

Welcome to the AHP Faculty test bed virtual showcase

15th July 2020



Paula Breeze

National AHP Clinical Fellow

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#AHPFaculty

Paula.breeze@hee.nhs.uk

Developing people

for health and

healthcare

www.hee.nhs.uk

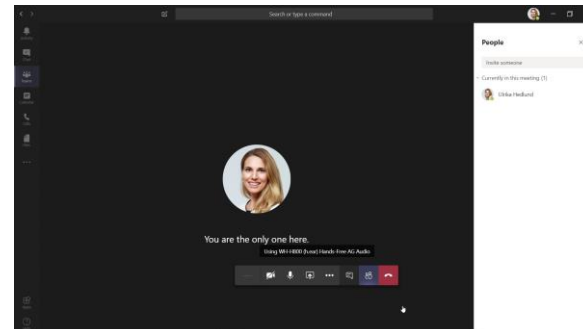
Purpose of today's event

- Celebrate and share the work of the 24 AHP Faculty test beds
- Promote the impact of the test beds
- Share, learn and engage across the test beds and beyond
- Provide time to reflect and consider how AHP Faculties can support AHP recovery and growth
- Inspire and motivate systems to establish AHP Faculties where they do not currently exist



**This Webinar will
be recorded for
future reference**

**Please switch your
cameras off.**



Today's programme

- **Introduction and welcome:** Paula Breeze, National AHP Clinical Fellow, Health Education England
- **Setting the scene:** Suzanne Rastrick, Chief Allied Health Professions Officer, NHS England
- **AHP Faculty test bed overview:** Paula Breeze
- **Presentation 1: Expanding clinical placement capacity:** Helen Lycett, North West London AHP Faculty test bed
- **Presentation 2: Mental health career development and pathways.** Susanna Preedy, Hampshire and Isle of Wight AHP Faculty test bed

- **Evaluation findings:** Irene Carson, Karen Hayden and Jacx Mallander, Anglia Ruskin University, RETHINK partners and Economics by Design
- **Comfort Break 11.15 am – 10 Minutes**
- **Presentation 3: Setting up an AHP Faculty:** Clare Pheasant, Coventry and Warwickshire Health Care Partnership AHP Faculty test bed
- **Presentation 4: Work experience, a shared platform:** Vicki Lightfoot, Lincolnshire AHP Faculty test bed
- **Presentation 5: Student placements:** Jane Melton, Gloucestershire ICS AHP Faculty test bed
- **Questions and discussion** (20 mins)
- **Learning and continuing the journey:** Paula Breeze
- **Summary and close:** Beverley Harden, Allied Health Professions Lead, Health Education England

Suzanne Rastrick

**Chief Allied Health Professions
Officer
(England)**

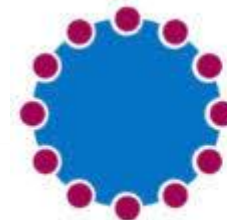
**Supporting NHS England & NHS
Improvement , Health Education
England and the Department of
Health and Social care**



AHP faculties: delivering our Interim People Plan commitment across England

Developing people
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healthcare

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AHPs
INTO ACTION

AHP Faculties

“ During 2019/20 we will focus on increasing applications to undergraduate AHP education... and developing AHP faculties to work with healthcare providers to identify how to expand clinical placement activity.

... AHP faculties will also play a key role in helping shape the next generation of AHPs, supporting the continuing education and training of AHPs in current practice and helping develop advanced practice roles”

