

Framework for Role Development in the Allied Health Professions

THE FRA

Changes

Expansion of role, new role of existing practitioner, new practitioner, support worker, administrative support, new team

What are the drivers for this change?

Drivers/Needs Assessment

- Q1. What is the patient/service need that this change addresses?
- Q2. What are the intended outcomes this change will deliver e.g. decreased waiting times, fewer inappropriate admissions, increased health outcomes?
- Q3. How can these outcomes be delivered?
- Q4. How have the options been appraised?
- Q5. Who are the stakeholders who need to be involved in considering these options?

What kind of role development is this?

Skills/Knowledge/Experience

- Q1. What knowledge/skills will be required to deliver the desired service/outcome for patients?
- Q2. Which professions already have the required knowledge/skills e.g. AHPs, health visitors, pharmacists?
- Q3. Who has the core skills to deliver this change e.g. experience, capacity, location?
- Q4. If there is more than one option, how will a solution be achieved?

STAKEHOLDERS

Involve all stakeholders in discussion & assess needs. Patient/ Service User journey mapping can be used as a tool

Resources

Funding for post, accommodation, equipment, training & education, (impact of the development on others) administration, evaluation, study leave

What governance arrangements are in place to support this development?

Governance

- Q1. How can patient safety be assured within this role e.g. risk assessment, clinical decision making, treatment delivery, agreed standards/guidelines, protocols?
- Q2. Has clinical, managerial and professional accountability and supervision been agreed?
- Q3. Have all aspects of good employment practice been followed?
- Q4. How have resource and sustainability issues been addressed?

MEWORK

What mechanisms are in place to evaluate the role and plan for the future?

Evaluation/Future Questions

- Q1. How will evaluation and planning for the future, both for individual practitioners and for the service, be achieved before the inception of new roles?
- Q2. How will evaluations of patient's perspectives of outcomes be undertaken?
- Q3. How can new roles be kept under review to ensure they remain relevant?
- Q4. Are there mechanisms for considering implications for the future of other services as new roles develop?
- Q5. What are the arrangements for succession planning?
- Q6. What are the arrangements for dissemination of information?

OLDERS

Patients /
Carers
Staff
Service Planners
Regulatory Bodies
Professional Bodies

What are the parameters of accountability for this role?

Individual Accountability

- Q1. Have you defined the specific areas of accountability for the individual taking on this role?
- Q2. Do you have team roles and systems that support the individual's accountability e.g. scheme of delegation?
- Q3. How will audit of individual practice be conducted?
- Q4. Do you have mechanisms in place for support and supervision?

What are the education and training requirements of this role?

Competencies/Education

- Q1. Have key stakeholders been involved in agreeing the educational needs and competencies for this development?
- Q2. How will initial and ongoing education CPD and training needs be met e.g. induction, shadowing, networks, mentoring, formal education?
- Q3. Is the education and CPD fit for purpose?
- Q4. How will the competencies map to KSF?

Competencies

The professions with a shared interest in developing this role should be invited to establish the competency requirements and solutions to governance issues to ensure successful introduction of this new role

Role Development

Framework for
in the Allied Health Professions

Scottish Executive Health Department, June 2005

Framework for Role Development in the Allied Health Professions

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Contents

Foreword by the Allied Health Professions Officer	1
Introduction	2
1. Background	6
Modernisation and role development	6
Allied health professionals	6
AHP support staff	7
Knowledge and Skills Framework	7
2. Making an impact for patients	8
Service redesign	9
Role development, extension and creation of new roles	10
3. Framework themes	11
1. Encouraging patient and public involvement	11
2. Supporting service redesign and new models of care	12
3. Developing AHP leadership	13
4. Valuing core skills	13
5. Establishing governance arrangements and promoting the evidence base	14
6. Providing education and training	16
7. Addressing workforce development and career pathways	17
4. The framework	18
	back cover fold out
References	19
Associated Reading	19

Arts Therapy

- art
- drama
- music

Dietetics

Occupational Therapy

Orthoptics

Physiotherapy

Podiatry

Prosthetics and Orthotics

Radiography

- diagnostic
- therapeutic

Speech and Language Therapy



Foreword by the Allied Health Professions Officer

Role development is about making an impact for patients. It involves releasing professional capacity to make services more patient-focused, consequently improving health and well-being, developing clinical effectiveness and delivering better outcomes for patients.

Role development builds on what's already been achieved to offer new opportunities for patients, staff and services. It impacts at all levels of the workforce. Not all new roles or role development opportunities are at the highly specialist end of the scale; professionals and support workers throughout the system are being freed-up to take advantage of the opportunities on offer to meet patients' needs in new and better ways.

Services throughout the country are being encouraged to look at their capacity to deliver quality care by reviewing skill mix and creating opportunities for role development. This framework for role development will assist patients, staff and services as they review their needs and systems to map out new ways of working and delivering services.

