Pre-registration Allied Health Professionals (AHP) Student Practice Based Learning Programme (PBL): End of Programme Report

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Introduction

This report has been written to summarise the outputs and outcomes of and the proposed plan as a result of the HEE National Pre-registration AHP Student Practice Based Learning programme. The programme was active from 2020 to 2022. The programme was commissioned to address AHP practice placement capacity and quality challenges which were exacerbated by COVID19. It was led by David Marsden, National AHP Workforce Lead.

The report demonstrates that the programme and the mobilisation of stakeholders led to large scale transformational change demonstrating significant improvement in placement capacity and diversity and a positive return on investment. When thinking about AHP placements we now no longer just think just about a 1:1, directed, face to face clinic placements. We think about a range of settings, media, models, technology and supervisor ratios. The way we think about and deliver placements has changed for good and for the better. This not only help us meet demand for placements but also prepares AHPs for the modern health and social care across the four pillars of practice.

Background

The 14 Allied Health Professions (AHPs) work across health and social care settings and represent the third largest clinical workforce in health. The breadth of skills and their reach across people's lives and organisations make them ideally placed to lead and support care across many sectors. The pre-pandemic People Plan workforce planning illustrated that 27,000 additional AHPs will be needed by 2024 to meet future AHP workforce demand.

AHP workforce supply and as a result practice based learning continues to feature as an important part of the workforce supply strategy of NHS organisations, in line with the NHS People Plan. The NHS Long Term Plan set out the ambitions for the NHS over the next 10 years. The 2022/2023 NHS priorities and operational planning guidance sets out the steps we need to take to sustainably increase the size of our workforce in line with the measures set out in the NHS Long Term Plan. AHPs Deliver, the National AHP strategy, in its enhanced foundations articulates the need to ensure an effective supply of new AHPs. To ensure that the NHS is able to grow for the future.

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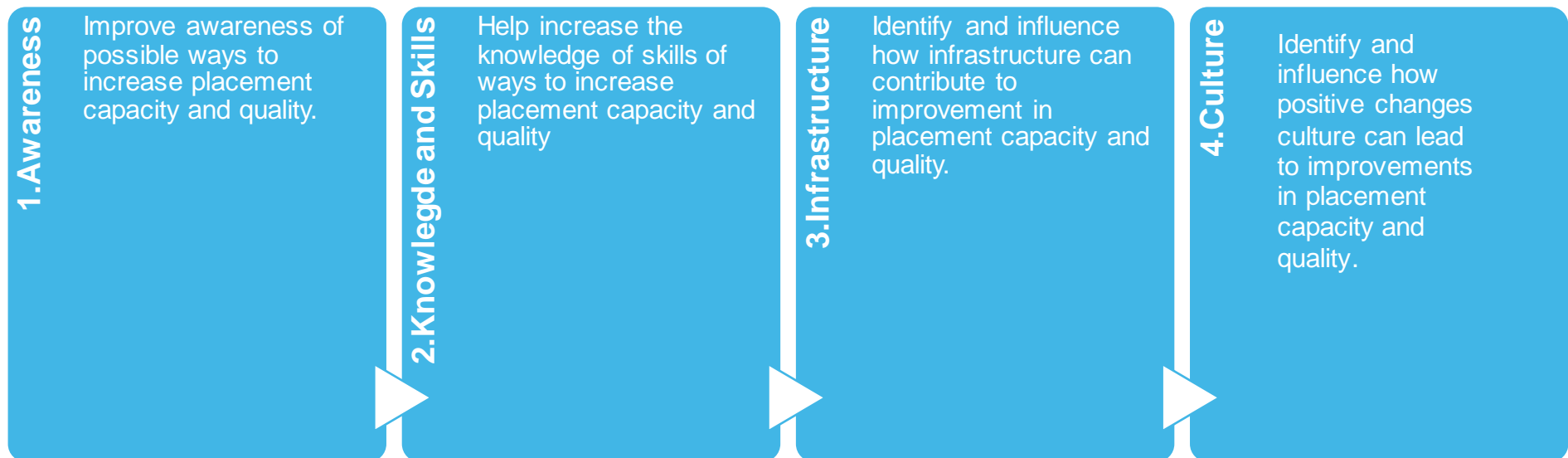
The Challenges