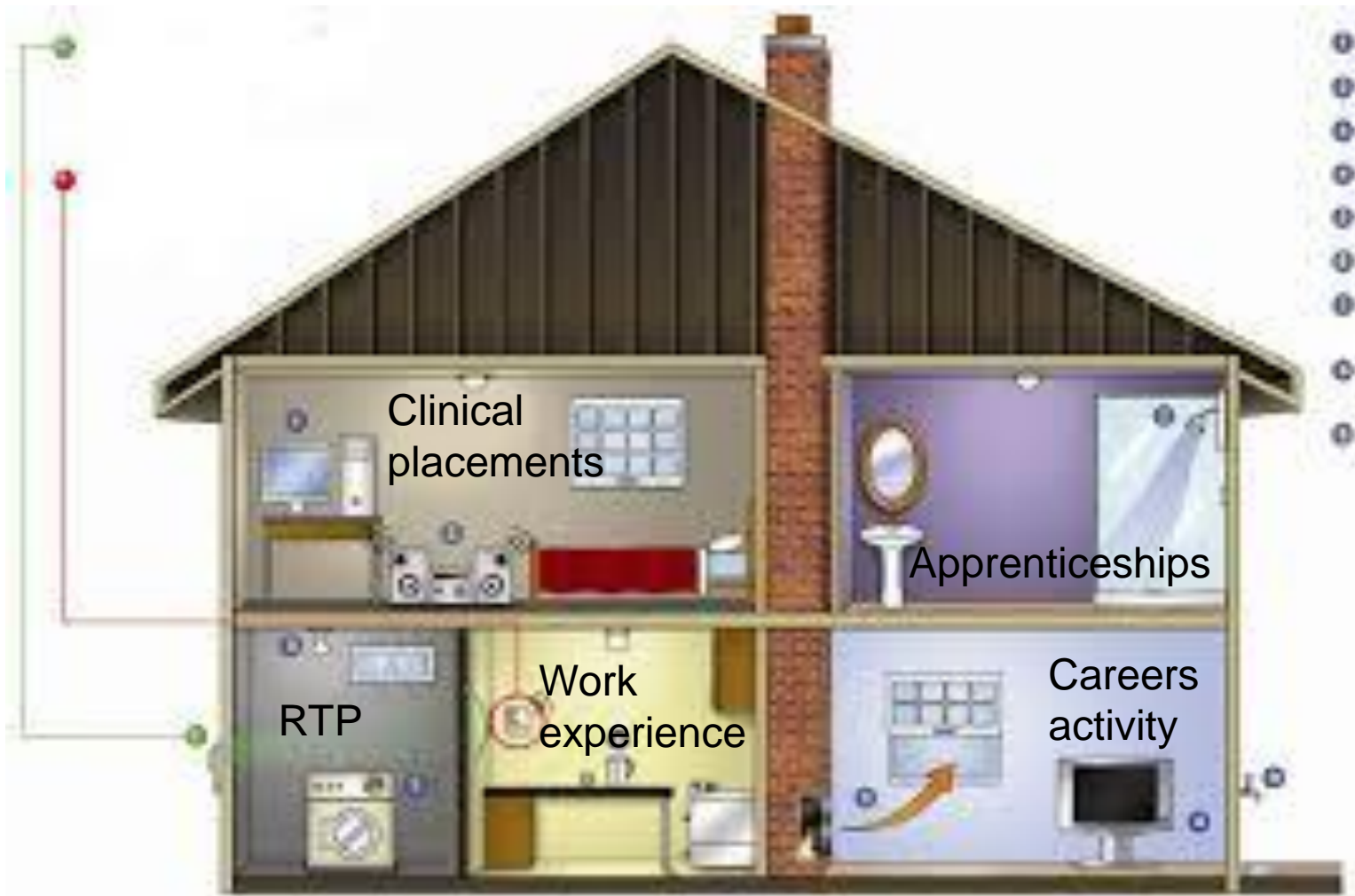
Interim NHS People Plan

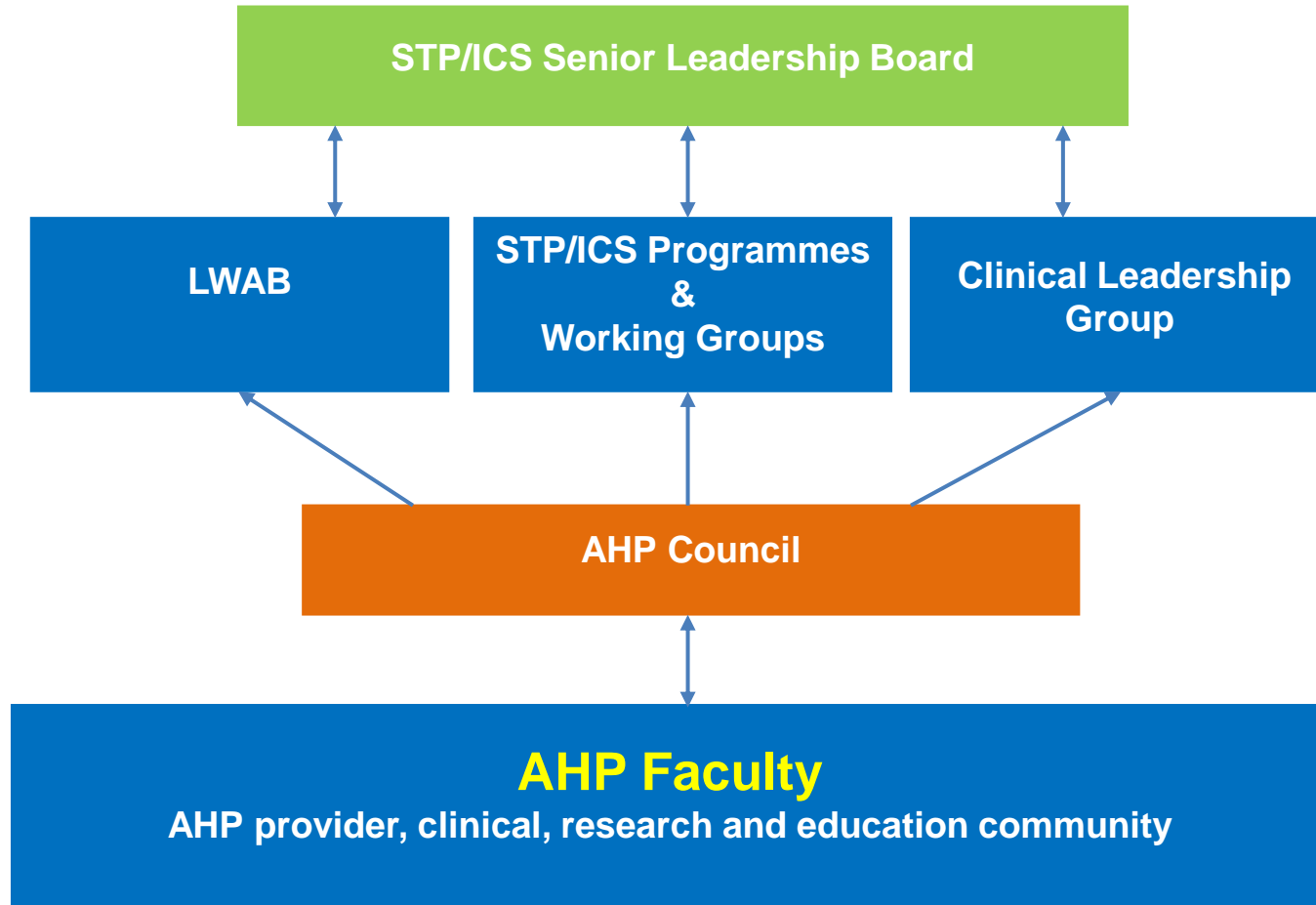
AHP Faculty Test Bed Project

- November 2019 STP/ICS in England invited to apply for funds to set up an AHP faculty test bed
- 28 applications were received
- 24 test beds now up and running

What is an AHP Faculty?

A group of organisations that formally work together across an STP or ICS, to support and deliver a collective approach





HEE were looking for evidence of:

- Establishment of an AHP Faculty
- Quality Improvement methodology
- Project to address an AHP workforce challenge
- Analysis of the data collected
- Final report with recommendations and next steps



North West London AHP Faculty Test Bed: Expanding Clinical Placement Capacity

Helen Lycett

Strategic Trust Lead for AHPs

**West London NHS Trust and Chair of the NW
London AHP Faculty**



**West London
NHS Trust**





Key tasks

- ❖ Base line data.
- ❖ Establish a data base of AHP practice educators (PE's).
- ❖ Understand why PE's do or do not actively support clinical placements.
- ❖ Identify support needs of PE's.
- ❖ To implement of a range of models that increase clinical placement
- ❖ Implement models which enhance the experience of the student
- ❖ Establish proof of concept for the AHP faculties

Measures

- ❖ Number of clinical placements offered
- ❖ Number of clinical placements offers taken up
- ❖ Number of clinical placements successfully completed
- ❖ Qualitative feedback from PE's and students

Tools

- ❖ Quality Improvement Methodology
- ❖ PDSA cycles





**When we
learn how to
work together
versus against
each other
things might
start getting
better.**



NHS

**West London
NHS Trust**



Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust



Royal Brompton & Harefield
NHS Foundation Trust

The ROYAL MARSDEN
NHS Foundation Trust



Brunel
University
London



Health Education England



Central and
North West London
NHS Foundation Trust



Imperial College
Healthcare
NHS Trust



Central London
Community Healthcare
NHS Trust



HILLINGDON
LONDON



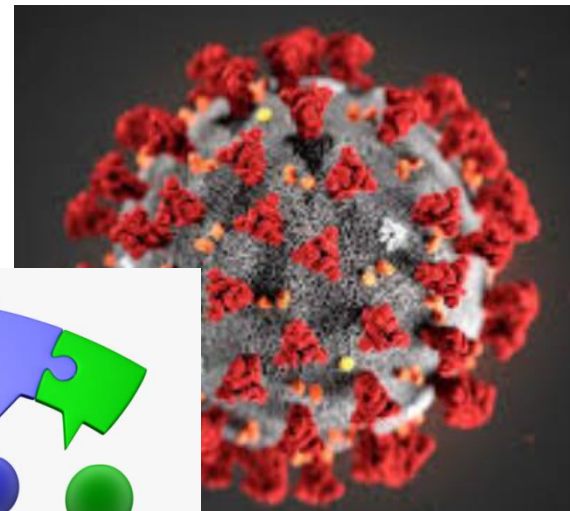
Hounslow and Richmond
Community Healthcare
NHS Trust



St George's
University of London



West London
NHS Trust







NHS

West London
NHS Trust



**COMING TOGETHER
IS A BEGINNING.**

**KEEPING TOGETHER
IS PROGRESS.**

**WORKING TOGETHER IS
SUCCESS.**

HPLYRIKZ.COM



West London
NHS Trust



Helen Lycett
Strategic Trust Lead for Allied Health Professions

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Hampshire and Isle of Wight Faculty Test Bed

Susanna Preedy

Deputy Director of AHP Southernhealth/AHP STP Professional Lead

About us!





AHP workforce supply, retention and development with in Mental health and Learning disabilities services across Children and adults

Aims and objectives



- Scoping phase
- Set up phase
- Delivery Phase
- Future proofing phase

Anticipated Impact



- A connected and engaged workforce
- Mid-career development and career planning
- Inspiring and supporting next generation
- Reduced AHP vacancy rate
- Increased job opportunities
- Improved patient care

Our Journey



Complexities in the scoping phase



- Covid-19
- Identifying people near-enough-but-not-too-removed across 3 Local Authorities & 4 Trusts in order to sense-check 'go-to' workforce data
- Multi-role, extended & hidden role individuals





Health Education England Allied Health Professionals

Faculty Test Beds

Formative Evaluation: Summary Findings

July 2020

Introduction

Anglia Ruskin University, Rethink Partners and Economics by Design have been asked to provide a **Formative Evaluation** of the Test-Beds to help inform improvement, spread and adoption.

The Evaluation uses **Mixed-Methods Research** to identify early lessons on process, impact and economic value.

This report presents a summary of the key **Evaluation Findings**.

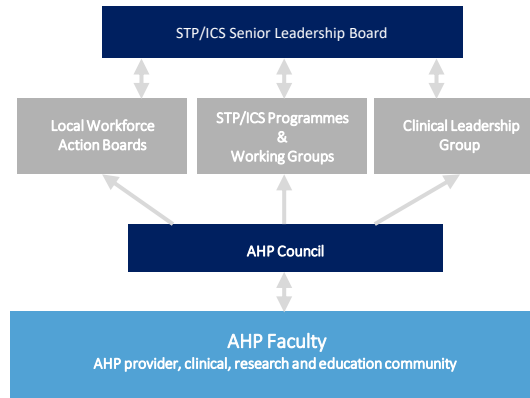
Expected Faculty Characteristics

Key Findings

Faculties are designed to provide a cost-effective means of coordinating AHP workforce development activities.

