

AHP Education Workforce Capability and Career Framework

Raising the profile of and promoting the importance of the Allied Health Professions Education Workforce. A developmental career wide resource for all those engaged in the education and development of Allied Health Professionals

Final Report

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DRAFT PRE-CONSULTATION

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Executive Summary

Allied Health Professions (AHP) education is increasingly important and inextricably linked to sustaining the future AHP workforce. The demand for and expectations of the AHP workforce has never been higher (AHPs Deliver 2022-27, NHS England). Securing the future and current professional workforce, is dependent upon a sustainable and high-quality education workforce both in practice and in academic settings.

In the UK the majority of AHPs moving into their first academic role in further or higher education do so after several years in practice. Recognising education as one of four pillars (Practice, Leadership, Research and Education) of professional practice, this draft framework is important, timely and needed to promote the importance of education as an integral part of every AHP's professional responsibility.

Accepting that every AHP has an obligation to support the learning and development of others, this framework has been developed to ensure that AHPs responsible for AHP education achieve excellence and effectiveness in their education practice, are inclusive, and utilise an evidence-based approach. There are multiple and varied education routes which can lead to a career as an AHP educator, as a practice educator, in a specialist practice education role or in a role in further or higher education. The framework has been developed to be inclusive and supportive to all AHP educators irrespective of the type of educational programme learners are undertaking to support sustainable AHP education across a broad range of education settings, occupational setting, and sites of professional learning. Fundamentally aimed at ensuring that AHPs provide safe and effective care.

This report describes phase 1 of a project to develop an Allied Health Professions Education Workforce Capability and Career Framework. The project took place over a three-month period between May and July 2022. The project was a collaboration between Health Education England (HEE) and the UK Council of Deans of Health. The Council of Deans of Health were commissioned by Health Education England to develop a draft AHP Education Workforce Capability and Career Framework (hereafter referred to as 'The Framework'). This project is one of several projects overseen by the Council of Deans of Health UK and commissioned by HEE to support the sustainability of the AHP academic workforce and the future supply of AHPs.

A project steering group (appendix 1) was established to undertake the work. Membership comprised of experienced academic and practice representatives from across HEE defined regions of England and also included Council of Deans of Health Fellows and Health Education England Practice Placements Clinical Fellows. During the project, additional steering group members undertaking cognate projects for HEE were co-opted to provide external scrutiny and oversight.

The work of the group was two-fold:

1. To provide a comprehensive review of the existing career and education frameworks for the 14 Allied Health Professions and a targeted literature review with a focus on identifying specific reference to the capabilities and career paths for Allied Health Professionals engaged in any forms of education. The purpose was to identify existing AHP educator

capabilities and career pathways and accredited education and training programmes available for AHP educators.

2. To develop a draft framework which would include a generic set of educator capabilities and education and qualifications applicable to all AHPs across all AHP career stages.

The project was primarily commissioned to support the idea of AHP education as a distinct area of practice, to promote AHP education career paths and to emphasise the role of education in AHP practice, and to highlight the importance of the AHP educator workforce in securing the future and current AHP workforce both in practice and academic settings.

The project aim was to develop a draft outcome-based framework which would describe the capabilities required to be an effective teacher, learning facilitator and role model in AHP education. The framework is seen as an important first step in establishing a national standard for the AHP education workforce.

All 14 AHP Professional, Statutory and Regulatory Bodies (PSRB) Standards and Education (SETS) and Standards of Practice (SOPS) were reviewed to identify the extent to which AHP education capabilities were explicitly included. Existing AHP career frameworks from all four countries in the United Kingdom were reviewed, alongside the career and education frameworks of a select number of cognate professions, namely Medicine, Dentistry, Nursing and Midwifery (Appendix B).

Within the project time constraints, a targeted literature review was undertaken. Findings from the review of existing frameworks and the literature (Appendix B and C) have informed the draft framework. In addition, aligned AHP published reports, for example, the AHP Academic Leadership project (REF), Advanced Practice Framework (REF), Consultant Practice Framework (REF), e-Learning for Health programmes (REF) and regionally focused HEE AHP practice education funded projects in development have influenced the draft framework.

Findings from the review of existing frameworks and the literature identified highlighted the following.

- A lack of standards, guidance or expectations set for an education pillar in existing PSRB guidelines.
- Limited explicit guidance in respect of the education pillar of professional practice across career stages including transition from practice-based roles into formal education roles in further education (FE) and higher education (HE) settings.
- Wide variation across the 14 AHP SETs and SOPS in the extent to which the development of AHP educators is included.
- Across all 14 AHPs there is a clear professional expectation that all professionals will support the learning and development of others.
- In the main, explicit reference to education is largely included with reference to patient and health education, rather than student or workforce education (The College of Paramedics being the exception).
- Variance in standards and expectations exists across the four nations as well as regions in England.

The lack of explicit reference to the education pillar of practice included in any of the 14 AHPs the pre-registration curriculum. New registrants are unprepared for undertaking an education role of either students or colleagues. Cognate professions and health care support workforce career frameworks include explicit reference the development of educators and AHPs can learn from this best practice.

In summary, there appears to be a need for a framework which explicitly describes how AHPs can develop as educators and if desirable could pursue education as a valuable and rewarding career.

The Framework has been developed to explicitly describe a set of expectations for all AHPs who have responsibility for education. It is described through six domains, associated capabilities and proposed education, training, and academic standards. It is inclusive of all career stages, utilising existing career framework to support AHPs locating themselves within the framework, facilitating AHPs to self-assess their expertise, experience and development needs.

The Framework establishes a set of principles to promote and recognise the professionalism of AHP education and AHP educators, a structure to promote AHP education career routes to establish the idea of expert practice in AHP education and a move towards a national standard for AHP educators. It seeks to be inclusive, empowering for all those involved in AHP education irrespective of job role, organisational/occupational setting and career stage. It seeks to establish education as an important pillar of practice as early as possible in all AHP professionals' careers.

Introduction

AHP education is increasingly important and inextricably linked to sustaining the future AHP workforce. The demand for and expectations of the AHP workforce have never been higher (AHPs Deliver 2022-27, NHS England). Securing the current and future clinical workforce, is dependent upon a sustainable and high-quality education and academic workforce. As a result, it is our aim to ensure the capabilities and the possible career steps required for AHP practice education are visible, clear, recognised and are viewed as development against the education pillar of practice.

Recognising education as one of four pillars (Practice, Leadership, Research and Education) of professional practice, this draft framework is important, timely and needed to promote the importance of education as an integral part of every AHPs professional responsibility. Accepting that every Allied Health Professional has an obligation to support the learning and development of others, this framework has been developed to ensure that AHPs responsible for AHP education achieve excellence and effectiveness in their education practice, are inclusive, utilise an evidence-based approach and ensure that AHP education is sustainable across a broad range of education settings. In turn this will help to ensure that AHPs provide safe and effective care.

This framework was designed to make the education career pathway clearer for Allied Health Professionals (AHPs). It sets out a set of expectations for all AHPs who have responsibility for education, described through six domains, associated capabilities, education and training standards across all career stages. It seeks to be inclusive, empowering for all those involved in AHP education irrespective of job role, organisational setting and career stager. It seeks to establish education as an important pillar of practice as early as possible in all AHP professionals' careers. It establishes a set of principles to promote and recognise the professionalism of AHP education and AHP educators, a structure to promote AHP education career routes and to establish the idea of expert practice in AHP education.

In May 2022, The Council of Deans of Health (CoDH) were commissioned by HEE to develop a draft AHP Education Workforce Capability and Career Framework. A project steering group was established to undertake the work. Membership comprised of experienced academic representatives from across England, Council of Deans of Health Fellows and Health Education England Practice Placements Fellows (Appendix A). The project took place during a three-month period (May to July 2022) and additional steering group members undertaking cognate projects for HEE were co-opted to join the group to provide external scrutiny and oversight.

HEE exists to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

The Council of Deans of Health represents the UK's university faculties engaged in education and/or research for nursing, midwifery and the allied health professions. At any one time our 102 members will be educating around 175,000 current and future health professionals and will carry out research that improves the population's health and wellbeing.

This project was primarily commissioned to promote the idea of AHP education as a distinct area of practice, to recognise and promote the important role of AHP educators and to signal the role of the AHP education workforce's importance in securing the current and future AHP workforce both in practice and academic settings. The project aim was to develop a draft outcome-based framework which would describe the knowledge, skills and behaviours required to be an effective teacher, learning facilitator and role model in AHP education across all career grades and should be seen as an important first step in establishing a national standard for the AHP education workforce.

The project steering group set up two working groups, one to review what currently exists and one to develop a vision, domains, and associated capabilities for a future AHP education workforce framework. All 14 AHP PSRB Standards of Education (SETS) and Standards of Practice (SOPS) were reviewed to identify the extent to which AHP education capabilities were explicitly included. Existing AHP career frameworks from all four countries in the UK were reviewed in addition to a select number of cognate professions, namely Medicine, Dentistry, Nursing and Midwifery were reviewed (Appendix B).

Within the project time constraints, a targeted literature review was undertaken, and findings have informed the draft framework. Several interconnected published reports have influenced the draft framework, for example, AHP research careers (REF), AHP academic leadership (REF), Advanced Practice Framework (REF), Consultant Practice Framework (REF), e-Learning for Health programmes (REF) and ongoing regionally focused HEE-funded AHP practice education projects.

Findings from the review of 14 AHP SETS and SOPS, have identified variability in the extent to which student and workforce education responsibility is made explicit (Appendix B). Where there is reference to education in the main it refers to patient and health education, rather than student or workforce education. In summary this framework is important and timely, demand for AHPs is growing and at the same time there is a shortage of suitably qualified educators and access to high quality learning environments for the growing numbers of AHP learners.

1. Practice Education

For the majority of AHPs the first experience of being an educator takes place in practice settings as a practice educator and increasingly, AHP students are engaging with peer assisted learning initiatives in higher education settings. The term practice educator is being used to describe all those who undertake activity and assume responsibility for pre-registration students and other work-based learners, including but not restricted to apprentices and other members of the multi-professional health and care team. All 14 AHP SOPs include reference to a professionals' responsibility for supporting the learning and development of others.

For example, within the Standards for Supporting Pre-Registration Operating Department Practitioner Education in Practice Placements Guidance (College of Operating Department Practitioners, 2021) it is noted that Operating Department Practitioners are expected to support those training to undertake their profession when on practice placement. The College of Operating Department Practitioners (CODP) recommend that all those staff supporting learners in practice have a mentorship or practice education qualification at level 6 or above to ensure the most appropriate support and structured guidance can be provided to those in training.

However, there is also recognition that access to these courses may be limited, and that there are other courses that may be suitable for registrants to undertake to support learners. Clear guidance is provided as to the expectations and qualifications needed to provide the following roles: Practice Supervisor, Practice Educator, and Lead Practice Educator. Such guidance confirms that all ODP's from the point of registration will be asked to support the education of others, but within a framework that clearly reflects roles, responsibilities, and expected education level.

