and assistant practitioners remain the top priority. Category 2 has been widened from support staff to a focus on service improvement. Any applications for over £15,000 will now be subject to an interview process in addition to the paper application. Other applications are also welcome and but will be considered only if there are funds remaining.

**Category 1:** AHP Support Workers and Assistant Practitioners. Applications from support staff and assistant practitioners to support development and learning are particularly welcome.

**Category 2:** Applications with a direct benefit and link to service improvement. Where the learning and development activity will be directly connected to introducing or further developing an improvement to your service, these applications will be considered as high priority. Learning and development activities that can demonstrate a wider benefit or potential, e.g. for a Scotland-wide benefit will be of particular interest to the Review Panel considering these applications.

**Category 3:** Other applications will be considered subject to availability of funds. Whilst not an exclusive list the following areas have been recommended as of high importance by members of the NES Advisory Fora:

- **Skills:** workforce analysis, research, measuring impact, service redesign, health promotion, communication, self-management, leadership, ultrasound and role development
• **Care settings**: early years services, dementia services, mental health in mainstream health settings, diabetes, dysphagia, chest and abdomen reporting, transitions for children moving to adult long-term care services, supporting War Veterans experiencing complex trauma and need for prosthetics services, advanced practice, delivering AHP services in the prison setting, the integration agenda, telehealth services and AHP consultant services.

Where your application has a direct benefit and link to service improvement please ensure this is apparent when you describe your learning outcomes at questions 2.6 and 2.7. For applications that are for the benefit of others, please remember that it is your learning outcomes that are required.

Your application must clearly state the learning objectives and the intended impact/outcomes that it will achieve.

**Line Manager and AHP Director/Lead support is a pre-requisite for successful funding applications. Contact details for all AHP Directors are included in these guidance notes (page 14).**

The application process is split into two forms:

- **Form A** should be completed collaboratively by the applicant and their line manager and then submitted to NES by the closing date
- **Form B** will be sent by NES to the Health Board AHP Director/Lead for each application received

The scheme is recurrent funding; therefore bids can be made over a number of years.

The AHP Careers Fellowship Scheme is currently accepting applications. **The closing date for submission of applications (Form A) is 12 noon on 6 September 2013.**

If you want to discuss your application please contact Helen McFarlane, AHP Programme Director - ahp.fellowships@nes.scot.nhs.uk

**How to submit the application**

Complete the online application form available at:

Form A should be completed collaboratively by the applicant and their line manager.

Upon submission of the completed application form (Form A) NES will confirm receipt to the applicant and their line manager.

All funding applications received by the closing date will then be batched and sent to the respective Health Board AHP Director / Lead, along with support Form B for completion.

All applications received by the closing date and with full support from the applicant’s line manager and AHP Director / Lead will then be considered by the AHP Fellowship Review Panel.

Data Protection

NES uses the personal data you provide for purposes associated with administering the AHP Careers Fellowship Scheme. NES will add your details to our database and share your work contact details with other participants in the scheme through our newsletter, Alumni network or other channels as deemed appropriate. If you would prefer us not to share your contact details, please contact AHP.Fellowships@nes.scot.nhs.uk

For more information see http://www.nes.scot.nhs.uk/privacy-and-data-protection

Personal data will be retained in line with NES records retention policies.
GUIDANCE FOR COMPLETION OF QUESTIONS

FORM A – SECTION A - to be completed by the applicant

Question 1

Please provide NES with all the necessary contact details so we can consider your application.

As NES is one of the NHS Special Boards in Scotland, the AHP Careers Fellowship Scheme funding is for the benefit of NHS staff and we expect the majority of Fellowships to be awarded to NHS employees. However, we recognise that some AHPs may be employed in other settings but their work may be for the benefit of NHS employed AHPs.

If your employer is other than an NHS Board please advise at the ‘employer’ field on the application form. For these applicants we would still require your application to have support from a relevant AHP Director/Lead from one of the NHS Boards in Scotland, see question 2.19 (pages 14 - 16) or, where appropriate, support will be requested from Sonya Lam, Director of Allied Health Professions in NES.

Question 2.1 & 2.2

The NES AHP Team recognises the emphasis put on collective learning as well as an opportunity for individuals to engage in quality learning experiences.

The funds can be used to provide individual or team applicants with funds to pay for course fees and associated costs and/or to pay for other education and development activities. Please indicate if your application is for a team or for an individual.

If your application is a team application please provide the names and email addresses of everyone involved for our records.

Where your team or group includes people from a range of Health Boards or other employers please contact us at ahpfellowships@nes.scot.nhs.uk. We will require to ensure support form line managers and AHP Directors is in place for all applicants and will ensure your application is submitted as a group application.
Question 2.3 & 2.4

The AHP Careers Fellowship Scheme is a flexible scheme to be used to support the best way of learning and development that suits your needs. Education and learning can take many forms and is not restricted to attending a college or university for a more traditional course. Your development activities may be work based and involve your time in undertaking tasks that link to priority areas including identifying learning needs of others. **This section must relate to the learning activities you as the Career Fellow will be undertaking.**

If you have previously received funding from the Fellowship Scheme and are making a subsequent funding application, please ensure that your application clearly identifies your further personal learning and development.

Your learning may include one or more of the following activities:

- **recognised prior learning** – if you have already participated in some learning in the workplace and want to work with a college or university to explore gaining formal credit recognition for your learning. You will need some funding to pay the college/university to consider your learning and it is likely to be part of a qualification that you would want to apply to undertake.

- **practice-based learning** – do you and/or your team need to have some time to learn together? You might want to participate in some online learning or have the resources necessary to work together on a project.

- **college/HEI course** – if you want to apply for a course offered by a college or university or if you are already a student and want your studies to be supported through the fellowship scheme, please indicate this form of learning. Your course may be alongside some practice-based learning or a “Mackay” experiential learning opportunity. Your learning outcomes must demonstrate how you will apply your learning in the workplace.

- **course run by an external training provider** – if you want to apply to attend a course/training event to further your understanding and experience in a specific area relating to your role. Your learning outcomes must demonstrate how you will apply your learning in the workplace.

- **“MacKay” experiential placement learning** – Rhoda Mackay, AHP PEL for Western Isles has developed and piloted placements as a form of learning and development- hence the term “MacKay” experiential placement learning. Placements are a familiar form of learning for pre-registration AHP students and the practice education placement is often one of the most powerful and memorable learning experiences;
however, it is rarely used as learning tool at other stages in AHP careers.

- **Developing qualifications** – potential practice education opportunity to lead on the development of a new qualification by conducting market research whilst participating in education that provides the underpinning theoretical knowledge to enhance the quality of the qualification you are helping to develop.

**College/HEI/external training provider courses**

Please detail the specific area of study for an HNC or other training course that you wish to undertake. NES has been involved in supporting the development of a range of learning opportunities relevant to AHP support staff and assistant practitioners. Some of these learning opportunities are the result of previous work by successful NES Fellows. The following examples are all linked by such NES support:

- Introduction to Communication Disability and Talking Mats online – information is available from the Talking Mats website [http://www.talkingmats.com/](http://www.talkingmats.com/)


- PDA Healthcare Professionals: Facilitating Learning Training & Assessment in the Workplace (Glasgow Clyde College) – proposed course date autumn 2013, please check the College website for further details [http://www.langside.ac.uk/](http://www.langside.ac.uk/)


- HNC Physiotherapy Support is also a two-year course and it is anticipated that intake will re-open in 2014. Please check the Edinburgh College website [http://www.edinburghcollege.ac.uk/](http://www.edinburghcollege.ac.uk/) for information and contact details

There are also a number of radiographic studies courses (Cert and Dip Radiographic Studies at Robert Gordon University - [http://www.rgu.ac.uk/health-professions/study-options/part-time-learning/radiographic-studies](http://www.rgu.ac.uk/health-professions/study-options/part-time-learning/radiographic-studies) - and a new radiographic studies course.
planned for North Glasgow College (please contact the College for further details http://www.northglasgowcollege.ac.uk/)

Please liaise direct with the Colleges/HEIs/training provider for confirmation of start dates and further information:

HNC Occupational Therapy Support (Glasgow Clyde College) - inewton@langside.ac.uk

HNC Speech and Language Therapy Support (Motherwell College) – gdennett@motherwell.co.uk

HNC Physiotherapy Support (Edinburgh College) – rachel.mcfadden@edinburghcollege.ac.uk

Cert & Dip Radiographic Studies (Robert Gordon University) - p.i.henderson@rgu.ac.uk

Introduction to Communication Disability and Talking Mats online course
Joan Murphy - joan@talkingmats.com or Lois Cameron - lois@talkingmats.com

PDA Healthcare Professionals: Facilitating Learning Training & Assessment in the Workplace (Glasgow Clyde College) - lnewton@langside.ac.uk
Developing and evaluating qualifications

Are you interested in developing your knowledge and understanding of education and developing or evaluating qualifications? If so, applying for a Fellowship could support you in developing your skills in facilitating learning which is one of the four key dimensions of any AHP career.

Leading a project seeking educational solutions to a national, regional or local issue for benefit of whole of NHSScotland might be a development opportunity for you. Creating or analysing data to be used for longitudinal benefit and outcome studies describing how well educated AHPs make their contribution to enhanced patient care might be one example of this kind of activity.

We are also often looking for Allied Health Professionals (AHPs) to support the development of educational solutions such as Higher National Certificates (HNCs), Higher National Diplomas (HNDs), Personal Development Awards (PDAs) and masters’ modules. Market research based on learning needs analysis and checking viability of numbers of potential learners is the first step. Developing validation documentation for, for example, Scottish Qualification Award (SQA) is another step in the process.

Becoming a Fellow to undertake course development work will involve you accessing support from colleagues from one of Scotland’s colleges. College staff will have expertise in developing HNCs for other AHPs and can provide you with mentoring to guide you. You are advised to contact a College to gain support for an application of this kind.

In addition to this practice-based learning that developing or evaluating qualifications will provide, you may also want to apply to undertake a qualification relevant to education and learning. Masters’ modules such as “curriculum development” or “evaluating impact” might be useful, Certificate in Education or SQA run short courses about HNC development that may also be of interest. This mix of learning opportunities could be a highly effective means of developing your own career by extending your educational expertise.

An education/academic career fellowship could provide you with the practice education opportunity to lead on the development or evaluation of a new qualification by conducting market research whilst participating in education yourself that provides the underpinning theoretical knowledge to enhance the quality of the qualification you are helping to develop and evaluate. If you want to explore this form of fellowship further, please contact Helen McFarlane ahp.fellowships@nes.scot.nhs.uk
“MacKay” experiential placement learning

NES through the AHP Practice-based Education Facilitation (AHP PEF) Programme has conducted an initial small pilot to explore the benefits and practicalities of providing placements for support workers. The results clearly show that placements were highly rated as a learning and development tool by support workers, managers and placement coordinators/supervisors.

The support workers achieved most of their learning objectives and could demonstrate, three months after the placement, the benefit to their own learning and development and to the quality of their service delivery. The placement coordinators/supervisors also spoke about the learning that they and their staff had achieved as a result of the placement and how this could potentially benefit their future practice.

To provide clarity about the term “placement” we have used the following indicators to define what we regard as a placement in this context.

In this context a placement:

- Is a period of clinical or practical experience
- Addresses specific learning objectives
- Is not part of an approved programme (i.e. does not have to meet HPC standards for practice placements but should meet relevant Quality Standards for Practice Placements)
- Is a tool which can be used to meet objectives which are recorded in the support workers Knowledge and Skills Framework (KSF) personal development plan (PDP)
- Is not assessed but its effectiveness should be evaluated as part of the KSF PDP review process
- Can take place within support workers own Health Board or in another Health Board area and can be a straight placement or a ‘swap’ where support workers undertake each others roles for a specified time
- Could complement their existing role or be used where a new or extended role is being established.
- Could be within traditional profession specific areas or be in other areas that will meet their learning needs, e.g. with another agency or voluntary group.
- Can be used to complement courses currently being undertaken by a support worker or can be used on its own to address a specific learning need.

If you want to find out more about this form of learning please go to the “Mackay” placement learning booklet” on the web site at http://www.nes.scot.nhs.uk/media/539706/placement_book - final.pdf
**Question 2.5**

If the identified learning opportunity requires funds to be available to a HEI, College or other external training/service providers, please provide contact details including the name of the provider, address, telephone number and e-mail address, together with start dates of the course. NES will pay course fees direct to the provider and this information will speed up the process for successful applications.

To assist the Review Panel in considering your choice of provider, please provide the rationale for selecting the provider specified, particularly if the provider is outwith Scotland.

**Question 2.6**

Being clear about your intended learning outcomes is important to ensure you gain value from your experience. Your learning outcomes should be specific, measurable, achievable, relevant and time-bound. Think about what you will be able to do as a result of your learning. Make sure you link your learning outcomes to your service and show how your learning will have an impact in your workplace e.g. applying research skills to improve the evidence base of your interventions.

For more guidance about learning objectives and learning outcomes see the “Test for the Best” resource on the NES website at
http://www.test4best.scot.nhs.uk/

You may be applying to undertake some work-based learning that is for the benefit of others such as support workers e.g. assessing learning needs and developing a learning programme for support staff. If so, please consider what your learning outcomes will be in developing this and do not provide the learning outcomes that the support workers will achieve. Your learning is likely to be about gaining an understanding in adult learning, understanding accreditation and the Scottish Credit Qualifications Framework and in developing learning outcomes and approaches to assessment.

**Question 2.7**

Checking or assessing that you have achieved your learning outcome is an important part of the learning process. If you are planning to undertake a formal qualification it is likely the assessment will also be formal, e.g. submit papers, case studies etc. However, your learning outcomes should also connect to the service you provide and you should include work-based learning outcomes you intend to achieve. If you are planning a practice-based learning opportunity or a “Mackay” placement, please refer to the additional “Mackay” placement learning booklet on the NES website
Question 2.8

All publicly funded activities must now by law aim to promote equality and diversity. Will the learning activity you have described in this application help you to have a better understanding of issues relating to any or all of the equality strands? (e.g. race, disability, gender, age, sexual orientation, religion and belief). Each of these strands are defined in the Equality Act as protected characteristics. Please note that the emphasis of legislation has changed. In the past there was a focus on non-discrimination. Of course it remains important not to discriminate against anyone but the new legislation places a much more positive demand on all of us who provide services using public monies. The learning and development activity that you are undertaking may have particular relevance for disabled people. Your learning may directly enhance your skills and knowledge for the benefit of disabled people. There may be a specific age profile of the people who will benefit from your learning. Is your learning for the benefit of older people’s services or for children’s services for example?

If your application relates to developing an education resource for others, how will you ensure you are promoting equality and diversity?

Considering a range of case studies and people’s stories and not restricting your case studies to a stereotypical experience is one way you might do this. Involving patients and their families within your learning activities is also likely to mean you will need to actively consider their diverse needs in order to engage in a meaningful manner. Could patients and their families be involved in assessing your newly acquired skills or knowledge for example?

If you want more help to think through this part of your application please contact Helen McFarlane ahp.fellowships@nes.scot.nhs.uk

Question 2.9

Please confirm that the learning opportunity has been identified and agreed through your KSF and PDP. Your line manager will be asked to supply further details.

For applications outwith NHSScotland, please confirm that your learning opportunity is supported through the equivalent personal development scheme used in your organisation.
Question 2.10 & 2.11

At NES we are keen to ensure our education and development opportunities are available across the range of professions, healthcare settings and geographical areas. As a publicly funded body we have a legal duty to ensure equality and diversity of opportunity. To preserve confidentiality you may be asked to complete an equality monitoring form which we will send to you on receipt of your application but will not be linked to your application.

- **Question 2.10**
  Please indicate the care setting(s) that you (and/or your team) work. If you work across a range of settings please select all that are relevant. If you work with children in a health centre or with adults in an acute hospital setting, as well as with outpatients, please indicate all that are relevant. If you do not see your care setting indicated, select other and specify your area.

- **Question 2.11**
  Please indicate the geographical area that best describes your work setting.

Question 2.12

The Career Framework is not to be confused with the Agenda for Change bandings. The Framework sets out nine levels that apply to all staff within the health service, unlike Agenda for Change the Framework also applies to medics, dentists and senior managers. If you are a registered practitioner consolidating your pre-registration experience you are likely to be level 5 on the Career Framework irrespective of your Agenda for Change banding. A newly qualified arts therapist, for example, may be Agenda for Change band 7, but would be level 5 on the Career Framework alongside a newly qualified doctor or physiotherapist.

Working as an AHP support worker you are likely to be working at level 2, 3 or 4 on the Career Framework. Again this is not necessarily the same as your Agenda for Change banding. Some Assistant Practitioners working with delegated responsibilities in roles that demand a degree or equivalent may well be banded at band 5, e.g. assistant psychologists others may be banded 3 or 4.

For more details about the various levels of support staff you might want to refer to the Healthcare Support Worker Toolkit at http://www.hcswtoolkit.nes.scot.nhs.uk
The Career Framework is provided for you within the guidance notes relating to questions 2.12 and 2.13 (page 12).

For applications from outwith NHSScotland, please indicate an approximate career level within your workplace.