To achieve this they are expected to :

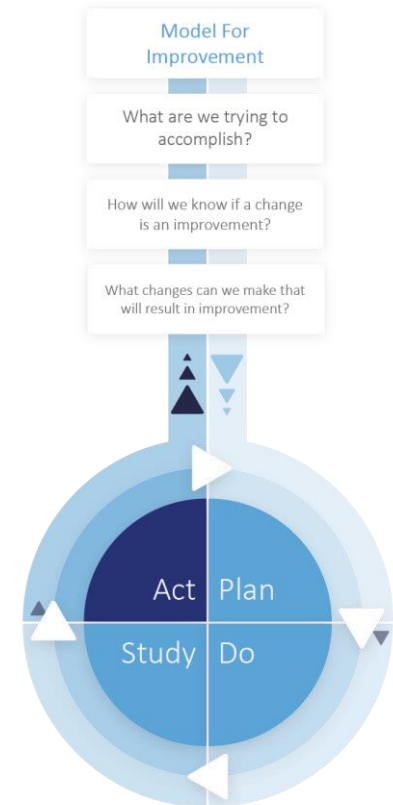
- ❖ Have a strong local governance structure knitted into the wider system,
- ❖ Have leadership and engagement of relevant local stakeholders,
- ❖ Have an operating model built around PDSA (or equivalent improvement practices), and
- ❖ be supported by strong data and information.



Example Governance Structure Source: Paula Breeze: National AHP Clinical Fellow

Solutions can be delivered through one of five workforce development drivers

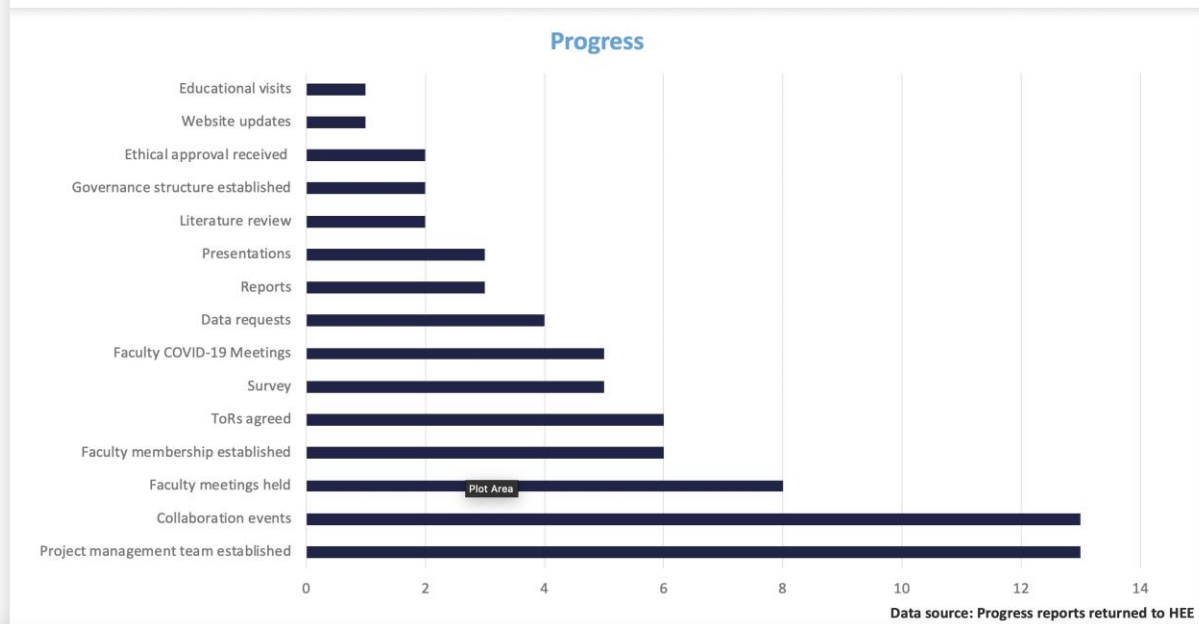
1. Careers activity
2. Apprenticeships
3. Coordination and expansion of clinical placements
4. Return to practice
5. Work experience



Progress with Implementation

Key Findings

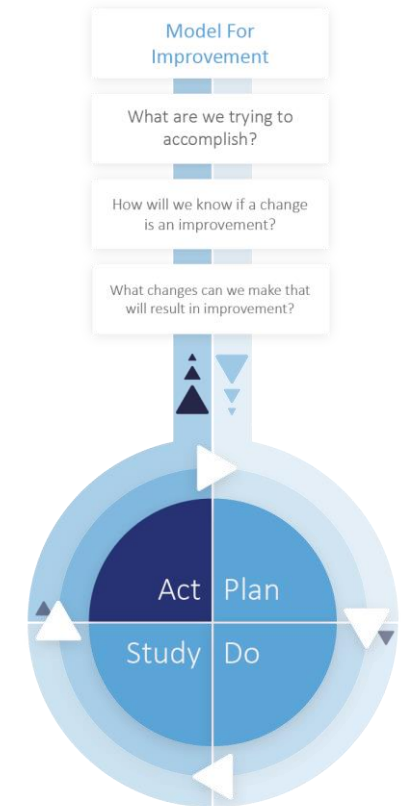
- ❖ The 24 Faculty Test Beds have all been established.
- ❖ Progress has been delayed as a result of key resources being redeployed during the set-up phase to work on COVID-19 related activities.
- ❖ Local ecosystems mean there are many moving parts that have influenced their state of readiness and progress.
- ❖ Progress with inputs and processes in setting up the faculties and projects. Variation across faculties.
- ❖ No specific outputs/outcomes to be seen yet.



Operational Characteristics

Key Findings

- ❖ Overall the faculties align well to expectations
- ❖ High level of diversity across the faculties, yet many common elements throughout
- ❖ Some elements may need to be developed further for some faculties:
 - ❖ PDSA
 - ❖ Informatics capabilities
- ❖ Faculty projects are mainly focused on two or less priority workforce development themes; return to work is not yet part of any faculty project priorities
- ❖ Core team is crucial for progress



STRENGTHS

- ❖ Paula's structured support and challenge to faculties has been well-received. Stakeholders feel she has optimised learning, sharing & stretch opportunities
- ❖ All felt faculty approach was right and they intend to continue post-project
- ❖ Some excellent examples of leadership, influencing, succession planning and collaboration (See Pen Portrait 1)
- ❖ Strong Clinical Placement Strategies (See Pen Portrait 2)
- ❖ Faculty members are very driven to collaborate and learn from each other

CHALLENGES

- ❖ Leadership skills are key determinant in progress and culture change
- ❖ Placement tariff is a key ask from AHP leadership for HEE support
- ❖ Significant data gap means that data for strategic planning and decision making is a significant challenge:
 - ❖ data is hard to acquire within organisations and across partners, systems and faculties
 - ❖ lack of standardisation
- ❖ Often appeared to be correlations between the focus of faculty work and a range of influencing factors including:
 - ❖ available funding streams
 - ❖ professional background of leadership
 - ❖ commercial direction of local HEIs and their relationships to each other
 - ❖ and other local STP/ICS priorities – such as primary care

STATE OF READINESS

- ❖ State of readiness varies greatly across many variables including: local partner relationships; commitment of key organisations; funding structures; reporting lines; provider landscape; HEI landscape.
- ❖ Range of barriers affecting the development of faculties and AHPs more broadly – but are intrinsically linked:
 - ❖ disincentives in the system that inhibit progress
 - ❖ staff aspiring to create work experience, apprenticeship and practice educator programmes get little support and recognition