The themes and principles identified in the framework complement key areas of NHS policy in Scotland and are based on a wide and inclusive national consultation. The framework is therefore not only firmly grounded in the expressed wishes and perceptions of professionals, but is also rooted in the Scottish Executive's aims for NHSScotland. Consequently, it will make a significant contribution to the modernised NHSScotland moving forward.

These are challenging times for all who work in NHSScotland as the changes brought about by service redesign and pay modernisation begin to impact on traditional ways of working.

But they are also exciting times in which healthcare professionals, bolstered by appropriate education and management support, can extend, expand and develop their roles to enhance their skills, knowledge and professional identity, strengthen their influence on the design, delivery and evaluation of services, and increase their impact on improving the health and well-being of the people of Scotland.

A handwritten signature in blue ink, appearing to read 'Jacquie Lunday'. The signature is stylized with a large, sweeping initial 'J' and a long horizontal line extending to the right.

Jacqui Lunday
Allied Health Professions Officer

Introduction

There is more recognition now than at any time in the past of the capacity of the allied health professions (AHPs) to make a real difference to the lives of patients and to develop new ways of working in NHSScotland.

This is an exciting time for all those who work in the NHS in Scotland. Services are changing, with AHPs not only playing a key role in service redesign, but also leading new service developments that are improving patient care. Developments in the way professionals work in relation to changes in the patient journey are freeing up AHPs' clinical expertise to allow them to make the best of opportunities for role development and extension and the creation of new roles.

The strategy for the AHPs in Scotland, *Future Directions*, is all about releasing potential and supporting AHPs to add value for the people of Scotland through working in effective clinical teams. Service redesign and role development offer routes to providing high-quality services for patients through making best use of the skills and expertise within the AHP workforce. They have the potential to produce benefits and 'wins' for all those involved in the process.

Patients benefit from:

- quicker access to more focused services delivered by AHPs
- flexible services designed around their specific needs
- the potential to access AHP services directly
- continuity of service provider over time
- improved health outcomes

Services benefit from:

- a positive impact on recruitment and retention – AHPs are more likely to join and stay with an organisation in which they can see the potential for career development
- greater utilisation of the core skills and expertise of AHPs and, as a consequence, more targeted use of the skills of other professions, particularly medicine
- improved team working and harmonisation across professional groups
- more appropriate skill-mix, with people 'working smarter' within clinical teams
- improved communication within and across systems
- greater patient and service-user satisfaction with services.

And AHPs benefit from opportunities to:

- increase their knowledge, skills and competencies
- assume greater responsibility for services
- develop their leadership potential
- pursue an expanded career pathway with increased job options.

We work in services that have developed, over time, in ways that may have not always placed the patient's needs and convenience first. When we take a step back and look closely at what we are doing, we find ourselves asking crucial questions. Are people being enabled to access our services, or are we putting barriers in their way? Are we using other people and services as 'gatekeepers' to try and manage demand in an appropriate way?

We can also ask questions about how AHPs' career development aspirations are managed. How are we helping AHPs to develop within the system they initially entered to pursue opportunities in new and different fields, for instance? This is a particular challenge in some areas, such as mental health and paediatrics, where career opportunities for junior staff can sometimes be limited. Similarly options for people to move **across** areas of service gaining appropriate experience and skills to develop their career with new-found knowledge and enthusiasm need to be explored.

Realising the potential to develop the roles of support workers, creating succession planning routes for career development for junior staff and preparing senior staff to take on increasingly specialised and highly-skilled roles opens doors to limitless opportunities for AHPs to lift their horizons and meet patients' needs in new, exciting and better ways.

Do all of the things undertaken currently by AHPs really need their specialist expertise? Or are there other options we should explore, such as offering training and development to staff enabling them to support patients, carers and support workers, preparing them to adopt new roles? Just because something has always been done by one group of professionals doesn't mean it has to continue to be done by the same group in new, modernised services. Equally patients, carers and others, for example voluntary organisations, should be involved in supporting patients to manage their own care. It will be increasingly important for AHPs to empower patients to manage their conditions, particularly those patients with long term and enduring conditions.

Key to all this, however, is role clarity and appropriate preparation. The biggest source of occupational stress for staff is not knowing exactly what their role is and what is expected of them. We must ensure as we develop roles that we map out the competencies required of the role, and that the person taking it on – whether support worker, practitioner, specialist or consultant AHP – has access to preparation that will enable him or her to meet the role's responsibilities competently. Acquiring new skills and knowledge provides new freedoms for clinical practice, but AHPs must constantly be aware of the boundaries of their new roles to ensure patient safety and maintain professional integrity.

This *Framework for Role Development in the Allied Health Professions* attempts to answer some of the questions raised within the service and has been developed following a national consultation led by the AHP Programme Manager at the Scottish Executive, Janet Garcia. Five open-access events were held in Edinburgh, Glasgow, Stirling, Inverness and Aberdeen between October-November 2004, and a video-conferencing event was held to ensure the Island Boards were included in the process.

