REINVESTMENT PROJECT FINAL REPORT

Modernising Continuous Professional Development for Allied Health Professionals

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1 Executive Summary

1.1 A number of government initiatives in recent years have put forward recommendations for changing the provision of healthcare to meet the evolving needs of the country’s population (DH 2008, Farrar 2009, DH July 2008a). In order to develop an Allied Health Professional (AHP) workforce with the abilities to put these initiatives into practice, there needs to be appropriate education and development opportunities available. The financial constraints that the public sector will find itself operating in for the foreseeable future means that the current system of post-registration workforce development is no longer sustainable and will need to be reviewed. Higher Education Institutions (HEIs), AHPs and service leads will need to be innovative in their search for alternative solutions; they will need to remain sensitive to new opportunities as they become available, and sufficiently flexible to avail themselves of these opportunities.

1.2 The economic challenges affecting healthcare service delivery will result in fewer opportunities for education and development. Cuts in training budgets and shortages of staff to cover day to day activities, are already creating problems in releasing staff to attend training events. Costs of Continuing Professional Development (CPD) will become an issue, with Trusts being encouraged to provide in-house education for staff, or to look at independent training organisations with lower overheads. Commissioners will dictate funding and education in the future, based on clinical priorities, which will mean education will be patient pathway driven, and HEIs will therefore be required to demonstrate a more flexible response to training requirements. A new CPD framework is therefore required to look at the challenges of providing CPD in a competitive environment.

1.3 The purpose of AHP CPD is to develop the abilities of the individual and, through this development, change and improve practice and service provision. It should be a continuous process of professional learning and personal growth (HPC 2006). The responsibility for CPD lies with a range of different partners, all with different agendas, which may not necessarily be synonymous. However, the outcome should always be that CPD benefits the patient. The key to successful CPD is to know what is clinically
required and what needs to be achieved. Once this is clear then it is possible to plan an appropriate strategy. CPD by definition is an ongoing process, and is not a quick solution to the problem of developing a sustainable skill base. It is rather, a long term commitment to continuous improvement through the development of a competent and effective workforce.

1.4 It was in this context that as part of the South West Strategic Health Authority (SW SHA) funded project, Modernising AHP Careers, undertaken at the University of the West of England (UWE), it was decided that one of the areas to investigate was the provision of CPD and how this can be modernised. A review of the literature on the subject was initially undertaken to establish exactly what CPD is, what it should involve, and what changes were occurring within the workplace in response to government initiatives. A questionnaire was distributed to AHPs asking for views and ideas on enhancing the current provision.

1.5 Discussions then took place with a variety of stakeholders and education providers to explore what is currently happening, what concerns there are, and what opportunities exist for improving the provision. The results of these discussions were then transcribed. The respondents were from not only within the SW region but from other UK HEIs, SHAs and Trusts also. Results of the themes that emerged from these investigations are summarised in appendix 1. Using these emerging themes, various discussions took place with key SW HEI and clinical personnel in order to compile an Action Plan.

1.6 This project took place in challenging times, against a background of a change of political government, public sector funding cuts, and the ensuing insecure employment market. The uncertainties resulting from this caused an unfortunate lack of response from some personnel in other SW HEIs when they were approached with attempts to set up collaborative working practices. As a result, much of the progress that has been made has been undertaken with UWE staff.
1.7 As a result of this project several positive outcomes have been achieved, but others are longer term actions which have been initiated or proposed, and will not achieve fruition or completion within the term of this project.

1.8 Recommendations include:

- greater use to be made of podcasts (6.2);
- an annual regional multiprofessional forum to be held focusing on patient pathways (6.3);
- further promotion of work-based learning modules to provide formal recognition of skills acquired in the workplace (6.5);
- further exploration on linking academic modules to the Skills for Health framework levels 1 – 9 (6.7);
- establishing a system for exchanging visiting lecturers’ time for department CPD credits to engender a partnership approach to training (6.9);
- the use of Webinar to deliver CPD courses to be trialled (6.10);
- the Clinical Mentors’ Register needs to be kept updated and circulated (6.12).
2. Background

2.1 Amidst all the discussions around the changes required to deliver future healthcare, the document ‘Framing the Contribution of Allied Health Professionals: Delivering High-Quality Care’ (DH 2008) acknowledged the nationally recognised importance of the contribution of AHPs to contemporary health and social care services, and provided specific guidance for AHPs on how services for patients could be improved. This guidance centred on three key aspects:

- Mandating data collection to improve quality
- Improving access to AHP services by enabling self-referral of patients to specified services
- Empowering patients

2.2 The Quality, Innovation, Productivity and Prevention (QIPP) programme (Farrar 2009) is designed to support the NHS to meet the challenge of providing high quality care for all, by increasing quality of healthcare provision whilst improving productivity. This initiative puts emphasis on ensuring we have an NHS workforce that is flexible, efficient and cost effective.

2.3 This was discussed further in the ‘Modernising AHP Careers’ document (DH 2008a) which supports the national call for AHPs to be proactive towards policy drivers relating to Quality initiatives, and highlighted CPD as the primary mechanism for developing the AHP workforce with the skills for the future. The risks of not addressing CPD needs of staff have been highlighted, and include suboptimal care of patients; lack of competitiveness in the provision of healthcare; lowered staff morale; problems with recruitment and retention of staff. Conversely, the benefits of effective CPD will result in increased flexibility of the workforce to ensure more cost effective use of staff; patient care improved by increasing the skills of the workforce; enhanced career development and improved morale for individual AHPs; improved strategic planning for the workforce (DH 2008a).
2.4 CPD Programmes should:
- Provide a framework for CPD in-line with contemporary healthcare policy
- Build on and complement existing postgraduate programmes already in place
- Develop the skills & knowledge of the AHP workforce
- Develop programmes that address both interprofessional and discipline specific needs
- Provide a shared credit framework that will be recognised at both interprofessional and discipline specific level (SFH 2010)

2.5 Changes in the nature of funding for role specific training have left many heads of services concerned about the future quality of their services if specific training needs cannot be met. Limited resources are leading to difficulties in predicting the supply of appropriately qualified staff.