DEVELOPMENT AREAS

- ❖ Quality of leadership hugely variable. AHPs need supported, skilled-up and nurtured to lead beyond their authority
- ❖ Diversity of AHP body means it is difficult for them to be representative, to the point where, it has to be asked, is it actually helpful?
- ❖ Appetite for national placement infrastructure to manage the administration of placements with HEIs and within the provider orgs – this will consolidate hugely inefficient admin process
- ❖ Strong need for AHP education lifecycle that has long-term investment parity with nursing and medical careers
- ❖ Redefine the relationship to the ICS in order that it views AHPs as the workforce burning platform (as opposed to nursing)

Critical Success Factors

Key Findings

Critical success factors for establishment and successful operations of the Faculty are likely to include:

- ✓ System-wide leadership and empowerment of the Faculty leads to lead beyond their authority
- ✓ Engagement with the HEIs
- ✓ Culture of collaboration
- ✓ Access to placement tariff funding
- ✓ Availability and use of data and informatics
- ✓ Recognition and priority within the wider ICS workforce agenda

Good Practice Recipe Card



Building an effective faculty

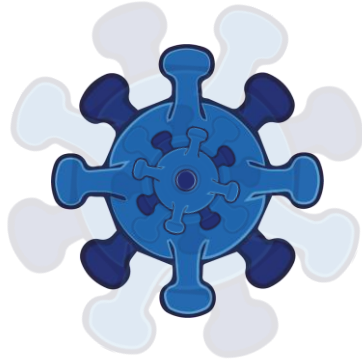
- 1. Governance and reporting structures:** ensure you have visibility and accountability within each member's respective governance, and collectively within STPs & ICS. Ensure there is two-way flow and feedback of reporting to nursing, medical and system chief officers.
- 2. Frequency of meetings:** 30 -60 minutes weekly allows for agility and momentum that is responsive to emerging needs and ensures a constant sharing of information.
- 3. Membership makeup:** Think about the needs of your local health and care ecosystem. Support AHP leads and champion the introduction of AHP leads in commissioning and providers orgs. Don't be afraid to look to other stakeholders in the private and voluntary sector if they can add drive and capacity to the objectives of the faculty. There is a responsibility for the chiefs to be sitting on it, and wider groups to achieve the richness of the developments that we wanted to achieve. How do you build capacity?
- 4. Chairing:** You must create capacity for an experienced chair to work in a flexible way with members. Lots of work will happen within the official meetings, but there's a lot up liaison, communication and influencing that takes place outside of it too.
- 5. Shared purpose and learning:** make this your manifesto, co-produce it where you can, but also don't be scared to step confidently into that leadership role yourself. Regularly check that members understand the shared purpose.

Good Practice Recipe Card



Building an effective faculty

6. **Continuous improvement:** use the plan, do, study, act (PDSA) improvement model to develop, test and implement changes.
7. **Leadership:**
 - nurturing leadership
 - encouraging involvement
 - sharing the responsibility for things where's that warranted
 - holding people to account (but being kind)
 - collaborate and share the load – whilst bringing in project management support to do things like writing the plan and co-ordinating contributions
 - build in flexibility to adjust the plan in order to be able to deliver
 - look for opportunities and funding to provide leadership training for all faculty members to continue the shared leadership approach across their respective parts of the ecosystem
8. **Data:** What datasets do you need and do you have a dashboard? Verify and triangulate datasets as you ascertain their reliability. Use data to understand your faculty's means of and ability to problem solve; How successful you are in implementing solutions and prioritising them?
9. **Be Action orientated:** the action log from faculty meetings can be a good indicator of energy, purpose and pace. Use this as a check for gauging culture and momentum.
10. **Levers of influence:** consider what levers of influence faculty members have and how they are using them. Dissemination of information, reporting up, cascading and gathering knowledge.



Impact of COVID-19

Key Findings

- ❖ COVID-19 has had varying impacts on the delivery of the faculties
- ❖ It was cited as a cause of work pausing in some faculties
- ❖ For a few, it was viewed as an opportunity to push ahead with plans and adapt to the emerging situation
- ❖ Some faculties continued to meet virtually
- ❖ Placements are now a primary area of focus
- ❖ The act of having the conversation about the COVID-19 “opportunity” seemed to provide a thought-provoking intervention for stakeholders to consider how they might work with it to their system’s advantage



Return on Investment

Key Findings

- ❖ It is too early to report on the success or otherwise of the Faculty in achieving its goals and having an impact on AHP vacancy levels.
- ❖ However, based on the expected fully-loaded economic costs of the faculties, they would each achieve a positive return on investment if they are able to reduce local AHP vacancies by more than 5 FTEs.
- ❖ If they were able to fill vacancies with agency staff, they would need to be able to reduce local AHP vacancies by more than 21 FTEs to break even.
- ❖ One of the roles of the Faculty should be to facilitate the building of an evidence base for investment in AHP workforce initiatives, and to build the evidence of the value AHPs can bring to the wider health and care system.

Good Practice Recipe Card



Building an evidence base for workforce development

1. Be clear about the theory underpinning the workforce development initiative – *why do you think this will work?*
2. Map the logic of the initiative and what is expected in terms of inputs, process (activities), outputs and outcomes – this will help ensure that you put everything you need in place for the project to be a success, and that you are clear about what success looks like.
3. Develop measures, metrics and data collection requirements for each initiative so that progress can be tracked and the outputs of your initiative can be measured – this will help to ensure you implement the initiative well.
4. Consider what would need to be done to measure the outcomes of the initiatives in terms of long-term reduction in vacancy levels.
5. Wherever possible develop a “counter-factual” – to show what would have happened in the absence of the initiative – the gold standard is an experiment or “trial” but this may not always be feasible or proportionate.
6. Use mixed-methods approaches to review the initiatives and assess their effectiveness
7. For large projects, secure proportionate expert evaluation support.

Recommendations

MNET Tariff

HEE to stipulate that placement tariff payment requires evidence of how it has been spent.

Leadership

AHPs need supported, skilled-up and nurtured to lead beyond their authority. HEE to consider lifelong leadership programme and mechanisms for supporting professionals at key career moments.

Clinical Placement Platform

HEE to co-produce thinking with AHP community on a new national placement infrastructure.

Professional Development Parity

HEE to explore how the AHP education lifecycle could achieve investment parity with nursing and medical careers.

Storytelling & Governance

HEE to consider how it can support the AHP body to redefine its relationship to systems and particularly ICS in order that it views AHPs as the workforce burning platform (as opposed to nursing).

Evidence Base

Build an evidence base for workforce development.

Data

HEE to establish the data requirements, data collection and data management and dashboard to support the faculty.

PDSA

Faculties to use a PDSA (or equivalent) process grounded in informatics to find local solutions to local problems to address the workforce gap and deliver the quadruple aim.