Framework for Role Development in the Allied Health Professions

The framework ensures that any change in role should:

- focus on improving services to patients and reflect the patient pathway
- comply with regulatory requirements
- be underpinned by appropriate education and training and have corporate and management support
- build on the core skills, competencies and areas of expertise of individual professions
- complement the work of clinical teams
- be protocol driven (where necessary) and competence based
- reflect the needs and wishes of patients and service users.

All of the drivers for change in health services are pointing to the fact that the status quo is not an option, but concerns remain that the pace and direction of change is perhaps leaving core services vulnerable. Some practitioners worry about professionals ‘taking time out’ to review the way services are delivered and acquire the skills and knowledge they need to fulfil new roles. Services are bound to suffer, they argue, through the ‘loss’ of these highly-prized individuals, even for limited periods of time.

Service redesign and role development are not about detracting from service provision – they are about adding value. And much of that added value will come from services working more effectively and working differently, and through adopting new practices and new structures to meet patient needs. Taking time out to ask the relevant questions, review the way things are done and forge out a new way to improve services that reflects the patient pathway and the clinical team ethos will pay dividends for patients, professionals and services.

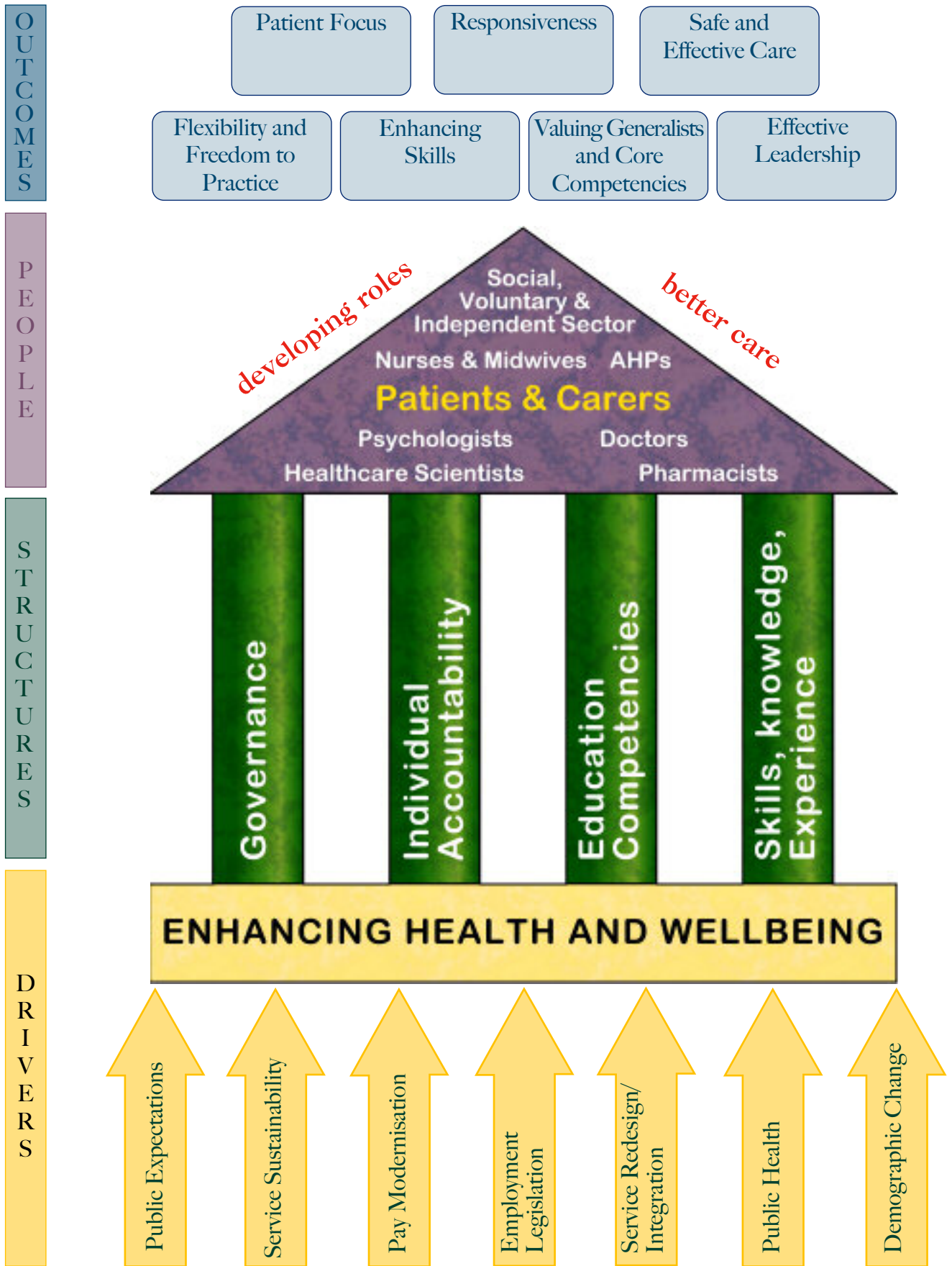
AHPs have nothing to fear from role development. Current roles and the roles of generalists in particular make a significant contribution to NHSScotland. These professionals are recognised as fulfilling essential roles within the service, and their contributions are greatly valued and respected by patients, the public, fellow AHPs, healthcare professional colleagues, management, educators and the Scottish Executive.