The growth of AHP student numbers in England as a result of a drive to increase AHP numbers by 27,000 by 2024 and the COVID19 pandemic resulted in greater challenges to accessing AHP placements. A crowdsourcing project (St. John-Matthews, Hobbs, 2020) was commissioned which identified key challenges and solutions (See Appendix 1). The programme was built to respond to this in addition to regional intelligence and a national survey sent out in Spring 2021.

The Approach

A national programme was developed and delivered over 2 years led by the AHP Workforce Lead and the Pre-Registration AHP Student Practice Based Learning Advisory Group. The aim was to address the challenges focusing on the following target areas to improve placement capacity and quality:

HEE National AHP Practice Based Learning Approach

1. Awareness	2. Knowledge and Skills	3. Infrastructure	4. Culture
Improve awareness of possible ways to increase placement capacity and quality.	Help increase the knowledge of skills of ways to increase placement capacity and quality	Identify and influence how infrastructure can contribute to improvement in placement capacity and quality.	Identify and influence how positive changes culture can lead to improvements in placement capacity and quality.

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Key achievements

The placement landscape pre pandemic would be barely recognisable to us now. Then AHP placements were almost exclusively 1:1 (supervisor to student), directed, face to face and mostly in health care settings.

Through the programme and collective effort, we have achieved large scale transformational change demonstrating significant improvement in placement capacity and diversity and a positive return on investment. The following are the highlights if the impact areas:

- **Capacity expansion:** Expanded the number of placements by 9391 (41% more than funded/planned) in one year through targeted investment and resources such as guides and e-learning to support progress.

- **Return on investment:** Demonstrated a more than return on investment – independently assessed. The model shows that compared to doing nothing, the CPEP programme only needed to deliver 94 NHS Band 5 AHPs working in the NHS (8% improvement in student to NHS conversion) to justify the programme investment

- **Placement diversity:** Increased the awareness and knowledge or how to create /range of placements to better meet the needs of modern health and social care and in turn an increase in diversity. These include simulated placements, technologically enhanced care services (TECS) placements e.g. telecare, long arm placements, leadership, research and education placements (aligned to 3 of the 4 pillars of practice), multi student supervisor ratios and coaching approaches.

- **Enhancing practice educator roles:** Set out the knowledge and skills and career pathway of practice educators and beyond so that the role is valued, recognised and so that the people who carry out these roles can see a clear pathway for a career in education building against the education pillar of practice.

- **PBL infrastructure:** Understanding the infrastructure and leadership required to maintain and improve PBL placement capacity and quality.

- **PBL sustainability:** Developed an approach to sustaining placement expansion with the AHP PBL sustainability framework and animation

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More detail can be found in Appendix 2

Conclusion

The reaction of AHPs, AHP leaders and PBL specialists to the pandemic was proactive, immediate and effective. Then followed the Helping Ensure an Essential Supply of Allied Health professions report (St. John-Matthews, Hobbs, 2020) and the crowdsourcing exercise and the National AHP student PBL Programme. The AHP community stepped up efforts and innovation to mitigate the impact of the pandemic. The report demonstrates that the programme and the mobilisation of stakeholders led to large scale transformational change demonstrating significant improvement in placement capacity and diversity and a positive return on investment. When thinking about AHP placements we now no longer just think just about a 1:1, directed, face to face clinic placements. We think about a range of settings, media, models, technology and supervisor ratios. The way we think about and deliver placements has changed for good and for the better. This not only help us meet demand for placements but also prepares AHPs for the modern health and social care across the four pillars of practice.

We need to build on the gains from the regions and the national programmes as **sustainability** is key, paraphrasing many individuals, 'it's easier to set up a placement than it is to run it year on year'. Since the original crowdsourcing exercise in 2020 there are some areas of note that require focus:

We know that **diversity** is important to us. We need to ensure that PBL is accessible for anyone regardless of their characteristics by considering **equity and equality**. To date HEE projects have not been subject to equality impact assessments and we have had challenges understanding to the quality data form students with protected characteristics. We have to get this right.

