

# Current placement expectations of AHP Regulators and Professional Bodies

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August 2020

## Background

Capacity for AHP clinical placement is limited and has restricted the ability to grow the numbers in education to meet the needs of the workforce. The Covid -19 pandemic with its requirements for social distancing and PPE has compounded this issue. This means that 'catch up' capacity is required on top of the planned provision.

In addition, the Long Term Plan (LTP) and the subsequent People Plan signal the need for significant growth in numbers of AHPs for the workforce. This increase will significantly increase the amount of placement required in order to deliver these numbers.

Practice is changing, the long called for a shift to care closer to home also requires a shift in the location of placement education away from the acute NHS Trusts to more Community, domiciliary and primary care settings. Whilst this shift has started more needs to be done to ensure sufficient capacity across a full range of setting. Covid-19 has necessitated a change in the models of delivery of care in order to manage workflow and keep people safe. This has led to innovative practice in terms of using virtual platforms to deliver care in line with the NHSI/E definition of Technology Enabled Care Service (TECS). It is clear that students need exposure to this model of delivery in order to equip them to be fit for practice going forwards.

Education practice is also changing in the wake of advances in technology and simulation is becoming commonplace in the deliver of AHP degrees. Good simulation done well, is recognised as having value in preparing students effectively so that when they enter the clinical learning environment they are better prepared and can consolidate their skills rather than start from scratch.

It is clear from all of this that there is a need for an increased capacity in clinical placements and that radical change in how the placement is delivered is needed to respond to this need. The regulators of the AHP professions and the professional bodies have a role in setting out expectations of education providers in relation to practice placement. This paper sets out to summarise these expectations in order to inform

decision making.

## What is Placement Education?

A practice placement is where students apply and consolidate their learning, bringing together academic theory, workplace practice to develop skills and competences needed to register.

Strong partnerships between education institutions and service are required to ensure that safe and supportive learning environments are developed which facilitate student learning and progression.

Stuart Norton (2018) Academic Lead on Employability from the higher education academy describes why placements are important as the following

?As well as allowing students to apply subject knowledge and technical skills in a professional environment, placements also provide a helpful insight into organisational discourse, culture, professional socialisation, applied skills and working relationships. And, perhaps more importantly, placements are incredibly valuable for increasing self-confidence and encouraging reflective practice ? while providing students with those ?missing skills? that employers seek in graduates.?

This highlights the fact that there is much more to placement than the profession specific technical skills and competences which potentially can be developed in a range of environments.

HEIs are expected to take account of a number of frameworks when designing their programmes these include:

- HCPC Standards of Education and Training
- HCPC Standards of proficiency ? (profession specific)
- HCPC Standards of Conduct, Performance and Ethics
- Quality Assurance Agency (QAA) Subject Benchmark Statements
- QAA Parts A and B: The Quality Code
- Professional Body standards and guidance

### Regulator Perspectives

There are two regulators for the AHP professions the General Osteopathic Council (GOsC) who regulate the osteopathy profession and the Health and Care Professions Council (HCPC) who regulate Art Therapists, Podiatrists, Dieticians, Occupational Therapists, Operating Department Practitioners, Orthoptists, Paramedics, Physiotherapists, Prosthetists/Orthotists, Radiographers (diagnostic and therapeutic) and Speech and Language Therapists. The standards they publish mandate the requirements of education providers, however, each provider has the freedom to design their own programme of learning.

### The Health and Care Professions Council

The Health and Care Professions Council (HCPC) Standards of Education and Training (SETs) has a framework based on outputs. Each standard is framed in a way to describe what must be achieved. The providers then have the autonomy to deliver these standards through their own curriculum design. The guidance is not designed to be prescriptive. Each HEI would then take the guidance and develop their curriculum in the context of the environment they are operating in, the professions they are delivering to and the relationship they have with their stakeholders. They would be expected to explain and detail this at an approval event and would be reviewed against it annually through monitoring.

Each education provider has overall responsibility for the delivery and quality assurance of placement. They are expected to do this in partnership with placement providers and together to deliver a safe and supportive learning environment which is appropriate to deliver the learning outcomes.

The placement experience is expected to be integral to the delivery of overall learning experience and must relate to the profession it is intending to educate. How this is done is up to the provider. The exact number of hours, the requirements at each progression point, the model of delivery, where and the range are all determined by the education provider in line with any additional professional body standards or guidance.

Students do not have to be supernumerary whilst on placement, nor is there as stipulation about the ratio of practice educator to student. It is also accepted that practice educators/supervisors do not always need to be registered practitioners it is more important that they can provide a safe, supportive and effective learning environment.