**Question 2.13**

Please indicate if your intended learning activities will assist you to develop your leadership skills, research/evaluation skills, facilitating learning skills and/or your clinical or professional expertise. Please bear in mind this is AHP Careers Framework Scotland. Your learning activities should clearly match one or more of the career dimensions.

An AHP career structure involves developing skills in a range of dimensions:

- **Leadership**: skills including policy awareness, leadership styles, management skills, workforce planning, service development and redesign are all examples of this dimension of an AHP career and demand leadership abilities.

- **Clinical practice**: increasing your knowledge, skills and expertise in a particular clinical area is perhaps the most obvious area of career development for AHPs. You might want to undertake learning activities that increase your understanding of a particular intervention or assessment tool or of a particular condition or impairment.

- **Research and evaluation**: the increasing emphasis on evidence based practice and quality outcomes demands AHPs are research savvy and research active. Your fellowship application might include how you translate research evidence into practice or involve you in understanding research methods to be better able to read and interpret research information. Your activities might include conducting some research. These are all examples of where a fellowship award would help in this dimension of your career.

- **Facilitating learning**: AHPs have a key role as educators. You may have a formal teaching role or may be involved in educating the patients, service users and their families to understand and apply the therapeutic advice you are providing. Teaching and training others whether colleagues, staff from other agencies, students and/or staff you supervise all demand an increasing knowledge on your part of learning and teaching.
Career Framework for Health

More Senior Staff – level 9
Ultimate responsibility for decision making and full on-call accountability

Consultant Practitioner – level 8
Staff working at more senior level of expertise and/or have responsibility for planning service

Advanced Practitioner – level 7
Experienced clinical practitioners with high level of skill and theoretical knowledge to make high level clinical decisions and manage workloads

Senior Practitioner – level 6
Higher degree of autonomy and responsibility than level 5 in the clinical environment

Practitioner – level 5
Registered practitioners consolidating Pre-registration experience and getting ready for a higher level of functioning.

Support Workers and Assistant Practitioners

Assistant Practitioner – level 4
Some work involving protocol-based care under the supervision of a registered practitioner.

Senior Healthcare Support Worker – level 3
Higher level of responsibility than HCSW.

Healthcare Support Worker - level 2
Works under the direction and supervision of healthcare professional and supports a multidisciplinary team in the delivery of high quality care.

Support Worker – level 1
Non-clinical staff in roles that require very little formal education.
The AHP Careers Fellowship Scheme aims to assist applicants at whatever stage in their career – support worker to consultants – to undertake learning and development activities that will enhance one or more dimensions of your role.

Becoming an advanced practitioner, for example, involves more than developing specialist knowledge of clinical expertise. An advanced practitioner will also be supporting and education others, involved in research activity and developing their leadership skills. Likewise becoming an Assistant Practitioner will involve having delegated responsibilities not only related to an increased clinical input but may include additional education roles such as educating parents and other colleagues.

Question 2.14

Your learning and the intended outcomes of your learning should not just be about personal gain but have a demonstrated impact on the services you provide. The services you provide are in a health care policy context and the Scottish Government sets out the aims and priorities for all NHSScotland staff through the range of health care policies the Government publishes. The overarching policy is the Quality Strategy which sets out the ambition to be the highest quality health service in the world focussing on person-centred, safe and effective services. Further information on the Quality Strategy can be found at http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality

The recently published AHP Delivery Plan includes 25 recommendations. Consider your application alongside these recommendations and indicate if your application will support the delivery plan. http://www.scotland.gov.uk/Publications/2012/06/9095

In addition to the Quality Strategy there are policies that relate to specific care settings. For example if you work with older people the dementia strategy may also be relevant to your work. Policies you might want to consider include: Right To Speak, Realising Potential, Same as You, Getting it Right for Every Child, Promoting Excellence Dementia Strategy, Healthy Working Lives. For more details about each of the policies that are relevant to AHPs working in the health service you might want to refer to the under noted website which provides an overview of all Scottish policies and strategies relevant to health.

http://www.scotpho.org.uk/publications/other-key-resources/scottish-policies-and-strategies/overarching

Your application to the Fellowship Scheme should clearly demonstrate which health care policies are relevant and how you see your learning outcomes contributing to achieving the aims set out within the policy. There may be more than one policy relevant to your learning activity and please select as many of the policies that are relevant and provide an explanation for how your learning will link to this policy. Your line manager or AHP Director will also be able to assist you with this aspect of your application.
Question 2.15 – 2.18

Please specify the funding you require. Depending on the volume of applications received NES may be able to fund all of your requirements or make a contribution towards the funds you require. As NES funding is driven by the financial year it is essential that you indicate the costs that you need for activities to take place in this financial year (i.e. end of March 2014) and next financial year (i.e from April 2014 to March 2015) as well as the overall costs.

AHP Careers Fellowship Scheme funding is exclusively in respect of development activities. NES must comply fully with all audit requirements and as such please do not include general headings such as sundries, stationery or IT equipment. For applications where travel and accommodation costs are applicable, the Review Panel will determine the level of funding granted and all payments will be in line with the NES Travel and Subsistence Policy (see Appendix I – pages 20 - 23).

Where costs involve course fees at a college, HEI or external training organisation, NES will pay these directly to the provider via a contract/purchase order. However, you MUST also apply to the college, HEI or external training organisation for a place on the course.

There will now be an interview process implemented to support all applications for funding of £15,000 or more. Further information will be provided on an application-by-application basis following contact with the main applicant.

NES by agreeing to fund your Fellowship application does NOT guarantee you are accepted by the college or HEI to gain a place as this is an academic decision taken by them. The colleges that deliver the AHP HNC support courses are aware of the AHP Careers Fellowship Scheme and are working in partnership with NES to ensure this dual application process is used.

If the funding is for work-based learning and your Health Board or organisation needs to be paid there will need to be an appropriate budget code where funding can be allocated from NES via an invoice and purchase order or via a service level agreement.

Question 2.19

Your application must have the support of your line manager and the health board AHP Director/Lead. Where there is no Lead AHP you should seek the support of the Executive Nurse Director. Please see list below for details of AHP Directors/Leads for the Health Bboard.
<table>
<thead>
<tr>
<th>Health Board</th>
<th>AHP Director/Lead</th>
<th>E-mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>Billy Mcclean Director for AHPs</td>
<td><a href="mailto:billy.mcclean@AAPCT.scot.nhs.uk">billy.mcclean@AAPCT.scot.nhs.uk</a></td>
</tr>
<tr>
<td>NHS Borders</td>
<td>Karen McNicoll, Associate Director of AHPs</td>
<td><a href="mailto:karen.mnicoll@borders.scot.nhs.uk">karen.mnicoll@borders.scot.nhs.uk</a></td>
</tr>
<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>Hazel Dykes Lead AHP &amp; GM of Acute Services</td>
<td><a href="mailto:hazel.dykes@nhs.net">hazel.dykes@nhs.net</a></td>
</tr>
<tr>
<td>NHS Fife</td>
<td>Carolyn McDonald Associate Director of AHPs</td>
<td><a href="mailto:carolyn.mcdonald@nhs.net">carolyn.mcdonald@nhs.net</a></td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>Bette Locke AHP Lead</td>
<td><a href="mailto:e.locke@nhs.net">e.locke@nhs.net</a></td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>Susan Carr AHP Director</td>
<td><a href="mailto:susan.carr2@nhs.net">susan.carr2@nhs.net</a></td>
</tr>
<tr>
<td>NHS Greater Glasgow &amp; Clyde</td>
<td>Anne Galbraith AHP Director</td>
<td><a href="mailto:Anne.Galbraith@ggc.scot.nhs.uk">Anne.Galbraith@ggc.scot.nhs.uk</a></td>
</tr>
<tr>
<td>NHS Highland</td>
<td>Katherine Sutton Associate Director of AHPs</td>
<td><a href="mailto:katherine.sutton2@nhs.net">katherine.sutton2@nhs.net</a></td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>Peter McCrossan Associate Director of AHPs</td>
<td><a href="mailto:Peter.McCrossan@lanarkshire.scot.nhs.uk">Peter.McCrossan@lanarkshire.scot.nhs.uk</a></td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>Lynne Douglas Director of AHPs</td>
<td><a href="mailto:lynne.douglas@nhslothian.scot.nhs.uk">lynne.douglas@nhslothian.scot.nhs.uk</a></td>
</tr>
<tr>
<td>NHS Orkney</td>
<td></td>
<td>NB: Post out for advert end of July 2013</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>Kathleen Carolann AHP Lead</td>
<td><a href="mailto:kcarolan@nhs.net">kcarolan@nhs.net</a></td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>Jane Reid Acting Associate AHP Director</td>
<td><a href="mailto:jane.reid@nhs.net">jane.reid@nhs.net</a></td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>Christine Lapsley AHP Lead</td>
<td><a href="mailto:christine.lapsley@nhs.net">christine.lapsley@nhs.net</a></td>
</tr>
<tr>
<td>Golden Jubilee National Hospital</td>
<td>Birgit Clark Rehabilitation Manager</td>
<td><a href="mailto:birgitclark@nhs.net">birgitclark@nhs.net</a></td>
</tr>
<tr>
<td>State Hospital Board for Scotland</td>
<td>Gill Urquhart AHP Lead</td>
<td><a href="mailto:g.urquhart@nhs.net">g.urquhart@nhs.net</a></td>
</tr>
<tr>
<td>NHS Quality Improvement Scotland</td>
<td>June Wyllie Team Leader Clinical Development and Improvement</td>
<td><a href="mailto:june.wylie@nhs.net">june.wylie@nhs.net</a></td>
</tr>
<tr>
<td>NHS Education for Scotland</td>
<td>Sonya Lam, Director of Allied Health Professions</td>
<td><a href="mailto:Sonya.Lam@nes.scot.nhs.uk">Sonya.Lam@nes.scot.nhs.uk</a></td>
</tr>
</tbody>
</table>
When applying for any of the AHP HNC Support courses, your line manager will be asked to give an undertaking to provide a mentor, support the study time you will need and ensure you have access to broadband internet access to be able to fully participate in your learning.

**Question 2.20**

If your application is successful, you will be expected to submit reports to NES. If your work is work-based learning NES will provide project management templates to help you deliver your project and meet our goals. Part of this will include templates and a suggested format for a reflective learning report.

For all applicants, undertaking the learning will involve you applying your learning into practice. Careful consideration of all who will be affected by this anticipated change in your service delivery is an important part of developing an effective communication strategy so you are successful in maximising the benefits of the learning you undertake. Thinking about who, then what and how you will need to communicate will be crucial to your success. You will therefore be asked to submit a reflective report outlining your learning experience and outcomes, any barriers incurred and how these were overcome.

**FORM A – SECTION B - to be completed by the applicant’s line manager**

**Question 3**

Please provide NES with all the necessary contact details so we can consider the application.

As NES is one of the NHS Special Boards in Scotland the AHP Careers Fellowship Scheme funding is for the benefit of NHS staff and we expect the majority of Fellowships to be awarded to NHS employees. However, we recognise that some AHPs may be employed in other settings but their work may be for the benefit of NHS employed AHPs.

Where the applicant’s employer is not an NHS Board, NES would still expect these applications to have support from their line manager and also from the relevant AHP Director/Lead from one of the NHS Boards in Scotland, see guidance in Section A for question 2.19 (pages 14 - 16).
Question 4.1 & 4.2

Please indicate how the learning opportunity fits with the applicant’s existing KSF and PDP. It would be useful if you discuss this section with the applicant that you are responsible for agreeing their KSF. Please provide an extract from the applicant’s PDP.

Question 4.3

The AHP Careers Fellowship Scheme is designed to support role development for AHPs. Please provide your reasons for supporting the application and indicate how you feel the learning opportunity will benefit the individual, the team and your service. You may also find it useful to refer to the guidance notes for questions 2.12 to 2.14 in the applicant’s section of the application form guidance notes (pages 10-13). This sets out the career framework and related career dimensions.

Question 4.4 & 4.5

Mentor support is an essential component of the HNC courses. Please indicate that mentor support will be provided and name the individual assigned to take on this role. Also confirm that the appointed mentor will be given the necessary time and resources to participate in mentor support provided by the College.

Question 4.6 – 4.8

The Skills Maximisation Toolkit is provided via the NES website to assist you in considering skill mix. Please indicate how you plan to utilise the learning gained by the applicant.


HNC is designed to support development of Assistant Practitioner roles (Career Framework for Health Level 4) for staff who are employed as AHP support workers and have experience in their roles. The HNC provides underpinning knowledge for experienced support staff already working at this level as well as providing a development opportunity for staff aspiring to work at this level. In the 2 year period of learning it is expected that you actively consider your skill mix and how you can utilise the newly gained skills and qualifications to the benefit of service provision. More information about level of practice and the career framework are provided in the guidance notes relating to questions 2.12 to 2.14 (page 10-13) on the applicant’s application form and may also be useful in completing this part of the application.
Other applications must also demonstrate impact on service. Where the application for example is for advanced practice any role development for the individual and the impact for roles developing across the team should be described, particular reference to role development implications for support staff will be especially welcome.

**Question 4.9**

The Quality Strategy sets out the clear responsibility on NHSScotland to focus on the outcomes and benefits that will result from our activity. This is not only true for our clinical input to patients and clients but also refers to our education and learning activities. Please ensure you are clear about the impact you expect the learning to have and indicate how this could be measured. For some services for example, supporting education for support staff there is an expectation that staff will undertake tasks that may have traditionally been associated with more senior staff. In turn there is an expectation that registered staff may be enabled to undertake more specialist activities. You may want to specify increase in patient satisfaction or decrease in waiting times or an increased input to senior specialist services as the knock on impact for education undertaken by the support worker. This may be in addition to specific measurable outcomes such as a number of patients and their families will be screened by the assistant practitioner.

**Question 4.10**

All publicly funded activities must now by law aim to promote equality and diversity. Please explain how you have ensured that there will be equality of opportunity for all in relation to the equality strands (e.g. race, disability, gender, age, sexual orientation, religion and belief). The close link between women workers and part time working for example means access to applying to the scheme and the support you provide should be equal and not unfairly advantage full time over part time staff.

**Question 4.11**

NES places significant importance on ensuring that education and learning opportunities are fully utilised for the benefit of service provision. Evaluation and review are vital aspects of any NES work. NES will contact you requesting feedback to report on the impact of the learning in your own service. Please indicate your willingness to participate in reporting and contributing to the evaluation activities that NES undertakes regarding the organisation and the impact of the AHP Career Fellowship Scheme and associated learning.

Feedback may be in the form of a ‘story’ to be used in other NES publications.
Question 4.12

Line Managers play a critical role in supporting applicants who apply to the NES AHP Careers Fellowship Scheme. As part of the application process you are asked to provide verification and support.

If the applicant is successful in securing funding, as their line manager you will be required to support them by committing to their learning experience by providing them with protected time (where appropriate) and offering pastoral and professional support throughout their Fellowship experience.

If you are unable to support the application you will need to contact the applicant directly to discuss the reasons with them as they will not be able to apply without your endorsement.
The application process has been reviewed after each funding round.

**Round One**
Questback was used as the vehicle to support a three-part application process. This was labour intensive on NES staff, who received notifications when applications were received and then had to manually send e-mails for the support applications. A separate tracker also had to be created as a mechanism to ensure status checks at different stages of the application process were achieved.

**Round two (HNC applications only)**
E-forms was used as the vehicle to support the application process. This consisted of one pdf application form to be completed by all three parties. This process highlighted concerns for NES in not knowing how many applications were expected and at what stage in their completion they were. Communications from applicants increased trying to determine the current status of application submissions and many applications were submitted part the closing date.

**Round Three**
E-forms were again used as the vehicle to support the application process. This time a three-part application was re-instated. The application process incorporated a unique identifiable number per application and automated e-mails sent for support applications. This process provided reporting with Access which allowed reports to be extracted to monitor application status and reminders to be triggered.