There is clearly **untapped placement capacity** in many settings. There are many people who aren't supporting PBL who could do, such as leadership, research and education placements plus care settings without AHPs present i.e. role emerging placements and private, independent and voluntary sector organisations. We now have the benefit of blended learning which could support placements via simulation and technologically enhanced care service placements. Additionally, we hear that many placement offers are unused.

We need to **harness the desire to educate**. Despite the annual discussion and challenge around shortage of placements, the focus of effort on raising awareness of placement types and different approaches, there are difficulties meeting demand.
Practice education needs the value and respect attributed to it that it deserves. The recently developed AHP Education Capability and Career Framework will go a long way to raising the profile of practice educators and supporting them to deliver but we need more

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educators whether they are supervisor or not. It is hoped that this approach would also improve the health and wellbeing of our educators.

A central function is key to provide leadership to ensure best practice is captured, shared and so that there isn't unnecessary duplication of effort across regions e.g. national adoption of the guide to using the placement tariff. These and existing resources also need to be quality assured and reviewed/updated periodically.

It is evident that we have significant gaps in the *AHP infrastructure* in NHS Trusts to support AHP placements, while nursing for example, has 100% coverage. Ensuring that there is a practice education leadership and coordination function would move a long way to resolving placement capacity challenges by mobilising AHPs, leaders and support implementation of national policy and guidance. The work to understand the use of placement tariff and AHP leadership is critical here.

Proposed Plan

In the initial stages of the programme the emphasis was on target areas 1 and 2. Although there is still work to do in these areas we need to move to focus on 3&4 so considering the infrastructure and culture of AHP PBL. We need a culture change but there isn't one intervention to do this, culture change happens through multiple approaches as below:

> *Vision:* **There will be an adequate number of placements with sufficient quality and diversity. Organisations and educators will offer placements and welcome students and empower them to be confident and autonomous practitioners. This will support the AHPs Deliver aspirations to ensure we have AHPs with the right skills and promote diverse and inclusive leadership, research and education at an early stage.**

Theme	Target area	Aims	Plan
Sustainability	1,2,3,4	Maintain and build on the gains in placement capacity and quality. Ensure that any new initiative to increase placement capacity and quality is sustainable.	Launch and socialise the AHP Practice Based Learning Sustainability Framework Relaunch the AHP PBL networks, attaching a dedicated subject matter expert to each for 6 months. Relaunch the AHP learning hub (repository)

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			Support and promote organically grown networks such as the AHP Practice Learning Community of Practice. Adopt and adapt the AHP placement tariff guide developed in the London region. Adopting a multi-disciplinary approach wherever possible to share resources and coordinate activity in the shared learning environment.
Equity, equality and diversity	1,2&4	Understand and address the challenges related to equity of access to becoming an AHP	HEE should maintain AHP representation on the NETS steering group to develop NETS data and utilise to better understand and improve the experience of all students, particularly those with protected characteristics. Publish the guide to PBL for neurodivergent students Implement equality impact assessment for all existing and future AHP PBL projects. Work with the attrition programme to understand how coaching can address some of the challenges (inc equality and diversity) causing high attrition.
Untapped capacity	1,2,3,4	Explore untapped placement capacity and support approaches to utilise the opportunities.	Support integrated care systems to think of the learning environment for students of all health and social care professions, understand placement types/opportunities, utilise unused placements* and potential of interdisciplinary learning. *If possible building it into the planned national PBL capacity system. Liaise with professional bodies and the HEE education commissioning team to resolve gaps in professional and employer liability insurance so that AHPs can consistently engage in practice-based learning in non-NHS settings. Launch the role emerging placement guide and link this to other guides such as the four pillars of practice public health.