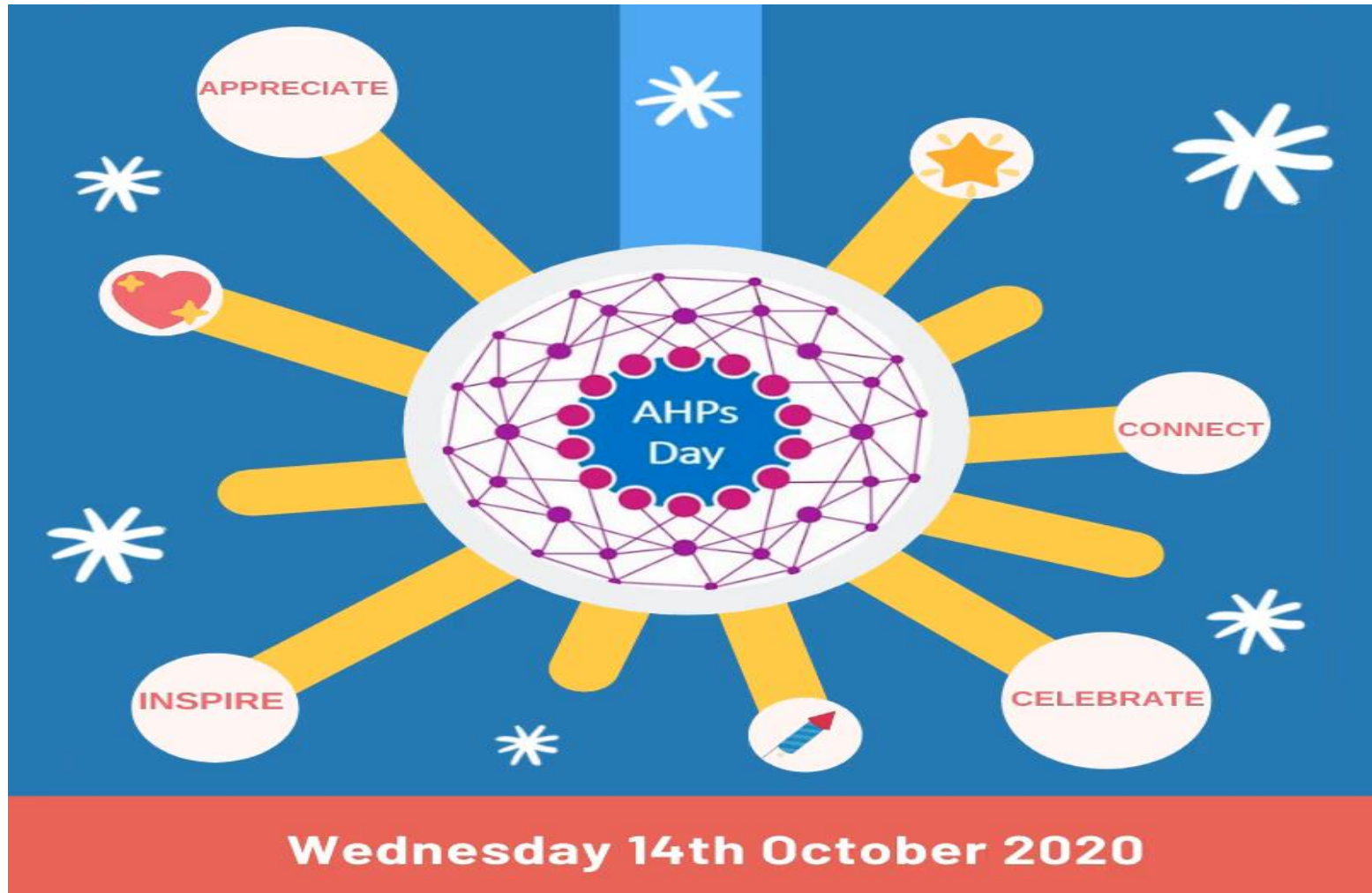
Next Steps

1. The **final report** will be submitted to HEE on the 31st July
2. Deliverables
 - ❖ Logic models
 - ❖ Recommendations
 - ❖ Pen Portraits
 - ❖ Recipe Cards
3. An **academic paper** drafted in August in collaboration with HEE
4. We will be participation at the AHP Faculty Virtual Showcase 9th September

Break 10 Minutes

Quick 10 Minute
break to grab a
cuppa or have a
comfort stop
Please stay
online whilst you
are doing this





Wednesday 14th October 2020



Better **Health**, Better **Care**, Better **Value**
COVENTRY AND WARWICKSHIRE

Coventry and Warwickshire AHP Faculty test bed

Clare Pheasant, Associate Director of Allied Health
Professionals,
University Hospital Coventry & Warwickshire NHS Trust

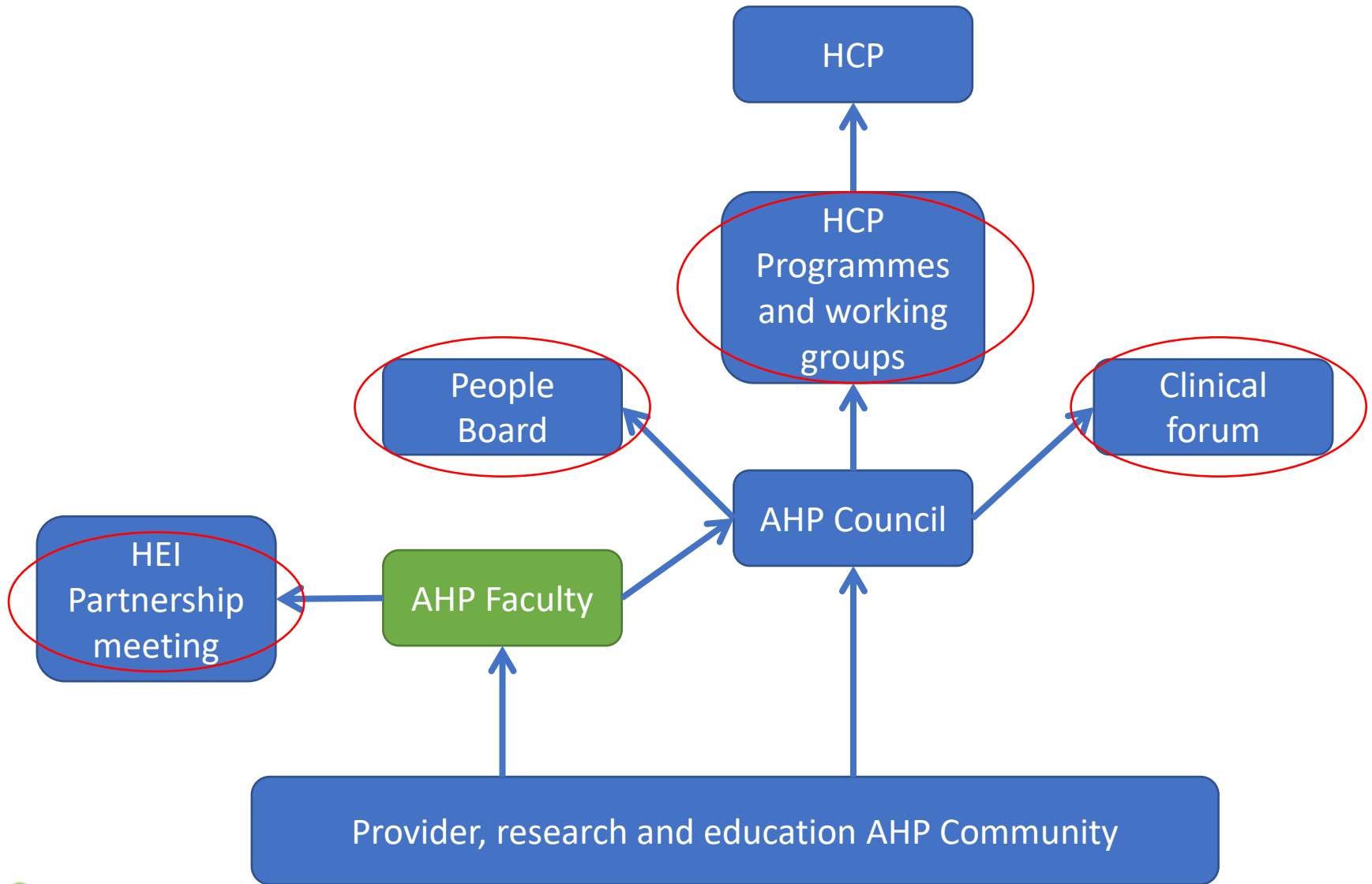
To implement an AHP faculty working across Coventry and Warwickshire footprint to address collectively the key strategic priorities of developing the AHP workforce to deliver high quality services, to share information related to the development of the current and future workforce and adopt a joint approach to problem solving.