The College of Paramedics similarly recognise the need for registrants to act as educators from the point of registration. Within the latest curriculum guidance (5th edition, 2019) it is noted that all practice-based education must be undertaken with an appropriately prepared and trained Practice Educator, and that these educators must hold registration with either the HCPC or an alternative regulating body. The document continues by recognising the impact of such supervision in ensuring that every service user encounter experienced by the paramedic learner is an opportunity to develop their skills and competency. Within the 4th Edition of the College of Paramedics post-registration career framework the qualifications that a paramedic would need to develop within education are noted. Practice Educator remains the building block upon which all educational development is based, confirming the importance of such a role within the profession.

In addition, throughout a career many AHPs become involved in various continuing professional development activities, deliver training for other AHPs and other health and care professionals, and often supervise other AHPs undertaking education programmes to move into advanced or specialist roles. Currently there is no formal educator development for AHPs undertaking these roles.

Despite reference to a professional expectation for AHPs to support the development and learning of others, anecdotally not all AHPs engage in practice education. It is acknowledged that there is a persistent challenge to accommodate growing numbers of learners in practice settings and a shortfall in the numbers of appropriately qualified AHP educators in practice, this is particularly acute in the smaller allied health professions. HEE have made significant investment through the Enabling Effective Learning Environments (EELE) investment projects and there are several important HEE national and regional projects in the pipeline aimed at enhancing the quality and quantity of practice base placements across England. This framework has been developed to augment existing work, to align with 'work in progress' and attempts to create a practical guide for AHPs engaged in education.

The strategic aims of this work were to:

- Provide a quantitative and visual overview of regional AHP placement demand, capacity, scheduling, and utilisation in 2020/21 and 2021/22 across the region.
- Provide an assessment and predictions of impact, including excess, shortfalls, peaks and troughs, and associated risks and issues across the region, and impact on NHS trusts and Health Education Institutes (HEIs).
- Support further collaboration between AHP Councils and Faculties, HEIs, NHS trusts and other providers on actions and interventions needed to maximise learning environment recovery and capacity across the North West.

2. Background

The NHS Long Term Plan highlights the health and social care system is struggling to cope with meeting the demands of the population, which the COVID-19 pandemic has further compounded. It has been estimated the NHS needs 27,000 more AHPs in England by 2024 to meet demand for services across the system. Delivery of the ambitions of the NHS Long Term Plan will require expansion of the AHP workforce. As the majority of AHPs qualify through pre-registration education, ensuring growth in this route is therefore central to achieving this aim.

We need to attract people to apply for allied health professions and provide the right number and nature of placement opportunities supporting the diversity of professions and reflective of occupational settings where AHPs provide health and care services. This will require expansion of pre-registration education, with a renewed emphasis on interprofessional practice, education and learning environments. In parallel, this is dependent upon having a sustainable academic workforce pipeline, expansion of flexible learning environments and models, reflective of the full range of occupational settings in which AHPs provide health and care services.

HEE are working in partnership with the CoDH and collaboratively across professions, HEIs, Royal Colleges, PSRBs, the Office for Students (OfS) and with regulators to share learning, barriers to learning and to build ambition. The crowdsourcing work carried out by HEE in 2020 highlighted that 'greater recognition' was needed for the work of an AHP practice educator. We need practice-based educators at every level of the AHP career pathway to deliver the growth in AHP numbers required.

3. Bridging the gap between practice and academic roles

Anecdotally, we know that the transition into Higher Education is a culture shock for many allied health professions. They often enter academic positions after significant number of years working in senior roles in clinical practice. They then find themselves in a new world, at the beginning of a new career. Similarly, many academics feel pigeonholed into education once they have left clinical practice and are unsure how to progress. There is some literature that resonates with our experiences (Cabatan et al., 2019). Whilst such experiences aren't unique to AHPs, there hasn't been a specific focus on how we can best support them in their academic career development.

The majority of AHPs working in academic roles have moved into academic roles following a clinical / practice career. Additionally, we know that the academic workforce is challenged. Council of Deans of Health research shows an aging academic healthcare workforce, with nearly 10% over the age of 60 and an increasing number of AHP academics likely to retire in the next 5 years. The research also showed difficulties in recruiting to AHP education roles, particularly lecturer and senior lecturer positions, due to small recruitment pools, competition with other sectors and a mismatch between applicant skills and experience.

The healthcare education sector has raised concerns about the capacity of the educator workforce to meet current and future demands. These include the challenges of supporting increasing student numbers, the ageing demographic of the educator workforce, and the lack of

clear career pathways and opportunities for upskilling. Succession planning needs to be a priority if there is to be the quality educator workforce in place to educate future healthcare professionals. There is an urgent need to build capacity and enhance the quality of learning environments for AHPs. Additionally, it requires an adequate supply of academic educators to meet the supply challenge. There are concerns over the sustainability of the academic workforce which without, we will not be able to deliver the highly skilled AHP workforce required in the future.

The profile of the current educator workforce and recruitment challenges were shown in the Council of Deans of Health's 2019 staffing census report. The census highlighted that in England, 40% of the allied health professions academic workforce were over the age of 51 years and that nearly 10% were aged over 61 years. This does vary depending on the profession, with diagnostic radiotherapy and speech and language therapy having the highest percentage of staff nearing retirement. This is compared to paramedics whose academic workforce is principally under the age of 50 and had the highest proportion of staff aged 30 or below. The census also exposed the need to improve diversity of the educator workforce with 84% of the allied health professions being categorised as white and certain allied health professions had low numbers of males such as speech and language therapy and occupational therapy.

The census found that only 10% of allied health professions were in senior academic positions, and there were very few operating department practitioners, paramedics, therapeutic radiographers in senior leadership positions. It also revealed that AHP academics are more often on fixed-term contracts than nursing colleagues and so contractual uncertainty may deter potential candidates from entering an academic career.

The report also outlined recruitment and retention challenges for the academic healthcare workforce. Universities reported struggles with recruiting to lecturer and senior lecturer positions for allied health professions, and in particular to specialist positions. Often there are only a few or no applications to posts due to recruitment pools being so small. Difficulties in recruiting staff can risk viability of small courses and the ability of universities to grow AHP provision. The main reasons noted for recruitment challenges are the mismatch between NHS salaries and terms and conditions of employment, competition between universities for the small pool of candidates applying for AHP academic positions, fixed term and part time employment contracts, mismatch between academic job requirements and applicant skills and experience. For example, many universities expect applicants to hold a doctoral qualification and teaching experience as a prerequisite of employment.

Retention challenges relate to both recruitment difficulties and the demographics of the workforce. A high proportion of the allied health profession education workforce is approaching retirement age, particularly in the next few years. Following retirement, the second biggest challenge for retaining staff was due to competition from the private and public sector where employment packages seem more attractive than the higher education sector. The ability to have an allied health professions educator workforce with the right skills and experiences to provide the best education for students and the AHP workforce, is vital to increasing the number of students who go on to complete a AHP regulated professional programme and who subsequently enter the workforce as registered professionals.

Demand for health and care services is growing as a result of a growing and ageing population and the ever-increasing possibilities of medical science. To meet that demand and deliver the vision set out in the NHS Long Term Plan, we will need more people working in the NHS over the next 10 years across most disciplines and in some new ones yet to be fully defined – with a rich diversity of roles and jobs across all settings. AHP student education is critical to this supply pipeline.

To deliver high quality care and meet the workforce supply agenda, HEE is working collaboratively with HEIs, the Council of Deans of Health (CoDH), Royal Colleges, PSRBs, the Office for Students (OfS) and with regulators to share learning and barriers to learning, and to build ambition. Because the majority of AHPs qualify through pre-registration (undergraduate) education, ensuring growth in this route is therefore central to achieving this aim. We need to attract people to apply for allied health professions, educate them to a high standard and provide the right number of placement opportunities supporting the diversity of professions.

4. The Framework

The project aim was to develop a draft outcome-based framework which would describe the knowledge, skills and behaviours required to be an effective teacher, learning facilitator and role model in AHP education across all career grades and should be seen as an important first step in establishing a national standard for the AHP education workforce.

The framework has been developed to be inclusive of all career stages and to include registered and unregistered practitioners engaged in supporting the learning of others alongside providing health and social care services across a range of occupational settings. It includes specialist AHP educator roles and those who work in further and higher education. Links to further and higher education are limited due to the fragmentation and variation in both academic 'first post' job roles and titles and in the qualification and experience pre-requisites required of those individuals wishing to move from practice into an academic role. However, the framework has been designed to be generic describing career pathways for individual AHPs wishing to develop their educator knowledge and skills as an integral part of their practice as practitioners, specialist educators and those who wish to pursue a career as an AHP academic.

The framework:

- Provides clear reference and links to development of capabilities as a pre-registration AHP student, AHP support worker, assistant practitioners, new graduates, advanced and consultant practitioners and AHPs in academic roles
- Includes responsibility for education facilitation/coordination, in any role including specialist educator roles held by a registered AHP
- Recognises shared AHP education capabilities required across all or a group or allied health professions and profession specific capabilities
- Provides a stepped approach/escalator to developing skills aligned to the education pillar of practice for each group of and specific professions
- Is designed so that all grades of AHPs can map their experience and expertise to the framework and identify steps for career progression

- Recognises the steps from student to newly qualified practitioner and the requirements of preceptorship in relation to practice based education.

The framework was developed with the following values in mind, the AHP career framework should be:

- Flexible and non-hierarchical
- Enabling of a portfolio career for all AHPs
- Provide guidance for AHP education career path
- Illustrate how AHPs can move between roles, sectors and organisations
- Inclusive of all AHPs who are engaged in education, teaching and who support the development of others
- Inclusive of all AHPs across career grades
- Overtly inclusive, and promoting diversity in the AHP workforce
- Actively supporting career development of all AHPs with protected characteristics

AHP Educator Workforce Capability & Career Framework

This Allied Health Professionals (AHP) Educator Workforce Capability and Career framework considers the continuing professional development of AHPs across all career stages as a flexible journey. Progression through the career framework may not be straightforward or linear. Whilst there are some common trajectories in the series of roles that individuals choose to follow, this is not rigidly defined. The framework is intended to include all AHP career stages:

- Students of all types including apprentices
- AHP support workers and assistant practitioners
- Graduate AfC band 5-6
- Senior clinician / advanced practitioner AfC Band 7
- Consultant practitioner AfC band 8 and above
- Lecturer/ senior lecturer
- Reader/ Associate Professor/Professor

Recognising education as one of four pillars (Practice, Leadership, Research and Education) of professional practice, this draft framework is important, timely and needed to promote the importance of education as an integral part of every AHPs professional responsibility. Accepting that every Allied Health Professional has an obligation to support the learning and development of others, this framework has been developed to ensure that AHPs responsible for AHP education achieve excellence and effectiveness in their education practice, are inclusive, utilise an evidence-based approach and ensure that AHP education is sustainable across a broad range of education settings. In turn this will ensure that AHPs provide safe and effective care.