The framework is designed to allow for flexibility around delivery whilst a consistent output. It is expected that education providers reflect current curriculum guidance from the professional bodies and subject benchmark statements. If a provider deviates from the curriculum guidance then they would be expected to provide detailed evidence to support any innovation.

### **The General Osteopathic Council**

The General Osteopathy Council set the standards of Education and Training and Standards of Practice for Osteopaths. The standards include outcomes based on 5 main themes.

The General Osteopathic Council also provide guidance regarding the delivery of education and training as well as overarching regulation. The guidance is outcome-based with no absolute requirement about hours however the normal expectation is 1000 hours across the 4-year course and that a student would see 50 new patients in this time.

The guidance includes details of common clinical presentation and approaches to treatment a graduate is expected to be able to manage.

Each HEI/College has the autonomy to deliver the curriculum how they see fit to deliver practitioners who are fit to practice and therefore be registrable with the GOsC. The guidance is currently under review.

Providers of osteopathy education have their own clinics on-site through which students undertake their placement learning. Learners attend clinics 2/3 days per week during the last 2 years of their course.

### **Professional Body Perspective**

All of the professional bodies provide guidance for HEIs in relation to curriculum and placement education. It is notable that all have given subsidiary advice about managing the student experience during the pandemic in order to support progression and completion.

### **British Association of Art Therapy**

Art Therapy is normally studied as an MA/MSC over 2 years full time or 3 years part-time.

There is no written guidance currently for curriculum although there is written guidance for BAAT members who are placement providers. It is expected that students undertake approximately 120 days of placement experience(approx. 950hours).

Learners will access a variety of setting including schools, hospices and prisons. Learners can be supervised by a variety of people not just an art therapist.

The number of placements in the NHS are decreasing but in schools, the number is growing.

There is no tariff available for placement.

Different placement patterns currently exist normally delivered as 2/3 days over 2 or 3 blocks of placement across the course.

### **College of Podiatry**

It is expected that students will undertake 1000 hours of clinical practice education. It is recognised that whilst the 1000 hours is clinically related it is not all patient facing. Some time is needed for reflection and other activities and as such not all of the time needs to be in direct patient contact. Some programmes are designed in a way that students undertake around 500 hours more that is actually required.

It is expected that these hours would be experiences across a number of settings including:

- Diabetic foot clinic
- Rheumatology
- Trauma and orthopaedics
- Podiatric surgery

As many podiatrists work in the independent sector it is hoped that students can gain experience in this setting although there is limited capacity for this.

There are 6 providers in England all of who have their own onsite clinics.

The college is flexible in its approach to delivery what is key is the delivery of the standards of education and training as set out by the HCPC.

Students are accessing care homes and voluntary sector environments and are supervised by different professions in some environments. There is a desire to increase access to public health and vascular experience.

The model of supervision varies but it is normal for one supervisor to support 4/5 students at a time. The college is supportive of supervision being shared by a multidisciplinary team.

Longarm supervision is utilised for community and domiciliary placements. Transport is a limiting factor here. Students normally use public transport in and around urban settings but is more challenging for rural settings.

Models of delivery vary from HEI to HEI. Placement can be delivered in blocks of up to 12 weeks where students attend 1 ? 2 days per week or in community settings where students may attend full time for a period of 2 to 3 weeks. Some specialist services placements may entail attendance of 1 or 2 days only. HEIs with on-site clinics may typically deliver about 60% of student placement experience through the clinics in a pattern of 1.5 days per week across each semester.

### **British Dietetic Association**

The current guidelines are under review and due to be published later in 2020.

The guidelines detail expectations as follows:

- Normally 1000 hours of practice learning is undertaken, the majority of which would be outside of the HEI
- Normally 3 blocks of placement across the programme is recommended but it is acknowledged that HEIs may choose a different approach
- An early placement is recommended
- 350 hours should be in a clinical setting (these hours should be undertaken on a full-time continuous basis)
- Placement sites should reflect the breadth and diversity of working environments

The guidelines indicate that any appropriately qualified health and social care professional can assess and provide evidence of placement outcomes.

### **British Association for Music Therapy**

Training is delivered as masters-level courses across eight providers in the UK. (full or part-time). There is currently no written professional body curriculum guidance.

There is a variety in the amount of time spent in practice across the providers. Ranging from 35 days in total to 72 days (280 - 576 hours)

Practice can take place across a variety of settings including:

- Children
- Older adults
- Learning disability, Mental health and Special Education Needs
- Children, nurseries and early years
- Palliative care
- Prisons
- Dementia care

There is no tariff available for placement.

Capacity is managed by the placement provider and HEIs, usually is in settings where a music therapist, art therapist or psychotherapist can supervise practice.