Objectives

- Set up AHP faculty and work towards sustainability of the model
- Establish clear governance frameworks and reporting arrangements
- Establish a baseline of placement capacity
- Plan/strategy for future placement capacity requirements
- Clear policy and escalation process for the management of placements
- Faculty strategic work plan for a period of 2 years in line with AHP strategy cycle post initial 6 month project
- Operational delivery of increased placements utilising new placement models with a sound governance framework

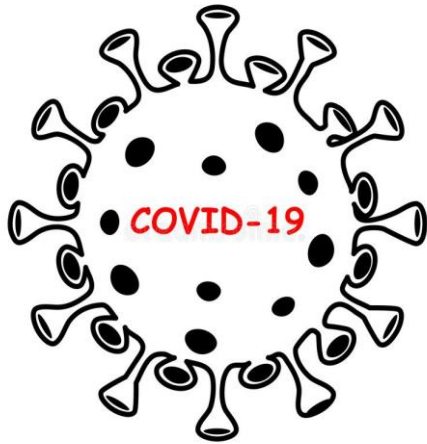




The journey

- Appointed and mobilised project team –established a clear project plan with clear milestones for delivery
- Dial ins with HEE and weekly project meeting
- First AHP Faculty meeting held and presented at conference in Manchester
- Presented project to CNO and CWIO at LWAB (now the People Board)





- Accelerated expansion of AHP faculty to include additional HEIs and practice development teams
 - Weekly AHP faculty meetings with focus on placement capacity supporting shared learning and messages to update
 - System JDs and contracts to support practice placements
 - Regular updates to People Board in virtual format
-
- Mapped AHP placement demand for the coming academic year from our three main HEIs
 - Placement allocation process mapped and undergoing review
 - AHP faculty development at organisational level



Impact on AHP faculty

| February 2020 | July 2020 |
|-----------------------|----------------------------|
| 3 Acute trusts | 3 Acute trusts |
| 1 Primary Care Trust | 1 Primary Care Trust |
| 1 HEI | 3 HEIs |
| 3 professional groups | 8 professional groups |
| 1 CCG | 1 CCG |
| Support from HEE | Support from HEE |
| | Practice development teams |



Successes

- Brilliant engagement from all with a shared purpose
- Appointment of AHPs in 2 organisations to training and education lead posts
- 1 Acute trust has AHP tariff monies within a separate budget to utilise
- Planning well underway for coming academic year for placements
- Commenced discussions regarding a regional AHP faculty meeting.



Special thanks

Jo Guy, Principle Lecturer for Practice,
Education, Training and Quality
Coventry University





Clare Pheasant

Associate Director of AHPs

University Hospitals Coventry and Warwickshire NHS
Trust

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Better **Health**, Better **Care**, Better **Value**
COVENTRY AND WARWICKSHIRE



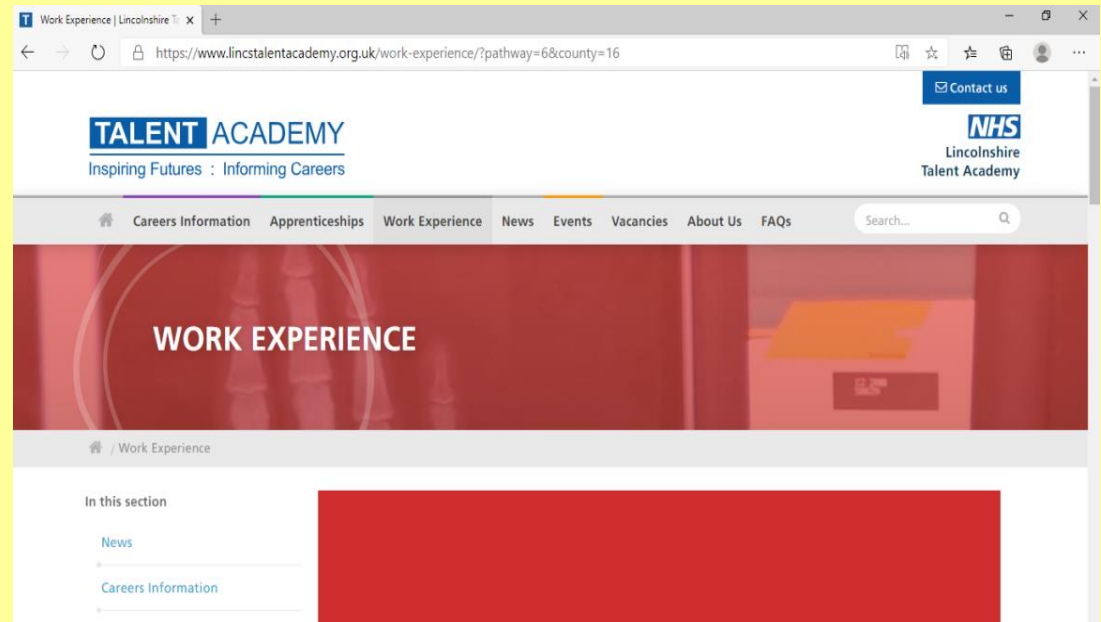
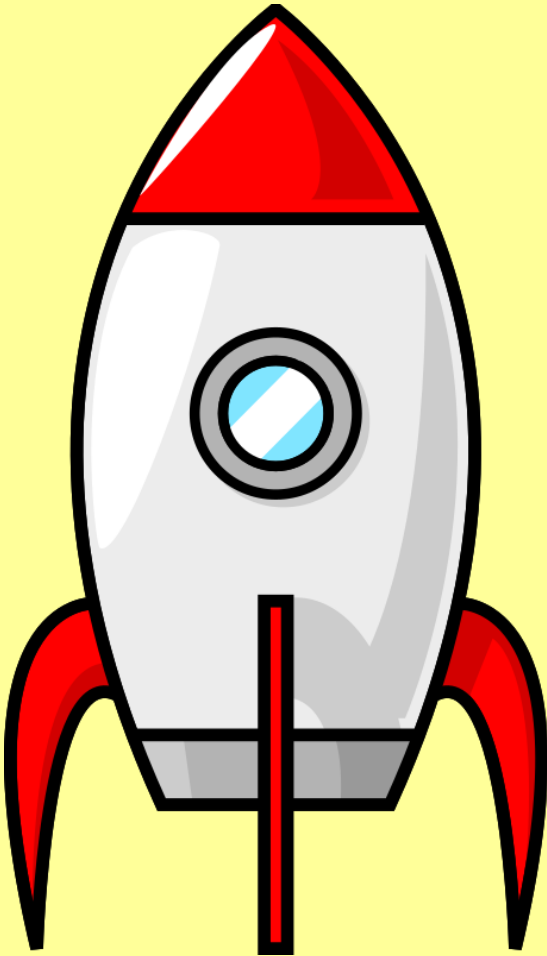


Work Experience - a shared platform

Lincolnshire AHP Faculty

Vicki Lightfoot

Launch Pad



<https://www.lincstalentacademy.org.uk/work-experience>



Faculty aim

- Increase available work experience opportunities on the Talent Academy website and update information on AHP careers.

Initial Data:

46 – 2018

72 – 2019

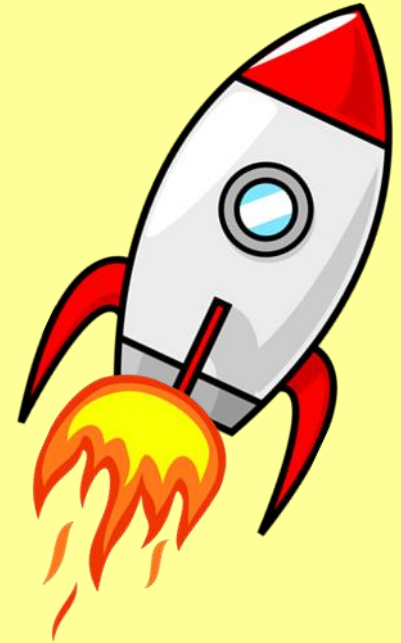
11 – 2020 pre Covid19

In Physio, OT, SLT also one in Audiology



Faculty work

- Systems approach
- All partners now on platform
- Joint offering
- Consistency on offering – Age, length
- Accessible AHP careers information before choice in experience