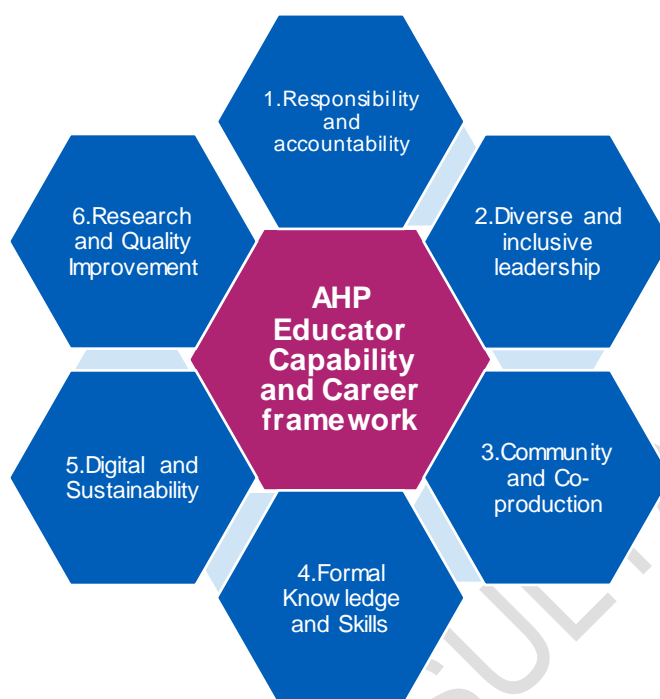
This framework sets out a set of expectations for all AHPs who have responsibility for education, described through six domains, associated capabilities, education and training

standards across all career stages. It seeks to be inclusive, empowering for all those involved in AHP education irrespective of job role, organisational setting and career stages. It seeks to establish education as an important pillar of practice as early as possible in all AHP professionals' careers. It establishes a set of principles to promote and recognise the professionalism of AHP education and AHP educators, a structure to promote AHP education career routes and to establish the idea of expert practice in AHP education.

This framework was designed to make the education career pathway clearer for Allied Health Professionals (AHPs). The framework has been underpinned by six guiding principles.

1. **People first** – Career progression is guided by organisational as well as individual values and expectations.
2. **Equality, diversity, inclusivity, and belonging** principles are applied in this framework as a commitment to each member of the AHP workforce at all career stages
3. **Education for all** – Lifelong learning is a fundamental principle for all AHPs. Supporting others and being supported by others in all stages of career development is essential to individual development and advancement of the workforce.
4. **Community-centred** – Co-production is fundamental to AHP practice. The framework is underpinned by data and evidence using a whole community approach to generate collective insights.
5. **Inclusivity** – creating an inclusive learning environment through a team approach addressing educational inequalities is fundamental to the framework.
6. **Multidisciplinary** –The framework is developed through a multidisciplinary approach between all the fourteen different AHP groups and inclusive of other health professions that AHPs are working with.

Figure 1: The six domains of the AHP Educator Career Framework



It is noted that:

- Each of these domains can help AHPs to grow and develop over time.
- The domains are not intended to be hierarchical. Development can take place across the domains, and none is re-requisite to the others.
- Self-directed learning and reflective practice are essential components of the framework. Formal qualifications may also be used to demonstrate competence across the domains.

These domains are aligned with the AHP Strategy for England: AHPs Deliver 2022-2027 and are designed to strengthen and promote the AHP educator community.

Domain 1: Responsibility and Accountability – to ensure safe and effective education

All members of the AHP community need to be aware of the competencies required for their role as an educator and ensure that they engage with both formal and informal opportunities to achieve these competencies, to reflect on their capabilities and identify areas for future development.

- Registered practitioner retains overall responsibility for student AHPs development
- Takes part in observed teaching and other education activities on a regular basis
- Participates in regular peer review of facilitated education practice
- Completes comprehensive session plans for facilitated education activities
- Adheres to the principles of inclusivity, anti-racism and co-production
- Keeps appropriate records and evaluates impact of facilitated education

Domain 2: Diverse and Inclusive leadership – to overcome barriers and provide solutions for the provision of inclusive education.

Inclusive education leadership that respects the diversity of learners is at the core of educator practice. A commitment to developing equitable learning environments and addressing inequalities is fundamental to facilitate and deliver education at all levels.

- Contributes to creating an inclusive learning environment
- Demonstrates a shared responsibility for creating an inclusive learning environment
- Leads a team approach to creating an inclusive learning environment
- Develops & promotes a diverse & inclusive learning environment, that values & supports staff & students, across wider organisation & professions
- Assesses learners' individual needs and preferences

Domain 3: Community and co-production – to ensure that actions are non-discriminatory.

Co-creating learning opportunities and ensuring that the voices of learners and the end users of any service are heard enables education practitioners to design, deliver and shape inclusive education provision. AHP educators in all learning environments should collaborate to evaluate and co-produce syllabus design and content for both university-based and practice-based learning.

- Provides appropriate feedback on learning
- Co-produces guidance & preparation of educational resources
- Analyses & responds to learner feedback
- Co-produces, evaluates & updates curriculum
- Designs & delivers materials / experiences that facilitate learning
- Evaluates & reflects on effectiveness of the learning experience, responding & adapting as necessary

Domain 4: Formal knowledge and skills – to deliver evidence based/sector informed education.

Educators develop knowledge and skills during their practice through both formal and informal opportunities. They complete appropriate education and training and where appropriate accreditation and/or formal qualifications to enable them to fulfil an educator role and regularly engage with continuing professional development in relation to their educator responsibilities to maintain and build on competencies.

- Completes (practice) educator training in accordance with job description / professional body guidance

- Participates in regular CPD relating to education role in accordance with job description / professional body guidance
- Mentors, supervises, and teaches learners, support staff & other professionals
- Develops relevant learning materials
- Promotes & contributes to education & training of clinical &/or academic staff, learners & other groups

Domain 5: Digital and sustainability – to ensure that education provision is forward facing with a focus on innovation and the environment.

Digital technology is essential to create educational opportunities for a diverse AHP workforce. The educator workforce needs to embed future technologies whilst also considering environmental sustainability. AHP educators should maintain and develop their digital skills. They should welcome innovation and critically evaluate new developments in clinical or educational practice prior to wider adoption into practice

- Completes digital & sustainability training as per role/job description & professional body guidance
- Maintains up-to-date knowledge & skills required to deliver & receive education as per role/job description & professional body guidance
- Evaluates effectiveness, safety and sustainability of new education developments or innovations
- Incorporates new, evidence-based developments into educational practice

Domain 6: Research and quality improvement – to ensure education provision is evidence based and impactful.

Educational innovation is vital to ensure that learners are equipped to work within the workforce of the future, and research and quality improvement processes are fundamental. Strengthening the evidence base to inform education practice, enhance learner support, ensuring education programme content aligns with advances and innovations, allows us to drive education quality and meet the needs of future students, staff, and service users. Educators should critically evaluate their own educational practice and where appropriate practice. Ensuring that new developments within their scope of practice as educators, for inclusion in the educational curricula.

- Participates in educational audit /evaluation and/or QI projects or research
- Develops or leads educational audit and/or QI projects or research
- Critically evaluates new developments in scope of practice for inclusion in education curricula and/or syllabus
- Critically evaluates outcomes of learning and/ or teaching practice
- Adapts learning and/or teaching practice in response to evaluation

Domain 1 Accountability and Responsibility	Registered practitioner retains overall responsibility for their development	Takes part in observed teaching and other education activities on a regular basis	Participates in regular peer review of facilitated education practice	Completes comprehensive session plans for facilitated education activities	Adheres to the principles of inclusivity, anti-racism and co-production	Keeps appropriate records and evaluates impact of facilitated education
Student						
Apprentice						
Support Worker & Assistant Practitioner						
Graduate AfC band 5 or 6 <2 yrs experience						
Graduate AfC bands 5 & 6 >2 yrs experience						
Senior clinician & advanced practitioner AfC bands 7 & 8						
Consultant practitioner or manager AfC bands 8 & above						
Lecturer or senior lecturer						
Reader/ Associate Professor or Professor						

Domain 2 Diverse and Inclusive Education Leadership	Contributes to creating an inclusive learning environment	Demonstrates a shared responsibility for creating an inclusive learning environment	Leads a team approach to creating an inclusive learning environment	Develops & promotes a diverse & inclusive learning environment, that values & supports staff & students, across wider organisation & professions	Assesses learners' individual needs and preferences
Student					
Apprentice					
Support Worker & Assistant Practitioner					
Graduate AfC band 5 or 6 <2 yrs experience					
Graduate AfC bands 5 & 6 >2 yrs experience					
Senior clinician & advanced practitioner AfC bands 7 & 8					
Consultant practitioner or manager AfC bands 8 & above					
Lecturer or senior lecturer					
Reader/ Associate Professor or Professor					

Domain 3 Community and Co- production	Provides appropriate feedback on learning	Co-produces guidance & preparation of educational resources	Analyses & responds to learner feedback	Co-produces, evaluates & updates curriculum	Designs & delivers materials/ experiences that facilitate learning	Evaluates & reflects on effectiveness of the learning experience, responding & adapting as necessary
Student						
Apprentice						
Support Worker & Assistant Practitioner						
Graduate AfC band 5 or 6 <2 yrs experience						
Graduate AfC bands 5 & 6 >2 yrs experience						
Senior clinician & advanced practitioner AfC bands 7 & 8						
Consultant practitioner or manager AfC bands 8 & above						
Lecturer or senior lecturer						
Reader/ Associate Professor or Professor						

Domain 4 Formal Knowledge and Skills	Participates in preparation for learning opportunities	Completes (practice) educator training in accordance with job description / professional body guidance	Participates in regular CPD relating to education role in accordance with job description / professional body	Mentors, supervises, and teaches learners, support staff & other professionals	Develops relevant learning materials	Promotes & contributes to education & training of clinical &/or academic staff, learners & other groups
Student						
Apprentice						
Support Worker & Assistant Practitioner						
Graduate AfC band 5 or 6 <2 yrs experience						
Graduate AfC bands 5 & 6 >2 yrs experience						
Senior clinician & advanced practitioner AfC bands 7 & 8						
Consultant practitioner or manager AfC bands 8 & above						
Lecturer or senior lecturer						
Reader/ Associate Professor or Professor						

Domain 5 Digital and Sustainability	Completes digital & sustainability training as per role/job description & professional body guidance	Maintains up-to-date knowledge & skills required to deliver & receive education as per role/job description & professional body guidance	Evaluates effectiveness, safety and sustainability of new education developments or innovations	Incorporates new, evidence- based developments into educational practice
Student				
Apprentice				
Support Worker & Assistant Practitioner				
Graduate AfC band 5 or 6 <2 yrs experience				
Graduate AfC bands 5 & 6 >2 yrs experience				
Senior clinician & advanced practitioner AfC bands 7 & 8				
Consultant practitioner or manager AfC bands 8 & above				
Lecturer or senior lecturer				
Reader/ Associate Professor or Professor				

Domain 6 Research and Quality Improvement	Participates in educational /clinical audit /evaluation and/or QI projects or research	Develops or leads educational /clinical audit and/or QI projects or research	Critically evaluates new developments in scope of practice for inclusion in education curricula and/or syllabus	Critically evaluates outcomes of learning and/ or teaching practice	Adapts learning and/or teaching practice in response to evaluation
Student					
Apprentice					
Support Worker & Assistant Practitioner					
Graduate AfC band 5 or 6 <2 yrs experience					
Graduate AfC bands 5 & 6 >2 yrs experience					
Senior clinician & advanced practitioner AfC bands 7 & 8					
Consultant practitioner or manager AfC bands 8 & above					
Lecturer or senior lecturer					
Reader/ Associate Professor or Professor					

5. Academic Qualification Framework

This academic qualification framework sets out a future ambition for the accreditation of AHP educators across all occupational and role settings. Recognising that this is radically different to current practices and ambitious describing a future where all AHP educators are accredited educators and required to undertake formal accredited and or academic qualifications.