**Lessons learned from round three**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Suggested Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encountered IT problems in accessing, saving and sending a pdf application form owing to Adobe version availability in Boards</td>
<td>Move away from use of pdf application form. In the latter stage of gathering supporting information a word document was used and this was returned very quickly. Recognising that compatibility issues in using the pdfs could be overcome by implementing Word forms</td>
</tr>
<tr>
<td>Unique ID number which included letters and number caused confusion in its interpretation e.g. I and 1. This led to</td>
<td>This was instated to streamline the process; however, it actually led to difficulties due to configuration. Use</td>
</tr>
<tr>
<td>Issue</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>eforms system not matching support applications with applicants’ application.</td>
<td>Unique ID to track applications but have meaningful reference. Internally the Project Team use a reference code of applicant number and year of application to track reports, milestone/deliverables and payments, e.g. 021/11. Implement this at initial application stage and reference code will be used to follow full path of application process and review.</td>
</tr>
<tr>
<td>Multiple applications from the same applicant(s) or person with same name. Eforms systems defaulted to assume a duplicate application.</td>
<td>This is an issue for eforms to investigate in terms of their systems capabilities. If moving away from using eforms pdf application, then this will no longer be an issue.</td>
</tr>
<tr>
<td>Non completion of mandatory fields, triggers an error message advising applicant to rectify before submission. Applicants confused the message and assumed error with the form.</td>
<td>This is an issue for eforms to rectify in terms of their systems’ capabilities. If moving away from using eforms pdf application, then this will no longer be an issue. This may cause an issue if not completed in a Word document as forms would need to be scrutinised upon receipt. Need to make explicitly clear on application form what is mandatory.</td>
</tr>
<tr>
<td>Migration of the NES website during the opening of funding applications meant that the link reference to the eforms support application forms and the web page link containing the application form and the guidance notes had to be changed and re-circulated 3 weeks before closing date.</td>
<td>Moving away from the eforms service will alleviate the problem of broken support form links which are embedded in automated e-mails. Moving forward, access to the NES web pages for the forms and guidance notes not be an issue as no further work is planned on the NES website.</td>
</tr>
<tr>
<td>Guidance Notes</td>
<td></td>
</tr>
<tr>
<td>Incorrect AHP Director entered on application form, clearly indicating that guidance notes were not read</td>
<td>Retain list within guidance note but also have the list separate as downloadable document from the web page.</td>
</tr>
<tr>
<td>Inconsistency across application requests regarding travel and sundries</td>
<td>Make clearer in the guidance notes NES position on payment of travel and sundries and also add note on application form.</td>
</tr>
<tr>
<td>Reporting expectations</td>
<td>Reference reporting obligations of successful applicants in the guidance notes</td>
</tr>
<tr>
<td>Line Manager/AHP Director/Lead Support</td>
<td></td>
</tr>
<tr>
<td>Had no way of knowing whether support was just not being given or whether forms were still outstanding awaiting completion.</td>
<td>Need to add a question on the application form that prompts Line Managers and AHP Director/Lead to answer that support is not being given.</td>
</tr>
<tr>
<td>Level of detail and understanding when answering questions varied. In some instances it was quite apparent that guidance notes had not been read.</td>
<td>Make the guidance note as clear as possible. The questions that fail to receive the level of detail required should be turned into FAQs and posted on the web page.</td>
</tr>
<tr>
<td>Priority areas for funding not matched in terms of quantity of applications</td>
<td>Further discussion at ADSG meeting to seek clarity.</td>
</tr>
</tbody>
</table>
received for non-priority areas.

<table>
<thead>
<tr>
<th>Difficulty for AHP Director/Lead to prioritise applications and rank when they received support requests at different times for different people.</th>
<th>Adopt staggered cut-off dates. One closing date for application/line manager support and then a later closing date for AHP Director support. Still need to ensure sufficient time between final closing date and Review Panel meeting. Make clear in guidance notes and communications that applications received past the closing date will not be considered.</th>
</tr>
</thead>
</table>

**Future Review Panel Process**

<table>
<thead>
<tr>
<th>Need clear set of criteria for review of applications (essential and desirable).</th>
<th>Review criteria need to be drawn up and circulated in advance of review meetings. The evaluation form should be reviewed to ensure that it reflects established review criteria. The criteria should also be included in guidance notes and incorporated in FAQs.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ensure representation on the review panel takes account of the priority areas for funding</th>
<th>If priority area changes from support workers, then the review panel should include representation to reflect the new priority area.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>As many applications received were not for the priority area of support worker the question of potential skill-mix implications of the applicant’s learning on the rest of their team was raised.</th>
<th>Agree wording to be included in applicant’s letter that reflects the need for this to be addressed in final report and by their line manager in the report that they agreed to provide during the support of the application.</th>
</tr>
</thead>
</table>

**Miscellaneous**

<table>
<thead>
<tr>
<th>Disparity in number of applications received to the priority category (support workers) compared to non-priority applications</th>
<th>Marketing of the Fellowships needs to be actively undertaken to ensure all AHPs at all Levels of the Career Framework are aware of the Fellowships and the commitment to consider funding. Revisit the marketing/communication plan to develop activities to raise awareness and direct promotion of the Fellowships</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Details and quality of answers in applications highly variable</th>
<th>Strengthening application content – offer examples of gold standard application answers in an attempt to raise the quality of applicants’ answers. Could be highlighted through FAQs.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reporting expectations and template</th>
<th>Make the reporting template available on the website (although continue to manage communication personally with each Fellow at the time of their reporting milestones)</th>
</tr>
</thead>
</table>
RECOMMENDATIONS

1. Application form should be created as a word document to alleviate IT problems.

2. Application should be a collaborative process between the applicant and line manager. This will encompass one application form with two sections – section A to be completed by applicant and section B to be completed by the Line manager and then submitted to NES.

3. A separate support application form for AHP Director/Lead will be created (in Word) and sent by NES.

4. Closing dates for collaborative application (applicant and Line manager) set and then a later closing date set for AHP Directors/Leads. Their closing date will be notified directly to them but will not widely publicised. This will allow AHP Director/Lead’s to set aside time to review all applications and effectively prioritise.

5. Upon receipt of collaborative applications, they will be added to a tracker created in Excel which contains all the fields used in the tracker for current fellows. Once reviewed by the panel and decisions made, the information can then simply be copied and pasted into the current fellow tracker.

6. Unique ID number to be retained for applications but configuration to be meaningful and will be an internal reference more than external reference.

7. Review panel meeting set for two weeks after the AHP Director/Lead closing date to allow sufficient time for applications to be fully considered.

8. Review criteria for funding applications to be clearly identified and recorded. Evaluation form to be reviewed and matched to reflect review criteria.

9. List of AHP Directors/Leads for board should be uploaded as a separate document on the web page. This may be seen more easily as opposed to buried within the guidance notes.

10. Taking stock of the questions that have been raised since the inception of the fellowship scheme (e.g. the application process, criteria, priority areas etc) this information should be re-shaped and turned into FAQs. This will hopefully result in a reduction in the number of similar enquiries received and ensure a level of transparency about the fellowship scheme.

See Flowchart for illustration of new application process.
Flowchart - New Application Process

**Step 1**
Update web page with details and links to application form and guidance notes
Issues e-mail to all distribution list advertising opening of funding

**Step 2**
Applicant completes section A of collaborative application form
Line manager completes section B of collaborative application form
Application submitted to NES

**Step 3**
Acknowledgement sent to applicant and line manager to confirm receipt.
Details entered onto tracker with unique ID number

**Repeat steps 2 and 3 for every application received**

**Step 4**
Reminder sent with countdown to closing date

**Step 5**
Closing date reached
Message changed on web page to advise funding round closed

**Step 6**
Batch applications into health board areas and send to AHP Director/Leads with their support form to be completed for each application

**Step 7**
Acknowledgement sent to AHP Director to confirm receipt
Tracker updated to reflected application complete

**Repeat steps 1 and 2 for every application received**

**Step 8**
Closing date reached

**Step 9**
Sort the tracker to show applications in priority category areas
Step 10
Send the following to review panel
• evaluation form
• review criteria
• list of applications per priority category
• application forms

Step 11
Hold review meeting

Step 12
Draft funding letters
APPENDIX 5

AHP Fellowships - Setting the Agenda

Published from 25.04.2013 to 31.05.2013
81 responses (81 unique)

1. Which allied health profession do you represent or most link to?

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Arts Therapies</td>
<td>1,2 %</td>
<td>1</td>
</tr>
<tr>
<td>2  Diagnostic Radiography</td>
<td>11,1 %</td>
<td>9</td>
</tr>
<tr>
<td>3  Dietetics</td>
<td>7,4 %</td>
<td>6</td>
</tr>
<tr>
<td>4  Occupational Therapy</td>
<td>32,1 %</td>
<td>26</td>
</tr>
<tr>
<td>5  Orthoptics</td>
<td>2,5 %</td>
<td>2</td>
</tr>
<tr>
<td>6  Podiatry</td>
<td>11,1 %</td>
<td>9</td>
</tr>
<tr>
<td>7  Physiotherapy</td>
<td>12,3 %</td>
<td>10</td>
</tr>
<tr>
<td>8  Prosthetics and Orthotics</td>
<td>2,5 %</td>
<td>2</td>
</tr>
<tr>
<td>9  Speech and Language Therapy</td>
<td>8,6 %</td>
<td>7</td>
</tr>
<tr>
<td>10 Therapeutic Radiography</td>
<td>2,5 %</td>
<td>2</td>
</tr>
<tr>
<td>11 Other*</td>
<td>8,6 %</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>81</strong></td>
<td></td>
</tr>
</tbody>
</table>

*All AHPs  
*Represent all AHPs

2. Which NHS Board or other organisation do you link to?

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  NHS Ayrshire &amp; Arran</td>
<td>2,5 %</td>
<td>2</td>
</tr>
<tr>
<td>2  NHS Borders</td>
<td>1,2 %</td>
<td>1</td>
</tr>
<tr>
<td>3  NHS Dumfries &amp; Galloway</td>
<td>0,0 %</td>
<td>0</td>
</tr>
<tr>
<td>4  NHS Fife</td>
<td>7,4 %</td>
<td>6</td>
</tr>
<tr>
<td>5  NHS Forth Valley</td>
<td>6,2 %</td>
<td>5</td>
</tr>
<tr>
<td>6  NHS Grampian</td>
<td>14,8 %</td>
<td>12</td>
</tr>
<tr>
<td>7  NHS Greater Glasgow &amp; Clyde</td>
<td>24,7 %</td>
<td>20</td>
</tr>
<tr>
<td>8  NHS Highland</td>
<td>12,3 %</td>
<td>10</td>
</tr>
<tr>
<td>9  NHS Lanarkshire</td>
<td>3,7 %</td>
<td>3</td>
</tr>
<tr>
<td>10 NHS Lothian</td>
<td>14,8 %</td>
<td>12</td>
</tr>
<tr>
<td>11 NHS Orkney</td>
<td>0,0 %</td>
<td>0</td>
</tr>
<tr>
<td>12 NHS Shetland</td>
<td>1,2 %</td>
<td>1</td>
</tr>
<tr>
<td>13 NHS Tayside</td>
<td>6,2 %</td>
<td>5</td>
</tr>
<tr>
<td>14 NHS Western Isles</td>
<td>0,0 %</td>
<td>0</td>
</tr>
<tr>
<td>15 Higher Education Institution</td>
<td>3,7 %</td>
<td>3</td>
</tr>
<tr>
<td>16 Other*</td>
<td>1,2 %</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>81</strong></td>
<td></td>
</tr>
</tbody>
</table>
3. What do you consider priorities for funding?

We have £270,000 per year to fund projects across the entire Scottish AHP sector. Priorities could be based on:
- career level, e.g. advanced practice, support staff
- skills, e.g. health promotion
- care settings, e.g. dementia

To date all support staff and assistant practitioners have been the priority area for funding. Advantages and disadvantages of this priority area include:

Pros
- It is in keeping with the skill mix agenda within Boards which is leading to increasing numbers of support staff roles
- There are limited alternative sources of funding to support role development for support staff
- The learning opportunities developed by Fellows for benefit of support staff are now coming on line
- Equality of opportunity - support staff commonly have least access to education and learning and often have the fewest qualifications
- It is cost-effective

Cons
- Support staff and assistant practitioners have been the priority for two years
- Applications from AHPs for Masters or Professional Doctorate qualifications are often received and prioritised by line managers and AHP directors

Conference participants’ views were mixed on what the future top priority should be, or whether there should be one. Some wanted to keep a degree of emphasis on support workers and assistant practitioners while ensuring that the scheme was as inclusive as possible for the whole AHP sector. Others suggested that applications should be solely judged on their merits or that more attention should be given to the needs of individual boards.

Some participants called for support to be focused on specific roles, skills or activities; such as ultrasound, radiography, Level 6 staff, health promotion, self-management or unemployed graduates. Others favoured a more strategic emphasis with the fund favouring applications that supported national priorities and plans; such as those for mental health and dementia. We have included all suggestions collated at the event from the uniprofessional groups in the following drop down list. If you have additional ideas please add them in the other.

3.1 What do you consider priorities for funding? - Integration Agenda

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>67.3 %</td>
<td>37</td>
</tr>
<tr>
<td>2 No</td>
<td>32.7 %</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>55</td>
</tr>
</tbody>
</table>
### 3.2 What do you consider priorities for funding? - Support workers and assistant practitioners

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>67.8 %</td>
<td>40</td>
</tr>
<tr>
<td>2 No</td>
<td>32.2 %</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
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<td>59</td>
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</tbody>
</table>

### 3.3 What do you consider priorities for funding? - Supporting transition of workforce across agendas

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>74.5 %</td>
<td>35</td>
</tr>
<tr>
<td>2 No</td>
<td>25.5 %</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>47</td>
</tr>
</tbody>
</table>

### 3.4 What do you consider priorities for funding? - Delivery of care, e.g. Telehealth

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>63.6 %</td>
<td>35</td>
</tr>
<tr>
<td>2 No</td>
<td>36.4 %</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>55</td>
</tr>
</tbody>
</table>

### 3.5 What do you consider priorities for funding? - Specifica areas of care, e.g. Mental Health

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>56.9 %</td>
<td>29</td>
</tr>
<tr>
<td>2 No</td>
<td>43.1 %</td>
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</tr>
<tr>
<td>Total</td>
<td></td>
<td>51</td>
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</tbody>
</table>

### 3.6 What do you consider priorities for funding? - The National Delivery Plan for AHPs

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>87.9 %</td>
<td>58</td>
</tr>
<tr>
<td>2 No</td>
<td>12.1 %</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
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### 3.7 What do you consider priorities for funding? - Advanced practice

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<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>82.3 %</td>
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</tr>
<tr>
<td>2 No</td>
<td>17.7 %</td>
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</tr>
<tr>
<td>Total</td>
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### 3.8 What do you consider priorities for funding? - Team support

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<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>63.0 %</td>
<td>29</td>
</tr>
<tr>
<td>2 No</td>
<td>37.0 %</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
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<td>46</td>
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</table>
3.9 What do you consider priorities for funding? - Practice education

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<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
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<td>65.5 %</td>
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<td>2 No</td>
<td>34.5 %</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
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</table>

3.10 What do you consider priorities for funding? - Specific projects

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<th>Percent</th>
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</tr>
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<td>79.4 %</td>
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<td>20.6 %</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>63</td>
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</table>

3.11 What do you consider priorities for funding? - Health promotion

<table>
<thead>
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<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
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<td>58.7 %</td>
<td>27</td>
</tr>
<tr>
<td>2 No</td>
<td>41.3 %</td>
<td>19</td>
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<tr>
<td>Total</td>
<td></td>
<td>46</td>
</tr>
</tbody>
</table>

3.12 What do you consider priorities for funding? - Self management

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>75.9 %</td>
<td>41</td>
</tr>
<tr>
<td>2 No</td>
<td>24.1 %</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>54</td>
</tr>
</tbody>
</table>

4. Are there any other areas that are a priority that have not been considered?

Health Behaviour Change
Not sure
I think there is the potential to argue that every area is a priority area. Possibly each application should be judged on its own merit and not in relation to a priority area.
Support for development of specific technical skills
New practitioners (recent graduates)
Career progression
Leadership and change management
Leadership skills
No
Asset building, innovation, improvement science
Role development to support achieve national waiting times directive.
Continuing Improvement in communication with Service Users
Boards should be able to prioritise
Vocational rehabilitation as a specific area of practice
Practice Based Career progression from assistants onwards, focusing on benefit to patients/people!
Generic roles. Role blurring/ effective multidisciplinary/ multiagency working
No
Health economics/ assisting clinicians to evaluate impact
Assisting development of management skills in prep for management posts
Understanding of Health Psychology issues, eg what improves outcomes/ adherence, how to break bad news and assertiveness
Continence care -especially in education in the young e.g. recognising constipation and pelvic floor in the young etc
Raising profile/awareness of profession in NHS areas
Requires to be an opportunity for Boards to identify local priorities
Remote and rural practitioners who require a higher level of skill to offer all patients the service they may get if in a more central location.

5. The Scottish Government has recently published the National Delivery Plan for the Allied Health Professions, 2012-2015. Should applicants to the AHP Careers Fellowship scheme only be supported if their application links to the National Delivery Plan?