Role developments, extensions and the creation of new roles will support, not diminish, the roles AHPs currently perform. They build from core roles, are based on the same values, and share the same professional ethos, skills and knowledge base. And as a consequence, they are complementary, not competitive and offer exciting new career development opportunities for AHPs and their support staff.

All AHPs in Scotland are asked to consider carefully the potential impact of this framework for their own career development, review the services they currently provide in partnership with patients and clinical team members, and recognise the opportunities before them to develop their own roles and make an even greater contribution to patient centred, solution focused services.

Overleaf we have provided a model for career redesign, illustrating the drivers, support structures, the people and the outcomes that all converge within the drive for new, responsive and modernised services for NHSScotland.

The Model for Career Redesign



1. Background

Modernisation and role development

The health and well being of the people of Scotland are key priorities for the Scottish Executive. Equipping children to get the best start in life, supporting individuals and organisations to maintain health in the workplace, providing access to leisure, sport, art and social engagement opportunities for all, and meeting the diverse health and social care needs of older people are being addressed in strategic initiatives that are recognised as exemplars by the World Health Organization.

NHSScotland is changing in response to these measures. New methods of working are being introduced within modernised services that are focused on delivering high quality care and treatment to patients where and when they need it.¹

New methods of working are calling upon healthcare workers in all professions to review the contribution they make to delivering services and consider how they may need to develop their roles to meet patients' needs.

Allied health professionals

AHPs are key players in designing, delivering and evaluating services for patients in Scotland. Their skills and expertise impact on the lives of patients in all age groups across the country who are living with a wide range of conditions.

Early AHP interventions to minimise the impact of ill health and promote early recovery contribute meaningfully to the effort to meet Scotland's health challenges. AHPs also lead on many initiatives aimed at helping people live with long-term illnesses.

The contribution of AHPs to building strong, sustainable NHS services has never been more valued. AHPs know and value the importance of working in teams that cross professional and agency boundaries. They know and value the benefits of working in partnership with patients, jointly assessing and developing services to meet their needs. And they know and value the flexibility and the willingness to grasp new opportunities that is needed to ensure services remain focused on patients' needs.

Future Directions, the allied health professions strategy, has at its heart a focus on releasing the potential of AHPs to improve the health of the people of Scotland. It sets out how AHPs can further develop their contribution to delivering high-quality services within multi-professional clinical teams, which are central to the new service structure in Scotland.

¹ See Partnership for Care, SEHD, 2003.

AHP support staff

The Scottish Executive is committed to the development of all staff within NHSScotland, and to empowering and equipping staff to fulfil their roles in delivering high-quality patient care.

Opportunities for AHP support staff to develop their knowledge and skills are being supported through human resource initiatives such as annual reviews of performance and personal development plans. They are also being supported and developed through access to health-related vocational training programmes leading to the award of SVQs or other appropriate qualifications.

Future Directions made a commitment to developing learning opportunities for support staff which will impact positively on support workers' career aspirations including assistant practitioner roles and opportunities to progress towards registration. This process is underway with the completion of the national consultation on support worker developments and the establishment of Higher National Certificate awards in health care support for a range of the allied health professions.

Knowledge and Skills Framework

The NHS has a wide pay modernisation agenda that involves:

- Agenda for Change
- the Consultant Contract
- the General Medical Services Contract.

Each provides scope for AHPs to maximise their contribution to improving services for patients and further develop their roles within services.

Agenda for Change has a particularly direct application, as it has now been adopted as the structure for setting pay and conditions for AHPs and other workers in the NHS. The three strands of Agenda for Change cover terms and conditions, job evaluation and the Knowledge and Skills Framework (KSF) and its associated development and review process. The KSF defines the level of skill and knowledge needed by staff in post to deliver quality services to patients. It provides a single, consistent, comprehensive and explicit framework on which to base staff review and development, and is concerned with the application of knowledge and skills. It aims to:

- facilitate the development of services to ensure they meet patients' needs
- support effective learning of individuals and clinical teams
- support the development of individuals to ensure their effectiveness in their post
- ensure equality for all staff and recognition of diversity issues.

The KSF and its associated development and review process applies to AHPs and their support staff and offers the mechanism by which staff development and role development can be reflected in career and pay progression.

2. Making an impact for patients

The Scottish Executive is committed to delivering patient-focused services that are timely and convenient for patients to access.