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			Develop further guides: -Simulated PBL -PBL in social care -Private, independent and voluntary sector PBL NB there is work from national team and regions to refresh and build on for these Through the reform agenda, encourage and if possible incentivise HEIs to review AHP curricula with the PBL element of the 4 pillars of practice and simulated PBL in mind. Help improve the satisfaction and efficiency of practice educators by working with professional bodies to support a consensus and read across between common student assessment tools (CSATs). Evaluate the impact of common student assessment tool Roll out leadership placements across NHS ALBs with AHPs and non-AHPs who are in leadership roles with some experience in education- to increase placement opportunities and to lead by example. Ensure job planning is implemented and PBL is a key component
Harnessing the desire to educate	4	Support and promote the value of practice base education in the context of the education pillar of practice and careers in education.	Develop a communication plan in collaboration with major stakeholders including Council of Deans, NHS employers, educators and students to articulate expectations around the responsibility to provide adequate and high-quality learning environments. This should include data driven messaging such as the Chartered Society of Physiotherapist's Tweet (see appendix 2) AHP educator capability and career framework -Share the draft for feedback and possible refining. -Launch and socialise -Develop a plan to evaluate how the framework has been implemented.

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			Explore incentives for organisations to engage in PBL with NHS England.
A central function	4	To provide leadership to ensure best practice is captured, shared and so that there isn't unnecessary duplication of effort across regions.	Identify a HEE national leader to deliver the plan from this report. Maintain the AHP PBL networks, learning hub and website with resources.
AHP placement infrastructure	3	Ensure adequate PBL leadership and coordination to provide adequate and diverse PBL opportunities with the right level of quality.	Share the findings of the Practice Education Coordination Roles: scoping exercise nationally with a call to action based on improving outcomes for AHP students and parity. The HEE national team should enable AHP Faculties to support ICS organisations to benchmark their AHP PBL infrastructure in relation to outcomes and to generate local solutions. Create a coaching network for AHP educators to connect, learn, share and develop. Commission a guide for the application of coaching in AHP PBL.

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Appendix 1: Crowdsourcing themes

THEME	CONCEPT
Diversity	Location, supervision, timing PIVOs/care homes/ primary care Long arm supervision Academic/teaching/research Management/leadership Public health Professional bodies
Coordination	Placement facilitator roles Leadership across the system Regional/ National approach to allocations Communication
Joined up system	National paperwork Allocation models More alignment/ standardisation
Overall redesign	Distil out what needs to be completed where, i.e. what needs patient contact, what can be completed elsewhere Use of simulation Developing clinical decision-making skills
Educator capacity	Practice learning is everyone's business Team approach Supervision models. 2:1; 3:1; 4:1. CLiP model Learning rather than teaching focus Peer support Long arm supervision
Culture and attitude	The language used "the student." Inspire to hire Part of the team Creating pull in the system Valuing students

From https://www.hee.nhs.uk/sites/default/files/documents/Ensuring%20an%20essential%20supply%20-%20Oct2020.pdf

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Appendix 2: Key Achievements

Most resources below, when and if available can be accessed via [AHP Practice Based Learning | Health Education England (hee.nhs.uk)](https://hee.nhs.uk)

Project	Target area	Outcomes/outputs/findings/recommendations
AHP Educator Capability and Career Framework	1,2,3,4	Outputs: AHP Educator Capability and Career Framework to assist AHP students, support staff, AHP educators and academic educators to understand the roles and career paths related to education. Recognises skills and knowledge which can be mapped against the education pillar of practice.
Clinical Placement Expansion Project 2020/21: Evaluation	1,2,3,4	Outputs/outcomes: £7m investment into placement expansion(national) Independent evaluation 128 projects Planned expansion by 7040 placements, actual 9391 (41% more than planned) ROI – 94 Band 5 AHPs working in the NHS to justify the programme Benefits: diverse placement options, increased capacity, culture change, improved use of technology, sustainability *Location: internal report*
Developing AHP Placement Capacity and England Post COVID19**	1,2,3,4	Call to action: *Supporting AHP learner clinical placements anywhere*: update is that there is evidence through many reports including the AHP CPEP evaluation that placements are focusing in different settings with different models and across the four pillars of practice. *Look to other AHP professions for clinical placement models and inspiration*: Update. There is evidence through HEE PBL guides and webinars that other approaches form other disciplines have been adopted for AHP e.g. CLiP *Learner centred and learner focus*: Update. There is clear evidence of collaboration will students from the use of NETS data, students being involve with the development of NETS, through projects in leadership placements- some of which have shaped national guidance around PBL and through student activists eg SHINE