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>31,3 %</td>
<td>25</td>
</tr>
<tr>
<td>2 No</td>
<td>68,8 %</td>
<td>55</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>80</td>
</tr>
</tbody>
</table>

6. Do you think the AHP Careers Fellowship scheme should prioritise role development for a career level?

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>44,3 %</td>
<td>35</td>
</tr>
<tr>
<td>2 No</td>
<td>55,7 %</td>
<td>44</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>79</td>
</tr>
</tbody>
</table>

7. If you do think the fund should prioritise role development, please rank the following career levels:

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Support staff and assistant practitioners</td>
<td>35</td>
</tr>
<tr>
<td>2 Levels 5 &amp; 6 staff</td>
<td>35</td>
</tr>
<tr>
<td>3 Advanced practitioners</td>
<td>33</td>
</tr>
<tr>
<td>4 Consultant AHPs</td>
<td>33</td>
</tr>
</tbody>
</table>

7.1 If you do think the fund should prioritise role development, please rank the following career levels: - Support staff and assistant practitioners

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1</td>
<td>22,9 %</td>
<td>8</td>
</tr>
<tr>
<td>2 2</td>
<td>25,7 %</td>
<td>9</td>
</tr>
<tr>
<td>3 3</td>
<td>25,7 %</td>
<td>9</td>
</tr>
<tr>
<td>4 4</td>
<td>25,7 %</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>35</td>
</tr>
</tbody>
</table>

7.2 If you do think the fund should prioritise role development, please rank the following career levels: - Levels 5 & 6 staff

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1</td>
<td>34,3 %</td>
<td>12</td>
</tr>
<tr>
<td>2 2</td>
<td>48,6 %</td>
<td>17</td>
</tr>
<tr>
<td>3 3</td>
<td>11,4 %</td>
<td>4</td>
</tr>
<tr>
<td>4 4</td>
<td>5,7 %</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>35</td>
</tr>
</tbody>
</table>
7.3 If you do think the fund should prioritise role development, please rank the following career levels: - Advanced practitioners

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1</td>
<td>30,3 %</td>
<td>10</td>
</tr>
<tr>
<td>2 2</td>
<td>21,2 %</td>
<td>7</td>
</tr>
<tr>
<td>3 3</td>
<td>45,5 %</td>
<td>15</td>
</tr>
<tr>
<td>4 4</td>
<td>3,0 %</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>33</td>
</tr>
</tbody>
</table>

7.4 If you do think the fund should prioritise role development, please rank the following career levels: - Consultant AHPs

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1</td>
<td>12,1 %</td>
<td>4</td>
</tr>
<tr>
<td>2 2</td>
<td>6,1 %</td>
<td>2</td>
</tr>
<tr>
<td>3 3</td>
<td>15,2 %</td>
<td>5</td>
</tr>
<tr>
<td>4 4</td>
<td>66,7 %</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>33</td>
</tr>
</tbody>
</table>

8. Are there any other roles that you would like to see included that are not mentioned previously?

Leadership development for Band 7 staff - or aspiring Band 7s (similar to something like the change weavers programme)
Supporting roles across the AHPs - networking roles and integrated roles
Links between health and social care
Development of leadership roles at operational unit level that may also manage staff
People voluntarily taking on lead roles in their Boards for specific practice areas
All roles across the workforce are important
AHP led emergency/trauma management and discharge
Non clinical support staff
Public awareness and participation in service delivery
Musculoskeletal practitioners, generic vs specialist practitioners
Profession specific managers

9. Do you think the AHP Careers Fellowship scheme should prioritise a skill?

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>32,9 %</td>
<td>26</td>
</tr>
<tr>
<td>2 No</td>
<td>67,1 %</td>
<td>53</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>79</td>
</tr>
</tbody>
</table>

10. If you do think a skill should be prioritised from the fund, please rank the skills below

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Dementia</td>
<td>20</td>
</tr>
<tr>
<td>2 Ultrasound</td>
<td>17</td>
</tr>
<tr>
<td>3 Supporting transition across services</td>
<td>19</td>
</tr>
<tr>
<td>4 Child health</td>
<td>16</td>
</tr>
<tr>
<td>5 Mental Health</td>
<td>19</td>
</tr>
</tbody>
</table>
10.1 If you do think a skill should be prioritised from the fund, please rank the skills below - Dementia

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1</td>
<td>30.0 %</td>
<td>6</td>
</tr>
<tr>
<td>2 2</td>
<td>40.0 %</td>
<td>8</td>
</tr>
<tr>
<td>3 3</td>
<td>15.0 %</td>
<td>3</td>
</tr>
<tr>
<td>4 4</td>
<td>10.0 %</td>
<td>2</td>
</tr>
<tr>
<td>5 5</td>
<td>5.0 %</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

10.2 If you do think a skill should be prioritised from the fund, please rank the skills below - Ultrasound

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1</td>
<td>11.8 %</td>
<td>2</td>
</tr>
<tr>
<td>2 2</td>
<td>5.9 %</td>
<td>1</td>
</tr>
<tr>
<td>3 3</td>
<td>23.5 %</td>
<td>4</td>
</tr>
<tr>
<td>4 4</td>
<td>23.5 %</td>
<td>4</td>
</tr>
<tr>
<td>5 5</td>
<td>35.3 %</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>17</td>
</tr>
</tbody>
</table>

10.3 If you do think a skill should be prioritised from the fund, please rank the skills below - Supporting transition across services

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1</td>
<td>42.1 %</td>
<td>8</td>
</tr>
<tr>
<td>2 2</td>
<td>21.1 %</td>
<td>4</td>
</tr>
<tr>
<td>3 3</td>
<td>15.8 %</td>
<td>3</td>
</tr>
<tr>
<td>4 4</td>
<td>15.8 %</td>
<td>3</td>
</tr>
<tr>
<td>5 5</td>
<td>5.3 %</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>19</td>
</tr>
</tbody>
</table>

10.4 If you do think a skill should be prioritised from the fund, please rank the skills below - Child health

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1</td>
<td>25.0 %</td>
<td>4</td>
</tr>
<tr>
<td>2 2</td>
<td>18.8 %</td>
<td>3</td>
</tr>
<tr>
<td>3 3</td>
<td>25.0 %</td>
<td>4</td>
</tr>
<tr>
<td>4 4</td>
<td>12.5 %</td>
<td>2</td>
</tr>
<tr>
<td>5 5</td>
<td>18.8 %</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>

10.5 If you do think a skill should be prioritised from the fund, please rank the skills below - Mental Health

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1</td>
<td>10.5 %</td>
<td>2</td>
</tr>
<tr>
<td>2 2</td>
<td>15.8 %</td>
<td>3</td>
</tr>
<tr>
<td>3 3</td>
<td>31.6 %</td>
<td>6</td>
</tr>
<tr>
<td>4 4</td>
<td>26.3 %</td>
<td>5</td>
</tr>
<tr>
<td>5 5</td>
<td>15.8 %</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>19</td>
</tr>
</tbody>
</table>
11. Are there other skills that you think should be included in funding considerations?

Management issues such as conducting service reviews, Scoping Exercises, Service Redesign/Improvement
Falls
Skills, knowledge, attitudes, experience are all important factors that will influence patient care
Falls and osteoporosis prevention and management
Working in integrated teams - maintaining AHP role and skills as potential sole practitioner - and skills in remote and rural practice
Leadership and management
No: link to evident service enhancement for the benefit of patients
Leadership
Developing research skills
Developing services to people who stammer
Maximising potential for independence (reablement) upskilling AHPs as leaders in this field
Improvement science, innovation
Needs to be linked to board and national agendas
Improving service delivery
Mindfulness as an intervention
Operational management understanding demand capacity etc
Radiography reporting
Radiographer reporting
IT - APP design
Psychological intervention
Research skills
It should be groups of skills (eg management; skill mixing, B6 competency etc)
Listening skills, improving communication with patients, breaking bad news, motivational interviewing, understanding whole systems
Presentation/marketing skills
Musculoskeletal specific treatments
Skills relating to supporting people with PMLD
Addiction services
Cognitive interventions and management across all relevant areas, e.g brain injury, dementia, multiple sclerosis
Wound care

12. Should funds be (please select):

Should funds be spread widely or targeted to specific projects in depth?

The fund can be used in response to a wide range of applications that are received typically allocating small amounts of funding to a wide number of applicants. Alternatively funds can be used to identify key pieces of development that is required and fellows can be recruited to undertake this development on behalf of AHPs across Scotland. Funds would be used to pay for staff time and therefore larger amounts of money would be required meaning approximately 4 or 5 fellows could be fully funded in this way.

Breadth
- Brings wider access to AHPs for funding but scattered across wide range of areas

73
- Partial funding may mean development cannot go ahead if no other source of funding available
- It is easier to be responsive and take a “bottom up” approach if the scheme is used to fund relevant developments

Depth
- Major pieces of development can be undertaken in depth on behalf of the entire AHP community
- £270k can fully fund around four substantial development opportunities
- There is a risk that projects will not be relevant if priorities are not carefully agreed

Group discussions revealed a range of opinion. Some felt that breadth brings quick wins for the largest number and that it can be inappropriate for large sums to be invested in the professional development of a few individuals. Others thought that in-depth projects, by individuals or teams, can bring great gains to the NHS. Yet others advocated a third way that would combine breadth and depth – for example with most funds invested in work to meet identified priorities, but some set aside for one in-depth per year.

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Spread widely</td>
<td>16,0 %</td>
<td>13</td>
</tr>
<tr>
<td>2 Targeted to specific projects in depth</td>
<td>9,9 %</td>
<td>8</td>
</tr>
<tr>
<td>3 A mix of both, including at least one in-depth project per year</td>
<td>74,1 %</td>
<td>60</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>81</td>
</tr>
</tbody>
</table>

13. Have you heard of the AHP Careers Fellowship Scheme in the past?

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>92,6 %</td>
<td>75</td>
</tr>
<tr>
<td>2 No</td>
<td>7,4 %</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>81</td>
</tr>
</tbody>
</table>

14. Where did you hear about it (please select as many as apply)?

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 From colleagues</td>
<td>40,5 %</td>
<td>30</td>
</tr>
<tr>
<td>2 From my professional body</td>
<td>17,6 %</td>
<td>13</td>
</tr>
<tr>
<td>3 From AHP Director</td>
<td>43,2 %</td>
<td>32</td>
</tr>
<tr>
<td>4 Directly from NES email</td>
<td>41,9 %</td>
<td>31</td>
</tr>
<tr>
<td>5 From the practice education lead</td>
<td>33,8 %</td>
<td>25</td>
</tr>
<tr>
<td>6 From NES website</td>
<td>24,3 %</td>
<td>18</td>
</tr>
<tr>
<td>7 From a workshop or conference</td>
<td>20,3 %</td>
<td>15</td>
</tr>
<tr>
<td>8 From an NES member</td>
<td>21,6 %</td>
<td>16</td>
</tr>
<tr>
<td>of staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other*</td>
<td>6,8 %</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>74</td>
</tr>
</tbody>
</table>

*I am a Fellow
*Line manager
*Robert Gordon University radiography staff
*ADSG
15. We want as many people as possible to know about the fund. Can you suggest some good ways of spreading the word so information reaches people like you?

I promote it whenever out and about working with staff. Global and targeted emails to all staff not just managers.
Through PELs
Local presentations to inform re the fund
Through the BDA and branch meetings
Maybe through HCPC
AHP leads through to team leads through to AHPs
Intranet
Twitter / Facebook
Posters onsite
SMS - can sign up for NES updates by text
Regular sessions/roadshows onsite to inform of any specific funding opportutunities & who can apply for these.
Professional journals, hospital newsletters
Using AHP director to cascade information. Include a short article in profession specific newsletters eg OT News or through local sub groups
Cascade e-mails to individual staff via AHP leads
Global emails through each health board
Professional body magazine
Using internal staff news/bulletins
Promote projects underway thus raising profile of current workstreams and how to access potential yourself.
It should show up in a search on Effective Practitioner - does show in Knowledge Network tab however should be linked directly with Eff Prac site.
Grassroots staff do not get much information from our local or national research and development departments. They should be more involved in spreading the word about the Careers Fellowship.
Professional magazines e.g. Frontline
Email flier seems to offer good penetration and hopefully cascaded to other who may not have an NHS e mail address
As a Support worker it would be ideal if Line Managers could cascade information ensuring it does reach their staff. Also ensuring that it can be cascaded at Peer Reivews where it can be discussed in full or have an inservice discussion by a relevant Education body
Where required to interested parties.
A newsletter
Having a standard statement on the fellowship which can then be included either on staff intranet sites, news letters which are broadly circulated within the board. It would also be good to have a yearly list of when the monies would be available to give staff as much preparation time/discussion time as possible prior to submitting their application
Information at annual SLT study days
A specific update document at 6 monthly intervals to remind people, update and highlight priorities for funding/e.gs of outcomes from funding provision
Word of mouth is best as people dont read things!
Events, networking promoting achievements. Face to face discussion.
I am sure you are doing everything i can think of.
Promote more via stands at conferences.
Promote via local AHP groups
Through NES and workplace emails and intranet, posters at department level, newsletters
Twitter, blogging impact of fund, social care bulletins
Ask Boards for information to be placed on payslips
I am actually on a NES group and had meant to complete this questionnaire weeks ago. I am usually so busy that I had not got around to completing it... until today when I saw your update on twitter.
Social Media like Twitter and Linkedin are great for spreading professional messages.
AHP specific advertising through professional magazines
Practice education leads
Hand outs
Posters
Currently I hear about schemes like this from my line manager, but there is no advertising in the departments, simple posters would be very informative
Free pens with information on it, articles in professional journals/ot news
Professional leads
No, there is already hugh amounts of information disseminated to people, and you have a good coverage already.
Filter down to AHP managers who can then e-mail out to services
PEFs do a great job publicising in NHSLothian
Critically appraised in professional magazine
I think the word is out there as I have heard through so many routes
Emails and mail shots also professional journals
Professional bodies.
Individual mailing to service managers.
Journals and through NHS boards
Professional bodies, social media
Email
Through AHP directors who cascade to heads of services for further roll out
From my KSF reviewer
Through AHP leads
Having more formal links from PEL to uni-prof managers with update info
Ensuring it comes from a wide variety of mailings/ areas. Evidence suggests something needs to fall on our desk 7 times before we register it
Health board user e-mails.
Through professional bodies -e.g. advertising in publications
Must be bottom up approach, preferably face to face lectures by NHS Education staff visiting as many departmental meetings as possible. I suspect many AHPs feel this is intended for high fliers and not for everyone
Advertising in OT News
Contacting heads of service to filter down to relevant staff
Some publicity around successful projects that have been funded previously
N/A
via COT twitter
I found out about this from an advert in the BJOT. Now we have a better AHP structure in Glasgow last year I heard about by email.
Advertising with all the professional bodies i.e. the BDA etc and also e-mail all AHP staff.
Combination of information to regions and social media such as Facebook.
YouTube would be valuable for presenting information on
Previously funded projects and ideas for future development.
16. Do you think the name of the scheme should remain the "AHP Careers Fellowship" with the strapline "Funding AHP Learning and Development"?

Conference participants told us that the Fellowship Scheme name could be off-putting and we would like to make changes.

It was agreed at the conference that greater emphasis is needed on what the fund actually does and which groups benefit. One proposal was to swap round the existing main name with the strapline resulting in the existing strapline Funding AHP Learning and Development being used as the basis for the fund’s name. The term Careers Fellowship Scheme would then become the strapline.

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>84,0 %</td>
<td>68</td>
</tr>
<tr>
<td>2 No</td>
<td>16,0 %</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>81</td>
</tr>
</tbody>
</table>

17. If you answered "no", please offer an alternative name for consideration

AHP Career Development
Not sure
The one that was already suggested - AHP Funding and Development
AHP Career Development Scheme
AHP Career Fulfilment Opportunities
That suggested sound better

18. We have received feedback about the application form and adapted the form according to the feedback received. Do you have personal experience of completing the application form as an applicant, line manager or AHP Director?

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>63,8 %</td>
<td>51</td>
</tr>
<tr>
<td>2 No</td>
<td>36,3 %</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>80</td>
</tr>
</tbody>
</table>

19. If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form

Please let us know your opinion with regards the form. The application form is in three parts and requires input from the applicant, their line manager and AHP Director. The questions are designed to ensure learning objectives are clear, outcomes are identified, links to KSF and health policy are clearly stated and commitment is given from managers to provide access to resources during learning and to utilise the skills being learned. Some people find the application form and process long and difficult.