2.6 Various local initiatives have been implemented in an attempt to tackle the shortage of funding for CPD. AHP leads have undertaken learning needs analyses to establish priorities; Strategic Health Authorities (SHAs) have provided additional funding for training to support some areas where particular skills shortages have been highlighted; underspend monies from statutory and mandatory training have been made available for other training; attempts have been made to manage staff expectations within the context of limited training budgets. In addition, and of greater concern, some Trusts have begun to issue directives cancelling any staff CPD activities and preventing any booking on future courses, due to lack of funding to cover staff when not available clinically.

2.7 In these financially challenging times for the public sector, pressures will grow for more cost-effective ways of delivering effective healthcare training. The scenario whereby CPD students sit in a small class is too costly, both in terms of releasing staff from their clinical roles, and of providing educational resources, and the system will therefore need to be reviewed. The changing nature of service delivery has resulted in fewer opportunities for external training. Cuts in training budgets, and shortages of staff to cover day to day activities, creates problems in releasing staff to attend training
events. A new CPD framework is therefore required to look at the challenges of providing CPD in a competitive environment.

2.8 It was in this context that in 2009, the South West Strategic Health Authority (SW SHA) identified the need to improve the delivery of CPD and decided to fund a project to investigate ways of modernising the provision of CPD for AHPs.

3. Project aims and scope

3.1 To investigate the current situation with regard to AHP CPD provision in the SW.

3.2 To determine the strengths and weaknesses of the current provision.

3.3 To consult with stakeholders and partners to develop an action plan to address the weaknesses.

3.4 To propose and implement action to improve the CPD provision.

3.5 To improve two-way communications between AHPs and HEIs to enable responsive and flexible provision of training and development programmes.

3.6 To propose a new framework to enable HEIs to provide educational programmes that fulfil the needs of clinical organisations in developing practitioners to provide future healthcare needs of the South West population.

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Project date: May 2009 – July 2010
4. Project Activity

4.1 A review of the literature on the subject was initially undertaken to establish exactly what CPD is, what it should involve, and what changes were needed to ensure the workforce is equipped with the skills to meet the challenges ahead. Questionnaires were distributed electronically to AHPs in the SW region asking about current knowledge of the CPD provision, and seeking suggestions for improvement. A total of 93 forms were returned.

4.2 Four focus groups composed of AHPs were organised, to enable opportunities for discussions, and to obtain views on the strengths and weaknesses of the current AHP CPD provision. Individual in-depth interviews and discussions then took place with a variety of stakeholders, including service group leads, education co-ordinators and education providers, both within the SW region and nationally, to explore what is currently happening, what concerns there are, and what opportunities exist for improving the provision. An event at UWE was organised in December 2009 to share and celebrate examples of AHP Best Practice; this provided an opportunity to discuss the project with the delegates, and obtain feedback from them. The results of all these discussions and interviews with stakeholders were transcribed.

4.3 Many common themes emerged from these discussions, and these were grouped under five main topic headings; Communication; HEI websites; Practical provision of CPD; Strategic long-term workforce planning; Administration of the CPD system. The discussions with the stakeholders also gave rise to a number of useful ideas for opportunities to improve the provision. The results of these investigations are outlined in a document listing the emerging themes (see Appendix 1).

4.4 Using these emerging themes, various discussions took place with key HEI and clinical personnel in order to compile an Action Plan. A meeting was organised between representatives from three SW HEIs: University of Bournemouth, the University of Plymouth and the University of the West of England, where the emerging themes were reviewed and the beginning of an Action Plan was formulated. The Action Plan was
divided into two main areas which needed addressing: Communication and Delivery of CPD. Discussions took place with a number of key personnel, to identify and obtain agreement from, the appropriate people to take responsibility for moving forwards with identified action points.

4.5 Many of these Action points have been completed (see Project Outcomes below), but several are longer term initiatives which are progressing, and will not be completed within the term of this project (see Recommendations and Next Steps below). Individuals will therefore need to be identified to take responsibility for ensuring successful completion of these ideas.

4.6 In my role as project co-ordinator, I was invited to participate in a Department of Health reference group meeting on Modernising AHP Careers in November 2009. I was also invited to lead a workshop at the SW AHP Conference in February 2010 on modernising CPD. I took the opportunity at this latter event to share the findings on the project to date, and to obtain feedback from the participants. I have also provided regular updates over the past few months to the SW AHP Network Chairs meetings. Additionally I was asked to present my findings at the UWE Staff Development day in April, and at the AHP annual review meeting in June.

4.7 I have attended several department meetings and regional managers’ meetings to disseminate the findings from the project and to promote outcomes, such as the Clinical Experts’ Register. I was invited by Professor Coulstone to attend the regional Speech and Language Therapists managers’ CPD planning meeting at St Martin’s Hospital, Bath to present the project findings and recommendations. I also attended an AHP managers meeting at the Royal Mineral Hospital, Bath and the SW AHP forum in July, to present the project outcomes.

4.8 I have recently submitted a paper, outlining the project findings and outcomes, to the International Journal of Therapy & Rehabilitation. This has just been accepted, and is
due for publication in the next edition in September. I have also written a short article for the Radiography Journal, promoting the Clinical Experts Register.

5. Project outcomes and key findings

Project Outcomes

Communication
5.1 Discussions with the UWE Director of Educational Partnerships resulted in initiating progress on improving the UWE website. Agreement from Heads of Department (HoDs) has been obtained, to invest money into developing the website and Central Marketing has initiated progress on the development process. The University of Plymouth is also involved in redesigning their website.