Scotland faces particular health challenges in the 21st Century. Cancer, heart disease, stroke and mental illness, combined with lifestyle and social factors that are not conducive to good health, impact heavily on mortality and morbidity and create profound economic and social consequences.

Services must respond to the changing health needs of the population and individual communities. Patterns of ill health have altered since the mid 20th Century, with the trend moving towards higher incidence of stress-related and lifestyle-influenced conditions and increasing numbers of people living with long-term illness.

Demographic changes in Scotland also present significant challenges. The proportion of over 65s in the population will increase within the next 25 years to over one in four, with one in twelve being aged over 80. These are significant changes in terms of the planning and delivery of health services as older people tend to be more likely to have a long-term illness, have a combination of illnesses requiring hospital admissions and prolonged hospital stays.

The NHS workforce is increasing in number, but the implications of the European Working Time Regulations on reducing the number of hours worked per week and the effect of the General Medical Services Contract on out-of-hours services are placing new pressures that need to be factored into workforce planning. Predicted reductions in the national birth rate and Scotland's population numbers raise serious questions about the ability of services to recruit the personnel they will need in future to meet the needs of an increasingly ageing, and potentially dependent, population.

While people in Scotland accept the need to travel outwith their area to access specialised services for diagnosis and treatment of particular conditions, they also want their 'core' services delivered locally wherever possible, preferably within primary care settings. They want shorter waits for appointments, diagnostic services and treatments. Perhaps more than anything, they want quick access to high quality services that are delivered by a suitably trained professional.

The changing nature of illness, predicted population and demographic changes and the increasing demand of the public for patient centred services delivered close to home call for radical change in the way health services in Scotland are planned, delivered and sustained. This is the agenda being taken forward by the National Framework for Service Change in the NHS in Scotland (SEHD 2005), and central to that agenda is the commitment to developing new skills, extending existing roles and creating new ones and opening access to professions such as AHPs, to meet patient need.

Service redesign

Service redesign is about engaging services, clinical teams, patients and the public in jointly solving problems in new and innovative ways. The redesign process underpins the delivery of local and national priorities and is integral to service planning and delivery. It aims to ensure:

- better outcomes for patients
- better health of the population
- better patient experiences of services
- better clinical quality and governance
- better experiences for staff
- better support for public and patients

(SEHD, Centre for Change and Innovation, Service Redesign 2004).

AHPs have demonstrated a real commitment to improving patient care, which has been evident in the many innovative healthcare and health improvement projects identified through the clinical effectiveness networks. Recognising that demand for AHP expertise often outstrips capacity to deliver responsive and flexible services leads to the need to redesign patient pathways.

Future Directions states:

“Multi-professional teams are tasked with streamlining the care process, removing duplications, delays and unproductive work, and offering better overall services”.

Redesign should therefore focus on working smarter to deliver maximum impacts and health gain for patients, with role development playing a key part in the change process.

Role development and service redesign go hand-in-hand. They are interdependent, sharing an evidence-based approach to change that is underpinned by appropriate education and training opportunities for those involved.

Role development, extension and the creation of new roles

The new, modernised NHS Scotland offers AHPs and other professional groups such as nurses, midwives, pharmacists and health care scientists enormous opportunities to look beyond the traditional boundaries of their roles to provide care in different and better ways. Real partnerships within clinical teams foster trust and respect across the professions that allow creative collaborations to emerge that support patient-focused care. Exciting new options in career development are arising for professionals and support staff, options that AHPs, supported by strong leadership and education structures, are enthusiastically pursuing.

Dietetic Assistant

An increased demand for dietetic services prompted the development of the role of dietetic assistant. A response to increasing referrals within the acute sector was needed without compromising the quality of service to patients. An activity analysis and time and motion study was carried out and identified those activities that could be carried out by someone other than a registered dietitian. The skill mix changes were identified and support provided to implement them.

The assistant role ensures that patients are seen within a locally agreed response time. They are seen more frequently during their in-patient stay and changing patient needs can be responded to more quickly.

This development was evaluated jointly with nursing, catering and dietetics and led to the establishment of a permanent post within the dietetic department.

NHS Grampian

Role development is about valuing the skills and knowledge base of staff within existing roles, roles which have served patients and service users well, and building on them to provide even better services for the future. It's about looking at the opportunities that AHPs, working as members of multi-professional clinical teams within co-ordinated services, can access to expand and extend their current roles, and build new roles to meet new needs. Working in partnership allows us to capitalise on areas of shared expertise to streamline patient pathways and manage development more effectively.

First and foremost, role development initiatives must be targeted on meeting specified patient and service needs. The ultimate arbiter of any potential extended, expanded or new AHP role is – how effective will it be in improving services for patients and service users?

In order to ensure that patients get the best and quickest treatment possible and improvements are made in the time required for the patient's journey through the system, we need to develop new and more efficient ways of working that include:

“Using the skills of nurses and allied health professionals to take on more roles and giving patients more choice”. (SEHD, Fair to All, Personal to Each, 2004).