Formal accreditation will enhance the profile of AHPs engaged in education, promote national standards of excellence and most importantly recognise a career route for AHP educators. It is recognised that, should this be accepted, careful consideration would need to be given for implementation, and full recognition of the experience and expertise of existing AHP educators would need to be recognised in any formal accreditation process.

Academic Qualification Framework	Associate Fellow (AFHEA)	Fellow (FHEA)	Senior Fellow (SFHEA)	Principal Fellow (PFHEA)	Coaching skills	CPD (credit or non-credit bearing)	Foundation Degree (Level 5) Module or CPD (credit or non-credit bearing)	Degree (Level 6) Mentorship / Educator qualification at Level 6 or above (credit or non-credit bearing)	Masters (Level 7) Post Graduate Certificate in Education
Student									
Apprentice									
Support Worker & Assistant Practitioner									
Graduate AfC band 5 or 6 <2 yrs experience									
Graduate AfC bands 5 & 6 >2 yrs experience									
Senior clinician & advanced practitioner AfC bands 7 & 8									
Consultant practitioner or manager AfC bands 8 & above									
Lead Practice Educator / Practice Learning Facilitator									
Lecturer or senior lecturer									
Reader/ Associate Professor or Professor									

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Appendix A List of Authors

Aneesa Admani, London South Bank University

Chris Baker, Associate Professor, St George's University of London

Professor Katherine Baker, Northumbria University

Professor Karen Beeton, University of Hertfordshire

Dr Alison Chambers, Independent Education Consultant and Academic Lead

Gareth Cornell, Health Education England

Robyn Cooke, Council of Deans of Health

Sarah Foster, Frimley Health NHS Foundation Trust

Dr Vicky Halliwell, University of Salford

Professor Claire Hamshire, Manchester Metropolitan University

Professor Paula Kersten, Canterbury Christ Church University

David Marsden, Health Education England

Professor Helen Odell Miller OBE, Anglia Ruskin University

Deborah Robinson, University of Hull

Thanaporn Tunprasert, University of Brighton

Appendix B Existing AHP Career Framework Mapping and Synopsis

Introduction

This report summarises the current status of one of the two workstreams included within the AHP Educator Capability and Career Framework project. This report relates to the Education Framework Mapping workstream.

Background

Demand for health and care services is growing as a result of a growing and ageing population and the ever-increasing possibilities of medical science. To meet that demand and deliver the vision set out in the NHS Long Term Plan, we will need more people working in the NHS over the next 10 years across most disciplines and in some new ones yet to be fully defined – with a rich diversity of roles and jobs across all settings. AHP student education is critical to this supply pipeline.

To deliver high quality care and meet the workforce supply agenda, Health Education England (HEE) is working collaboratively across the Allied Health Professions (AHPs), Higher Education Institutions (HEIs), the Council of Deans of Health (CoDoH), Royal Colleges, Professional Bodies, and Office for Students (OfS) and with regulators to share learning and barriers to learning, and to build ambition. Because the majority of AHPs qualify through pre-registration (undergraduate) education, ensuring growth in this route is therefore central to achieving this aim. We need to attract people to apply for allied health professions, educate them to a high standard and provide the right number of placement opportunities supporting the diversity of professions.

The AHP Educator Capability & Career Framework project steering group was established to oversee the developments and pull together the intelligence focused on promoting AHP educator visibility & progression across the 7 regions in England, and ensure this work culminates in a single set of national resources.

The project will pull together the learning and intelligence from each region to provide a single a set of national resources through:

1. Completion of an AHP Practice Based Education Training Gap Analysis
2. Production of an AHP Education Capability & Career Framework

Aims & Objectives

- To provide a comprehensive view of the existing education and training currently available for AHP practice educators aligned and mapped against the capability framework.
- To identify where there are gaps in existing education and training currently available for practice educators aligned and mapped against the capability framework.
- Produce recommendations about what education and training would be required to support a career pathway through the education pillar of practice.

The project needs to consider, reference, read across and align with as far as possible to parallel initiatives and related work for other health professions, such as:

- Nursing and Midwifery Educators Framework (in development)
- Medical, dentistry, Health Care Science and pharmacy training and education frameworks and standards
- Multi-professional framework for advanced clinical practice in England
- HCPC Standards of education and training
- GOsC Standards of education and training

This will ensure that an AHP workforce is available, in the right areas at the right time, based on health and social care needs.

Approach

The group met to agree the terms of the review. We agreed and allocated a split of PSRB resources and websites, HCPC Standards (SETS and SOPS), HEE and publicly available AHP education resources including those of ELfH and NHS Learning Hub and from AHP faculties were reviewed for any content or guidance relating specifically to development of capability in education.

Findings

Health and Care Professions Council

The HCPC made no explicit reference in SETs and SOPS other than to reference that scope of practice could be 'Education'. Some specific professions referred to education in relation to health education with service users and carers. There was no pre-registration requirement to deliver content or be competent as a future educator be that in practice or in further or Higher Education.

All professional bodies (CSP, BAPO, SOR, RCSLT) provided some guidance around practice education and preparation of practice educators but there was little acknowledgement of developing capability for education beyond that.

Chartered Society of Physiotherapy

The CSP's Physiotherapy framework for entry level attributes highlights the need for pre-registration programmes to prepare graduates for 'helping others to learn', the process of

working with individuals and/or groups to create activities and opportunities to promote learning and development. They describe the behaviour, knowledge and skills required to:

- assess the learner's needs and preferences
- design materials/experiences that facilitate learning and development
- deliver materials/experiences that facilitate learning
- evaluate the effectiveness of the learning and development experience
- reflect on the learning and development process

This is reflected in the Code of Member's Professional Values and Behaviour (CSP, 2019) in standard 4.3 Members support others' learning and development

Stating that members:

4.3.1 Contribute to creating and maintaining a learning culture and to meeting the identified learning needs of individuals and groups

4.3.2 Share their own learning with others, including reflections and evidence of its value and impact

4.3.3 Recognise the value of contributing

British Association of Prosthetists and Orthotists

BAPO produced their Education Framework Guide for Prosthetics & Orthotics which is designed to be used as a tool in career progression, service development and education design and supports the Career Framework Guide for Prosthetics & Orthotics and provides a summary of the potential education pathways which can be used in the development of a flexible, sustainable workforce. Education pathways are linked to the various levels and roles described in the career framework from level 1 to level 8 and where possible methods of funding are identified.

At entry level, it is acknowledged that there is very quickly an obligation to provide support for those at lower levels and as requirements move beyond the most basic, so the need for further specific training and education increases but also recognises that there is no recognised program for certifying the quality of pre-registration clinical educators (although many from the profession will access generic AHP training). A similar argument is made about preceptorship, it being a vital part of the career framework but there being a lack of training for preceptors in providing this support.

Although education is acknowledged a core pillar of advanced practice, there is no detail of what this should entail.

In relation to practice education, BAPO's standards for best practice suggest that the practitioner will:

1.8.1 Be prepared to share skills and knowledge to ensure the education, training and mentoring of prosthetic/orthotic students and Clinical and Technical Assistants within clinical protocols. When appropriate, the practitioner should be prepared to take the role of practice educator

1.8.2 Lecture and demonstrate to colleagues in his/her profession and other professionals concerned with prosthetics/orthotics and also to other interested groups

1.8.3 Take part in and contribute to the process of continuing professional development

1.8.4 Critically evaluate new developments in prosthetics/orthotics for inclusion in a teaching syllabus

1.8.5 Be familiar with new techniques, materials, components and products

1.8.6 Make a professional contribution to and take part in community programmes related to prosthetics/orthotics

Society of Radiographers

The Quality Standards for Practice Placements (2012) outline that Practitioners supporting learners in the workplace have the responsibility to:

4.1 be familiar with the programme curriculum and design

4.2 understand the standards and achievements expected at each level of training and have a clear understanding of the learning outcomes expected to be achieved by each learner

4.3 offer a level of supervision appropriate to the competence and experience of the individual learner

4.4 be aware of their direct responsibilities for the safety of patients in their care at all times when supervising learners

4.5 develop teaching and supervisory skills for professional practice from pre- registration level onwards

4.6 act as a resource for learners seeking information and guidance

4.7 provide special consideration to identifying supportive learning opportunities for first year undergraduates, where the highest level of attrition occurs

4.8 meet with the learner to establish a supportive relationship for the learner

4.9 provide the learner with opportunities to comment on their training; provide support and enable the learner to discuss any problems they identify

4.10 hold regular review meetings to evaluate the learning objectives to ensure they are being or have been met, giving feedback and highlighting areas that may need additional work and assistance

4.11 clearly identify failing learners as early as possible in their learning, and provide support as soon as is practicable

4.12 encourage participation in self and peer evaluation to facilitate personal development and contribute to the development of others

4.13 be educationally prepared to fulfil the role in facilitating learners' clinical education.

The SOR Code of Professional Conduct (2013) states that:

2.7 You must contribute to the education of students, trainees, assistants and other members of the professional workforce as appropriate. You have a professional responsibility to take part in the education and training of students and trainees and to support them. Therefore, you should have knowledge, understanding and skills in facilitating learning, teaching and assessment in the clinical environment. You should provide appropriate support mechanisms for all learners and enthuse and inspire others to engage with learning.

SOR also describe the responsibilities for education at different levels in their Education and Career Framework for the Radiography Workforce (2013).

Practitioner level

9. Use and give professional supervision.
10. Mentor and teach learners, support staff and other professionals.

Advanced practitioner

9. Use and give professional supervision.
10. Mentor and teach learners, support staff and other professionals, developing relevant learning materials.

Consultant practitioner

6. Promote and contribute to the education and training of academic and clinical staff, students and other groups.
7. Use and give professional supervision.
8. Evaluate the learning experience, responding and adapting as necessary.

Service manager

13. Develop and promote a learning environment that values and supports staff and students.
14. Use and give professional supervision or coaching.

Royal College of Speech and Language Therapists

“Practice educators contribute directly to pre-registration education and training by grounding learners in the reality of the workplace, providing a range of clinical and interdisciplinary learning opportunities, making transparent the often-challenging translation of knowledge into clinical practice, and empowering learners within a framework of clearly defined learning objectives. The RCSLT expects practice educators to instil and support the reflective professional development of an SLT.”