5.2 Meetings with the website editor have resulted in modifications to the initial introductory pages of the 'Day in the Life' website to try to ensure this site is used as a single gateway for healthcare professionals to access a number of key areas of information.

5.3 Text and links have been set up to ensure that users can select a hyperlink to take them to: the relevant HEI CPD webpages; the Clinical Experts Register; the Clinical Innovators pack; the SW AHP Newsletter.

5.4 A more comprehensive and up-to-date list of AHP email contacts has been established by consolidating several different contact lists. In addition a list of all AHP attendees on CPD courses is being compiled to use as a database for promoting future workshops.
5.5 A distribution list of consultant AHPs in the SW has been compiled in order that details of CPD courses can be circulated specifically to them in their role as disseminators of clinical knowledge.

5.6 AHP Subject Group Leads (SGLs) at UWE have agreed to establish a regular agenda item for department meetings to encourage link lecturers to discuss marketing and communication issues with clinical colleagues during link visits. Other HEIs are looking at similar initiatives to strengthen clinical and teaching links.

5.7 A postgraduate open evening is to be set up in the Autumn to showcase the AHP CPD opportunities at UWE. This is recommended for other HEIs also.

5.8 CPD courses are now being publicised in Southwest AHP newsletter, however the long-term sustainability of this facility is currently under discussion.

**Delivery of CPD**

5.9 An algorithm for use by HEIs and AHP Service Leads has been developed to assist with improving the system of CPD provision. This is designed to enhance the communication between education providers and AHPs, and to ensure the provision is sufficiently flexible to meet the changing needs of the AHP workforce and the service users (see Appendix 2).

5.10 A database of AHP Clinical Experts in the SW region has been established, and made available for all AHPs to access (see Appendix 3). This provides a regional list of individuals with expertise in specific specialty areas willing to advise and/or mentor AHPs to assist in the provision of CPD. It is designed to reduce the need for individuals wishing to acquire new clinical knowledge to be taken out of the clinical environment to attend expensive courses. This has now been emailed to all on the AHP email circulation list; it has been included on the ‘Day in the Life’ website, and publicised in the SW AHP Newsletter. The Project lead has attended several clinical department meetings and regional managers’ meetings to promote the Register.
5.11 Exploration has been initiated on how patient pathways and opportunities for generic AHP roles can be facilitated by HEIs. The need to be more strategic in planning and commissioning education means that HEIs will need to be flexible in their design of CPD. As a result of these investigations and discussions with Health Commissioners, a Dementia course and an Oesophageal Oncology study day have recently been held at UWE. Both of these have focused on a multidisciplinary approach to diagnosis and treatment of these conditions.

5.12 AHP Subject Group Leads (SGLs) at UWE are encouraging staff to offer weekend/evening courses and/or to hold them in clinical workplaces. This is now happening and the radiography team at UWE have recently held two weekend courses and clinically work based courses which have been well attended.

5.13 Course organisers have been encouraged to ensure pre-course reading is sent out in advance of workshops to ensure good use of HEI contact time. This recently happened on the UWE IV injection course and was well-received by delegates.

5.14 The Negotiated Specialist Practice module has been publicised as a template for other AHP courses to link learning and assessment in with workplace requirements, thereby increasing the flexibility of modules and the ability of academic staff to respond more rapidly to clinical department needs. The module was originally developed to address the growing numbers of requests to provide training for small numbers of students in narrow specialist areas. It provides a framework for training and assessment, and is suitable for adaptation to a number of different subject specialty areas. As part of the process of promoting this module, two papers have been published in professional journals discussing the benefits of this innovative module, and presentations have been made to SW HEI and clinical staff.

5.15 HEI staff have been encouraged at a recent staff forum to ensure that contact sessions and tutor access is available, particularly on modules such as Evidencing Work
Based Learning (EWBL), in order to avoid cynicism from the clinical departments that the HEIs are not providing enough input for the student.

5.16 The UWE AHP Head of Department has emphasised to all lecturers involved in CPD that not all postgraduate courses need to be at Masters level but that courses updating clinical staff on current trends are equally significant. Certificates of attendance can be issued for CPD portfolios.

5.17 A meeting was held with representatives from Plymouth and Bournemouth to discuss the importance of SW HEIs avoiding competing with each other. This could be achieved by coordinating CPD events to avoid overlap of provision. The new CPD contract should help to reinforce this and ensure it happens.

5.18 Subject Group Leads at UWE have been encouraged to emphasise the importance of ensuring Clinical CPD courses/workshops are delivered by clinically active personnel to ensure quality of content and credibility of courses.

5.19 The importance of ensuring module leaders offer lecture content as individual CPD workshops/masterclasses has been stressed to all programme leads.

5.20 A competition has been launched to HEI and Trust staff, to look for a suitable new name for CPD in order to re-brand and re-launch a potential new approach.

Findings

5.21 In response to the modernisation agenda (DH 2008, Farrar 2009, DH July 2008a, DH 2009) healthcare providers will need to be innovative in the design of the clinical workforce; this will lead to skill mix changes and result in roles that fall outside of conventional role boundaries. The focus will be on the need to support patient care pathways, particularly around the five Darzi recommended key areas of priority: Cancer, Stroke, Dementia, End of Life Care and Leadership skills (DH 2008b). AHP leaders will be required to design and manage complex pathways for patients with complex needs,
and will need staff with these specific competencies. Initiatives such as encouraging a more generic style of AHP working will be implemented, particularly as AHPs are in the unique position of being able to work across organisational and sector boundaries. Some AHP staff however, may prefer to stay working within their professional boundaries, and tensions may arise when trying to move towards a more interprofessional style of working.