3. Framework themes

The framework development consultation process produced seven key themes (Box 3.1) that underpin role development for the AHPs in Scotland, and which are reflected in the framework.

Box 3.1. Seven key themes identified from national consultation

1. Ensuring patient and public involvement
2. Supporting service redesign and new models of care
3. Developing AHP leadership
4. Valuing core skills
5. Establishing governance arrangements and promoting the evidence base
6. Providing education and training
7. Addressing workforce development and career pathways

Theme 1 Encouraging patient and public involvement

Patient and public involvement in the design, delivery and evaluation of services is the cornerstone of Scottish Executive policy for NHSScotland.² The involvement of patients and communities in identifying potentially fruitful areas for role development, in defining how roles can best be changed or created to improve services, in contributing to the preparation of practitioners to take on their new responsibilities, and in monitoring the effectiveness of developed roles in practice, is a priceless resource which should be at the centre of any role development initiative.³ Evidence is emerging that patients do not object to the development of new roles when they have been consulted on their development and implementation.

Podiatry Services

The needs of patients in Fife prompted the redesign of Podiatry services to ensure a faster response time for those patients in high risk categories. The service undertook a redesign process in partnership with patients, carers and other service users – the local authority residential and nursing home groups.

A training package in basic foot care was developed and delivered to nursing home and social care support staff. This enabled the podiatrists to target their skills and expertise more effectively towards those patients in high risk categories.

This service redesign resulted in improved customer satisfaction with the service, increased confidence in the management of basic foot care by care home staff and improved communication links between carers, service users and agencies.

The service remains adaptable and responsive to user queries and feedback to ensure the continued improvement of patient services.

NHS Fife

² See Partnership for Care, SEHD, 2003

³ See Patient Focus and Public Involvement, SEHD, 2001

Framework for Role Development in the Allied Health Professions

The need to put patients at the centre of care and ensure that services are more responsive to their needs, are timely in delivery and reduce waiting times for specific procedures is core to the healthcare modernisation agenda. Much of this is already being achieved through redesign initiatives and the development of new, expanded and extended roles.

“Options for change are developed with people, not for them starting from the patient experience and engaging the public early on to develop solutions rather than have them respond to pre-determined plans conceived by the professionals.”

(SEHD, A National Framework for Service Change in the NHS in Scotland, 2005)

Theme 2 Supporting service redesign and new models of care

Different models of care are being developed as we move from a focus on hospital based episodic care to locally provided community based services. AHPs increasingly work across health, social care and education services. They therefore have an ideal opportunity to maximise the benefits of implementing new models of care within clinical teams and across agencies, building on existing expertise and experience.

Changes in demography and patterns of illness (see page 8) mean that meeting the health care needs of older people with long term conditions and the management of long term illness are likely to become the focus for much of health care delivery over the coming years. It requires a shift in the balance of care from episodic care to integrated continuous care. AHP practice inherently captures the promotion of health, rehabilitation and social reintegration, aspects of care that feature prominently in long-term illness management.

“The NHS should work with other public services and with patients and carers to provide continuous, anticipatory care to ensure that, as far as possible, health care crises are prevented from happening.” (SEHD, A National Framework for Service Change in the NHS in Scotland, 2005)

The day-to-day management of long-term illnesses brings many challenges for patients and carers. Self managed care forms a key strand of successful management, and AHPs are in a strong position to educate and support patients and carers as they learn how to manage their conditions effectively as well as leading care management for a wide range of life-long conditions.

Structures and processes to support change within primary care settings have been established in the creation of Community Health Partnerships (CHPs) that will further improve care and treatment outside hospitals. CHPs provide the mechanisms through which new models of care can be delivered and are central to taking forward the health improvement agenda and the Joint Future agenda through inter-agency working. AHPs have a significant role to play in developing and sustaining CHPs through providing quicker access to planned care and reducing waiting times.

The Glasgow Osteoporosis Service

This service offers assessment and a range of treatment options for people identified as at risk of osteoporosis. The programme is available in over 30 locations in the city including hospitals, health centres and local authority leisure premises. Over 450 people per year attend for physiotherapy assessment. Measurements after the physiotherapy led exercise programmes show improvements in posture, balance and general walking fitness.

NHS Greater Glasgow

Ensuring services for patients are more responsive to their needs, timely in delivery and that waiting times are reduced for specific procedures is core to the modernisation of health care, putting patients at the centre of their care. This is already being achieved through redesign initiatives and developing roles.⁴

Expanded roles for healthcare staff are already making a vital contribution to shorter waits.

Borders Colon Service

Streamlining services to patients with colonic symptoms arose from patient concern about the waiting time involved for investigation of symptoms. A triage system was introduced within the multidisciplinary team with close working between Gastro-Intestinal and Radiography services. The redesign incorporated an extended role for radiographers to include a Radiographer Barium Service and a Radiographer Barium Reporting Service.