We want to balance the need for sufficient information to make sure that proposed projects are going to bring real benefits and that our money is being invested wisely, alongside making it simpler to apply. Click on the image below to review the application form and guidance notes.
19.1 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - Applicant details

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Stay the same</td>
<td>97,0 %</td>
<td>64</td>
</tr>
<tr>
<td>2 Change</td>
<td>1,5 %</td>
<td>1</td>
</tr>
<tr>
<td>3 Omit</td>
<td>1,5 %</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>66</td>
</tr>
</tbody>
</table>

19.2 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - The form of learning to be undertaken

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Stay the same</td>
<td>92,5 %</td>
<td>62</td>
</tr>
<tr>
<td>2 Change</td>
<td>6,0 %</td>
<td>4</td>
</tr>
<tr>
<td>3 Omit</td>
<td>1,5 %</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>67</td>
</tr>
</tbody>
</table>

19.3 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - Identifying your intended learning outcome

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Stay the same</td>
<td>95,5 %</td>
<td>64</td>
</tr>
<tr>
<td>2 Change</td>
<td>3,0 %</td>
<td>2</td>
</tr>
<tr>
<td>3 Omit</td>
<td>1,5 %</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>67</td>
</tr>
</tbody>
</table>

19.4 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - Checking the intended outcome will be achieved

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>2 Change</td>
<td>9,0 %</td>
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</tr>
<tr>
<td>3 Omit</td>
<td>4,5 %</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>67</td>
</tr>
</tbody>
</table>

19.5 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - How learning will promote equality and diversity and user involvement

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Stay the same</td>
<td>72,3 %</td>
<td>47</td>
</tr>
<tr>
<td>2 Change</td>
<td>13,8 %</td>
<td>9</td>
</tr>
<tr>
<td>3 Omit</td>
<td>13,8 %</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>65</td>
</tr>
</tbody>
</table>
19.6 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - Confirmation that learning will be supported by line manager

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Stay the same</td>
<td>94.1%</td>
<td>64</td>
</tr>
<tr>
<td>2 Change</td>
<td>4.4%</td>
<td>3</td>
</tr>
<tr>
<td>3 Omit</td>
<td>1.5%</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>68</td>
</tr>
</tbody>
</table>

19.7 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - Identifying your core area(s) of practice

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>2 Change</td>
<td>6.0%</td>
<td>4</td>
</tr>
<tr>
<td>3 Omit</td>
<td>6.0%</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>67</td>
</tr>
</tbody>
</table>

19.8 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - Description of work setting

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
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<td>6.2%</td>
<td>4</td>
</tr>
<tr>
<td>3 Omit</td>
<td>13.8%</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>65</td>
</tr>
</tbody>
</table>

19.9 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - Higher education institute/college information

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Stay the same</td>
<td>81.8%</td>
<td>54</td>
</tr>
<tr>
<td>2 Change</td>
<td>7.6%</td>
<td>5</td>
</tr>
<tr>
<td>3 Omit</td>
<td>10.6%</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>66</td>
</tr>
</tbody>
</table>

19.10 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - Confirmation of Career Framework for Health level

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Stay the same</td>
<td>70.3%</td>
<td>45</td>
</tr>
<tr>
<td>2 Change</td>
<td>14.1%</td>
<td>9</td>
</tr>
<tr>
<td>3 Omit</td>
<td>15.6%</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>64</td>
</tr>
</tbody>
</table>
19.11 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - Career dimensions being developed by undertaking the learning

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Stay the same</td>
<td>74.6 %</td>
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</tr>
<tr>
<td>2 Change</td>
<td>14.3 %</td>
<td>9</td>
</tr>
<tr>
<td>3 Omit</td>
<td>11.1 %</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>63</strong></td>
</tr>
</tbody>
</table>

19.12 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - How learning will support AHPs' National Delivery Plan. healthcare policies and HEAT targets

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Stay the same</td>
<td>74.6 %</td>
<td>50</td>
</tr>
<tr>
<td>2 Change</td>
<td>16.4 %</td>
<td>11</td>
</tr>
<tr>
<td>3 Omit</td>
<td>9.0 %</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>67</strong></td>
</tr>
</tbody>
</table>

19.13 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - Information on costings

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Stay the same</td>
<td>92.5 %</td>
<td>62</td>
</tr>
<tr>
<td>2 Change</td>
<td>7.5 %</td>
<td>5</td>
</tr>
<tr>
<td>3 Omit</td>
<td>0.0 %</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>67</strong></td>
</tr>
</tbody>
</table>

19.14 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - Information on timescales when your learning will take place

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Stay the same</td>
<td>95.5 %</td>
<td>64</td>
</tr>
<tr>
<td>2 Change</td>
<td>4.5 %</td>
<td>3</td>
</tr>
<tr>
<td>3 Omit</td>
<td>0.0 %</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>67</strong></td>
</tr>
</tbody>
</table>

19.15 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - Information if other sources of funding opportunities have been accessed

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Stay the same</td>
<td>92.3 %</td>
<td>60</td>
</tr>
</tbody>
</table>
19.16 If you would like to suggest changes to any of the questions, please indicate which questions should stay the same, be changed or omitted. To complete this part of the survey it will be useful for you to refer to the application form - Support from AHP Director/Lead

<table>
<thead>
<tr>
<th>Alternatives</th>
<th>Percent</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Stay the same</td>
<td>85,1 %</td>
<td>57</td>
</tr>
<tr>
<td>2 Change</td>
<td>9,0 %</td>
<td>6</td>
</tr>
<tr>
<td>3 Omit</td>
<td>6,0 %</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>67</td>
</tr>
</tbody>
</table>

20. If you have suggested change to any of the questions, please suggest wording for how questions should be changed.

N/a

I found my application didn’t fit well with the questions. Also, it was a joint application which made completion of the form difficult.

It was more about the space available on the boxes and the fact that the typing disappeared.

There is still confusion on Career Framework levels and inconsistent knowledge on HEAT targets - may need to have greater information or clear guidance plus suggest possible link directed to local AHP PEL for information.

Personally I found that linking my training to various Acts and specific targets was quite time consuming as I had to research them all to insure it did fit in. I know that is important but when under time pressure I found it very stressful.

Also because we are undergoing a management restriction and our interim Manager has no experience of my Role and not in my Base it was difficult to coordinate all the professionals required to give permissions.

I feel that the application form should stay the same as it enables the person to be clear on why they are applying for the funding and how it links to their personal development as well as national and local drivers. Filling in the form enables you to reflect and analyse proposed development.

Sorry I did not have time to look through all the questions of the application form again - I did however at the time feel it was a very long application form, looking for very detailed information that I felt was unnecessary. It could be made much shorter.

Addition of wording to advise that the work for which funding is being applied for does not have to relate to every policy and heat target.

Further instructions required re equality & diversity particularly if individual is seeking funding for post grad/cpd study

Some of the expected outcomes were unfamiliar to me, the help sheet was useful but not always very clear.

None

Suggest confirmation that learning will be subsequently fully deployed within the department or area of work

This was too lengthy and time consuming; providing a more general supporting statement could be copied for other funding applications.

Funding applications should not take up significant amount of clinical time.

Although I found the form to be quite difficult to complete I can see how all the part of the form are justified and require to be included to allow an indepth decision to be made as to whether funding should be approved.
There needs to be a change re support by line manager as I would be prepared to develop myself out with my working hours. This may help secure further learning or career opportunities in the future so would be time well spent.

Staff get confused about career framework, so an appendix would be helpful. You should ask if you have secured funding from elsewhere and how much rather than if you have applied as applicants may have applied to funds they have little chance of being successful.

The document was difficult to fill in mainly from IT point of view in allowing you to actually input info. The process was lengthy and could have been off putting, however it did remind you of all the Scottish Exec and NHS initiatives/papers which is helpful, so was useful from CPD point of view.

The section to be completed by Line Manager is very in-depth and time consuming to complete for Line Managers who have very busy roles and some of the questions were a bit repetitive and unclear.

21. Do you have any other thoughts on how the fund should move forward?

Just important to promote this as it is really not widely known about. I think the name of the fund gives the wrong impression and clarity should be given so all members of AHPs feel they can apply.

Need to make dietitians more aware of this.

Not at present.

It's great that AHPs have access to such a fund!

I think I would agree that the name is misleading - it sounds really sophisticated and it is really about funding to improve AHP learning and career development - it makes it sound like it isn't something for ordinary people!!

Could be advertised better. I had never heard of scheme, it was by chance that there was a talk/roadshow for support workers in podiatry in the place in my work (I work in physio) and I managed to sit in on the talk and realised what opportunities I had available to me with this scheme. I was under impression also that this scheme was for qualified AHPs only and wasn't appropriate for support staff.

Roadshows in boards - or VC links and links with AHP PELS and AHP education groups locally.

The section on the form which tells the applicant about the Fellowship's priorities is rather off-putting for people who do not fit these, and could stop some applicants from proceeding with valuable work.

The main issue seems to relate to enhancing awareness and profile, although taking serious steps to improve this may well lead to the pot being spread more widely and that may be counterproductive.

I was very pleased to recieve funding to further develop my role when there was no other source of funding...Thank you.

I think the fund should consider full funding of FE course fees as this still leaves people with considerable costs to find. There is limited options for funding within the NHS other than through this route.

I think it needs to be as flexible as possible to enable all staff levels to apply. If project work is chosen, it then could be linked to other resources e.g. effective practitioner. With social and health care integration happening this may highlight projects which would benefit from the funding.

Collectively agree at ADSG what the years priorities are and ensure any in depth project funded is clearly cited by all AHP Directors.

So many people requiring CPD/post grad funding, perhaps need to look at equity of CPD funding across professions within NES and lobby for parity.
I did not make it to the conference but I have read through the conference report and have also had feedback from Sonya Lam. I understand the need to provide funding for support workers but like many colleagues it is something of a frustration that funds for AHPs are diverted to (non-AHP) support workers. I appreciate the argument that ultimately this supports AHPs and their patients but I can tell from the report that I am not the only person who feels that the focus needs to be brought back to the AHP workforce at least for a while.

I look forward to the results of the AHP workforce analysis and think this might help to give the fund more focus and direction. My natural inclination would be to support advanced practice development and possibly Consultant AHP roles but with firm stipulations that successful Fellows use knowledge and skills gained to help colleagues. This should be clearly stipulated in the “contract” with outcome measures to ensure it happens. e.g. if NES supports someone to do the PgC in Ultrasound then that person should help mentor a colleague in the subsequent years (perhaps not as lead mentor but definitely involved!). There is nothing worse than watching NES support someone to advance their career only for that individual to pull the ladder up behind them and make it difficult for the next cohort to follow them. So in conclusion, more focus on AHPs rather than support workers. A focus on advanced practice. Ensuring that Fellows share any knowledge and skills with their colleagues.

Keep supporting support worker level
None.

I think that targeting support workers has been a good aim but advanced practice is an area in which there is a real chance to develop AHPs and to start putting us in positions of influence and expertise, if we can prove that we can do things that traditionally have been the preserve of doctors we have a real chance to promote what we are good at and we have a good opportunity to grow our profession as sustainably.

Think it may be worthwhile AHP director being aware prior to applications being submitted
If possible we should be using fund to develop tools initiatives courses that can be shared nationally. We need to support staff with skills required for future change in role to support staff to move into the community and support self management, health promotion and telehealth
My personal experience so far is very positive, the only important negative has been decreased PEL support due to mat leave which is not being covered.
It is still early days, once AHP’s realise it is for all they will begin to apply. It is in essence an excellent scheme
Happy with current set up and greatly appreciate the funding provided so i could complete open university course. Many thanks
I have concerns that the fund is currently being used to support individual’s personal priorities rather than the Boards Although support is given by the line manager on occasions this does not link into wider priorities Appreciate this could be stopped at Director level but although reflected in the prioritisation it is difficult to reject applications when a similar application from another board may be funded
Consideration should be given to an allocation of some funding to each board for local allocation / priorities however work which be of national benefit should continue to be funded
My personal experience has been so positive I find it hard to think how it could move forward. I am just so glad that this fund is being taken so
seriously & this rigorous review is very heartening in a time of rapid change & consolidation in health care.
I was grateful to receive funding towards my Masters degree but many of the questions certainly had an angle regarding helping support staff. I feel that by ensuring the questions allow for career development (aside from assisting support staff) would give all AHP's a fairer chance of securing funding towards career development.
AHP Career Fellowship Scheme Application Form

Please complete this form to be considered for application to NES's Allied Health Professions' (AHPs') Career Fellowship Scheme. The priority for the scheme for 2010-11 will be AHP Support Workers and Assistant Practitioners. Applications from support staff or from individuals who can demonstrate that their application will have particular benefit to the education and/or role development of AHP Support Staff and Assistant Practitioners will be particularly welcomed. All other applications will also be considered and judged on merit. Line Managers and AHP Directors/Leads will also be required to submit information supporting the application and will be contacted by NES.

NB: Application is for NES funding ONLY, if you are undertaking learning through a College or HEI you are required to complete and submit their application form independently.

1) Name

2) Job title

3) Work address

4) Email address

5) Telephone number

6) Mobile number

7) Please select which Allied Health Profession you work in?

Select answer

8) Employer (see Guidance Note page 3)
Select answer: ________

Other (please specify) __________

9) Is this a group/team application? (see Guidance Note page 3)
☐ Yes ☐ No

10) If yes, provide names and email addresses for all participants (see Guidance Note page 3)

11) What is your core area(s) of practice? (see Guidance Note page 3)
☐ Mental Health
☐ Learning disability
☐ Adult
☐ Child health
☐ Outpatient
☐ Acute Hospital
☐ Health Centre
☐ Community
☐ Other

12) What stage of your career are you on the Career Framework? (see Guidance Note page 4)
☐ Level 1 - Support Worker
☐ Level 2 - Healthcare Support Worker
☐ Level 3 - Senior Healthcare Support Worker
☐ Level 4 - Assistant Practitioner
☐ Level 5 - Practitioner
☐ Level 6 - Senior Practitioner
☐ Level 7 - Advanced Practitioner
☐ Level 8 - Consultant Practitioner
Level 9 - More Senior Staff

13) What best describes your work setting? (see Guidance note page 3)
- Remote
- Rural
- Urban

14) Please advise the form of learning you intend to use? (see Guidance Note page 4)
- Recognised prior learning
- Practice-based learning
- College/HEI course
- "Mackay" experiential learning placement
- Other, please specify

15) Please provide further details regarding the form of learning you intend to use. (see Guidance Note page 6)

16) Describe the learning opportunity you/your team plan to undertake (see Guidance note page 6)
- HNC
- Dip HE Assistant Radiography
- HND Other
- Developing learning for dietetic support staff
- Developing learning for podiatry support staff
- Developing PDA
- Other: 

17) If you chose HNC, please select the discipline. (see Guidance Note page 6)
Select answer
HNC Other, please specify
18) Please identify your intended learning outcome (see Guidance Note page 7)

19) How will you check you have achieved the intended outcome; i.e. how will your learning outcomes be assessed? (see Guidance Note page 7)

Equality and Diversity (e.g. race, gender, disability, sexual orientation, age, religion and belief)

20) How will the learning opportunity you describe promote user involvement and equality and diversity? (see Guidance Note page 7)

21) Do you have support from your line manager to apply for this Fellowship?

☐ Yes ☐ No

NES will contact your Line Manager to obtain specific supporting information.

22) Line manager’s name and contact details

23) Do you have support from your AHP Director/AHP Lead to apply for this Fellowship?

☐ Yes ☐ No

NES will contact the AHP Director/Lead to obtain specific supporting information.

24) AHP Director’s/AHP Lead’s name and contact details
25) Has this learning opportunity been identified via PDP? (see Guidance Note page 8)
   □ Yes □ No

26) If yes, please include relevant extract from PDP here: (see Guidance Note page 8)

27) Which KSF elements are relevant to the identified learning opportunity you are planning to undertake? (see Guidance Note page 8)
   □ C1 - Communication
   □ C2 - Personal & People Development
   □ C3 - Health, Safety & Security
   □ C4 - Service Improvement
   □ C5 - Quality
   □ C6 - Equality & Diversity
   □ G1 - Learning & Development
   □ Other, please specify

28) Please indicate which of the career dimensions you/your team will develop as a result of the learning activities you plan to undertake (see Guidance Note page 8)
   □ Clinical Practice
   □ Facilitating Learning
   □ Leadership
   □ Research and Audit

29) Please describe how the learning opportunity you undertake supports you and/or your team's development in relation to one or more of the career
30) Please indicate total costings required providing a breakdown and details of how costings will be used (see Guidance Note page 10)

31) Over what timescale will the costings be used (see Guidance Note page 10)

32) Please indicate monies required for activities to be undertaken in this financial year, i.e. before end of March 2011 (see Guidance Note page 10)

33) Please provide details of any additional sources of funding contributing to the overall costs (see Guidance Note page 10)
AHP CAREERS FELLOWSHIP APPLICATION FORM

The priority for 2011-12 has been agreed as continuing to be AHP Support Workers and Assistant Practitioners. Applications from support staff are particularly welcome. Applications where the development activity will be for the direct benefit of support staff are also included within this priority area and reflects the health boards requirements to address skill mix and ensure a well educated workforce provides quality, safe, effective and person-centred care.

Following consultation with the NES Advisory Fora and members of the Career Fellowship Steering Group the following areas have been recommended as of high importance to NHSScotland.

Career Framework
Level 2 Support Worker, level 3 Senior Support Worker and level 4 Assistant Practitioners. Applications are especially encouraged for the following:

- HNC AHP Physiotherapy Support at Stevenson College Edinburgh commencing January 2012
- HNC AHP Occupational Therapy at Langside College commencing March 2012
- Online Communication Difficulties & Talking Mats module commencing January 2012

Skills: including workforce analysis, research, health promotion and communication

Care settings: including early years services, dementia services, mental health in mainstream health settings, transitions for children moving to adult long term care services, supporting War Veterans experiencing complex trauma and need for prosthetics services, musculoskeletal advanced practice

Your application must clearly state the learning objectives and the intended impact/outcomes that it will achieve. Support from both the applicant’s Line Manager and AHP Director/Lead is a pre-requisite requirement.

The application process is split into two forms:

- Form A should be completed collaboratively by the applicant and their line manager
- Form B will be sent by NES to the AHP Director/Lead

NB. Application is for NES funding ONLY, if you are applying for an HNC or other training course, you are also required to complete and submit an application form to the College/University or training provider.
Closing date for application is 12noon, Monday 21st November 2011

**Data Protection:** NES uses the personal data you provide for purposes associated with administering the AHP Career Fellowship Scheme. NES will add your details to our database and share your work contact details with other participants in the Scheme through our newsletter, Alumni network or other channels as deemed appropriate. If you would prefer us not to share your contact details, please contact AHP.Fellowships@nes.scot.nhs.uk. For more information see [http://www.nes.scot.nhs.uk/privacy-and-data-protection.aspx](http://www.nes.scot.nhs.uk/privacy-and-data-protection.aspx). Personal data will be retained in line with our records retention policies.