5.22 To facilitate this change in emphasis of care towards patient pathways, healthcare commissioners will dictate funding and education in the future. This will mean education will be required to be more patient focused and clinical pathway driven, and HEIs will therefore need to demonstrate a more flexible response to evolving training requirements. This will result in the necessity for a more strategic approach to commissioning education. HEIs will need to engage in more discussions with healthcare commissioners and service leads to facilitate a more generic or interprofessional style of AHP working. AHPs need to recognise that skills will increasingly be required for a wide diversity of roles outside of the traditional professional boundaries. CPD activities will need to be designed specifically to address this requirement. Some AHPs may resist attempts to engage in a wider portfolio of activities but should be encouraged to become more patient focused and think strategically, rather than focusing on uni-professional issues.

5.23 The role extension that is occurring within many of the AHP professions is resulting in a blurring of the boundaries between medical staff and AHPs. Cost-savings will inevitably arise from these changes, but to be safe and effective, appropriate training and education needs to be provided. Additional use of healthcare assistants could be made to perform many of the tasks currently undertaken by Band 5, 6 and 7 grades. This would in turn enable Band 6, 7 and 8 grades to move into many of the areas currently performed by medical staff. HEIs need to be liaising with clinical departments to develop appropriate CPD programmes.
5.24 The context of public sector financial constraints and the ensuing reductions in opportunities for formal training, conflict with the requirement for documented evidence of CPD. This puts additional emphasis on the need for more creative methods of education delivery and learning opportunities. The ability of professionals to be able to learn independently and move away from an expectation of classroom based learning throughout their careers, will feature more prominently in this requirement for fulfilling CPD obligations. Rather than expecting to be delivered all the information by a teacher, a more effective method of acquiring new knowledge is for students to learn how to become independent lifelong learners. Training programmes therefore need to engender a sense of personal ownership and professional responsibility within the student. Effective CPD should be focused on enabling individuals to develop the qualities to become self-directed, proactive lifelong learners. By developing these abilities the individual will be able to transfer the learning to enhance their practice to the benefit of the patient and service provision.

5.25 There may be benefit to be gained from re-branding or re-defining CPD, to help ensure that all healthcare workers realise that CPD is the individual’s responsibility, rather than the responsibility of the employer. The terms ‘lifelong learning’ or ‘personal professional development’, for example could be more appropriate labels for CPD to encourage a new approach. One of the key principles of CPD is that the individual professional is responsible for planning and undertaking their own CPD, ensuring that it is relevant to their current practice and future career development. CPD activities could be designed to enable professionals to develop the qualities to become self-directed, pro-active life-long learners. These abilities will help to ensure a flexible future workforce.

6. Recommendations and next steps

6.1 The possibility of setting up distribution lists for sending targeted email alerts or text messaging to AHPs and service leads regarding CPD opportunities, is being explored.
6.2 Greater use of podcasts could be made within AHP delivery of CPD and this is currently being explored. Incorporation within the 2011 programme of CPD activities is being planned.

6.3 An annual multi-professional forum could be hosted regionally to obtain ideas for CPD courses/workshops, particularly focusing on patient pathways. Exploration of this has begun.

6.4 Simplification of the UWE CPD provision prospectus and terminology has commenced.

6.5 Further promotion of the EWBL modules needs to be made to Trusts as a way of accrediting work based learning that is taking place. This is an item which will be promoted at Programme Management Committees and open evenings.

6.6 The project lead has liaised with several AHP department managers in Salisbury, BRI and Gloucester to establish the extent of requirement for Assistant Practitioner grades in specialist new areas and the training requirements. These discussions are ongoing, and could potentially result in new modules being developed to facilitate the training of these individuals.

6.7 Further exploration could be made of how the academic levels of modules can be linked to the Skills for Health framework levels 1 – 9 rather than the current academic levels 1-3 and M. This would give clearer signposting for all staff as to which courses are appropriate for which grades, and is currently beginning to happen in some HEIs.

6.8 Workshops are being organised to raise the awareness of Module/course leaders on the importance of measureable outcomes for CPD.

6.9 A system for exchanging visiting lecturers' time for department CPD credits could be undertaken to establish a partnership approach to training, and to reduce costs for
clinical departments. Programme leaders are investigating areas where this could be incorporated.

6.10 The use of Webinar to deliver CPD courses to reduce the need for attendance at HEIs is to be trialled in the near future. Exploration has begun regarding the incorporation of this into the CPD programme of activities.

6.11 Opportunities to offer facilities for accreditation of courses run by Trusts and private educational/training companies could be explored, to enable alternative provision of academic courses. A liaison person could be established to work with independent providers of private education, to set up links and offer accreditation facilities.

6.12 The Clinical mentors register needs to be kept updated and circulated. Since publication, interest in the register is rapidly expanding, with more experts requesting to be added to the register. An audit of the Register is also required, to establish its longterm effectiveness. The project lead is currently exploring options for this.

6.13 The AHP newsletter, as a means of promoting CPD courses and clinical mentors register, needs to be sustained. Potential options are currently being investigated.

6.14 The AHP open evening needs to be organised for Autumn 2010.

6.15 HEI staff will need to be monitored to ensure appropriate action is taken with regard to organising and promoting CPD courses.
References


7. Appendix

Appendix 1

Themes and ideas emerging from discussions with stakeholders and providers regarding the provision of Continuing Professional Development (CPD)

As part of the South West Strategic Health Authority (SW SHA) funded project, Modernising AHP Careers, undertaken at the University of the West of England (UWE), it was decided that one of the areas to investigate was the provision of CPD and how this can be modernised. A review of the literature on the subject was initially undertaken to establish exactly what CPD is, and what it should involve. Discussions then took place with a variety of stakeholders and providers to explore what is currently happening, what concerns there are, and what opportunities exist for improving the provision. The results of these discussions were then transcribed (see appendix 1). The respondents were from both within the SW region and nationally, Results of the themes emerging from these investigations are outlined below:

1. Communication between HEIs and clinical departments
   Issues:
   - Poor communication between HEIs and clinical AHPs. Trusts often see academic staff as out of touch with current clinical issues resulting in a lack of awareness of problems facing clinical staff, and often their clinical knowledge is considered to be out of date.
   - Conversely, HEI staff view AHP clinical staff as being unaware of the economic problems facing HEIs when asked to deliver small specialist courses.
   - HEI staff do not always communicate adequately with clinical staff to find out what training is needed in the AHP departments.
   - Conversely clinical staff do not always communicate their needs adequately to HEIs
   Possible solutions:
   - Set up an (annual/bi-annual) Action Learning set composed of clinical staff for HEIs to gather information about CPD needs
   - Improve the HEI websites to encourage this as a means of communicating CPD
   - Establish a database of email addresses of key AHP Trust staff for HEIs to communicate with regarding CPD provision
   - HEI lecturers on clinical visits need to communicate more with clinical staff to publicise courses currently offered or planned. Possibly a regular monthly meeting with key staff could be organised
   - HEIs could host an annual postgraduate open day and invite clinical departments to showcase what is offered and provide an opportunity to discuss needs
   - Organise a regular slot at HEI Programme Management Committees (or equivalent), to discuss clinical department needs with stakeholders and promote HEI current provision
   - Organise a regular slot at HEI stakeholders annual subject group meeting to discuss clinical department needs and promote HEI current provision
- Improve links with clinical managers – involve them in HEI programme meetings; Programme Leaders could visit them, email them communications to keep them updated
- Improve communication of HEI staff with clinical placements by e.g. make use of link lecturer visits to clinical depts. to find out what clinical departments want, and disseminate information about what is offered
- Set up placement development teams within the HEIs with each team linked to a specific Trust to improve communication (Plymouth example)
- Encourage HEI staff to continue to practice clinically by e.g. secondments/part-time contracts
- Simplify the HEI CPD provision, which is currently perceived as being too complex for clinical departments to follow (e.g. UWE CPD prospectus is complicated; terminology such as hub & spokes not understood)
- Promote the CPD courses on offer in a regular AHP newsletter
- The regional AHP lead could communicate with superintendents or consultant AHPs rather than managers, in order to ensure the CPD information is received from, and disseminated to, the appropriate people
- Promote the role of Trust AHP Trainer/Educator (e.g. Gloucester have a Diagnostic Imaging Trainer who co-ordinates CPD activities and liaises with HEIs)
- Extend the roles of Practice Educators to fulfil a CPD brief rather than solely undergraduate provision

2. **HEI Websites**
   
   **Issues:**
   - **HEI websites not all considered to be user friendly. Trust staff do not find the HEI websites easy to use.**
   - **More staff would be encouraged to check the CPD on offer, and to book on-line, if the websites were improved**

   **Possible solutions:**
   - Improve the HEI websites to make navigation easier and more intuitive
   - Put all HEI CPD opportunities on the AHP website for all staff to access and to determine individual requirements
   - Incorporate the addition of a new CPD activity on the website with an email alert to all relevant clinical staff
   - Provide opportunities for clinical staff to access academic staff via links on the AHP website
   - Encourage the use of hyperlinks from HEI web pages to Trust websites and vice versa
   - Provide opportunities for clinical departments to book workshops and modules on-line via links on the proposed AHP website
   - Enable access on the website for all staff to contact the HEI CPD co-ordinator with ideas for CPD course/workshop ideas/requests

3. **Practical provision of CPD**
   
   **Issues:**
   - **Clinical departments unable to release staff to attend CPD activities due to staffing issues and funding problems**
AHP staff often fund themselves for courses and workshops and have to take annual leave or attend at a weekend

Much clinical learning takes place in the clinical environment but is currently unrecognised academically

A certain amount of professional elitism exists amongst AHPs who only want to attend courses run by specific professional and expensive subject experts.

Possible solutions:

- HEIs need to look at more weekend/evening provision of workshops and courses to avoid taking staff out of clinical time
- HEIs could deliver workshops locally e.g UWE WRMSD workshop which has been provided in the workplace for small groups to reduce travel costs
- Offer short workshops for extending clinical practice
- Offer Masterclasses or workshops based on undergraduate delivery to update qualified staff on newer techniques and contemporary practice
- Ensure clinical courses are delivered by clinically active staff
- Encourage the use of Negotiated Practice modules where the type of learning and assessment can be negotiated between the student, workplace and HEI to enable study of small specialist areas (using classroom delivery of core subject areas, learning contracts, Action Based Learning style of delivery, blended learning). This is currently used in e.g. the UWE Ultrasound programme and has been recommended as an area of innovative practice for other ultrasound programmes to use by the professional accreditig body
- Promote electronic learning packages using e.g. discussion boards and video conferencing to communicate with students
- CPD activities should be designed to enable professionals to develop the qualities to become self-directed, pro-active life-long learners. These abilities will ensure a flexible future workforce
- Encourage the use of work based learning modules with accreditation of learning
- Support and recognise work-based learning in the delivery and award of more areas of AHP subjects
- Promote the Work Based Learning (WBL) model and inform departments how it can be linked with practice based work to provide academic recognition of learning
- Compile a database of potential mentors and their areas of specialty skills; offer an incentive for mentors (e.g. CPD certification). Design a system to link appropriate mentors with mentees
- Offer training and accreditation for mentors
- Give academic credits retrospectively for alternative learning e.g. study days, conferences, other CPD activities
- Enable staff to build up modules from smaller pieces of learning (e.g. Scottish system which awards academic credits for a variety of CPD activities)
- Offer modules to staff without having to complete assessments, which would provide skills without accreditation
- Look at possibility of offering a framework whereby clinical staff can provide a portfolio of CPD activities and be given academic credit for it. This would maybe assist the Health Professions Council (HPC) in its programme of confirming CPD activities for registrant AHPs, by formalising the process into an annual achievement of academic credits, thereby negating the
need for the HPC to check actual CPD activities, instead allowing registrants to provide proof of academic credit