Outcomes identified include:

- Shorter waiting times for patients
- Appropriate diagnostic tests at the right time
- An overall improvement in the patient pathway

NHS Borders

Theme 3 Developing AHP leadership

Attitudes and the culture within NHSScotland are crucial in determining the success of service modernisation. Clinical leadership has been identified by the Scottish Executive as crucial to supporting the change process and is reflected in the NHSScotland Leadership Development Framework. (SEHD 2005)

The AHPs need to capitalise on available opportunities that inter-professional and inter-agency working provides so that they build their leadership capacity and foster clinical leadership skills at all levels. Involvement in and leading health improvement initiatives and developing new and extended roles in the management of long-term illness are areas where AHP leadership skills seem certain to bring significant benefits in the coming months and years.

Integrated AHP leadership capacity within Board areas has already demonstrated the effectiveness of integrated working across the professions in supporting organisational priorities.

Theme 4 Valuing core skills

Each of the Allied Health Professions has a unique identity and body of expertise. Some of the knowledge-base and core competencies required for practice (such as communication skills and translating theory into practice) are common to all professions.

AHPs meet patient and service user needs wherever they are encountered – either in specific regions of Scotland, or within specialist or generalist services. While many AHPs develop specialist skills in particular practice areas, they also maintain the core skills they developed within their professional training and ensure they remain up-to-date and fit for practice.

⁴ See Fair for All – Personal to Each: The Next Steps for NHSScotland, SEHD, 2005

Framework for Role Development in the Allied Health Professions

Many of the professions are already building on their core skills to develop exciting new opportunities in specialist and consultant practitioner posts.

A&E Practitioner

62% of presentations at the Minor Injuries Clinic in NHS Lothian were musculo-skeletal injuries and a review of the clinic concluded that staff development and patient needs would be enhanced by altering the skill mix and the expertise within the team.

A physiotherapy practitioner was appointed with specialist expertise in musculo-skeletal problems who undertook training in an extended range of competencies in order to fulfill the role within the team and who could offer education and training of other staff in musculo-skeletal injuries.

NHS Lothian

Dietetic Consultant in Public Health Nutrition

This post was developed to provide leadership to the work of the Tayside Food and Nutrition Partnership, that includes the NHS Board, local authorities and local universities. Those areas of work identified as requiring clinical leadership included nutrition in institutions, nutritional support/nutrition in disease and Public Health Nutrition covering all age groups and focusing on nutrition-related health inequalities. Expert clinical practice, research, practice and service development as well as education and training are key factors in the success of this public health role.

NHS Tayside

The skills, knowledge, competencies and experience that combine to define the character of the professions are highly valued by all in NHSScotland, particularly patients. They provide a very firm foundation from which AHPs can explore how their roles within clinical teams can be changed to improve services. Expanding existing roles and developing new roles will serve to further strengthen the sense of professional identity each of the professions enjoys within the context of multi professional teams.

Theme 5 Establishing governance arrangements and promoting the evidence base

Any AHP role developed beyond traditional areas of practice must have the support of all relevant stakeholders. Individual accountability and clinical governance systems relating to the role must be clearly set out and arrangements in place to support the quality of service. Changes in practice outwith the traditional parameters of service delivery should have the support of the whole clinical team, and clinical competencies must be developed to initiate and sustain the new service.

Professional bodies also have a key role in the continuing development of competencies in specialist areas of practice.

Professional and regulatory body codes of practice state that AHPs are responsible and accountable for their own practice. Individuals must use their clinical judgement to identify when they are moving beyond their boundaries and level of competence. Clinical governance arrangements within organisations and clinical teams should ensure that the patient receives appropriate and safe treatment from a suitably qualified and experienced practitioner.

With the introduction of supplementary prescribing in some of the allied health professions there will be a requirement for accredited training and additional regulation by the Health Professions Council.

NHSScotland systems have accountability for the performance of all their staff, including those moving into developed and new roles.

Staff Governance is defined as:

“a system of corporate accountability for the fair and effective management of all staff” (SEHD, The Staff Governance Standard, 2004).

Local staff governance and clinical governance systems must have mechanisms in place to ensure role development opportunities are appropriate for the specific professions, and that individual AHPs receive the preparation and ongoing supervision and support they require. These mechanisms will include:

- risk assessment systems
- business planning processes that integrate governance, service and finance systems
- availability of clinical decision making systems, protocols, standards and clinical guidelines
- auditing procedures
- supervision and reporting systems
- strong support for a culture that promotes leadership, evidence based practice, professional development and lifelong learning.

Clinical Governance

A framework through which NHS organisations are accountable for both continuously improving the quality of their services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish.

Management of clinical risk at an organisational level is an important aspect of clinical governance. Clinical risk management recognises that risk can arise at many points in a patient’s journey, and that aspects of how organisations are managed can systematically influence the degree of risk.