“All SLTs should support practice placements on an annual basis, two years after they have qualified or after one year, provided that appropriate ongoing support is available from their own service and/or the HEI. This applies whether SLTs are employed in the NHS or elsewhere, including independent practice.”

Art Therapists / Art Psychotherapists

- Both HCPC protected titles, British Association of Art Therapy (BAAT).
- All HCPC validated art therapy programmes are at MA or MSc level and applicants usually need a primary degree.
- Have to have an account to access CPD courses.

The BAAT Code of Ethics and Principle of Professional Practice states the following responsibilities to students and supervisees:

16.1 Members who act as teachers, supervisors and researchers must present accurate information and maintain high standards of scholarship in their continuing education.

16.2 Members in a supervisory relationship with students or other Members must not also engage in a formal therapeutic relationship with them.

16.3 Members who act as supervisors are responsible for maintaining the quality of their supervision skills and must obtain consultation or supervision for their work as supervisors whenever appropriate.

Training

Art Therapy Supervision Training: Level 6 Accredited Diploma (2021)

<https://www.baat.org/About-BAAT/Blog/220/Art-Therapy-Supervision-Training-Level-6-Accredited-Diploma-2021>

<https://www.baat.org/Courses-Conferences/40/Supervision-Training-for-Art-Therapists>

British Association of Drama Therapists (BADth)

- MA or MSc approved course
- Use of the term supervision seems to have a broader meaning/context
- BADth provides a list of CPD short courses all online e.g., Clinical Supervision Group, eating disorders and Creative Strategies for Overcoming Barriers to Clinical Practice

Members that undertake clinical supervision in accordance with the BADth guidelines for supervision. The Clinical Supervision Guidelines for the Profession (March 2019) can be viewed on the members' area of the BADth website.

British Association of Music Therapists (BAMT)

- MA or MSc programme
- Evidencing Work-based learning (between 15 and 60 credits) ONLINE was the only course advertised
- Courses advertised relevant to art, music and drama therapy
<https://arttherapycentre.com/course-future/supervision-training-for-creative-arts-therapists-2022-23-6-session-course-from-8-oct-2022/>

Chiropodists / Podiatrists

The British Chiropody and Podiatry Association (BCPA) Code of Ethics states:

“A member shall not offer to give tuition in the theory or practice of Chiropody/Podiatry or Foot Health Care unless he is a tutor, a licensed teacher, mentor or instructor of the Institute.”

British Dietetic Association (BDA)

The BDA Code of Conduct states registrants should contribute to the learning and development of students and colleagues, as appropriate to member's role.

The [BDA Practice Supervision](#) guidance (due for review) states:

“Supervision is defined as a process of professional support and learning, undertaken through a range of activities, which enables individuals to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety of care (Adapted from www.dhsspsni.gov.uk).”

Key points relating to practice supervision:

- Can be delivered across professions and across multi-disciplinary teams.
- It should be included within working practices and not considered as an “add on”.
- Important for all grades of staff and the wider workforce i.e. support workers, admin and clerical staff.
- A key component to supporting registered dietitians to meet the [HCPC Standards](#).

Royal College of Occupational Therapists (RCOT)

Royal College of Occupational Therapists have resources for practice educators including a practice guideline development manual and links to University Practice Education Courses. I believed that the Royal College offered practice educator training, but this does not appear to be the case.

Various universities offer courses for practice education, which appear to mainly be one- or two-day courses.

College of Operating Department Practitioners (CODP)

Link to an ODP guidance document concerning supervision of students. College of operating department practitioners’ standards for supporting pre-registration operating department practitioner education in practice placements (December 2021).

Local HEI’s to run practice educator preparation programmes. CODP makes it clear that assessment process is set by the HEI.

British and Irish Orthoptic Society (BIOS)

Difficult to locate specific learning resources to support development for Practice Educators. One subtle difference when compared to other AHP disciplines registered with HCPC can be found in standards for education providers (standards for orthoptists exemptions) which states that practice placement educators must be appropriately registered unless other arrangements are agreed.

Unable to locate any specific information on the BIOS website relating to Practice Educator development, but this may be that it is there but only members can access this. However, no online links to university courses for practice education for this discipline could be found.

General Osteopathic Council (GOsC)

Expected to undertake 90 hours of CPD over 3 years. No obvious links to Practice Education standards or training. NO clear educational post registration pathway.

College of Paramedics

[Preceptorship and newly qualified paramedic programme](#)

Undertake a two-year consolidation period of learning post-registration. Some Trusts offer practice education training as part of this package, majority of which are outsourced to HEI's. Practice educator courses tend to be validated at level 5 or 6, and normally involve 15-20 credits to gain a practice educator certificate. Time to study varies, but generally around 30 hours of study plus placement time. One example of how practice education may work, taken from the SCAS website:

Practice Education

NQPs development as P.Eds themselves will aid personal and paramedic workforce development. During the first 12 months, NQPs will not undertake the role of P.Ed. Between 6 months and 12 months, NQPs should undertake a mentorship course in preparation for supporting pre-registration Paramedic students and trainee AAPs at the 12-month stage.

0-6 months	6-12 months	12-24 months	Post 24 months
No practice education function	NQP can undertake a mentorship programme if they have not already done so	NQP can mentor pre-registration paramedic students and trainee AAPs NQPs who have assumed the PEd role will not be asked to formally support other NQPs	NQP can act as a preceptor as well as a P.Ed.

College of Paramedics provides a paramedic practice-based learning handbook for educators and facilitators free to all members.

College of Paramedics post-registration career framework (4th edition) section B4 education:



[Online search for other resources](#)

Health Educators Values and Activities (HEVA) [Executive-Summary-Educators-of-Healthcare-Professionals.pdf \(cardiff.ac.uk\)](#) resource for educators re activities and values of Educators (multi-professional)

Practice educator Competencies for AHPS [Resource details \(learninghub.nhs.uk\)](#) (sign in required) Online Educators Course

[Resource details \(learninghub.nhs.uk\)](#) NW Multi-professional Framework for Educators blog – resources due to be available asap

eLearning for Healthcare (eLfH) run a practice educator and assessor preparation unit which is free and consists of 8 modules, each of which consists of approximately one hour of learning. Completion leads to a certificate.

[Practice Educator and Assessor Preparation \(PEAP\) - elearning for healthcare \(e-lfh.org.uk\)](#)

The Allied Health Professions (AHPs) Strategy for England 2022 to 2027 AHPs Deliver

<https://www.england.nhs.uk/wp-content/uploads/2022/06/allied-health-professions-strategy-for-england-ahps-deliver.pdf>

Bridging the gap between education and work by optimising the confidence and capability of students and new registrants and securing robust foundations for professional development

Talks about clinical, leadership and research but not education explicitly. Links in the appendices to other work that might be relevant.

AHP Leadership in Academia: Skills and Attributes, HEE and University of the West of England 2021

https://www.hee.nhs.uk/sites/default/files/documents/AHP%20Leadership%20paper_Project2_Final%20Jun21_Accessibility_version.pdf

AHP Support Workforce

<https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/developing-role-ahp-support-workers/ahp-support-worker-competency-education-career-development>

Explicit references in Domain & Leadership and management re supervising &.4, and Developing others &.5, and explicit reference to students. Also reference to supporting students in Assistant Practitioner descriptor.

There is an e-learning resource for no registered staff to support student in practice placement

[Supporting AHP Students - eLearning for healthcare \(e-lfh.org.uk\)](#)

Work from the CSP might also be useful <https://www.csp.org.uk/networks/associates-support-workers>

There is some good learning and recent evidence in the AHP support workers framework and guidance as it has been recently developed. This guide re learning scaffolds AHP support workforce in their development and this may be useful for registered workforce. [Making learning work for AHP support workers \(hee.nhs.uk\)](#)

[AHP support workforce – understanding education, qualifications and development \(hee.nhs.uk\)](#) identifies learning mentor apprenticeship to support AHP support workforce in mentoring pre reg students, T level students and apprenticeships.

Consultant-level Guidance

'Learning, developing and improving across the system' and significant contribution to curriculums that support students

[Report template \(hee.nhs.uk\)](#) Multi-professional consultant-level practice capability and impact framework.

Scotland

NHS Education for Scotland Allied Health Professions Education Strategy 2015–2020
https://www.nes.scot.nhs.uk/media/4hvhoej3/nesd0346_ahp_strategy_2014_6.pdf

Largely talks about access to education and training to support delivery of services and meeting standards for CPD.

AHPs regularly produce their own educational resources to meet local needs. One added value of the national role of NES is to help reduce duplication. The 'once for Scotland' principle states that efficiency is achieved by doing something once and sharing across Scotland.

We will support AHPs to use educational resources in their current and future work Long term support makes sure that educational resources have time to make a difference.

Wales

Allied Health Professions Framework for Wales Looking Forward Together, 2020
<https://gov.wales/sites/default/files/publications/2020-02/allied-health-professions-framework-for-wales.pdf>

AHPs will work strategically with education and informatics providers to support the development of education and training to enable AHPs to use data for service improvement purposes and facilitate evidence-based outcomes.

Facilitating career progression and promoting strong, identifiable career paths that are evident for all

- DoTHS, WTAC and leaders and managers of AHP services will work with HEIW to monitor and understand the issues facing AHP professions and their support staff in relation to: pre and post registration education, career development and leadership, sustainable education commissioning and education routes
- An AHP workforce post will be created to work with HEIW to support effective commissioning, post registration and support worker development.
- WTAC will work with Higher Education providers and HEIW/SCW in the development of a strong and robust educational framework for AHPs in Wales including apprenticeships, post graduate entry, recognition of prior learning to support flexible entry into the professions, career progression, retention and return to work of staff.

- The AHP Network will champion broadening access to AHP training and education pathways and career development opportunities for all.
- A national mentoring framework for AHPs will be developed in partnership between WTAC and HEIW/SCW to promote a culture where senior AHPs are responsible for mentoring and supporting junior colleagues and all health and care professionals on their career journey.

Modernising Allied Health Professions' Careers in Wales A post registration framework, 2020
<https://gov.wales/sites/default/files/publications/2020-02/modernising-allied-health-professions-careers-in-wales.pdf>

Outlines characteristics, role responsibility, key knowledge, skills and behaviours, and educational development for each 'level'.

Cognate Professions

Nursing & Midwifery Council

All NMC registered nurses, midwives and nursing associates are capable of supervising students, serving as role models for safe and effective practice. Students may be supervised by other registered health and social care professionals. SSSA standards explicit on the roles and responsibilities and expectations and differentiation of Supervisor and Assessor roles.

[student-supervision-assessment.pdf \(nmc.org.uk\)](#)

Approved education institutions, together with practice learning partners, must ensure that practice supervisors:

4.1 contribute to the student's record of achievement by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising

4.2 contribute to student assessments to inform decisions for progression

4.3 have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising,

4.4 are expected to appropriately raise and respond to student conduct and competence concerns and are supported in doing so.