- Quality of clinical placements needs to be monitored and audited by HEIs where work based learning and assessment is carried out
- Where the delivery of expensive guru-led courses are justified, HEIs should avoid competing with each other and rather, ensure duplication of provision does not occur
- HEIs to set up a framework for apprenticeship training schemes for e.g. healthcare support workers
- Instigate a ‘skills passport’ for each member of AHP staff, to provide an electronic record of validated training events participated in

4. **Strategic long-term workforce planning**

**Issues:**

- AHP staff often do not have a strategic view of training needs, usually because they are not represented at Trust Board level.
- AHP Trust Managers often tend to react to pressures rather than anticipate future areas of need.
- AHP staff prefer to stay working within their professional boundaries rather than fit into a more multiprofessional style of working.
- As healthcare providers seek to be innovative in the design of the clinical workforce, this will lead to skill mix changes and result in roles that fall outside of conventional role boundaries

**Possible solutions:**

- Encourage AHP representation at Trust Board level to provide a more strategic approach and to overcome the lack of planning and demand forecasting in AHP departments.
- Develop a clear framework for more generic AHP styles of working, to enable interprofessional diagnosis, treatment and care.
- Patient pathways need to be explored to inform CPD provision in order to ensure that patient needs are met. These need to be linked to the SW ambitions. HEIs must look at developing courses/workshops to promote and enable Integrated Care pathway management e.g. stroke strategy; screening for dementia in the community.
- Scope the evidence there is for a change in working practices (enablers & barriers). Identify Quality Markers and use them to develop competences for healthcare workers, to highlight areas of educational need.
- Some AHPs may resist attempts to engage in wider portfolio of activity and should be encouraged to become more patient focused and think strategically, rather than focusing on professional issues.
- AHP training needs to recognise that skills are required for a wide diversity of roles outside of the traditional professional boundaries.
- The increased use of business models in the commissioning and design of services will result in a need for individuals to acquire basic and more advanced business skills.
- Nurturing of specific managerial talent may need to be undertaken through a mentoring/coaching approach, perhaps extending out of the region, and capitalise on current leadership schemes and opportunities.
• The development of higher order skills and competences could be addressed at doctoral level

5. **Administration of the CPD system**

   **Issues:**
   - *Departments do not have spare money for CPD*
   - *AHPs not always made aware of the funding arrangements for CPD activities and lose out on prefunded courses/workshops*
   - *The current system of administration is complex and most AHPs are unaware of how the process functions*

   **Possible solutions:**
   - Make funding of courses less complex and more transparent
   - Enable all Trusts in the SW region to access specialist courses as part of the CPD contract even when they are not part of the negotiated contract with a HEI (e.g. Ultrasound courses at UWE which only provides funded places for AGW Trusts). Perhaps have a Unique & Specialist list of courses which are provided by some HEIs and get HEIs to ringfence training money for Trusts outside their sub-region (as in NHS North West)
   - Ensure there are measureable outcomes for CPD activities
   - Ensure HEI staff retain credibility for delivery of CPD by developing them appropriately
   - Look at the possibility of ‘re-branding’ or re-defining CPD
   - Issue vouchers to each department or member of staff to be used within a timeframe of e.g. two years, to pay for courses/workshops at whichever is the most appropriate HEI
   - Issue vouchers to each HoD proportionate to staff FTE numbers, to be used by department for areas of strategic or personal development, or for developing innovative areas of practice
   - Appropriate charges should be made for CPD courses/workshops to ensure quality of provision, and that courses are sustainable
   - Link CPD provision to Masters and undergraduate programmes to reduce costs
   - Ensure clinical departments are billed for CPD activities at the time of booking, to ensure staff honour their commitment to attend. This would help to avoid the current situation where courses become non-viable due to clinical staff cancelling attendance at short notice
   - Obtain backfill money in areas where skills particularly short, to allow staff to attend training events. Where Trusts do obtain money for cost of course, departments do not have backfill money. Some regions have obtained money for areas of critical need e.g. Sonography training in West Midlands, Yorkshire & Humberside, and Lancashire, but this is not nationally available
Appendix 2

Algorithm for development of CPD provision

Key features:
- Link lecturers/practice educators/identified HEI liaison person to feedback CPD requirements from AHP clinical departments
- Identified CPD liaison person in each organisation to communicate with HEIs
- Questionnaires distributed to clinical staff via the AHP Newsletter
- Meeting between clinical department AHP representatives and all HEI reps in the region, to identify key requirements
- HEIs to finalise the provision collaboratively to avoid duplication of courses where possible
- Modules, workshops, masterclasses, and e-learning packages established
- Mentors contacted where possible to assist the provision

- Map competencies required for Training APs (Bands 2, 3 & 4)

- Use an established framework for accreditation of clinical workbased learning and independent providers

- Appropriate modules, workshops and masterclasses, e-learning packages established

- Link lecturers/practice educators/identified HEI liaison person to feedback CPD

- Questionnaires asking for CPD requirements distributed to clinical staff via the AHP

- HEI Open days to showcase CPD opportunities

- Meeting between clinical department AHP representatives and all HEI reps in the region, to identify key requirements

- HEI Open days to showcase CPD opportunities

- Map the competency based attributes needed for integrated patient care pathways, or use a hybrid approach with generic guides, to formulate skills training packages

- CPD provision clearly identified on HEI and Trust web pages and easy access to on-line booking

- Mentors contacted where appropriate to assist the CPD provision

- Meeting of all SW HEI and Trust reps to finalise the provision collaboratively to avoid duplication of courses where possible
Appendix 3

*NHS South West* Database
of
Allied Health Professional Clinical Experts

NHS South West is looking to modernise the delivery of continuing professional development (CPD) for Allied Health Professionals (AHPs). One of the potential areas to be addressed is to set up a system of mentorship for AHPs. As a result we are developing a database of clinical experts in the region who are willing and able to support the development of their colleagues.