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		Harnessing system-wide working: Update. The CPEP investment demonstrated that organisation are starting to work effectively across ICSs in many cases through AHP Faculties. AHP faculties were pivotal in coordinating the response to the CPEP funding and the subsequent governance, leadership and sharing of best practice. *Location: [Report template (hee.nhs.uk)](hee.nhs.uk)*
Simulated Practice Based Learning Evaluation	4	<u>Recommendations</u> 1. Terminology to describe simulation should offer greater clarity to share best practice but it should remain broad to ensure it is inclusive 2. Sharing best practice, knowledge and understanding about simulation and what it offers to all involved in delivering and participating in clinical healthcare education 3. Building support across organisations to engage with simulation and develop the infrastructure for financial support, accommodation and staff resources 4. To develop a clinical learning framework that reflects the different teaching methodologies needed to develop competencies and meet intended learning outcomes for all levels of clinical education 5. To have simulation embedded in the clinical learning journey across all organisations and health care professions to support inter-professional education and learning NB Shared with the HEE Technologically Enhanced Learning Team *Location: internal report*
TECS Practice Based Learning Evaluation	4	<u>Findings</u> The problem with terminology Valuing professional body support Increased technical equipment is key Continuity and opportunity of placement experiences Continuity of care for clients

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		Student learning- preparation, work readiness
		Recommendations
		    1. Agreed terminology
		    2. Access to equipment e.g. laptops
		    3. Students need skills to engage
		    4. Useful to continue hybrid approach so student are work ready
		
		Location: internal report

Webinar series: sharing best practice	1,2,4	Outputs: A series of 5 webinars with recordings to support educators to deliver a diverse range of placements Outcomes: demonstrable changes in language, thinking and expansion of non-traditional placements/varied placement models. *Location: [AHP Practice Based Learning	Health Education England (hee.nhs.uk)](#)*
Practice Based Learning Guides: series	1,2,4	Outputs: A series of 10 guides to support educators to deliver a diverse range of placements Outcomes: demonstrable changes in language, thinking and expansion of non-traditional placements/varied placement models. *Location: [AHP Practice Based Learning	Health Education England (hee.nhs.uk)](#)*
Practice Based Learning Networks	3	Output: creation of networks for the varied types of placement. Allows educators and leaders to connect, discuss challenges/solutions and share information/best practice. *Location: Via MS Teams channel*
Practice Based Learning Hub: repository for resources/best practice	1,2	Output: creation of a repository for the varied types of placement best practice/resources/tools. *Location: [Catalogue (learninghub.nhs.uk)](#)*
Current placement expectations of AHP Regulators and Professional Bodies	4	Output: clarifies the AHP placement expectations of regulators and professional body expectations *Location: [Current placement expectations of AHP Regulators and Professional Bodies	Health Education England (hee.nhs.uk)](#)*

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| Practice Education Coordination Roles: scoping exercise | 3 | Recommendations:
Trusts looking to grow their AHP workforce, and the subsequent benefits, should consider:

1. Appointing a (or several) PLF(s). The roles have been found to offer quality benefits and increase placement capacity, whilst supporting the development of our future AHP workforce across England.

2. The parity across practice learning and education. Whilst the benefits of having a PLF role were widely reported, many also stated there was a lack of parity in these roles when compared to our nursing colleagues

PLF=practice learning facilitator. Also know as practice placement facilitator or practice education facilitator.

Location: Internal report |
| Common AHP Student Assessment Tools: mapping | 4 | 1. Findings:
2. There is evidence of professions, on a local basis, moving towards CATs, primarily driven by placement provider/HEI desire to minimise administrative burden. This suggests an appetite at local level.