5. Practice supervisors: preparation

Approved education institutions, together with practice learning partners, must ensure that practice supervisors:

5.1 receive ongoing support to prepare, reflect and develop for effective supervision and contribution to, student learning and assessment

5.2 have understanding of the proficiencies and programme outcomes they are supporting students to achieve.

NMC Standards of Proficiency

“Support and supervise students in the delivery of nursing care, promoting reflection and providing constructive feedback, and evaluating and documenting their performance for Nurses / Midwives / Nursing Associates”

[future-nurse-proficiencies.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/future-nurse-proficiencies.pdf)

General Medical Council (GMC)

The General Medical Council (GMC) states that there is a professional obligation to teach. Publications reinforcing this obligation include the Doctor as Teacher, and Good Medical Practice.

It should be noted that there is crossover between Dentistry and Medicine when considering development of educators.

All doctors have a professional obligation to contribute to the education and training of other doctors, medical students and non-medical healthcare professionals on the team, and those who accept special responsibilities for teaching should take steps to ensure that they develop and maintain teaching skills. The joint publication from the GMC and the Postgraduate Medical Education and Training Board (PMETB), Principles of good medical education and training, outlines a common set of principles to underpin the design and delivery of all medical education and training including:

- doctors with responsibilities for teaching, training, and providing CPD should gain and develop appropriate knowledge, skills, attitudes and behaviours
- there should be adequate training and support for anyone who provides education, training and CPD
- students and doctors should have appropriate teaching and learning resources, such as libraries, computing equipment and teaching rooms. These resources should be regularly reviewed and assessed
- professionals providing effective medical education, training and CPD need time to do so. Those responsible for programmes should make appropriate arrangements for time to be set aside for the students and trainees. There should be adequate resources, including time where teachers cannot be called away to see patients, to support assessment and appraisal

An excellent example of support for Doctors seeking to develop as Educators can be found via Health Education England North West's (HEE NW) Medical Education Fellowship (MEF). This two-year programme is designed to facilitate the development of trainees who have specific interest in medical education and aspire to take up a lead educator role in the future.

The fellowship enables individuals to experience a range of education development opportunities which include a period of academic study and undertaking an educational project / audit. Throughout the course of the fellowship, and beyond, MEFs are encouraged to observe, experience, and reflect on the educational activities they engage in.

It is hoped that by stimulating interest in medical education during training, individuals will go forward with the skills and motivation to take up valuable educational / supervision roles within

their workplace. One of the main objectives of being an MEF is to help to foster a culture of teaching excellence and learning in the clinical workplace, and beyond, MEFs are encouraged to observe, experience, and reflect on the educational activities they engage in.

It is hoped that by stimulating interest in medical education during training, individuals will go forward with the skills and motivation to take up valuable educational / supervision roles within their workplace. One of the main objectives of being an MEF is to help to foster a culture of teaching excellence and learning in the clinical workplace.

Doctors as teachers

BMJ 2009; 338 doi: <https://doi.org/10.1136/bmj.b1551> (Published 29 April 2009)

Fellowships in medical education

BMJ 2010; 341 doi: <https://doi.org/10.1136/bmj.c5697> (Published 30 October 2010)

Fellowships in medical education appear to offer an opportunity for those who wish to develop in medical education to do so. [A Career in Medical Education: What you need to know - Medic Footprints](#)

Two documents published by the GMC are relevant to present here:

Promoting Excellence: Standards for Medical Education and Training available at www.gmc-uk.org/education/standards.asp

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers, and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

S4.1 Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.

S4.2 Educators receive the support, resources, and time to meet their education and training responsibilities.

R1.22 Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service.

R3.8 Doctors in training must have information about academic opportunities in their programme or specialty and be supported to pursue an academic career if they have the appropriate skills and aptitudes and are inclined to do so.

Local education providers (LEPs) – specifically the leadership at board level or equivalent – provide the learning environment and culture. They are accountable for how they use the resources they receive to support medical education and training. They are responsible for taking action when concerns are raised that impact on patient safety. They work with postgraduate deaneries, local education, and training boards (LETBs) and medical schools in recognising and rewarding trainers.

The second document, the state of medical education and practice in the UK (2021) is available at [The state of medical education and practice in the UK - GMC \(gmc-uk.org\)](http://www.gmc-uk.org/education/standards.asp)

General Dental Council (GDC)

Set standards for education, available at [standards-for-education-\(revised-2015\)b33b2870b72247dab0d213eb3f27a4dd.pdf](https://www.gdc-uk.org/standards-for-education-(revised-2015)b33b2870b72247dab0d213eb3f27a4dd.pdf) (gdc-uk.org)

General Dental Council (GDC) Quality assurance and education standards [Health Education England \(NW\) Medical Education Fellowship | Health Education North West \(nwpgmd.nhs.uk\)](https://www.healtheducation.org.uk/)

Committee of Postgraduate Dental Deans and Directors (COPDEND) support GDC with standards for Dental Educators, available at [Layout 1 \(copdend.org\)](https://www.copdend.org/)

Core values of standards are as follows:

1. Enhancing the care of patients through dental education
2. Modelling good professional behaviour and attitudes at all times
3. Continuously seeking to improve his or her educational practice
4. Learner-centred education, safeguarding learner wellbeing
5. Enabling a culture of personal and professional development
6. Actively contributing to and supporting the education of colleagues
7. Equality and diversity
8. GDC Standards promoting high quality, ethical, safe patient-centred care at all times, and seeking to maintain oral health, prevent oral disease and ensure patient dignity

The Dental Medical Educators Group [DMEG \(medicaleducators.org\)](https://www.dmeg.org/) is a subscription-based Group for Dentists (DMEG) and for Medical Educators (AoME – links to a site for medicine from DMEG).

Multi-professional organisation for all those involved in medical education and training – includes medicine, dentistry, and veterinary surgery.

The aim is to provide leadership, promote standards, and support those in, or looking to develop in, academic practice of medical education.

- Provides guides for curriculum development. Seems to have limited posting after 2019 for dentistry.
- Apply to be member or fellow
- Support network with other clinical educators.

The Academy of Medical Educators offer a course accreditation scheme for courses aimed at training those who are involved in the education and training of practitioners and students of medicine, dentistry and veterinary science.

Anyone who successfully completes the course will be eligible to able to apply for Membership of the Academy.

General Pharmaceutical Council (GPhC)

[guidance on tutoring for pharmacist pre-registration tutors august 2018.pdf \(pharmacyregulation.org\)](#)

Pre reg pharmacy tutor guidance

All these documents are available on the GPhC's website at www.pharmacyregulation.org.

Standards

- Standards for pharmacy professionals (GPhC, 2017)
- Education procedures for the initial education and training of pharmacists and pharmacy technicians (GPhC, 2013)
- Future pharmacists: standards for the initial education and training of pharmacists (GPhC, 2011)
- Pre-registration manual: the manual includes the pre-registration performance standards and the registration assessment framework (GPhC website)
- Pre-registration tutor suitability policy (GPhC, 2014)
- Revalidation Framework (GPhC, 2018)
- Standards for the education and training of non-EEA pharmacists wanting to register in Great Britain (GPhC, 2011)
- Standards for registered pharmacies (GPhC, 2012)

Advanced practice and apprenticeships

- 1) The Multi-Professional Framework has a pillar on education

[Multi-professional Framework](#)

- 2) The ACP DA standard also has a section on education

<https://www.instituteforapprenticeships.org/apprenticeship-standards/advanced-clinical-practitioner-integrated-degree-v1-0>

- 3) Enhanced clinical apprenticeship standard

Education is included in the KSBs but is not overt

<https://www.instituteforapprenticeships.org/apprenticeship-standards/enhanced-clinical-practitioner-v1-0>

- 4) First contact practitioner (different professions)

The focus is on the clinical pillar with education being developed within other pillars for ACP

- 5) NHS Education for Scotland also has an advanced practice framework with four pillars, Clinical, Leadership, Evidence Research and Development and Facilitating Learning (rather than education)

<https://www.advancedpractice.scot.nhs.uk/education/pillars-of-practice.aspx>

They have a comprehensive clinical supervision resource for nursing, midwifery and AHPs
<https://learn.nes.nhs.scot/3580/clinical-supervision>

Other resources/systems which may be of interest

- 6) There is a Clinical Fellows Improvement Programme

<https://florence-nightingale-foundation.org.uk/academy/leadership-development/leadership-programmes/current-programmes/clinical-education-improvement-fellows-programme/>

Within each ICSs there are Clinical Learning Environment Leads

There is also a Head of Clinical learning Environment Transformation (Regional) and Head of Clinical Learning Environment Transformation AHPs

Links with

- 7) HEE Quality Strategy and Framework refresh

<https://www.hee.nhs.uk/our-work/equality-diversity-inclusion/quality>

Appendix C Literature Review

Art Therapists

1. Conceptualizing international art therapy education standards

<https://www.sciencedirect.com/science/article/abs/pii/S0197455612000275>

Considering the independent education standards practiced in UK, US, Canada, Australia, and New Zealand, and two international associations, there are 12 core content areas in art therapy education. The standards and programs need to consider local values related to health, art, therapy, and education as studied in India and Hong Kong.

2. Cultural Diversity Curriculum Design: An Art Therapist's Perspective

<https://www.tandfonline.com/doi/abs/10.1080/07421656.2006.10129330>

American Art Therapy Association (AATA)'s multicultural curriculum guidelines for art therapy educators. The guidelines are divided into multiple critical content areas.

3. Art Therapy as a Profession: Implications for the Education and Training of Art Therapists

<https://www.tandfonline.com/doi/abs/10.1080/07421656.1996.10759216>

This article explores the question, "What should art therapy education comprise in order for our profession to remain vital?" The question is addressed by observing patterns in the development of related professions and professional education. Three professions—medicine,

social work, and psychology—are examined. It discusses the direction necessary for art therapy education.

Drama Therapists

1. The user-friendliness of drama: Implications for drama therapy and psychodrama admission and training <https://www.sciencedirect.com/science/article/abs/pii/S0197455618300285>

This is a qualitative analysis of pre-requisite skills required for drama therapists and challenge the idea that drama therapy is ‘user-friendly’ and more intuitive rather than knowledge or practice based. The author suggests required changes in training curriculum for drama therapists and psycho drama to increase in depth knowledge of drama, theatre and performance in therapists.

2. Guidelines on cultural response/ability in training, research, practice, supervision, advocacy, and organizational change <https://go.gale.com/ps/i.do?id=GALE%7CA472989591&sid=googleScholar&v=2.1&it=r&linkaccess=abs&issn=20547668&p=AONE&sw=w&userGroupName=anon%7E61b23d9c> (North America)

Board of the North American Drama Therapy Association (NADTA) created a document outlining a rationale and six guidelines pertaining to the promotion of culturally responsible practice. This is a report of the consultation process undertaken to produce the resulting guidelines. While the resulting guidelines are comprehensive, they are not exhaustive.