NHS Quality Improvement Scotland, 2004

Competencies and protocols

AHPs have identified a competence based approach as essential to role development. Competencies have become an important tool for health and social care professionals in defining the parameters of their role, setting benchmarks against which to evaluate the effectiveness of practice, and identifying

Framework for Role Development in the Allied Health Professions

ongoing education and training needs. Competencies are being used by individuals, clinical teams, organisations and professional bodies to map out the contribution professions make to services and to identify where opportunities may exist for role development. They are also central to the Knowledge and Skills Framework of the Agenda for Change pay modernisation initiative.

Competencies should be developed to:

- expand the scope of clinical practice
- support leadership of clinical care for defined care groups
- enhance learning and development of support staff through structured training to release AHP expertise.

The potential of sharing competencies with other members of the clinical team should be explored as should the sustainability of services. It is vital that succession planning is considered particularly where the service delivery is dependent on one individual.

The provision of protocols, guidelines and the availability of agreed care pathways such as the work undertaken by managed clinical networks is also considered a key element in successful role development. Many such aids already exist in practice and have proved useful in defining how role development can best be targeted on improving services for patients through a seamless patient journey with effective and timely interventions available at each stage.

Theme 6 Providing education and training

Role development offers opportunities for joint education and training activity with fellow health education and social care professionals. Many areas of relevance and interest to AHPs in developing new roles, such as research, ethics and advanced communication and leadership skills, are shared with other professionals, and this offers the potential for learning with and from each other.

Role development also reinforces the need to recognise and acknowledge the vital learning that takes place in the workplace. Many AHPs will testify to the fact that patients, carers and work colleagues are their greatest educators.

There are also many challenges in meeting the education and training needs of role development. As roles are developed for and by AHPs, there will be a need to acquire new or advanced knowledge, skills and competencies from reliable and validated education sources. Practitioners will need to be able to practise their new functions in a service environment in which supervision and support is available until maximum proficiency is attained and the role becomes embedded within the service.

NHSScotland needs to work in close partnership with NHS Education for Scotland and the higher and further education sector to ensure that appropriate education and training activities are available for the necessary level of competence to be reached in order to undertake new responsibilities safely and effectively. Further exploration of opportunities for joint education between the health and social care education systems will also enable more effective joint working.

Theme 7 Addressing workforce development and career pathways

Role development offers AHPs new ways to practice, new ways to develop, and new career pathways to pursue. The attraction of role development is likely to reap rewards in terms of recruitment and retention of staff to NHSScotland posts, but the chances of role development initiatives achieving success will be greatly enhanced if the developed roles:

- offer opportunities for genuine career enhancement
- are backed by appropriate workforce development support
- take their place as part of systems-wide workforce planning initiatives
- provide candidates with flexible employment options
- reflect partnership working arrangements with, for instance, education, social services and research-focused organisations.

Workforce planning needs to take into account training and development requirements to underpin the workforce. Modernising Medical Careers has the potential to impact on role development within the AHPs as well as other healthcare professions and will provide possibilities for AHPs to develop their potential in different ways.

AHP leaders and workforce planners need to give consideration to succession planning and the sustainability of new roles within modernised services.

Employment legislation such as the European Working Time Regulations, NHS contracting processes, the pay modernisation agenda and flexible working policies are also placing new pressures on the workforce. These need to be factored into planning and indeed will open doors to AHPs and others using their skills and expertise to best effect and making meaningful contributions to improved patient care in a variety of settings.

Three broad areas are identified in the National Framework for Service Change in the NHS in Scotland (SEHD 2005) where effective responses are required within the workforce to meet these commitments and include:

- Rota design – fewer tiers of cover, introducing cross cover between specialties or designing rotas including professionals other than doctors
- New or extended roles – nurses, allied health professionals, etc
- Service redesign – new ways of delivering out-of-hours care, exploiting new technologies, etc

These changes will be required in order to deliver local services that are safe and sustainable and increasingly, patient care will be delivered by a health care professional who is not a doctor.

4. The framework

The development of this framework was a joint initiative between AHPs, Nurses and Pharmacists and underpinned by a process of national consultation.

The themes identified in this document place role development for the allied health professions in Scotland at the heart of sustainable and safe local services as outlined in the National Framework for Service Change in the NHS in Scotland (SEHD 2005).

The shift in focus towards local communities and exploration of preventative and anticipatory care provides real opportunities for AHPs to develop solution focused options for change with patients and service users.

The framework illustrates a process model for working through the development and evaluation of roles within health and social care. It promotes a 'can do' approach that is needs driven, patient centred and evidence based and makes the evaluation of **impact** a key underlying principle.

This document is intended as a tool to assist practitioners, managers and service planners in adopting a stream lined and consistent approach to developing roles within services thus enabling AHPs to release their full potential in improving health and health services in NHSScotland.

For Framework see inside back cover.

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