There is usually more demand than funding available for CPD, and it is becoming increasingly difficult to release staff from their clinical environment to attend structured training courses. Many requests will not get priority this year as clinical pathways, rather than individuals, will be the focus for funds.

By establishing a network of clinical experts/mentors across the region, the potential exists to provide more focused development for AHPs, as well as offering career development and networking opportunities for the mentors. These mentors will not be able to advise on funding or programme availability, so interested parties must go through their SSIF lead to get this information.

Following the circulation of a questionnaire to AHPs in the SW, we have now compiled a list of people who have offered to have their names publicised as experts in their field, who can be contacted by any AHP in the SW in need of advice or training in their particular area of expertise. Brief details of the areas of expertise are given below. Although those listed have not officially been 'kitemarked' by any professional body or educational establishment, they have all identified themselves as experts in their field.

<table>
<thead>
<tr>
<th>Register of Clinical Experts</th>
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<tbody>
<tr>
<td><strong>Diagnostic Imaging</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Area of expertise</th>
<th>Contact details</th>
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</thead>
</table>
| Anderson Jane       | Obstetric & Gynae Sonography | Southampton  
023 8079 4228  
Jane.Anderson@SUHT.SWEST.NHS. UK |
| Danielle Bird       | Ultrasound scanning        | Torquay  
07717 172600 |
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Specialties</th>
<th>Location</th>
<th>Contact Information</th>
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</thead>
</table>
| Peter Cantin          | Consultant Sonographer          | Sonography                                    | Plymouth            | Plymouth 01752 763256  
Peter.cantin@phnt.swest.nhs.uk |
| David Carradine       | Radiographer                    | Plain film radiography CT Fluoroscopy         | Bristol             | Bristol 0117 323 4580  
David.Carradine@nbt.nhs.uk |
| Marc Griffiths        | Consultant                      | Diagnostic Imaging Nuclear medicine/ Hybrid Imaging | Bristol            | Bristol 011732 88488  
Marc.griffith@uwe.ac.uk |
| Kate Hobson           | Principal Sonographer           | Gynae Ultrasound                              | Salisbury           | Salisbury 01722 429329  
Kate.A.Hobson@salisbury.nhs.uk |
| Susanne Johnson       | Associate Specialist in Gynaecology | Gynae Ultrasound including 3D, SIS and HyCoSy | Southampton         | Southampton 028-8079-4842  
susanne.johnson@suht.swest.nhs.uk |
| Nick Oldnall          | Clinical Practice Developer     | Radiography Audit Web education               | Gloucester          | Gloucester 08454 226562  
Nick.Oldnall@glos.nhs.uk |
| Zebby Rees            | Consultant radiographer         | Breast Imaging                                | Worcestershire      | Worcestershire 01527 503030  
zebby.rees@worcsacute.nhs.uk |
| Jacky Smith           | Section Head Avon Breast Screening Unit | Mammography and Breast Ultrasound               | Bristol             | Bristol 0117 342 6828  
Jackie.Smith@UHBristol.nhs.uk |
| Jeanne Scolding       | Reporting Mammographer          | Mammography and Breast Ultrasound             | Swindon/Bristol     | Swindon/Bristol 011732 88508  
Jeanne.scolding@uwe.ac.uk |
| Chrissie Spencer      | Advanced                         | Gynae and Obstetric                           | Cheltenham          | Cheltenham 08454222354 |

birdy@totalise.co.uk
<table>
<thead>
<tr>
<th>Practitioner</th>
<th>Area of expertise</th>
<th>Contact details</th>
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</thead>
<tbody>
<tr>
<td>Sonographer</td>
<td>Ultrasound</td>
<td><a href="mailto:Christine.spencer@glos.nhs.uk">Christine.spencer@glos.nhs.uk</a></td>
</tr>
<tr>
<td>Jenny Sword</td>
<td>GI Studies, Barium enemas, video swallows, CT colonography</td>
<td>Salisbury 01722 336262 Ext 4205 <a href="mailto:Jenny.Sword@salisbury.nhs.uk">Jenny.Sword@salisbury.nhs.uk</a></td>
</tr>
<tr>
<td>Natalie Vickers</td>
<td>Obstetric &amp; Gynae Ultrasound</td>
<td>Bristol 0117342 5635 <a href="mailto:xraynats@googlemail.com">xraynats@googlemail.com</a></td>
</tr>
<tr>
<td>Abigail Wallace</td>
<td>Ultrasound</td>
<td>Exmouth 078151 30226 <a href="mailto:abigailwallace@nhs.net">abigailwallace@nhs.net</a></td>
</tr>
<tr>
<td>Sue Yarrow</td>
<td>Nuclear Medicine in Radiotherapy and Research</td>
<td>Bristol 0117 3422694/2072 <a href="mailto:Sue.Yarrow@UHBristol.nhs.uk">Sue.Yarrow@UHBristol.nhs.uk</a></td>
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**Radiotherapy**

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<tr>
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<tbody>
<tr>
<td>Sue Hilton</td>
<td>Radiotherapy Ultrasound related to radiotherapy</td>
<td>Bristol 0117 3422022 <a href="mailto:Sue.hilton@uhbristol.nhs.uk">Sue.hilton@uhbristol.nhs.uk</a></td>
</tr>
<tr>
<td>Pauline Humphrey</td>
<td>Radiotherapy, Brachytherapy and Gynae oncology</td>
<td>Bristol 0117 342 2481 <a href="mailto:pauline.humphrey@uhbristol.nhs.uk">pauline.humphrey@uhbristol.nhs.uk</a></td>
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**Clinical Scientists**

<table>
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<th>Name</th>
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</table>
### Anne Mills
*Lead Clinical Gastrointestinal Physiologist*

**Gastrointestinal Physiology**

Bristol  
0117 342 0045 / 0043  
[Anne.mills@UHBristol.nhs.uk](mailto:Anne.mills@UHBristol.nhs.uk)