Music Therapists

1. The Role of the EMTC for Development and Recognition of the Music Therapy Profession https://approaches.gr/wp-content/uploads/2015/08/1_Approaches_712015_Ridder-et-al_Article.pdf

This article explores the innate complexity of the profession and formulate our views for the future directions of the music therapy profession in Europe and the potential role of the European Music Therapy Confederation (EMTC) in this development.

Chiropodists and Podiatrists

1. [Podiatry as a career in the UK - what attracts Generation Z? A qualitative exploration with university and college students | SpringerLink](#)

Due to the ongoing decline in the number of those applying to study the subject, the study tries to understand what attracts Gen Z to podiatry.

Dietitians

1. [An Integrated Career and Competency Framework for Dietitians and Dietetic Assistants \(xperthealth.org.uk\)](#)

The Integrated Career and Competency Framework for Dietitians and Frontline Staff has been developed by Trudi Deakin as a member of the Diabetes UK Healthcare Professional Education Working Group

2. The current status of diabetes professional educational standards and competencies in the UK—a Position Statement from the Diabetes UK Healthcare Professional Education Competency Framework Task and Finish Group
<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1464-5491.2011.03411.x>

This position paper reviews and discusses work undertaken by a Working Group under the auspices of Diabetes UK with the remit of considering all health professional educational issues for people delivering care to people with diabetes. This work has scoped the availability of education for those within the healthcare system who may directly or indirectly encounter people with diabetes and reviews alignment to existing competency frameworks within the UK's National Health Service.

3. Development of a professional competency framework for UK food science graduates
<https://ift.onlinelibrary.wiley.com/doi/full/10.1111/1541-4329.12173>

This is a survey to study desirable competencies in a food science graduate. The application of the results can be used further to study job specification development and also to improve awareness of careers in the food industry.

4. Curriculum design for professional development in public health nutrition in Britain
<https://www.cambridge.org/core/journals/public-health-nutrition/article/curriculum-design-for-professional-development-in-public-health-nutrition-in-britain/0F87CB7CA7A4F6FE6A653ABCFAB4FC61>

The Nutrition Society of Britain consulted with dietitians, researchers, professionals and practitioners and educators from the UK and mainland Europe to build a consensus about the definition, roles and functions of public health nutritionists and the need for, and scope of, this profession. Analysis shows that the design and philosophy of the curriculum is explicitly international and European in orientation, in keeping with the tradition of the discipline and the society.

Occupational Therapists

1. [Occupational Therapy Curriculum Design Framework | The American Journal of Occupational Therapy | American Occupational Therapy Association \(aota.org\)](#)

This article is intended for occupational therapy and occupational therapy assistant educators, the Occupational Therapy Curriculum Design Framework. It presents a practical approach to designing occupational therapy curricula with attention to influential factors that should be considered throughout the process.

2. [A Scoping Review of Challenges and the Adaptation Process in Academia: Implications for Occupational Therapy Educators](#)

This study describes the experiences of educators using adaptation models through a meta-analysis of studies from higher education and the health professions using quantitative and qualitative methods. Adaptation of OT academics to their occupational roles and environments has not been widely explored. The implications for future study are discussed.

3. An Exploratory Study of the Occupation-Focused Models Included in Occupational Therapy Professional Education Programmes
<https://journals.sagepub.com/doi/abs/10.4276/030802210x12918167234325>

The educators used a multi-layered decision-making process to determine which occupation-focused models to include in a curriculum. The instructional methods varied, but most programmes used practice placement education as a teaching strategy. The Canadian Model of Occupational Performance and Engagement and the Model of Human Occupation were included in 98.5% of all curricula surveyed.

Operating Department Practitioners

1. Preregistration Students' Reactions to Simulation as an Education Approach Within an Operating Department Practitioner Curriculum—A Qualitative Review
<https://www.sciencedirect.com/science/article/abs/pii/S1876139916000050>

This is a pilot study which was undertaken to explore ODP students' experiences and emotional responses to simulation teaching and assessment strategies. This is a qualitative study with semi-structured questionnaires and the students responded positively.

2. An exploration of Operating Department Practice students' experiences of placement support during their first perioperative clinical placement
<https://www.sciencedirect.com/science/article/abs/pii/S1471595315001614>

This study explored Operating Department Practice students' experiences during their first placement. The study used a focus group approach and identified main themes. It also suggests involvement of practitioners in the universities for new students to feel welcomed.

3. Adding value to the education of nurses, midwives and operating department practitioners through a 'life-wide' curriculum
<https://www.sciencedirect.com/science/article/abs/pii/S0260691709002482>

The intention of the study is to stimulate thinking about a set of pedagogic ideas that may add value to our current higher education paradigm and to provide some supporting evidence of student engagement with these ideas. The study consisted of surveys regarding what the student nurses, midwives and ODPs did outside their programme of study that they believe added value to their personal and professional development. Majority of the students surveyed indicated that they would be interested in gaining some form of university recognition for the personal development they have gained through wider life experiences if the opportunity was made available to them.

4. Exploring the professional development of the ODP role
<https://www.magonlinelibrary.com/doi/abs/10.12968/jodp.2014.2.7.352>

This paper explores the barriers and developments that have led to the ODP profession's current occupational position. It is a brief reflective approach to the challenges for developing roles along with changes to educational standards will be considered in relation to their application and the perception challenges from the healthcare community.

Orthoptists

1. Teaching orthoptics to ophthalmology residents: A needs assessment study
<https://search.informit.org/doi/abs/10.3316/INFORMIT.340914546956614>

This is a needs assessment study with the primary aim of examining the relevance of orthoptic tests to ophthalmology residents' practice, and their confidence in performing and interpreting the tests, to establish the need for further orthoptic education during residency. Results showed that Ophthalmology residents consider orthoptics to be relevant to their practice. Baseline self-reported confidence in test performance is low. They express a desire for further orthoptic training and e-learning is an acceptable teaching format

2. What Do We Expect New Graduate Orthoptists to Do?

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7510369/>

To validate the content of an updated orthoptic curriculum for the British & Irish Orthoptic Society (BIOS), BIOS members were surveyed about their views on what an orthoptist should be able to do soon after entering the profession. The survey confirmed that there is generally a good match between current undergraduate teaching and clinicians' expectations of newly graduated orthoptists. Training must prepare graduates for a high level of professional autonomy from the earliest stages of their careers.

Osteopaths

1. Analysis of exercise content in undergraduate osteopathic education – A content analysis of UK curricula <https://www.sciencedirect.com/science/article/abs/pii/S1746068907000697>

Using content analysis, this study seeks to provide an accurate, contemporary picture of exercise content within UK osteopathic curricula. They concluded that theoretical principles appear to be applied to the treatment and management of specialist sports populations, but exercise as part of wider public health promotion and education is not explicitly addressed.

2. The assessment of clinical practice in osteopathic education: Is there a need to define a gold standard? <https://www.sciencedirect.com/science/article/abs/pii/S1746068908001193>

This study tries to provide a constructive and pragmatic approach in identifying a suitable standard in clinical education in the UK and to identify best practice between schools as to how the assessment of students.

3. Adapting and feasibility testing pre-registration e-learning resources for Professionalism in Osteopathy in the UK

<https://www.sciencedirect.com/science/article/abs/pii/S1746068914000662>

This study aims to establish the feasibility of adapting e-learning resources used widely in medical education to meet these requirements. The study concluded that the professionalism in Osteopathy e-learning resources will be field tested to explore their potential to guide learning and to track and help to benchmark the learning curve in pre-registration osteopathic professionalism.

4. Survey, systematisation and comparison of the Master of Science in Osteopathy training programmes by means of three schools: WSO – Wiener Schule für Osteopathie/Vienna School of Osteopathy, Austria ESO – European School of Osteopathy, United Kingdom RMIT – Royal Melbourne Institute of Technology/Division of Osteopathy, Australia

<https://www.osteopathic-research.org/files/original/0c52d3248639c4686692e99b37e7cda2ebaea6b2.pdf>

The results of this study show that whilst there are commonalities between the Master of Science in Osteopathy Degrees provided by the three Schools there are also some significant

differences. Major differences are evident in the training structure, the length of the course programme, the entry requirements, the costs of the training and the number of teachers provided. Recognition of the Masters Degree underlies very different requirements and is not standardised between countries.

Paramedics

1. Contemporary UK paramedical training and education. How do we train? How should we educate? <https://emj.bmj.com/content/22/5/375.short>

The aim of this study is to develop an understanding of the current system and future development of training and education within a large UK ambulance trust, based upon the experiences, beliefs, and opinions of stakeholders. This thematic review suggests that this UK ambulance service is in a transition stage, with significant organisational, professional, and cultural challenges. The dichotomies, boundaries, and development issues are part of the development of an emerging profession for which it is essential that the educational agenda is addressed.

2. A review of key national reports to describe the development of paramedic education in England (1966–2014) <https://emj.bmj.com/content/33/12/876.short>

This paper reviews key national UK reports to describe the development of paramedic education in England over the last 50 years. Four descriptive themes emerged when compared to US and Australia. They concluded that a nationally coherent standard for paramedic education in England needed five decades to develop and mature.

3. Educating the ambulance technician, paramedic, and clinical supervisor: using factor analysis to inform the curriculum <https://emj.bmj.com/content/21/3/379.short>

This project aims to use information about the desirable attributes of the ambulance technician, paramedic, and clinical supervisor to inform future curriculum development. Different patterns of skills and behaviours emerged from the study for different roles. This study has suggested outline content, and module structure for the education of the technician, paramedic, and clinical supervisor, based on empirical evidence.

4. Paramedic training programmes and scope of practice: A UK perspective http://www.scottishambulance.org/UserFiles/file/healthprofessionals/ParamedicUK_.pdf

This is a review about the training programs for emergency care in the United Kingdom is predominantly provided by four publicly funded health care systems: the National Health Service (for England), Health and Social Care in Northern Ireland, NHS Scotland and NHS Wales.

5. Designing and implementing an educational framework for advanced paramedic practitioners rotating into primary care in North Wales <https://www.tandfonline.com/doi/abs/10.1080/14739879.2021.1894992>

Viability of rotational shift in paramedics are studied in this article. A narrative analysis of the information collected highlighted three overarching themes concerning the need for clinical supervision and feedback in primary care, and the usefulness of the education framework regarding a tailored curriculum and recording progression.

Physiotherapists

1. Entry-level physiotherapy education in the United Kingdom: governance and curriculum <https://www.tandfonline.com/doi/abs/10.1179/108331907X175041>

This article reviews the role of regulatory and professional bodies' governance of physiotherapy education in UK.

2. Reflective practice in physiotherapy curricula: a survey of UK university based professional practice coordinators <https://www.tandfonline.com/doi/full/10.1080/01421590600568512>

This paper reports how a group of United Kingdom (UK) based physiotherapy Professional Practice Coordinators with their unique insight into the concept from both the academic and clinical perspective viewed and interpreted the use of reflective practice within their physiotherapy curriculum. Results indicated a diversity of experience in respondents both in terms of their role as Coordinator and their training in reflective practice. There was also no clear consensus regarding facilitative models or assessment methods even though most coordinators believed that reflective practice should be considered to be a central component of physiotherapy teaching strategies.