### **Royal College of Occupational Therapy**

The latest RCOT learning and development standards, incorporating the World Federation of Occupational Therapists' (2016) minimum standards for occupational therapy education, were published in September 2019.

The standards, as required by WFOT, stipulate that a minimum of 1000 hours of assessed practice-based learning need to be successfully completed. These hours refer to the time each student spends implementing an occupational therapy process, or an aspect of an occupational therapy process, involving human interaction with a person or persons as client.

RCOT's (2019) learning and development standards define simulated learning as 'Artificially constructed environments designed to represent realistic scenarios that provide opportunities for learners to practise clinical and decision-making skills within a safe environment'. Simulation can replace 40 of these hours but only if it involves human interaction (not using manikins) with individuals in the role of people accessing occupational therapy service.

The 1000 hours may include a maximum of 3.5 hours of self directed learning relevant to practice-based learning per week.

For learners in apprenticeship pre-registration programmes, practice-based learning must be undertaken

outside the learner's own work setting.

Practice-based learning is normally full-time, but is at least 0.5 full-time equivalent.

It is expected that learners have the opportunity to experience a wide range of setting which may including:

- Public, independent, private and third sector settings
- Urban, rural and international
- Non-frontline (including managerial or research)
- Organisations where people are under employed, disempowered, disposed or socially excluded
- Organisations caring for people of different ages, from different socio-economic and cultural backgrounds
- Working with people with recently acquired and long-standing needs and with different levels of physical and psychosocial functioning
- Settings using individual, group, community or population approaches
- Settings where there are no occupational therapists currently employed

The standards highlight the importance of flexible models of supervision including long arm supervision.

HEIs determine the pattern of placement. Usually delivered in blocks from 4-8 weeks to allow for a range of placement experience to be undertaken across all levels of study. Some HEIs have an extended block towards the end of the programme which is 12 weeks.

### **College of Operating Department Practice**

The curriculum guidance published by the CODP is competence-based and details outcomes HEIs must deliver. It is one of the more detailed documents in this regard.

The college does not stipulate a number of hours for placement. Instead, it indicates that for a BSc pre-registration programme it is expected that there will be a ratio of 50/50 taught/clinical time. In reality, this means that students will normally be undertaking approximately 2300 hours of placement education although this varies from HEI to HEI.

There are a number of environments that students are expected to acquire skills including anaesthetic, surgical and post anaesthetic care practice. It is also recognised that students will access a variety of different clinical specialties in order to develop their skills and competences for example critical care, emergency department and imaging suites.

The college recognises the importance of both simulation and engaging with new technologies in placement experience.

There is an expectation that students will always be supervised by a registered practitioner who is competent in that area of practice.

Each HEI is expected to demonstrate how they will meet the standards of education as set out by the HCPC. They each determine the competence their students will achieve at each level.

Models of placement delivery are determined by each HEI. Typically it is delivered in full time blocks the length of which can range from 3 - 12 weeks. During this time students might access a range of theatres i.e. the block might be broken down into smaller units. Students are expected to undertake a full range of shifts aligned with their mentor.

### **British and Irish Orthoptic Society**

There is no formal written curriculum guidance currently. The small number of providers work closely together to ensure consistency of approach.

Students undertake between 30 and 37 weeks of placement half a day of each week is given to study. This equates to approximately 1000 hours.

This is generally delivered as full-time placement in blocks of 5-6 weeks working 9-5 over 5 days.

### **College of Paramedics**

The curriculum guidance from the college has recently been updated (2019) and is based on a set of high-level outcomes to be achieved through the curriculum. The number of hours is not detailed in the guidance but there is an expectation that there will be a ratio of 50:50 theory to practice. This would equate to roughly 2300 hours in total.

The new guidance has detailed a range of environments that placements can be delivered through including:

- Care homes, wards, hospices
- Patient assessment areas including ED, GP surgeries urgent care, walk-in centres
- Critical care areas including Air Ambulance, theatres, ITU and HDU
- Mental Health and Learning Disability
- Children and families including HV and school nurses
- Emergency Ambulance
- Hear and Treat including 111 and clinical hubs

Whilst it isn't detailed in the guidance it is recognised that placement experience will normally occur 50:50 in ambulance : non- ambulance settings.

Simulation is not detailed in the guidance however whilst the value of this is recognised there is an expectation that this will not normally replace clinical practice hours and if it does then it will not exceed more than 10% of the total time.

Placement tariff is not paid for paramedic placements.

Models of placement tend to vary from HEI to HEI but are generally delivered in blocks of not less than 2 weeks in length and more generally 4/5/6 weeks in length. Students normally follow the shift pattern of their practice educator.