### Occupational Therapy

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Anne Johnson</td>
<td>Occupational Therapy</td>
<td>Bath</td>
</tr>
<tr>
<td></td>
<td>Chronic Fatigue Syndrome</td>
<td>01225 465941</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Anne.johnson@rnhrd.nhs.uk">Anne.johnson@rnhrd.nhs.uk</a></td>
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### Paramedics

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<tbody>
<tr>
<td>James Petter</td>
<td>Paramedic</td>
<td>Bristol</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01225 465941</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:James2.petter@uwe.ac.uk">James2.petter@uwe.ac.uk</a></td>
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### Physiotherapy

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<tr>
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<tbody>
<tr>
<td>Heather Bright</td>
<td>Moving and Handling Neurological Treatment</td>
<td>01392 356085</td>
</tr>
<tr>
<td></td>
<td>Bobath certificate in back care</td>
<td><a href="mailto:heather.bright@nhs.net">heather.bright@nhs.net</a></td>
</tr>
<tr>
<td>Jane Clarke</td>
<td>Physiotherapy Rehabilitation of Disabling Pain</td>
<td>Bath</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01225 465941 ext 216</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Jane.Clarke@rnhrd.nhs.uk">Jane.Clarke@rnhrd.nhs.uk</a></td>
</tr>
<tr>
<td>Mark Clemence</td>
<td>Rheumatology</td>
<td>Torquay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01803 655345</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Mark.clemence@nhs.net">Mark.clemence@nhs.net</a></td>
</tr>
<tr>
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<td>Speciality</td>
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</tr>
<tr>
<td>Kate Devoto</td>
<td>Extended scope physiotherapist</td>
<td>Spinal musculoskeletal assessment</td>
</tr>
<tr>
<td>Judith Fewings</td>
<td>Consultant therapist</td>
<td>Neurosurgery</td>
</tr>
<tr>
<td>Katherine Hely</td>
<td>Head of service and lead ESP</td>
<td>Musculoskeletal physiotherapy - peripheral</td>
</tr>
<tr>
<td>Linda Knott</td>
<td>Clinical Specialist Physiotherapist</td>
<td>Pain management</td>
</tr>
<tr>
<td>Geraldine Mann</td>
<td>Consultant physiotherapist</td>
<td>Functional electrical stimulation</td>
</tr>
<tr>
<td>Debbie Neal</td>
<td>Consultant Therapist - Rehabilitation</td>
<td>Stroke Neuro-rehabilitation and self care</td>
</tr>
<tr>
<td>Nicola Parfitt</td>
<td>Extended Scope Practitioner</td>
<td>Hip &amp; Knee problems injection therapy, acupuncture</td>
</tr>
<tr>
<td>Steve Pritchard</td>
<td>Physiotherapist</td>
<td>Lumbar spine diagnostics &amp; interventions</td>
</tr>
<tr>
<td>Elaine Robinson</td>
<td>Extended Scope Practitioner</td>
<td>Spinal musculoskeletal physiotherapy assessment</td>
</tr>
<tr>
<td>Gina Sargeant</td>
<td>Clinical Specialist</td>
<td>Neuro Palliative care TBI Rehab breathlessness knee injuries hydrotherapy</td>
</tr>
<tr>
<td>Robert</td>
<td>Musculoskeletal</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Area of expertise</td>
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</tr>
<tr>
<td>-----------------------------</td>
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</tr>
</tbody>
</table>
| Stenner Consultant Physiotherapist | physiotherapy – consultation styles, pharmacology, injection therapy | 01278 436751
**Robert.Stenner@somcomhealth.nhs.uk** |
| Dr Liz Tough                | Acupuncture for MSK conditions        | Plymouth
**Liz.tough@pms.ac.uk**                                                        |
| Eric van den Barselaar      | Musculoskeletal physiotherapy – spinal | Chard, Somerset
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**Eric.VanDenBarselaar@somcomhealth.nhs.uk**                                  |
| Helen Wilkinson             | Neurorehabilitation Neurology – tonal management | Taunton
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**Helen.Wilkinson@tst.nhs.uk**                                                  |
| Podiatry                    |                                        |                                                                                  |
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| Kim Harman Podiatrist       | The diabetic foot                     | Bath
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**Kim.Harman@ruh-bath.swest.nhs.uk**                                             |
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| Speech & Language Therapists|                                        |                                                                                  |
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| Dr Corinne Dobinson Research & Clinical Speech and Language Therapist | Adult Acquired Communication problems | Bristol
0117 342 6359
**c.dobinson@nhs.net**                                                            |
<p>| Research                    |                                        |                                                                                  |</p>
<table>
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<th>Name</th>
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<tr>
<td>Dr Fiona Cramp</td>
<td>Physiotherapy Research</td>
<td>Bristol</td>
<td>0117 3288501 <a href="mailto:Fiona.cramp@uwe.ac.uk">Fiona.cramp@uwe.ac.uk</a></td>
</tr>
<tr>
<td>Dr Jenny Freeman</td>
<td>Research</td>
<td>Plymouth</td>
<td>01752 588835 <a href="mailto:J.Freeman-1@plymouth.ac.uk">J.Freeman-1@plymouth.ac.uk</a></td>
</tr>
<tr>
<td>Prof Jonathan Marsden</td>
<td>Research</td>
<td>Plymouth</td>
<td><a href="mailto:jonathan.marsden@plymouth.ac.uk">jonathan.marsden@plymouth.ac.uk</a></td>
</tr>
</tbody>
</table>

If you would like to make contact with one of these experts, please contact them using the details provided.

We would welcome any feedback you may have on this register.

If you would like your name to be considered for inclusion on the database, please contact vivien.gibbs@uwe.ac.uk or dneal@bournemouth.ac.uk

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Debbie Neal
Consultant Therapist – Rehabilitation
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