**AHP CAREERS FELLOWSHIP - FORM A**

Form A should be completed collaboratively by the applicant and their line manager and then submitted to NES by the closing date stated above. Applications received beyond the closing date will **not** be accepted.

**SECTION A – to be completed by the applicant**

* denotes mandatory fields throughout  
( denotes guidance notes throughout

<table>
<thead>
<tr>
<th>1. APPLICANT DETAILS</th>
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<tr>
<td>Allied Health Profession you work within: *</td>
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<table>
<thead>
<tr>
<th>2. APPLICATION DETAILS</th>
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<tbody>
<tr>
<td>2.1 Is this a group / team application? *( Page 3)</td>
</tr>
<tr>
<td>If yes, please provide names and e-mail addresses for all participants *( Page 3)</td>
</tr>
</tbody>
</table>

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2.2 Please advise the form of learning you intend to undertake? *(Pages 3 & 4)

- Recognised prior learning
- Practice-based learning
- College/HEI course
- “Mackay” Experiential learning placement
- Other, please specify

2.3 Please provide further details regarding the form of learning you intend to undertake *(Page 3 & 4) *

2.4 Describe the learning opportunity you / your team plan to undertake *(Page 5) *

- HNC
- HND Other
- Developing PDA
- Work-based learning
- Other, please specify

2.5 If you chose HNC, please advise which discipline *(Page 6) *

2.6 If you are undertaking a learning opportunity with a HEI, College or other training organisation, please provide name and contact details of the provider *(Page 6) 
2.7 Please identify your intended learning outcome (Page 6)

2.8 How will you check you have achieved the intended outcome, i.e. how will your learning outcomes be assessed? (Page 6)

2.9 How will the learning opportunity you describe promote user involvement and equality and diversity? (e.g. race, gender, disability, sexual orientation, age, religion and belief) (Pages 7)
2.10 Please confirm that the learning opportunity has been identified and agreed by your Line Manager via KSF and your PDP. (Page 7) ★
(NB. Your line manager will be asked to supply details)
I confirm ☐ I do not confirm ☐

2.11 What is your core area(s) of practice? (Page 7)
☐ Mental Health ☐ Child Health ☐ Health Centre
☐ Learning Disability ☐ Outpatient ☐ Community
☐ Acute Hospital ☐ Acute Hospital ☐ Other, please specify

2.12 What best describes your work settings? (Page 7)
Remote ☐ Rural ☐ Urban ☐

2.13 What stage of your career are you on the Career Framework for Health? (Pages 7 & 8)
☐ Level 1 Support Worker ☐ Level 4 Assistant Practitioner ☐ Level 7 Advanced Practitioner
☐ Level 2 Support Worker ☐ Level 5 Practitioner ☐ Level 8 Consultant Practitioner
☐ Level 3 Support Worker ☐ Level 6 Senior Practitioner ☐ Level 9 More Senior Staff

2.14 Please indicate which of the career dimensions you will develop as a result of the learning activities you plan to undertake: (Page 8 & 9) ★

Clinical Practice

Facilitating learning

How will your learning support this career dimensions?
2.15 Which healthcare policies, strategies and HEAT targets are relevant to the learning opportunity identified? (Page 10)

How will the learning support this policy/strategy/target?

- Quality Strategy
- Mentally Flourishing Scotland
- Same As You
- Long Term Conditions
- Health Works
Rehabilitation Framework

Every Child Matters

Workforce Improvement

Other, please specify

HEAT target, please explain

2.16 Please indicate total costings required providing a breakdown and details of how costings will be used. (Page 10)

Total costings

Breakdown of costings

2.17 Over what timescale will the costings be used? (Page 10)
2.18 Please indicate monies required for activities to be undertaken in this financial year, i.e. before 31st March 2012 *(Page 10)*

Monies required this financial year

2.19 Please provide details of any additional sources of funding contributing to the overall costs *(Page 10)*

2.20 Support from your Line Manager and the Health Board AHP Director/Lead is a pre-requisite. Please confirm that you have obtained support from both to apply for this fellowship *(Page 10 & 11)*

I confirm

2.21 For funding applications in relation to any of the identified priority areas, a CV will be required. Please provide only the details as outlined in the Guidance Notes *(Page 12)*

2.2 Please note that if your application is successful, you will be required to provide a reflective report outlining your learning experience and outcomes, any barriers incurred and how these were overcome and how you have or intend to share your learning. Do you agree to submit a report? *(Page 13)*

I agree

Go to next page for line manager support form
AHP CAREERS FELLOWSHIP - FORM A

SECTION B – to be completed by the applicant’s Line Manager

* denotes mandatory fields throughout  
① denotes guidance notes

1. **LINE MANAGER’S DETAILS**

<table>
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<th>Field</th>
<th>Details</th>
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<td>Mobile No:</td>
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<td>E-mail:</td>
<td></td>
</tr>
<tr>
<td>Allied Health profession you work within:</td>
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</table>

2. **APPLICATION DETAILS**

2.1 I confirm that the learning opportunity has been identified and agreed via the applicant’s KSF and PDP. (① Page 14) *

   I confirm ☐

   If yes, please include relevant extract from PDP

   

2.2 Which KSF elements are relevant to the identified learning opportunity the applicant is planning to undertake? (① Page 14)

   - ☐ C1 Communication
   - ☐ C2 Personal & People Development
   - ☐ C3 Health, Safety & Security
   - ☐ C4 Service Improvement
   - ☐ C5 Quality
   - ☐ C6 Equality & Diversity
   - ☐ G1 Learning & Development
   - ☐ Other, please specify

   

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Line Manager Statement:

2.3 Why do you support this application?  (Page 13)

If the identified learning opportunity relates to an HNC, please complete questions 2.4 and 2.5.
If not, please continue to question 2.6.

2.4 If the application is to support an HNC, please provide the name of the appointed mentor.
(Page 14)

2.5 Please confirm that you will ensure that the mentor is available to participate in mentor support provided by the College (NB. 1-2 days of support and advice for HNC mentors will be provided by the College) (Page 14)

I confirm □

2.6 Please describe your commitment regarding the utilisation of skills acquired over this learning opportunity. (Page 14)

2.7 Please describe your commitment regarding time allocation for study leave, assessment, classroom time in addition to reflective learning. (Page 14)

2.8 Please describe your commitment regarding appropriate areas and tools for study e.g. rooms and access to computer/equipment (N.B. For HNC applicants, a significant amount of taught time will be via virtual learning, access to broadband internet will therefore be essential) (Page 14)
2.9 The applicant has described their learning outcomes. Please describe the impact you expect on your service and how you intend to measure this impact. What data could you provide to demonstrate impact? *(Page 15)*

2.10 How have you ensured that there is equality of opportunity for all applicants to apply? (e.g. full and part-time, race, disability, gender, age, sexual orientation, religion and belief) *(Page 15)*

2.11 Please confirm that you will provide feedback, if requested, in relation to the applicant’s progress and maintenance of an appropriate skill mix within the clinical area. *(Page 15)*

2.12 If the application for funding is successful, you would be required to enter into an agreement and to its arrangements, undertakings and responsibilities as detailed in the answers to the criteria listed in this proforma. *(Page 15)*

I confirm that I would be prepared to enter into an agreement as described above

3. WHAT NEXT?

Please save a copy of the completed application form for your own records.

E-mail the completed application form to ahp.fellowships@nes.scot.nhs.uk by the closing date of 12 noon, Monday 21st November 2011.

Please be aware that applications received after the closing date will not be considered.

The applicant and line manager will receive an e-mail confirming receipt of the funding application.
APPENDIX 7

CRITERIA FOR FELLOWSHIP FUNDING 2013-14

Applicant’s Name: ___________________________________________________

Fellowship number: ________________________________________________

<table>
<thead>
<tr>
<th>Essential Criteria</th>
<th>Yes/No</th>
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<tbody>
<tr>
<td>Learning opportunity must be identified and agreed by Line Manager as part of PDP</td>
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</table>

<table>
<thead>
<tr>
<th>Desirable Criteria</th>
<th>Comments</th>
<th>Score*</th>
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</thead>
<tbody>
<tr>
<td>1. Assessment of learning outcome</td>
<td></td>
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</tr>
<tr>
<td>How will the learning outcome be measured/assessed – how clearly is this defined?</td>
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<tr>
<td>2. Equality and Diversity</td>
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<tr>
<td>To what extent is it clear how the learning opportunity will promote user involvement and equality and diversity?</td>
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<tr>
<td>3. Career Dimensions</td>
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<tr>
<td>How well does the application detail how the learning opportunity will support the applicant(s) development in relation to one or more of the career dimensions?</td>
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<tr>
<td>-leadership</td>
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<tr>
<td>-facilitating learning/education</td>
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<tr>
<td>-clinical experience</td>
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<tr>
<td>-research</td>
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</table>
### 4. Cost

Does the application provide:
- breakdown of costs
- how the funds will be utilised
- realistic timescale for use of the funds

How well does the application represent best value?

<table>
<thead>
<tr>
<th>Desirable Criteria</th>
<th>Comments</th>
<th>Score*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5 Skill mix and role development</strong></td>
<td>Learning opportunity considers the potential skill mix and role development opportunities for the team and organisation as a whole, not just the individual – <em>greater good versus self interest</em></td>
<td></td>
</tr>
<tr>
<td><strong>6. Service and user benefit</strong></td>
<td>Learning opportunity demonstrates benefit to clinical service/service user</td>
<td></td>
</tr>
<tr>
<td><strong>7. Line Manager/AHP Director Support</strong></td>
<td>Is this seen as a local priority according to the AHP Director’s comments?</td>
<td></td>
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</tbody>
</table>

**TOTAL SCORE**

(Please state reason for award if not highest score)

AWARD?  Yes/No

**Any Additional Comments:**
*Guide for Scoring*

5 excellent, criteria comprehensively addressed, information provided is highly relevant, well developed and clearly stated
4 good, criteria well addressed, information provided is relevant, developed and clearly stated
3 adequate, criteria addressed, relevant information is provided and clearly stated
2 limited, some gaps in addressing criteria, information provided is not clearly stated or has minimal relevance
1 inadequate, criteria not addressed or minimally addressed, information provided is not clearly stated or relevant
Guidance for AHP Careers Fellowship Scheme Review Panel

Previous discussions at the panel regarding fellowship applications have highlighted the need for applications to be more than just about personal interest. With our second priority category now being service improvement the emphasis from our applicants will shift to reflect this. I thought the following definitions may be useful to panel members as you consider the range of applicants.

**Continued Professional Development**
Continued Professional Development (CPD) can be defined as ‘a collection of learning activities through which healthcare professionals preserve and expand upon throughout their career to guarantee that they retain their competence to practice safely, effectively and legally within their developing scope of practice’. (c) Health & Care Professions Council.

**Personal Development**
We define Personal Development (PD) as ‘the enhancement and development of an individual or group’s knowledge, learning needs and interests which could be used to contribute to the learning of others’. (Adapted from e-KSF information)

**Reflection and Self Awareness**
Reflective practice associated with a learning experience is the process of thinking about what we do, how we do it and how we could improve on it. This, when structured, can help develop healthcare professional’s problem solving skills and can develop their ability to solve broader issues.

‘Self-awareness refers to the gradual and continuous process of noticing and exploring aspects of self, whether behavioural, psychological or physical, with the intention of developing personal and interpersonal understanding, to become more aware of and to have a deeper understanding of ourselves is to have a sharper and clearer picture of what is happening to others’. (c) Burnard Phillip (2002).

**Learning and Development**
The official and ongoing changing educational activities within an organisation designed to enhance the fulfilment and performance of employees. (Adapted from e-KSF information)
Fellowship
The definition of ‘fellowship’ used by University of California seems useful for the NEs AHP Fellowship: ‘a structured programme that provides significant and unique opportunities for career development that are not typically available to healthcare professionals and offers opportunities for professional career development’. (c) Berkeley University of California (2013)

Service Improvement
Another key discussion amongst panel members has included the application being linked to improving the service so that the learning activities are clearly linked to a “greater good” wider benefit. It has always been important that there is a clear sustainable outcome for any project based learning applications and that these kinds of applications do not replace service development with no probability of roles being developed once the fellowship funding finishes.

The Scottish Government have produced a guide to service improvement. The introduction states: “The principle message is the need for service leaders, clinical and managerial, to improve upon the use of data to measure and analyse services in order to manage and improve them.”

Applications that clearly demonstrate a link to service improvement and quality improvement and draw on developing the applicants understanding of applying service improvement methodologies to their work will be particularly relevant to our new category.

The following information is taken from the Quality Improvement Hub website. ‘Quality does not happen by accident or because you want it to, wish it to, or hope and pray things will get better. Quality results from the deliberate and intentional actions of individuals within an organisation. It is not a program or a single project, not the responsibility of one individual (e.g., the director of quality) or those assigned to the quality department. In short, quality is a way of thinking about work, approaching its improvement, and getting everyone involved.’

Quality improvement can be defined as:
‘The combined and unceasing efforts of everyone – healthcare professionals, patients and their families, researchers, payers, planners, administrators, educators – to make changes that will lead to better patient outcome, better system performance, and better professional development. (Batalden P, Davidoff F. Qual. Saf. Health Care, 2007)
Shaping the Agenda:
Influencing Learning Priorities for Allied Health Professionals

AHP Careers Fellowship Scheme one-day conference
Organised by NHS Education for Scotland at the Beardmore Hotel and Conference Centre on 16 November 2012
Contents

1.0 Introduction page 3

2.0 Key messages page 5

3.0 Fund review page 6

4.0 Fellows in their own words page 17

5.0 Conference questions page 24

6.0 NES AHP Advisory Group page 28

7.0 Join the discussion page 29

8.0 Looking to the future page 20

Case Studies page 30
1.0 Introduction

The AHP Careers Fellowship Scheme was set up by NHS Education for Scotland (NES) in 2010 to give financial support for learning opportunities bringing benefits to AHPs, all those who rely on them, and the NHS. A one-day conference took place to provide a chance to review what has been achieved in the first two years and to help determine the future of the scheme, including its priorities and approach to funding.

The conference attracted nearly 100 participants from Shetland to the south of Scotland. All members of each NES uniprofessional advisory sub-groups were invited to attend along with a number of fellows and fellowship panel members. The delegates therefore represented a wide range of professions, grades and levels of experience from many care settings. Patients, carers, students and support staff were also included. All had the opportunity to take part in group discussions and general debate. Their contributions will play a significant role in helping the NES AHP Advisory Group (which oversees the scheme for NES) to decide how the £270,000 per year of funding can best serve the sector from the summer of 2013 and through 2014 and beyond.

This report has been written to let you know about the conference. But it is also a chance for you to join the discussion. We would like to hear your views about the issues raised on the day in order to help make the all-important decisions about the future shape of the fund and what its priorities should be.
The AHP Careers Fellowship Scheme was set up in response to the 2009 Consensus Conference in which participants drew up a guiding statement looking at AHP educational needs. These had four overarching themes:

- Supporting the changing needs of the AHP workforce
- Making communication even better
- Support AHPs to use educational solutions in their work
- Make the most of the NES AHP team’s potential
2.0 Conference key messages

The conference resulted in a number of key messages which will inform the direction of the AHP Careers Fellowship Scheme in the next two years.

- The AHP Careers Fellowship Scheme has achieved a great deal in just two years and is highly valued by those it has funded.
- Projects have brought clear benefits for the NHS, its patients and staff.
- Sustainability is essential – the benefits must continue after a project has been completed.
- The scheme is vital in order to continue funding AHP learning and development.
- Flexibility has allowed the scheme the freedom to try to balance breadth with depth and to respond to changing priorities.
- Greater awareness of the scheme, what it offers and who can apply, is needed among AHPs and other relevant groups.
- Improved communication is necessary to ensure that boards promote the scheme so that every part of the country gets its share of the resources.
- The time has come to reconsider the funding priorities
- Setting priorities so that the £270,000 annual fund has the greatest possible benefit among NHS Scotland’s 11,503 AHPs (source – December 2012 statistics from Information Services Division Scotland http://www.isdscotland.org/) will inevitably be a challenging task.
- The NESConnects alumni-style concept of building a network of Fellows would be a positive way to further enhance the benefits of the scheme.
“Today has been very powerful – I am more than ever convinced of the effectiveness of the whole AHP Careers Fellowship Scheme programme. It’s gathering quite a momentum and I will take that back to the board and say what we have achieved so far,” NES non-executive board member, Theresa Houston.

Conference feedback
Participants were invited to fill in a questionnaire about the conference. Below are some key figures saying they were satisfied or very satisfied:

- Your aims in attending were met 89%
- Presentations by Fellows 100%
- Relevance of topics discussed 91%
- Networking opportunities 95%
- Your understanding of the scheme 100%

A total of 88% reported that they are now likely to apply for future funding.
3.0 Fund review

The conference provided an opportunity to review the fund by exploring the range and type of projects that had been funded. There was also the opportunity to hear first-hand accounts from a series of Fellows about their work and the benefits it had brought. In addition there were poster presentations detailing a variety of projects from across Scotland.

3.1 Core facts

Between November 2010 and August 2012 there has been investment in a total of 188 AHP Careers Fellowship Scheme projects. There have been a total of 242 applications, which have come from 14 territorial and two special health boards. Since November 2012 there has been a further opportunity to apply. An additional 83 applications were received bringing the total of applications to 335.