The placements tend to be spread across the three year programme with less being in the 1st year, more in the 2nd and most in the 3rd.

### **Chartered Society of Physiotherapy**

Current curriculum guidance does not specify detailed outcomes for placement. It does, however, make clear that it is the CSP's expectation that placement delivery is a vital component of pre-registration education and that all CSP members have a responsibility to engage in practice-based learning (regardless of grade, role or practice setting).

The guidance does detail an expectation that students undertake a minimum of 1000 hours placement experience. The guidance does acknowledge however that in exceptional circumstances where students have been unable to meet the 1000 hours but still achieved the learning outcomes they should not be penalised.

The guidance recommends that learners should experience a wide variety of setting which reflect the kind of environments in which they are likely to practise on qualification. There is no expectation that learners will

undertake specific named placements instead their overall profile of practice experience reflects broad learning experiences and learning gain.

The guidance acknowledges the importance of learners experiencing different models of both care and supervision.

The guidance does state that whilst simulation is seen as having value in developing and supporting learning it is not normally expected to replace any of the 1000 hours. NB During the pandemic this has been relaxed in recognition that different solutions are required to enable student progression.

The CSP is currently developing a common assessment form to be used nationally by all providers.

Each HEI has a different pattern of delivery usually in full-time blocks ranging from 2- 12 weeks in length. Normally students work 9-5 Monday to Friday.

### **British Association of Prosthetists and Orthotists**

There are currently only 2 providers of pre-registration education in the UK one of which is in Scotland one in England. There is currently no written guidance for placement.

Placement education is based on a set of competencies agreed between the providers with no fixed number of hours for delivery. It is expected that students are exposed to as wide a range of experiences as possible. There is a practice education leadership forum which brings together leads from the HEIs which provide P+O education to manage and review the curriculum guidance and how it is put into practice.

Students travel all over the country to access placement as there a limited number of service providers.

Placement education is normally delivered as two blocks of 16 weeks (which approximates to 1200 hours). This is usually delivered Monday to Friday 9-5 which matches most clinic hours. One provider is moving away from this model to more frequent shorter blocks.

### **College of Radiography**

The College of Radiography provides guidance for both Diagnostic and therapeutic radiography education. It details the expectations of HEIs, placement providers, practice Educators and learners. It does not detail specific placement outcomes.

There are no restrictions on how the placement is provided and the guidance acknowledges the importance of students accessing novel sites such as health centres, mobile site and cancer support units. The key feature of the choice of sites is the ability of learners to achieve their learning outcomes.

The curriculum guidance doesn't stipulate the number of hours required on placement however it does acknowledge that approximately 50% of the programme is spent on placement this then means that the average delivered is around 1200 hours.

HEIs all have different patterns of placement delivery. Normally delivered as full-time placements over a number of weeks ranging from 3 ? 8 weeks. Students have generally worked 8/9-5 over 5 days, some areas are trialling 7-day work and long hours to increase capacity.

### **Royal College of Speech and Language Therapy**

The current practice-based learning guidance is currently under review. Interim placement guidance for 2020-21 will be published in September 2020.

The current guidance details the responsibilities of HEIs, Placement Educators, Students and Trusts/providers in relation to all aspects of placement education.

It does not detail competencies /outcomes required currently however this is likely to change in the new guidance.

The number of hours will be detailed in the new guidance with the expectation that students undertake 150 sessions of direct client contact 100 of which would be supervised by a Speech Therapist and 50 managed via long arm supervision. This equates to approximately 560 hours of direct contact on top of this will be the associated non-direct activity. This may change in autumn 2021 to align with Agenda for Change working practices.

The sessions are nominally divided across adult services, paediatrics and local needs. The majority of practice occurs in NHS settings. In the south of England, more independent providers offer placement experience.

Placement patterns vary from HEI to HEI and can be ongoing (eg one day per week for 10 weeks) or block placements (eg 4 days a week for 6 weeks).

### **The Institute of Osteopathy**

As the professional body for osteopaths, the Institute of Osteopathy supports the development of the profession working closely with all the undergraduate educational institutions individually and through the Council of Osteopathic Educational Institutions. The iO facilitates engagement by the osteopathic undergraduate sector in their delivery of high-quality education programme, in line with the guidance provided by the General Osteopathic Council. The iO also represents the profession with the Council of Deans of Health.

Placement tariff is not paid for Osteopathy placements.

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### **Links**

- [1] <https://www.hee.nhs.uk/our-work>
- [2] <https://www.e-lfh.org.uk/>
- [3] <https://www.healthcareers.nhs.uk/>
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