3. Multiple bespoke projects driven by local needs, without clear overarching direction, increase the risk of a fragmented approach with the potential to create future challenges in aligning assessment tools more widely. The lack of published data on local approaches creates challenges in scoping local application of CATs.

4. There is a need to better understand differences in motivation and drivers for CATs for there to be a consensus on what CATs could look like moving forward. This includes within individual professions, across all AHP groups and within wider professional bodies overseen by the PSA. |

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		5. Work is, therefore, needed to engage relevant stakeholders, including PBs, to harness motivated staff, support local initiatives and connect leaders in their areas with wider groups to consolidate and share resources and approaches on a national basis. *Location: Internal report*
AHP Leadership and Research Practice Based Learning Workshops	1,2,4	<u>Outputs:</u> participants upskilled to deliver leadership and research PBL and to educate and support others to do this. *Location: completed. No report.*
TECS E-learning Toolkit	1,2,4	<u>Outputs:</u> on-line toolkit to support AHPs to support AHPs and in turn students to deliver care via technology rather than face to face. *Location: https://portal.e-lfh.org.uk/Component/Details/696072*
Implementing Coaching into AHP Practice Based Learning	4	<u>Outcomes:</u> Demonstrated positive impact of coaching when used in PBL in developing more confident and autonomous practitioners who are better positioned to manage uncertainty and change. *Location: Internal report*
AHP Practice Based Learning Sustainability Framework*	4	<u>Outputs:</u> A practice framework to ensure that practice based learning is sustained. A self assessment tool for use at any level to consider gaps and actions. *Location: AHP - Website Content - AHP practice placement sustainability v1a.pdf - All Documents (sharepoint.com)*
Practice Based Learning for Smaller Allied Health Professions: does Size Matter?*	3	<u>Findings</u> Practice placement coordination is more challenging in smaller professions but the real issue is when delivered in small teams so this should be noted. <u>Recommendations:</u> 1. Developing online practice educator training and resources 2. Developing and agreeing national, standardised learning outcomes and assessment documentation

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		3. Leading a review of placement structure 4. Planning and implementing, or supporting, robust evaluation projects to increase the evidence base and, by sharing, to develop and influence practice education 5. Securing additional resources to facilitate rollout and increasing scope and scale of successful innovations. *Location: Internal report*
PEBble Project*	1,2,4	<u>Learning:</u> Everyone can lead Reduce uncertainty, hierarchy and worries Align learning outcomes Label leadership for all, use a development al approach Co -produce placements, ensure/integrate peer learning Listen, adapt, reflect, coach <u>Recommendations:</u> Capture, grow, celebrate, manage, and share updated knowledge for early leadership activity and talent management throughout the student life course. Reduce unwanted placement variation (EDI-bias awareness/parity, curricula theory design and pedagogy. Target smaller professions, social change management directives to support developing leadership identity) Support ongoing knowledge creation, investment, research and robust placement evaluation, emphasise the evidence for AHP standards of practice for the leadership pillar of practice for all AHP students. Provide assurance and recommendations that leadership development is not tokenistic but normalized, integrated, valued, and emphasized as a key component for health care professionals to have in pre-registrant training. *Location: [PowerPoint Presentation (florence-nightingale-foundation.org.uk)](florence-nightingale-foundation.org.uk)*

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AHP Practice Based Learning Animation	1,4	Output: Animation outlining the direction of travel and expectations of AHP practice-based learning Location: *AHP Practice Based Learning	Health Education England (hee.nhs.uk)*
AHP PBL website review and refresh	1,2,3,4	Output/outcome: New format website. Improved accessibility to national AHP PBL resources, in one place. Location: *AHP Practice Based Learning	Health Education England (hee.nhs.uk)*

*Adopted by the HEE AHP national programme   ** Began and was delivered in parallel to the programme

References

St. John-Matthews, J. Hobbs, C. Helping Ensure an Essential Supply of Allied Health professions Report template (hee.nhs.uk) 2020

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