The fund is jointly financed by NES (£120,000 a year) and the Scottish Government (£150,000 a year) and the money is ringfenced. NES is committed to ensuring that the fund achieves the greatest possible benefit for Scotland’s NHS Scotland's 11,503 AHPs (source – December 2012 statistics from Information Services Division Scotland http://www.isdscotland.org/), for the NHS and for patients.
When the scheme was established it identified three priorities which were:

1) AHP support staff and assistant practitioners
2) Development activities that will benefit support staff
3) Other applications also considered

While preference has always been given to projects which benefit support staff and assistant practitioners, money has always been available for other applications. Applicants do not have to be AHPs, or even need to work in the NHS, but the learning activities must benefit both.

3.1a Who applied?

By Board
The NES team has kept track of which parts of the country successful applications have come from. The biggest number has been from Greater Glasgow and Clyde, by far the largest Health Board. However, (see chart) the conference was told that application levels have not always been in proportion to the size of boards.

Helen McFarlane described that: “The money is there for all of you. If you think about it in terms of getting your share of the cake that might be a good message to take away.”
Note: Applications here represent both individual and team applications. Numbers composing a team spanned from 2 to 16 individuals benefitting from a team application.

Some areas have been better represented in applications than others. For example, as would be expected, there were more applications from NHS Greater Glasgow and Clyde (71), Scotland’s largest NHS board, than anywhere else. NHS Grampian and NHS Highland had a higher volume of applications than bigger health boards.

There were several applications from the island boards, including seven from NHS Shetland. There were applications from two special health boards, the Golden Jubilee National Hospital and The State Hospital.
Several applicants have applied for funding more than once, including those whose application was unsuccessful the first time. It has also been observed that the application process itself has often been of value in terms of continuous professional development (CPD).

By Profession

![AHP Applications by Profession and National Numbers](image)

The NES team has also recorded the applications according to which profession the applicant represents. The bar chart above shows the percentage of applications received in relation to the percentage of workforce for that profession. From this we can see that physiotherapy applications exactly match whereas there have been more applications from speech and language therapists than you might expect given the percentage workforce figures and less applications from radiographers.
3.1b Categories receiving the most funding

Applications are categorized according to three categories:

- **Category 1** = applications from support staff and assistant practitioners
- **Category 2** = applications where the development activity will be for the benefit of support staff, e.g. learning need analysis and design and development of relevant learning opportunities including SQA validated courses, electronically available workbooks, developing and printing of resources such as skills maximization toolkits.
- **Category 3** = other. Typically these applications included more senior staff requesting funding support for post graduate qualifications or team applications to undertake clinically specific learning, e.g. AMPS, Hanen, Bobath, etc.

The number of applications received to each category does not necessarily match the allocation of funds. For example, while Category 1 receives the highest number of applications; the funding requested by each application is usually low. In comparison, Category 2 receives a smaller number of
applications but these requests for funding are of a higher intrinsic value as applications are from qualified practitioners whose funding requests are to support larger projects or pieces of work for the benefit of support workers. Typically Category 2 applications are for work-based learning and include costings for staff time, e.g. to work two days per week for a number of months undertaking developments for the benefit of support staff.

3.1c Types of successful applications

There are case studies of successful applications throughout this report. People applied as groups and as individuals, with each case being considered on its merits.

There were around 60 applications for funding help to work towards Higher National Certificate (HNC) qualifications, for example, HNCs in physiotherapy support or occupational therapy support, most of them successful

Learning about Talking Mats – a tool for working with people who have difficulty communicating – has been particularly popular, figuring in around 30 applications so far. Applications for Talking Mats on-line course were overwhelmingly successful.

There were fewer successful applications (although there were some) for funding help with postgraduate or higher level qualifications (in keeping with the overarching support workers priority).

The largest amount given to an individual application has been £35,450 and the lowest £175. One applicant did not want any money at all, simply believing that fund recognition carried great value in demonstrating the worth of their project. The largest amount given was spread over three different fellows and the development activities included assessing learning needs for podiatry support staff, developing a qualification design team and taking the programme to successful validation with the Scottish Qualifications Authority (SQA) and the professional body. Teaching materials are currently under
development that can be shared across Scotland to all providers of this learning programme.

Feedback from early stages

Early in 2011, NES conducted a survey to get initial feedback on how the scheme was working. Responses led to some changes in the way the fund was run. Responses were mainly positive, but some people felt that the application form was too complicated and difficult to complete. NES then changed the application process to make it simpler and clearer.

The survey also showed that most people (40%) heard about the scheme through their AHP director or lead, or through a colleague (36%).

3.2 The scheme to date

The range of projects has been diverse. Learning can be about upgrading clinical expertise, leadership skills, enhancing people’s roles as educators, or it could be around research.

Many grants, often small, have allowed staff to undertake learning to increase their skills in a way that benefits their departments and patients and others who rely on them. At one end of the spectrum this can involve the opportunity to learn new skills and practices by shadowing colleagues in another care setting, at the other it can involve studying for formal qualifications.

Other grants, sometimes larger, have allowed applicants to carry out in-depth study, in areas such as workforce planning, which will help whole departments, hospitals, other individual care settings, or even the AHP sector throughout Scotland.
Helen McFarlane, AHP Programme Director, NES, said: “Although support workers have been the priority, the fund was set up to benefit the entire AHP sector. It is there for people at all stages of their career – support workers, assistant practitioners, newly qualified members of staff through to advanced and consultant level practitioners.”

3.3 Flexibility and distribution

The key word behind the running of the AHP Careers Fellowship Scheme has been “flexibility”. This has allowed it to be responsive to changing needs and to direct resources to a wide range of projects. The outcome has been a programme which can support a wide range of learning formats, from formal courses to placements or temporary job swaps.

Helen McFarlane said: “My priority has been to create a scheme which is as flexible as possible so the money can be used for whatever the priorities are at the time.”

Most applications have been from AHPs working within health boards. But the fund has also been open to others- so long as there is support from an AHP director who confirms there is benefit to the health service.. Helen McFarlane explained: “From the outset we have said that the fellowships are about bringing benefits for AHPs.

“You might get someone who works for a professional body or who work in colleges or universities and want to carry out a piece of work that is hugely beneficial to AHPs.”

As the AHP Careers Fellowship Scheme has matured, a number of questions have arisen, for example whether international work could be funded – which has now been agreed in principle. This can allow Scotland to learn from international and wider UK experience. Valuable insights might also be gained from developing links with international colleagues addressing similar
paradigm shifts in AHP service provision. In both cases this supports the Scottish Government’s aim for NHSScotland to be a world leader in health.

Another issue has been sustainability. Each application is assessed to ensure that the benefits will not be lost when the project ends. In some cases this means being confident that reports will be acted on rather than gather dust; in others that other sources of funding are available to continue with practical work.

Funding openings have normally been general, but the flexibility within the system allows for some to be specific. One opening was solely for orthoptists. This was to support the newly established degree programme in orthoptics.

Among the challenges has been to get an appropriate balance between scale of funding and benefits. The approach which has been taken has tended to favour applications for larger sums if there is a clear greater good, rather than if they will simply benefit one individual or department.

Helen McFarlane said: “Our aim is to make sure that £270,000 makes the biggest hit possible.”

AHP Vision: To provide excellence and innovation in safe and effective person-centred care through flexible life-long learning opportunities.

3.4 Engagement

Getting to understand what the priorities should be is one of the most important tasks for the AHP Careers Fellowship Scheme. New approaches are currently being pioneered to make it as responsive as possible to the rapid changes in the NHS and the educational needs of AHPs.
Sonya Lam, AHP Director, NES, said: “We have been thinking about how we engage with the boards. We are piloting something new with NHS Grampian and NHS Greater Glasgow and Clyde which is about going out as a team and spending time with them to try to get a feel for where the challenges are and where are the areas that NES needs to target support. That would be another way to ascertain what would be a good use of the AHP Careers Fellowship Scheme.”

4.0 Fellows in their own words

The conference heard accounts from a series of Fellows who described their projects and the benefits their learning had brought.

4.1 Upskilling in post-operative rehabilitation following hip and knee replacements

*Linda Halcrow, Physiotherapist, NHS Shetland and Lynda Bussetil, Assistant Physiotherapy Practitioner, NHS Shetland*

Shetland’s hospital staff has a varied and diverse workload, and being many miles from the mainland can face greater challenges than many in accessing learning opportunities. Much elective surgery for Shetland patients is carried out in places like Glasgow, so there are also challenges in ensuring that care is fully joined up.

Funding allowed Linda and Lynda to spend four days shadowing staff at the Golden Jubilee National Hospital. Lynda said: “We chose to do this because we had read about the Enhanced Recovery Pathway which gives patients a much better experience and reduces costs.”

Going to the Golden Jubilee was especially valuable as this is one of the hospitals to which their patients are often sent. The pair met key staff and spent time on the wards, gaining a full understanding of the pathway and what
would be involved for Shetland elective hip and knee replacement surgery patients. As a result Shetland can now prepare in advance for patients’ needs, tell people what to expect when they are in the Golden Jubilee, and provide the most appropriate care when they return.

Lynda’s knowledge has allowed her to take on a more autonomous role in rehabilitation, running courses in advance of discharge, and she also does follow up work in the community. There have also been cost savings as physiotherapists are freed up to see more complex patients.

“I now feel more confident in treating my patients and I’m sure that following this route will decrease waiting times in the outpatient area as well where Linda mostly works. The experience has increased my knowledge and Linda’s leadership skills. Most importantly it is allowing us to optimise patient care – which is what we are all here for.”

Linda emphasised the importance of NES funding for island-based NHS staff. She said: “On the mainland some people can easily pop into a nearby hospital to learn what other people are doing, but for us it costs hundreds of pounds just to spend one day on the wards elsewhere.

“And one of the big differences it’s made is in allowing us to put patients’ minds at rest because we can talk to them about exactly what will happen when they go to hospital.”

4.2 Supporting the new Health & Care Professions Council (HCPC) approved orthoptics pre-registration degree programme at Glasgow Caledonian University

Rachel McKay, Head Orthoptist, NHS Greater Glasgow and Clyde

In career terms Rachel McKay was in need of new opportunities to develop her skills but there were no obvious options within her current role. “There came a point when I thought ‘what do I do now? I have been a Head Orthoptist for 15 years and with changes in the health service I have hit a
wall’. I didn’t want to pursue a full-time management position as my strengths
and interest lie in the clinical arena. I wanted to do something with a direct
impact on patient care,” she said.

The 2012 launch of the new orthoptics pre-registration degree at Glasgow
Caledonian University (GCU) and the availability of AHP Careers Fellowship
Scheme backing provided Rachel with a perfect solution. She has been able
to take on a 15-month university role while continuing her work in the NHS.
Her involvement has included:

- Lecturing first year orthoptic and multi-professional students
- Tutoring a multi-professional group
- Supervising final year optometry students in the Binocular Vision Clinic
- Being shadowed by MSc optometry students during clinical practice
- Lecturing final year students strabismus management
- Designing course documentation
- Organising clinical placements
- Representing the orthoptics programme on the AHP Practice Educator
  Training group at GCU

The university, and its students, are gaining because Rachel has the link
between clinical practice and academia. The advantages include being able to
understand placements from the student’s perspective and the ability to
advise lecturers on difficulties faced by practice educators and vice versa.

Rachel’s studies will continue beyond her AHP Careers Fellowship Scheme
project and she is working towards recognition as a Fellow of the Higher
Education Institute. The university is also committed to ensuring that her
involvement in the degree course brings lasting gains.

In CPD terms Rachel has learned a variety of new skills and gained valuable
experience which will allow her far greater choice in her future career. At the
same time the NHS is gaining an employee with many advanced skills, including the ability to teach and mentor a wide range of other professionals.

4.3 Developing an online training course in the use of Talking Mats

Lois Cameron, Co-Director, Talking Mats

Talking Mats is an effective tool which uses a mat with symbols to allow people with communications difficulties to express themselves clearly. It’s easy to use and to record and suits people of many different ages, abilities and cultural backgrounds. As it is an evidenced based tool it needs to be implemented with adherence to the principles of Talking Mats identified through the research. Training is important for the professionals making use of Talking Mats.

Lois Cameron, a speech and language therapist, had thought that AHP Careers Fellowship Scheme resources to develop a training course would not be available because she had been seconded from NHS Forth Valley to Stirling University. However, NES was able to fund the development of an online training course because of the clear benefits it would bring to AHPs and the NHS. She and her colleague Joan Murphy applied and were successful in obtaining a fellowship.

The work involved hiring specialist developers and, she said: “developing an online course was a bit like a pantomime horse with lots of talk about back end and front end. We looked after the front end, which is what you see, and they looked after the back end which made it work.”

The result was a course that practitioners take over 12 weeks, which involves completing an assignment. A major strength is that it provides positive weekly feedback. Lois said: “We get a lot of comments, particularly from AHP support workers, saying they have never had such detailed feedback and it means that they know what they are doing is valid.”
Having originally had some reservations about online learning Lois said that she is now completely sold on it because “it gives people something different from face to face. It gives them time to think about things in some hourly chunks and to integrate that into their everyday work and reflect on how it’s put into practice”.

One result of the course is that substantial numbers of AHP support workers are now applying for fellowship scheme funding to do the Talking Mats course.

Lois and Joan have now set up Talking Mats as a social enterprise and are no longer part of the university.

4.4 AHP workforce analysis

Cecile Henderson, NES research and information officer

A pivotal change is taking place in the staff and skill mix of AHPs in Scotland – but there is a lack of workforce data available for informed decisions and planning. Cecile’s project is designed to solve the problem by gathering detailed information which can be regularly updated.

Cecile’s analysis will cover all the AHP professions starting with Occupational Therapy and Speech and Language Therapy, followed by Arts Therapies, Dietetics, Orthoptics, Physiotherapy, Podiatry/Chiropody, Prosthetics/Orthotics and Radiography.

NES has already been carrying out a similar piece of work across the dental workforce and Cecile is following and adapting their methodology to analyse the AHPs.

The project brings many gains, for example by charting AHPs at every stage of their careers, from pre-registration education to retirement. Eventually it will be possible to balance numbers of staff against demand, and the work will
also identify unemployment levels and show how many students remain in Scotland after their university courses.

“Hopefully this will benefit everyone, including AHPs and service users. We want to have a data platform which is there and ready to go and is able to answer urgent queries and also to highlight specific issues among AHPs.

“What’s important about this fellowship is that I don’t come and do the reports, then they get filed away. It’s the beginning of something ongoing,” said Cecile.

By the end of Cecile’s study there will be a report for each profession and mechanisms will be in place to continue and develop her work.

“This morning we have seen some very clear examples of both breadth and depth. That’s the beauty of the initiative, that it is quite flexible. People can apply individually or as groups. Leads can think about how the fund can be used to feed into their objectives,” Sonya Lam, AHP Director, NES.
5.0 Conference questions

Conference participants were asked their views on three specific questions which are fundamental to the future of the AHP Careers Fellowship Scheme. These were:

1) Should the AHP Careers Fellowship Scheme name be changed?
2) Should support workers and assistant practitioners be the top priority for funding?
3) Should funds be spread widely or targeted to specific projects in depth?

5.1 Should we change the title of Careers Fellowship Scheme?
A series of issues were raised in favour and against changing the name and branding. These were:

Reasons for change

- The term “fellowship” may be off putting to some people
- The name has overtones of academic learning
- It may not immediately perceived as relevant at all career levels

Reasons to keep the name

- It is established and change could harm the marketing drive
- It is consistent with the fellowship schemes for other sectors, such as GPs and pharmacy
- A name change could risk damaging inter-professional links

There was also discussion on what the change of title should be within the discipline-specific groups with a number of alternative suggestions, such as AHP Careers Opportunities Fund and AHP Careers Fellowship Opportunity, discussed but no agreement reached.

It was agreed by the conference that greater emphasis is needed on what the fund actually does and which groups benefit. One proposal was to swap round the existing main name with the strapline resulting in the existing strapline
“Funding AHP Learning and Development” being used as the basis for the fund’s name. The term “AHP Careers Fellowship Scheme” would then become the strapline.

5.2 Should support workers and assistant practitioners remain the top priority?
Advantages and disadvantages were presented which included:

Pros
- It is in keeping with the skill mix agenda within boards which is leading to increasing numbers of support staff roles
- There are limited alternative sources of funding to support role development for support staff
- The learning opportunities developed by Fellows for benefit of support staff are now coming on line
- Equality of opportunity - support staff commonly have least access to education and learning and often have the fewest qualifications
- It is cost-effective

Cons
- Support staff and assistant practitioners have been the priority for two years
- Applications from AHPs for Masters or Professional Doctorate qualifications are often received and prioritised by line managers and AHP directors

Conference participants voted against keeping support workers and assistant practitioners as the top priority by 84 to 12. But views were mixed on what the future top priority should be, or whether there should be one. Some wanted to keep a degree of emphasis on support workers and assistant practitioners while ensuring that the scheme was as inclusive as possible for the whole AHP sector. Others suggested that applications should be solely judged on their merits or that more attention should be given to the needs of individual boards.
Some participants called for support to be focused on specific roles, skills or activities such as ultrasound, radiography, Levels 5 & 6 staff, health promotion, self-management or unemployed graduates. Others favoured a more strategic emphasis with the fund favouring applications that supported national priorities and plans, such as those for mental health and dementia.

