

## **Allied Health Professions: Towards an integrated education strategy for AHPs Consensus Statement**

Delegates agree the following statement as crucial to developing an education strategy for the Allied Health Profession (AHP) workforce across Scotland that is considered alongside other strategies.

### **Themes from the conference**

- **Professionalism and communication are core to good practice for all members of the AHP workforce; life-long learning must be values-based as well as skills-based; the importance of leadership and team-working must be recognised.**
- **Active participation in work-based learning supports life-long learning and helps individuals and organisations to strive for excellence and innovation, thereby improving patient experience, patient safety and service delivery.**
- **Service user and carer partnership is core to the future education, design and delivery of AHP services.**
- **Planning for the workforce of the future must include AHPs and involve all stakeholders. It must be flexible and focused on service need.**
- **Impact, evaluation and review must underpin all aspects of an integrated education strategy.**

### **Revalidation and the patient experience**

The AHP workforce recognises the need to demonstrate continuing fitness to practise to service users and carers, employers, colleagues and regulatory bodies. A range of periodic review mechanisms is already in place, such as registration renewal, continuing professional development, audits, appraisal, supervision, clinical governance and institutional inspection. Some are mandatory and others are not, but all contribute to maintaining high quality practice. Improving patient safety and experience is the ultimate aim of all these and this must not be lost.

- Professionalism, good communication and values-based practice are fundamental to a good patient experience and patient safety; lifelong learning opportunities therefore should be devised for the AHP workforce.
- It is not yet clear what further mechanisms are required for AHPs to ensure that they are up to date and fit to practise.
- If any “extra” layer of inspection is deemed appropriate, it must be proportionate to the risks and sufficiently flexible to respond to and anticipate future risks, be streamlined and evidence based.
- Current evidence shows that few complaints are made about AHPs but the majority relate to conduct not competence.
- There is a need for more research into the predictors of risks associated with poor practice. Further research should take account of emerging evidence about whether there are specific groups which should be targeted with additional education and training.

### **Work-based Learning**

Active participation in work-based learning supports life-long learning and helps individuals and organisations to meet patient and service needs. Protected time to think, reflect, share experiences and learn must be integral to the working week for all members of the AHP workforce. Work-based learning can be formal or informal, intentional or incidental, but all forms must be recognised as valuable.

- Work-based learning can lead to innovation and improvement in all parts and at all levels of an organisation.
- The working culture should encourage learning alongside service users and carers. NES should explore this with representative organisations.
- Multidisciplinary/multi-agency learning can help lead to excellence, innovation and enhanced patient care.
- Practice education should support work-based learning and the development of practitioners as educators.
- For experience to become learning it needs to be recognised and valued by those taking part, their colleagues, organisations and others.
- Work-based learning should encourage learning from bad experiences as well as positive experiences in a culture of openness and improvement not blame.

### **Modernising AHP Careers**

A modern AHP workforce needs to be suitably influential, knowledgeable and skilled to meet the evolving needs of services and service users, contributing to the shaping of service design and delivery. All roles should be built around the four dimensions of clinical practice, research, leadership and management and facilitating learning and development. There must be clarity and consistency of role, including titles, across the UK and across the AHP disciplines.

- A modern AHP workforce works with other health and social care professionals to develop and deliver integrated coherent and excellent care.
- AHPs need to remain proactive in identifying how the national career framework supports current and future patient care; local buy-in is essential.
- Modern AHPs, in partnership with service users and carers, are instrumental in addressing some of the key challenges to health and wellbeing.
- Changes to educational frameworks need to reflect wider changes in health and social care delivery, taking account of innovations and new ways of working both within and across professions.
- Extended, advanced and support worker roles should be developed in response to national and local needs and in a variety of settings.
- All members of the AHP workforce should be supported to develop vertically and/or horizontally within clear career pathways.
- Obtaining inter-professional agreement on definition of roles, titles, and dimensions contained within the career framework across the UK is vital.
- A modern AHP workforce should be supported to achieve a strong collective AHP voice alongside nursing, medicine and other professions. NES has a role in supporting the development of an integrated AHP workforce through education that enhances transferable skills and succession planning.

### **Workforce Development**

Workforce planning and workforce development are separate, but connected processes involving complex interaction of social, economic, technological and service needs. Both depend on partnerships between employers, staff, service users, carers, educators, researchers, managers, policy-makers and other relevant organisations. Evidence-based implementation of workforce development is key. Workforce development and planning must:

- Recognise the importance of good working relationships, partnership and organisational support.
- Identify education designed to meet the needs of emerging roles and designed to improve the patient experience.
- Achieve a balance between evidence-based practice and values-based practice.
- Value all types of knowledge creation, not just those that are widely recognised and available at the time, but also those that are in development.
- Value the contribution of all members of the team to the workforce planning process.
- Recognise and address power relationships, hierarchies and their influence.
- Achieve improvements in a constrained financial environment and overcome hierarchical organisational barriers.

### **Conclusions**

The education strategy for the AHP workforce needs to take account of wider developments across the health and social care landscape, including changing expectations, changing roles and the changing financial climate. Delivery of education and services must include more involvement of service users and carers, more time for sharing and reflection on practice, and more emphasis on professionalism, good communication and values as well as evidence based practice. The AHP workforce makes a unique and valuable contribution to the safety and quality of life of the people of Scotland. Education must foster a culture of excellence and continuing quality improvement that produces confident, empowered and highly motivated individuals.