#LincsAHPs

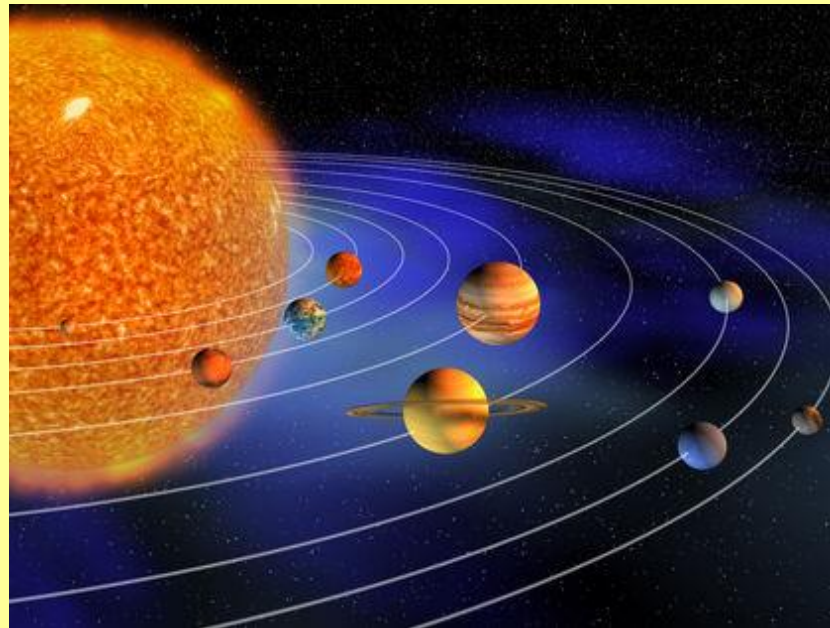
Faculty structure and scope



Future

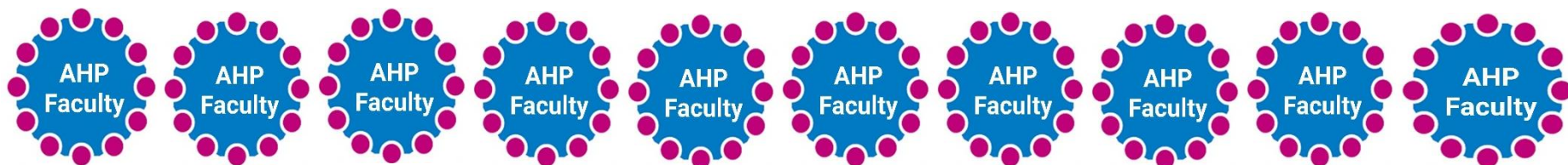
Virtual Experience

Confirmed process for work experience

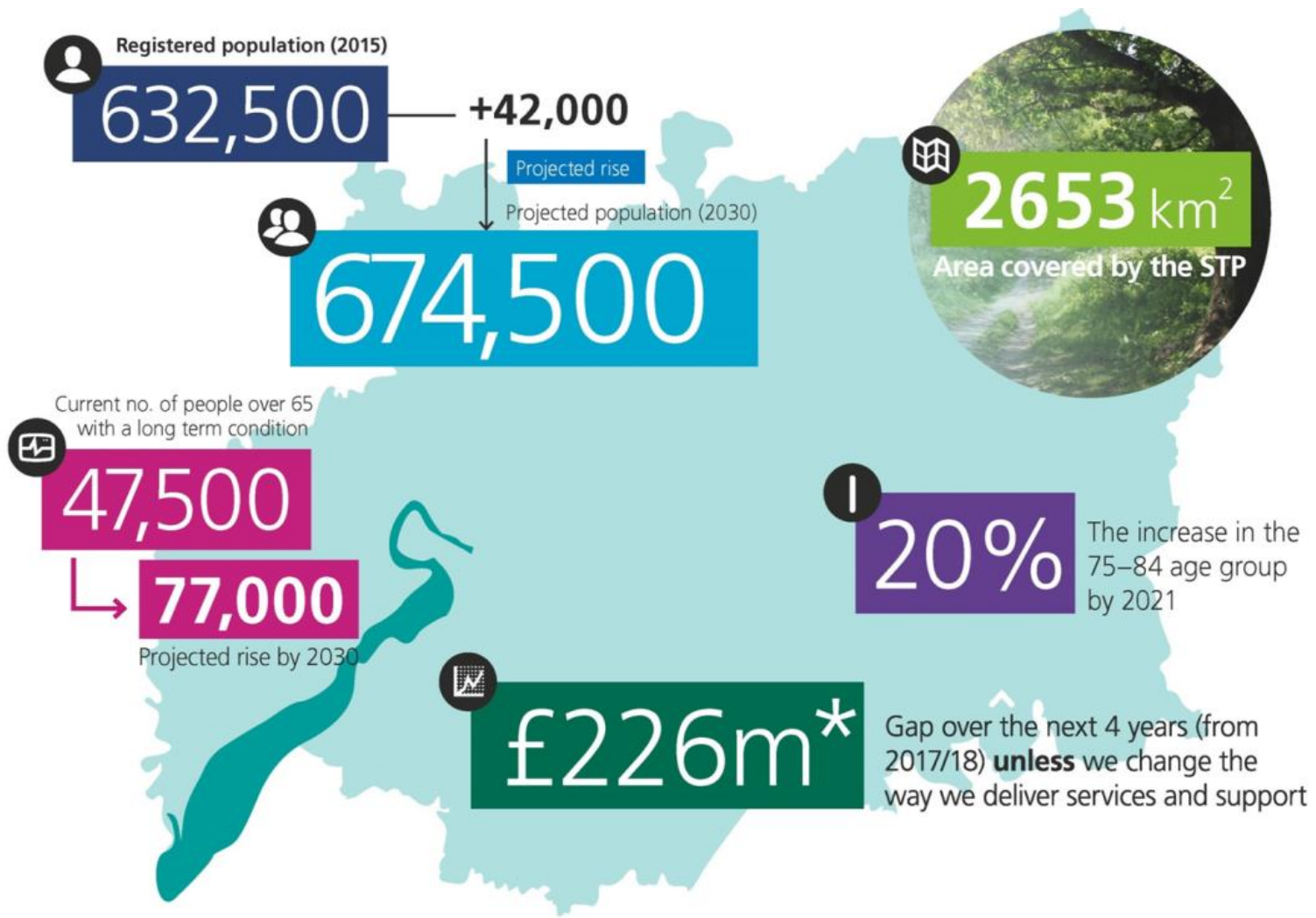


One Gloucestershire ICS, AHP Faculty development

AHP Faculty National Celebration Event - 15th July 2020



The context – what did you set out to do and why?



The context – what did you set out to do and why?



The context – what did you set out to do and why?