5.3 Should resources be spread widely or targeted to specific projects in depth?
A series of issues were put forward. These included:

**Breadth**
- Brings wider access to AHPs for funding but scattered across wide range of areas
- Partial funding may mean development cannot go ahead if no other source of funding available
- It’s much easier to be responsive and take a “bottom up” approach if the scheme is used to fund relevant developments

**Depth**
- Major pieces of development can be undertaken in depth on behalf of the entire AHP community
- £270k can fully fund around four substantial development opportunities
- There is a risk that projects will not be relevant if priorities are not carefully agreed

Group discussions revealed a range of opinion. Some felt that breadth brings quick wins for the largest number and that it can be inappropriate for large sums to be invested in the professional development of a few individuals. Others thought that in-depth projects, by individuals or teams, can bring great gains to the NHS. Yet others advocated a third way that would combine breadth and depth – for example with most funds invested in work to meet identified priorities, but some set aside for one in-depth per year.
Calls were also made to maximise flexibility, accessibility, geographical spread, project quality and value for money. There was debate about whether the fund should be more proactive in suggesting project areas.

We would like to know what you think about the questions raised at the conference and the opinions expressed by those who took part. Section 7.0 of this report invites you to join the discussion about the future of the AHP Careers Fellowship Scheme.

5.4 Funding priorities

An exercise was carried out to look at participants’ views on how funding should be focused. This involved asking how they would divide a finite sum of money between areas which they had identified as ones the AHP Careers Fellowship Scheme should support.
The results revealed a view that role development projects (27%) should receive the highest levels of funding. There was also clear backing for substantial investment in schemes to benefit support workers (15%). Participants also felt that funding should go to projects which support national strategy (11%), measure impact (10%) encourage health promotion (9%) and help with integration (8%).
6.0 NES AHP Advisory Group

During the afternoon there was a meeting of the NES AHP Advisory Group (composed of representation from different AHP professions) which discussed the conference and looked to the future.

Group members agreed that the scheme has established itself well and is proving an effective way to provide learning opportunities that benefit AHPs. They also raised the importance of further raising awareness of the scheme and encouraging people to take full advantage of the opportunities it presents.

Helen McFarlane highlighted the critical role of the advisory group in shaping the scheme. She said: “You are our ultimate governance on where the priorities lie; you will be making the decision.”

There was wide acknowledgement of the challenges involved in determining priorities and that a series of considerations have to be taken into account such as:

- How to weight applications when professions are of different sizes
- Accounting for different priorities, for example the immense importance of telecommunications in the NHS Islands boards
- The scoring of applications
- The relevance of national priorities and workforce planning
- Whether there should be a top priority or simply a set of priorities
7.0 Join the discussion

Even if you were not at the conference, you can still take part in our conversations. We would like to hear the views of as many people involved with the work of Scotland’s AHP sector as possible to help guide the NES AHP Advisory Group on its decisions about reshaping the AHP Careers Fellowship Scheme. Please go to our short survey and give us your views https://response.questback.com/nhseducationforscotland/settingtheagenda/

We need to receive your comments by 31/05/2013 to make sure they can be included in the consultation process.

8.0 Looking to the future

The NES AHP Advisory Group, which has representatives from all the AHP professions, will debate and decide how the fund will be reshaped for the future. The idea is to ensure that the AHP Careers Fellowship Scheme remains as nimble as possible – adapting quickly to the changing needs of the NHS and its patients.

The results of the conference, and feedback from the questions raised in this report, will be used by the forum to guide its decisions. These decisions will be made put into practice in time for the next funding opening.

Once the advisory group has agreed the way ahead we will put details on the AHP Careers Fellowship Scheme section of the NES website.
CASE STUDIES

Case study

- Sara Conroy
- Practice Development Physiotherapist, NHS Greater Glasgow and Clyde
- Project: The creation of a physiotherapy support worker work-based learning resource

The absence of a standard learning resource for physiotherapy support workers meant that health boards were constantly having to “reinvent the wheel” according to Sara. It also led to a lack of consistency across Scotland at a time when there is a drive to standardise around best practice.

Sara’s funding allowed her do a survey of what resources were being used around the country – and she found that many were based on work from NHS Tayside. Taking the best from each of the areas Sara was able to create a standard workbook to suit all Scotland. One of the advantages of having a single resource is that it can be readily updated whenever needs change.

The work done by Sara has huge potential in other areas too and she is now looking at developing the site further to include other AHP professions. She ultimately hopes to create learning resources for support workers across the AHP professions.

According to Sara, at a time of changing roles, there is enormous value in homing in on who can and should be delivering what services. This will help
create more fulfilling careers for support workers and liberate other professionals to focus on more complex tasks.

**Case study**

- Claire Ross
- AHP Practice Education Lead, NHS Lothian
- Projects: Providing an educational solution for AHP support workers in their role as educators and a learning needs analysis for dietetics support workers

According to Claire the fund offers a superb way to help the AHP sector advance. She says: “It was a fantastic opportunity. Although support workers were the priority I knew that you didn’t have to be one to apply; there was the potential to support the development of others whose projects would have a gain for support workers.”

One of Claire’s projects identified the need for support workers to be able to get a recognised qualification as educators. She then worked with the Scottish Qualifications Authority (SQA) to create a PDA (professional development award) in learning, training and assessment in the workplace at Scottish Credit Qualification Framework (SCQF) level 8. Negotiations are now underway to find a college to run the course, which will be available to all support workers.

The second project identified how many dietetic support workers there are in the Scottish health service. Claire then explored the competencies they needed, how they preferred to learn, and what training and education was available to develop them in their role. This resulted in a self-assessment tool which lets staff identify their strengths and needs.

“It’s good for staff and it’s good for dietetics. And because the skill mix in dietetics is changing, it’s really helpful for managers to know what training is available and what else is needed to develop this growing part of the workforce,” says Claire.
Case study

- Eileen Sharp
- AHP Practice Education Lead, NHS Forth Valley
- Project: Scoping exercise to identify formal educational materials available to AHP support workers in personal effectiveness

The personal effectiveness of support workers is ever-more important as their role in the NHS expands, and with the need to deliver the highest standards of person-centred care. Eileen identified that there was little awareness of what was available in terms of formal educational materials, and that this could hamper career and service development.

“There is a lot out there, which quite surprised me, but it’s not always obvious and people don’t know where to look,” said Eileen.

Many support workers benefit from informal training but are unaware that there might be courses or modules they can do to get accredited qualifications. In many cases the educational options are not specifically for support workers but can provide exactly the skills they need in areas such as communication or leadership.

A central recommendation of Eileen’s report is that an additional study takes place to help ensure that support workers can access suitable education.
Case study

- Jenny Ackland
- Practice Development Podiatrist, NHS Greater Glasgow and Clyde
- Project: Developing learning for podiatry support staff

Training programmes for Scotland’s podiatry support staff could often be very good, however there was no external accreditation. Jenny’s work has now solved this problem by establishing a PDA at SCQF Level 7 in Podiatry Support. The award consists of six Higher National (HN) units and has been validated by the Scottish Qualifications Authority (SQA). The information is part of the SQA portfolio and information is available on its website.

Jenny said: “The steering group did some research among podiatry assistants and their managers which showed that they really wanted a recognised qualification that was work based and consistent across Scotland.”

Working with the SQA and with NHS colleagues in NHS Ayrshire & Arran, NHS Lothian, NHS Fife and NHS Greater Glasgow & Clyde, Jenny set about creating something tailor made to staff needs. Four of the units were written from scratch and two more were currently provided by SQA. The next stage is to write the underpinning learning materials in workbook format and a career fellow is currently undertaking this work.

Case study

- Tony Chenery, Lead Art Psychotherapist, NHS Forth Valley
- John Fulton, Principal Art Psychotherapist, NHS Ayrshire and Arran
- Project: Educational Solutions to Support the Development of the Assistant Arts Therapist / Arts in Health Worker Role in Scotland.

Art can make a powerful contribution to the treatment and wellbeing of people with mental health problems or challenges arising from relationship difficulties, physical health problems, trauma or abuse. However provision varies.
Tony said: “Art can provide a superb therapy when people are ill and when they are getting better it offers the opportunity to build self-confidence and develop new skills and interests.”

John and Tony undertook a UK-wide study to discover what educational solutions were available to support the development of assistant arts therapist roles and arts workers in the third sector. This is important as these people may be contracted by health boards to provide services to vulnerable groups. One area of interest was whether there was always appropriate clinical overview of arts activities being commissioned by health boards. Another was whether arts practice and therapy services were integrated to get the most benefit for patients.

Before this project there was little information about the educational opportunities available to assistant arts therapists or arts workers who work with vulnerable people across Scotland. Now, however, a body of evidence is available which can help guide NHS professionals on quality and structured arts services contracted and commissioned by health boards.

John said: “We discovered that there are just 22 arts therapists employed in the NHS across Scotland. We want people to debate what’s happening on the ground for patients who can be very vulnerable and what services can, or should be offered within a proper governance framework.”
Case study

- Maureen Grove
- Practice Development Lead OT, NHS Greater Glasgow and Clyde
- Project: MSc in Integrated Services Improvement with Dementia Studies

After coming into post two years ago Maureen recognised that the MSc available from Edinburgh University would contribute greatly to her career development and be of direct benefit to her employers. Part-funded by NES, it has enabled her to make a clear contribution in the ongoing work to improving services within the healthcare setting.

The dementia modules are of particular value in helping build better services which reflect current societal changes. Maureen’s studies have been on a part-time basis and carried out in tandem with her job. This has allowed her to put new skills into practice straight away – for example by evaluating a project being carried out by AHPs in an acute care setting.

Maureen’s presence has also been of value in helping develop the course for the future as the academics are keen to use the experience of healthcare professionals to ensure it is geared to the needs of each generation of students.

Case study

- Lorraine Whyte
- Superintendent Practice Education Radiographer, Beatson West of Scotland Cancer Centre
- Project: Creating a radiotherapy assistants’ training programme

In Lorraine’s words, when it came to formal training programmes for radiotherapy assistants “there was absolutely nothing for them”. This has now changed thanks to her project.
Lorraine said: “We have developed a pack which covers everything from infection control through to medical terminology as well as the differences and types of treatments. The idea is to help them better understand their role.”

Lorraine has taken care to ensure that all the training materials are accessible and that there are things like quizzes to help consolidate learning.

The benefits to the employers are that they can be sure that staff have a full understanding of not just their jobs, but also their workplace. Lorraine’s pack even explains why the Beatson has been designed in a particular way. The staff themselves can be confident that they know all they need to in order to fulfil their roles.

**Case study**

- Bridget Naismith
- Therapy Support Worker Co-ordinator, NHS Lothian
- Project: Evaluation of the workplace impact and effectiveness physiotherapy and speech therapy HNCs

AHPs and their employers have to know whether courses aimed at raising skill levels are truly worthwhile. Bridget’s study aims to answer exactly that question about the speech therapy and physiotherapy HNCs.

For employers it involves the cost of the course plus the need to release valuable staff members for up to six one-week study blocks, plus ongoing study throughout the year. For the candidate there is a two-year commitment and a lot of extra work.

Bridget said: “This is a nationwide piece of work in which I will be gathering information from people who have taken the HNCs, their mentors, line managers and patients. It will answer questions about whether it has made a real difference to a person’s work and to patients. I’ll also be looking at
whether it has benefited their departments, perhaps by increasing capacity or quality or releasing colleagues to extend their roles”

If the nine-month evaluation is positive it will hopefully lead to an increased uptake of the courses. And if gaps or flaws are identified it will allow improvements to ensure the courses are as valuable as possible.

**Case study**
- Norma Clark
- AHP Clinical Services Manager Mental Health, NHS Fife
- Projects: To explore formal Scottish Qualification Agency (SQA) accreditation of supervision training program. To support first time presenters to attend a College of Occupational Therapy conference to share their learning and work based projects.

Norma Clark and Mig Braid worked with the SQA to explore the accreditation process in relation to their supervision training programme, mainly aimed at junior and assistant OT staff. Their premise was that the value of in-house training can be greatly increased if it leads to a recognised qualification.

However, the result of the exploration was to not go forward with the SQA accreditation as it was too academically focused and would significantly change the structure and feel of the training away from the existing clinical focus. The supervision programme has, though, achieved endorsement from the College of Occupational Therapy.

Norma believes that access to formal qualifications can make a big difference. She said: “It has reinforced to my staff that the work they do is really useful. It’s important in helping them realise they have something of value which they can share with others.”

For the second project four members of NHS Fife OT mental health service were supported to put forward abstracts for the national College of Occupational Therapy conference and successfully presented their work in a
number of posters. All were accepted and Janet Love, a healthcare assistant, won first place for her poster presentation. The positive experiences of attending conference has increased their confidence and given them a new appreciation of their skills and core contribution to the wider OT service.

Case study
- Jacqui Anderson
- Lead Occupational Therapist for Acute Services, Greater Glasgow and Clyde NHS Board
- Project: An assessment of external accreditation options for acute medicine assistant practitioners working across Occupational Therapy and physiotherapy

The health board has developed acute medicine assistant practitioner roles to work across occupational therapy and physiotherapy. There are around a dozen post holders all of whom have good in-house training and a wide range of competencies, but this lacks external accreditation. Jacqui’s project was to identify whether or not this training could be mapped on to any existing qualifications.

Jacqui said: “If there was something out there then it would give these staff ready access to a recognised qualification, which is valuable to them and to employers. If not, then there was clearly a gap in provision which can hopefully be filled.”

The project identified that there is no qualification currently available which could validate the training and skills of this flexible group of Band 4 staff. As a result the way is now open to a further piece of work to develop an appropriate qualification.
APPENDIX 10

Equality and Diversity Monitoring

NES is committed to promoting equality and diversity in everything we do. In order to support this, we monitor the equality and diversity profile of our [workforce, trainees, etc as relevant]. The data you provide on the monitoring form will be kept absolutely confidential and will be securely processed and held in accordance with the Data Protection Act. We will review and analyse the results of our equality and diversity monitoring to improve our services and to make sure they are meeting the needs of Scotland’s diverse population.

We hope that you will complete this form and support our efforts. If you have any questions about this form, please contact [name of person who can offer advice].

1. Gender
   Are you Male or Female? (Please put X in one box only)
   - Male
   - Female
   - Prefer not to answer the question

2. Age
   What is your Age?
   I am ☐ ☐ years old and my Date of Birth is * (dd/mm/yyyy)
   - Prefer not to answer the question

3. Disability
   3.1 Do you have any of the following?
      - Deafness or severe hearing impairment
      - Blindness or severe vision impairment
      - A physical disability
      - A learning disability (such as Downs Syndrome)
      - Dyslexia, Dyspraxia or Dyscalculia
      - A mental health condition (such as depression or schizophrenia)
      - A long term illness (such as diabetes, cancer, HIV, heart disease or epilepsy)
      - Other (please specify)
   3.2 Are your day to day activities limited because of a health problem or disability which has lasted or is expected to last at least 12 months? (include problems related to old age)? *
      - Yes, Limited a lot
      - Yes, limited a little
      - No
      - Prefer not to answer the question

4. Nationality
   What is your nationality? *
   - Prefer not to answer the question
5. Ethnic Origin
What is your ethnic group? (Choose ONE section from A to F then X ONE box which best describes your ethnic group or background). *

A. White
  □ Scottish
  □ English
  □ Welsh
  □ Northern Irish
  □ British
  □ Irish
  □ Gypsy / Traveller
  □ Polish
  □ Any other White Ethnic Group (please specify below)

B. Mixed or multiple ethnic groups
  □ Any mixed or multiple ethnic groups, (Please specify below)

C. Asian; Asian Scottish; Asian British
  □ Pakistani, Pakistani Scottish or Pakistani British
  □ Indian, Indian Scottish or Indian British
  □ Chinese, Chinese Scottish or Chinese British
  □ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
  □ Any other Asian Ethnic Group (please specify below)

D. African
  □ African, African Scottish or African British
  □ Other, please specify

E. Caribbean or Black
  □ Caribbean, Caribbean Scottish or Caribbean British
  □ Black, Black Scottish or Black British
  □ Other, please specify

F. Other ethnic group
  □ Arab
  □ Other (please specify below)

G. □ Prefer not to answer the Question

6. Religion or Belief
What religion, religious denomination or body do you belong to? *
  □ Church of Scotland □ Roman Catholic □ Other Christian
  □ Hindu □ Sikh □ Jewish □ Buddhist □ Muslim □ Pagan □ None
  □ Another Religion (please specify below) □ Prefer not to answer the question
7. Sexual Orientation
Which of the following best describes your sexual orientation? *
- Bisexual
- Gay Man
- Heterosexual
- Lesbian/Gay Woman
- Other
- Prefer not to answer the question

8. Caregiving Responsibility
Are you responsible for the day-to-day care outside work of (tick all that apply)?
- A child or young person
- A sick or disabled person
- An older person
- Other (specify)
- No / None of the above
- Prefer not to answer the question

Updated: 2012