3. Advanced musculoskeletal physiotherapy clinical education framework supporting an emerging new workforce <https://www.publish.csiro.au/ah/ah14208>

This paper describes the development and implementation of a clinical education framework that included an agreed competency standard and credentialing process to support advanced musculoskeletal physiotherapy roles. They found this framework to address the specific needs of the population, organisations and experienced musculoskeletal physiotherapists recruited to these roles.

4. The influence of a postgraduate clinical master's qualification in manual therapy on the careers of physiotherapists in the United Kingdom <https://www.sciencedirect.com/science/article/abs/pii/S1356689X06001767>

The study aimed to explore the career pathways of a group of postgraduate manual therapists and to identify the influence of Master's education on those careers. All the respondents were still working in physiotherapy and the majority had a clinical element to their role, had improved clinical skills and increased confidence. Negative factors were less clinical 'hands-on' within their roles, lack of time and an increase in management responsibilities.

Prosthetists and Orthotists

1. Education in prosthetic and orthotic training: Looking back 50 years and moving forward <https://journals.sagepub.com/doi/abs/10.1177/0309364620968644>

In this narrative review, the authors examined the evolution of prosthetic and orthotic education, the impact of changing educational techniques and technologies, and the impact of the International Society for Prosthetics and Orthotics in that process.

2. Guidelines for training personnel in developing countries for prosthetics and orthotics services <https://apps.who.int/iris/bitstream/handle/10665/43127/9241592672.pdf>

3. International education standards for prosthetics and orthotics occupations
https://www.at2030.org/static/at2030_core/outputs/Global-Developments-in-Assistive-Technology-B-21.pdf#page=163

The objective of the study is to describe the process involved in developing education standards for prosthetic orthotic occupations and provide guidance on the implementation of education standards for prosthetic orthotic occupations.

Radiographers

1. A survey on the progress with implementation of the radiography profession's career progression framework in UK radiotherapy centres
<https://www.sciencedirect.com/science/article/abs/pii/S1078817412000235>

The purpose of the survey was to benchmark the progress with implementing the radiography profession's career progression framework within [radiotherapy](#) centres across the UK. Using survey questionnaires, they found that the implementation is disappointing, and all centres undertake a multi-professional workforce review to embed the career progression framework within their service in order to meet the workforce challenge associated with the required anticipated large growth in radiotherapy capacity.

2. Competence to capability: An integrated career framework for sonographers
<https://www.sciencedirect.com/science/article/abs/pii/S1078817419300653>

This study aimed to explore the attitudes and opinions of a sample of practicing sonographers concerning a potential graduate sonographer role and the development of a clinical competence framework required to provide a skills escalator. This qualitative study identified some themes and found that participants were focussed on clinical skills rather than wider capability skills.

3. Informing radiography curriculum development: The views of UK radiology service managers concerning the 'fitness for purpose' of recent diagnostic radiography graduates
<https://www.sciencedirect.com/science/article/abs/pii/S1078817417300706>

This study aimed to critically evaluate the fitness for purpose of newly qualified diagnostic radiography. They analysed the interviews of 20 [radiology](#) managers from a range of medical imaging providers across the UK. Some main themes emerged from the analysis.

4. Inclusion of evidence and research in European radiography curricula
<https://www.sciencedirect.com/science/article/abs/pii/S1078817420300705>

The study tries to provide a short reflective article discussing the extent to which evidence and research are included within radiography training curricula and whether there is a need for change and greater standardisation.

5. Clinical radiography education across Europe
<https://www.sciencedirect.com/science/article/abs/pii/S1078817417300688>

This study tries to establish a picture of clinical education models within radiography programmes across Europe by surveying higher education institutions registered as affiliate members of the European Federation of Radiography Societies (EFRS) using online survey in 21 countries. They found similarities in training across Europe.

6. The changing concept of competence and categorisation of learning outcomes in Europe: Implications for the design of higher education radiography curricula at the European level <https://www.sciencedirect.com/science/article/abs/pii/S1078817411000058>

The Tuning Educational Structures in Europe project recommended that learning outcomes be expressed in terms of competences. However, the more recent European Qualifications Framework for lifelong learning utilises a tripartite set of categories of learning outcomes, namely, knowledge, skills, and competence. In addition, the definition of competence used though overlapping with that used by Tuning, is however not identical. This article reviews and discusses the changing definition of the concept of competence and changes in categorisation of learning outcomes in Europe and their potential impact on curriculum development in radiography at the European level.

7. Education, training, and professional issues of radiographers in six European countries: a comparative review <https://www.tandfonline.com/doi/full/10.3402/jecme.v5.31092>

This study was conducted, based on a questionnaire and analysis of the collected data suggested that a common policy is generally followed in the countries investigated; however, differences were not negligible. A common framework of educational programmes among European countries could form the basis for overall standardisation at national and international level.

8. Competencies and training of radiographers and technologists for PET/MR imaging - a study from the UK MR-PET network <https://link.springer.com/article/10.1186/s41824-019-0070-6>

This is a meta-analysis of surveys, literature reviews and expert opinions to assess all the evidence and make recommendations regarding PET/MRI competencies and training of nuclear medicine technologists and radiographers. The report identified the need for establishing competencies for the PET/MRI workforce, particularly for technologists and radiographers. It also helped defining these competencies as well as identifying the demand for bespoke training and the development of local and national courses to be implemented to fulfil this new training need.

Speech and Language Therapists

1. Preregistration research training of speech and language therapists in the United Kingdom https://journals.lww.com/ijebh/Abstract/2018/12000/Preregistration_research_training_of_speech_and.4.aspx

The study was conducted to understand the quantity of research teaching in UK pre-registration SLT degree programs. The study showed that there was an increased confidence in students with research awareness than active research, and the lecturer's confidence in the graduates increased the hours of research teaching.

2. Teaching Sociology within the Speech and Language Therapy Curriculum <http://oro.open.ac.uk/12704/>

This paper sets out three reasons in support of including sociology within speech and language therapy by drawing on the distinction between a "personal education" and a "semantic conjunction" model of the relationship between theory and professional practice. This paper

concludes by arguing that sociology should be viewed as an essential component of the speech and language therapy curriculum.

Appendix D Advanced Higher Education Fellowship Categories

Advanced Higher Education Fellowship category	UK Professional Standards Framework (UKPSF) summary
Associate Fellow (PFHEA)	<p>If you are able to provide evidence of effectiveness in relation to your professional role which will typically include at least some teaching and/or learning support responsibilities, by applying for Associate Fellowship you will present an understanding of specific aspects of effective teaching, learning support methods and student learning.</p> <p>https://www.advance-he.ac.uk/associate-fellow-guidance-and-application-resources</p>
Fellow (PFHEA)	<p>If you are able to provide evidence of broadly based effectiveness in more substantive teaching and supporting learning roles and can demonstrate a broad understanding of effective approaches to learning and teaching support as a key contribution to high quality student learning.</p> <p>https://www.advance-he.ac.uk/fellowship/fellowship</p>
Senior Fellow (PFHEA)	<p>If you can demonstrate a thorough understanding of effective approaches to teaching and learning support as a key contribution to high quality student learning. You may be an experienced member of staff able to demonstrate impact and influence on other colleagues through, for example, responsibility for leading, managing or organising programmes, subjects and/or disciplinary areas.</p> <p>https://www.advance-he.ac.uk/fellowship/senior-fellowship</p>
Principal Fellow (PFHEA)	<p>If you can demonstrate a sustained record of effective strategic leadership in academic practice and development and you are highly experienced with wide-ranging strategic leadership responsibilities in connection with key aspects of teaching and supporting learning.</p> <p>https://www.advance-he.ac.uk/fellowship/principal-fellowship</p>

Appendix E AHP Education Responsibilities

Roles of the AHP in the education and development of learners	
Student/apprentice	Whilst AHP students are learners in the education process, as they become more experienced and competent, they can begin to develop their educator capabilities through participation in action learning and where possible learner led peer assisted learning schemes. Active participation in learning with others provides opportunities for positive role modelling and as part of the team in practice and /or education settings opportunities to supervise other learners.
Support worker & Assistant practitioner	Support workers & assistant practitioners span NHS bandings 2-4 (and equivalent in Local Authority/ Private Independent voluntary organisations (PIVOs). They can supervise, educate and assess to the level of their competence. They should be supported to complete education supervisor/ assessor training to at least their own academic level with a preference to be educated to the level above.
Graduate AfC band 5 or 6 <2 yrs experience	Junior registered AHPs will develop their supervision, education, and assessor skills post preceptorship to the level of their competence. They should be supported to complete education supervisor/ assessor training to at least their own academic level with a preference to be educated to the level above once they have completed their preceptorship programme.
Graduate AfC bands 5 & 6 >2 yrs experience	Registered AHPs will further develop their supervision, education, and assessor skills to the level of their competence. They should be supported to complete education supervisor/ assessor training to at least their own academic level with a preference to be educated to the level above.
Senior clinician & advanced practitioner AfC bands 7 & 8	Senior AHPs will utilise their extensive supervision, education and assessor skills to support the education of learners (including junior supervisors and assessors) through supervision and assessment. They will hold a teaching/supervision and assessment qualification to at least their own academic level with a preference to be educated to the level above.
Consultant practitioner or manager AfC bands 8 & above	Consultant/ Management AHPs will utilise their extensive leadership, supervision, education and assessor skills to support the education of learners (including junior supervisors and assessors) through supervision and assessment. They will hold a teaching/supervision and assessment qualification to at least their own academic level with a preference to be educated to the level above.
Lead Practice Educator (LPE)/ Practice Learning Facilitator (PLF)/ Practice Education Facilitator	LPE/PLF/PEFs will lead clinical education settings for AHPs. They have overall responsibility for learners in placements, managing their allocation and assigning a suitable supervisor to the student/learner. They will be the link between the placement area and the Education provider.

	<p>They play an integral role in the clinical placement audit and triangulation of the quality of the placement with the education provider and the HCPC.</p> <p>They will hold a teaching/supervision and assessment qualification to at least their own academic level with a preference to be educated to the level above.</p>
<p>Lecturer or senior lecturer</p>	<p>Lecturers or Senior Lecturers will hold an AHP qualification registerable qualification and have educational experience in their profession in either a clinical setting, or at a higher education institution. They must understand education pedagogy of issues affecting education in both education and clinical environments. They should either possess a master's degree in a relevant subject or be registered on such a programme. To be a rounded lecturer they will need to demonstrate evidence of research or scholarly activity within healthcare or clinical education.</p>
<p>Reader / Associate professor or Professor</p>	<p>Readers or Professors will hold a higher Degree relevant to their profession (usually a Doctorate or near completion) and a proven track record of success and broad experience in higher education roles). They will have extensive teaching experience and scholarship and a commitment to quality enhancement in their profession. AHPs will demonstrate a proven ability to devise, advise on, and manage learning and skills in managing, motivating & mentoring others.</p>