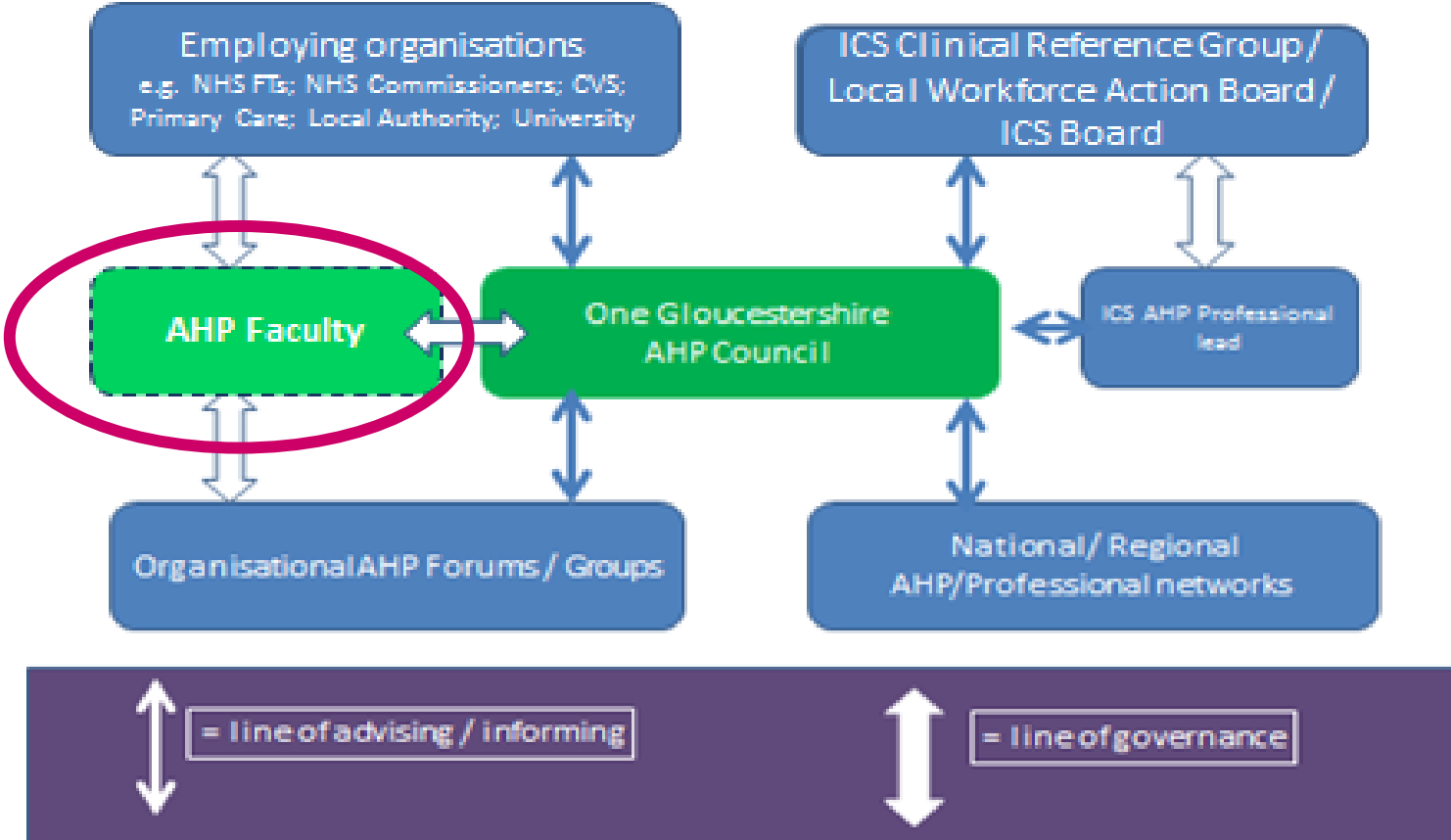
AHPs into Action
Gloucestershire

Our Joint Workforce Strategy is a key enabler of our ICS Plan.

Our system leaders identified the need to undertake a deep dive into the role that AHPs can play in delivering our system developments.

Action – how did you set your faculty up?

One Gloucestershire AHP Council Governance Structure



Action – how did you set your faculty up?

Lead AHP from a number of local organisations



Nicola Turner
Gloucestershire
Hospitals NHS FT



Lauren Edwards
Gloucestershire Health
and Care NHS FT



Debbie Gray
Gloucestershire Clinical
Commissioning Group



Jane Melton
Gloucestershire ICS



Lorraine Dixon
University of
Gloucestershire



Sarah Morton
Gloucestershire Health
and Care NHS FT



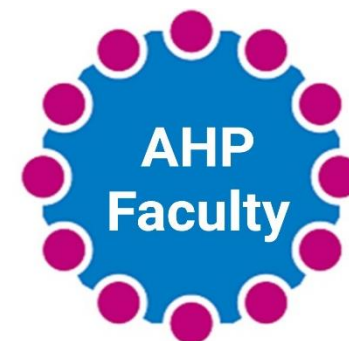
Aine McGovan
Cobalt Health



Paula Windser
SWASFT



Margaret Willcox
Gloucestershire
County Council



How have you used your faculty to respond to Covid, if at all?



We Adjusted!



- MS Teams routinely used
- BBS conversations
- Clinical Cell updates
- Continued conversations about adjustments going forward
- Maintain feed into & from AHP Council

Benefits – What's worked well?

Engagement!



Identifying governance, reporting structures & vision

Ensure shared purpose

Flexibility & responsiveness (but not mission creep)

Being action orientated

Nurturing leadership, collaborative approach

Expansion of AHP courses

Challenges – What have we learnt for the future?

ESR Data!

Don't have to do everything at once

Keep meetings going

ICS and organisational leaders value feedback for assurance

Use your collective levers of influence



1st June 2020

Dear Allied Health Professional colleagues in Gloucestershire

Re: A note of thanks to our Allied Health Professional colleagues (AHPs)

The One Gloucestershire Allied Health Professions Council would like to extend heartfelt thanks to you for your work through this extraordinary time whilst our services within One Gloucester Integrated Care System respond to the need of people experiencing COVID 19. We are aware that for many AHP colleagues, normal duties have been replaced by redeployment or adjustment to roles. Your professionalism and willingness to adapt at pace has been remarkable.

We appreciate that AHP colleagues are being flexible to support the needs of patients, families, colleagues, students and our communities. We have seen incredible examples of creativity, dedication and vision from AHPs as we navigate the requirement for different services and different ways of working. The collaboration being demonstrated by AHPs is equally impressive and acknowledged.

We hope that this short note to recognise your hard work will go some way to demonstrate our gratitude to you. We would like to reassure you that members of our AHP Council are here to offer support as we all move forward into the next phase of response to the COVID pandemic alongside returning to the elements of normal business.

Thank you so much for all that you are doing to deliver best care.

Yours sincerely



Jane Melton
Interim Chief Allied Health Professional One Gloucestershire

On behalf of One Gloucestershire AHP Council Members:
Aine McGovern: Angela Burton: Carly Atkinson: Clair Reed: David Taylor: Dawn Porter: Debbie Gray: Emma Bufton: Eve Scarle: Fiona Stubbs: Jackie Hempkin: Jade Dobson: Jane Cantwell: Katherine Broomfield: Katie Hoggood: Kim Diment: Julie Knight: Lauren Edwards: Lorraine Dixon: Louise Wheatley Margaret Willcox: Michael Walsh: Mel Reed: Nicola Shephard: Nicola Turner: Paula Windsor: Susie Durrell: Tina Craig: Rebecca Shute: Sarah Morton: Sharon McIlwaine: Teresa Middleton

 Allied Health Professions are: art therapists, drama therapists, music therapists, chiropodists/podiatrists, dietitians, occupational therapists, operating department practitioners, orthoptists, osteopaths, prosthetists and orthotists, paramedics, physiotherapists, diagnostic radiographers, therapeutic radiographers, speech and language therapists.

#strongertogether #allied4reason

Where are we going from here?



Onwards!



System role for AHP placements

Individual Professions solutions

Engagement sessions with HEI

Designing new ways of delivering placements

Embracing digital methods

Bidding for sources of support





Thank You

- HEE
- Gloucestershire ICS Partners
- AHP Colleagues

- Thank you for listening

Discussion

- Sukie will read any questions in the comments box
- Please put your hand up by using the Hand icon on your tool bar
- Or continue putting your comments or questions in the comment box
- Any we cannot get to today we will answer afterwards



Learning and continuing the journey




Paula Breeze
National AHP Clinical Fellow
#AHPFaculty

Developing people
for health and
healthcare

www.hee.nhs.uk

Learning



AHP Faculties are at different stages



COVID 19 has had a huge impact upon progress




Many have used this as an opportunity to strengthen networks and build relationships



We now have a recipe for developing an effective AHP faculty

Learning



Establish a strong AHP Faculty with a clear identity and governance structure



Opens up ability to apply for and receive funding




Link in to existing regional AHP workforce strategies and plans



Have a robust inclusive communications plan

Continuing the journey



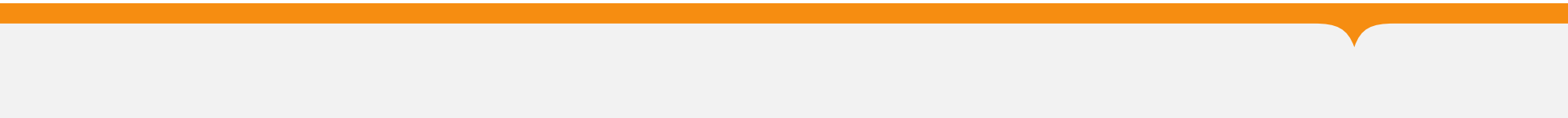
Collaborate with other AHP Faculties in your region and nationally



Locate placement tariff monies



Join and use the AHP Faculties virtual platform



Beverley Harden FCSP

Allied Health Professions Lead,
Health Education England
Deputy Chief Allied Health
Professions Officer, England
Visiting Professor, University of
Winchester





Your
Feedback
Please

- **What are you going to do next?**