NHS
Health Education England

Helping to ensure an essential supply of Allied Health Professions (AHP)

Practice Placements: challenges and solutions

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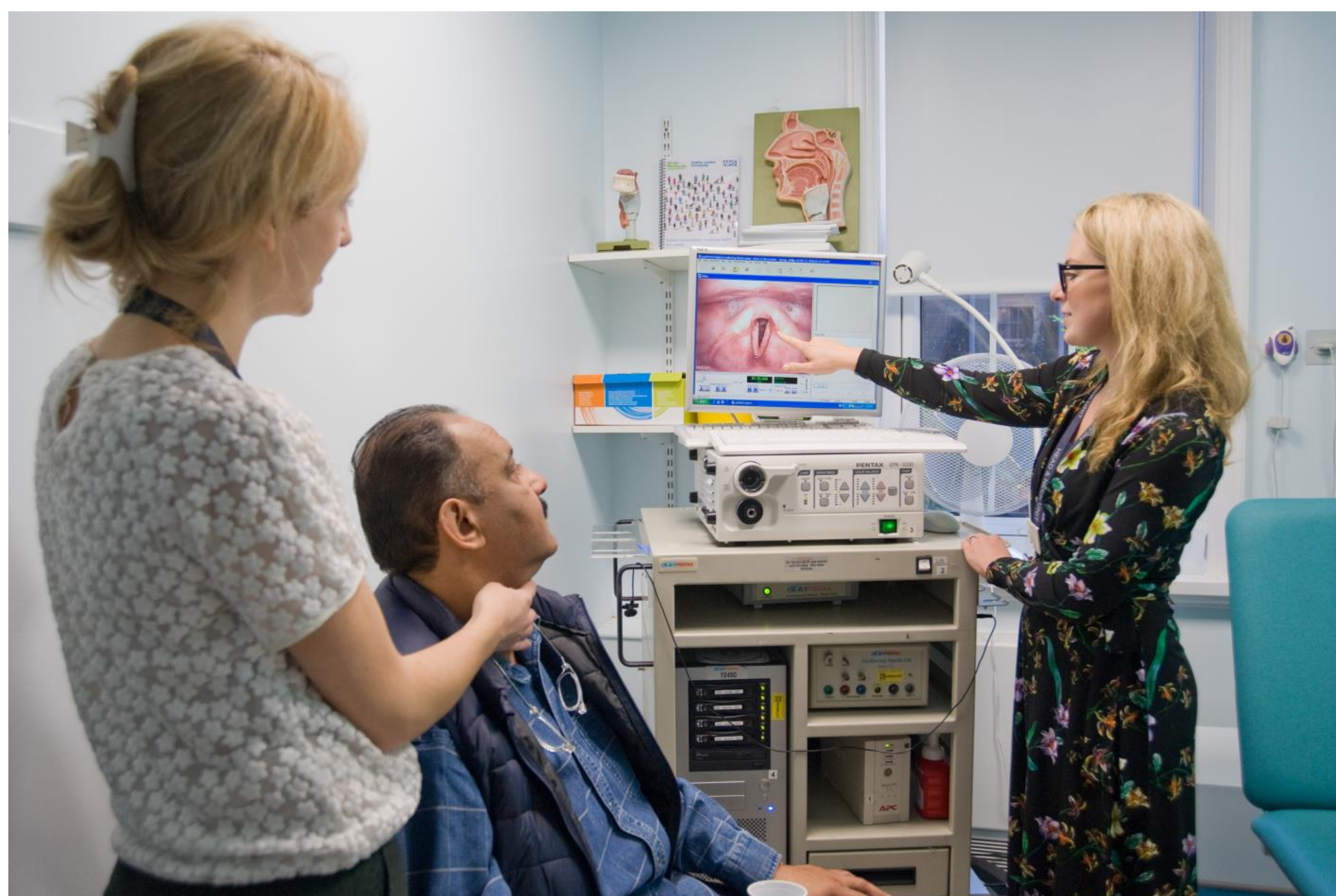

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Index

Page

Executive Summary 4

Introduction 6

1.1 Background 6
1.2 AHP placement on-line workshop 7
1.3 HEE student placement webinar series 8
1.4 AHP clinical placement expansion programme (CPEP) fund 8

Method

2.1 The online workshop 8
2.2 How the online workshop was hosted 10
2.3 Generating interest in the crowdsource 10
2.4 The gateway questionnaire 11
2.5 Coding and analysis of the crowdsource 11

Online workshop participant statistics 12

3.1 Overview of the conversation 12
3.2 Contributions by professional groups 13
3.3 Contributions by country 15

Analysis 16

4.1 Online national workshop insights 16
Diversity of placement opportunities 16
Improved process for placement capacity and coordination 17
A more joined up system 18
Re-design of the education / placement system 18
Educator capacity 19
Cultures and attitudes 20

4.2 Virtual workshop insights 20
Diversity in placement opportunity 20
Improving capacity 21
Educator capacity 21
Culture and attitudes 21
Need to harness support workforce 21

Evidence shared in the on-line workshop 22

Beyond the on-line conversation and next steps 25

6.1 The HEE AHP placement learning exchange and repository 25
6.2 The HEE STAR placement resource 25
6.3 Increased funding of the HEE CPEP activities 25
6.4 Staying up-to-date and future outputs 25

A call to action 26

7.1 Supporting an AHP learner clinical placement anywhere 26
7.2 Looking to other AHP professions for placement models and inspiration 27
7.3 Learner focused and learner centred 27
7.4 Harnessing local HEE AHP Faculties 28

References 29

Appendix A HEE AHP student placement expansion and innovation summer 2020 timeline 33
Appendix B HEE AHP student placement expansion and innovation contributors 34
Appendix C Glossary of terms 36
Appendix D List of tables and figures 37

Executive summary

Developing sustainable growth in the Allied Health Professions (AHP) workforce is vital to delivering the ambitions of the *NHS Long Term Plan*. The majority of new AHPs qualify through pre-registration education thus, ensuring growth in this route is central to achieving this aim. However, to achieve this requires work with the higher education sector, local healthcare providers and national bodies to bring about this increase, raising the number of AHPs in education and training across the system. Historically, placement capacity has been a barrier to increasing current intake levels across the country. Now the recovery of placement capacity not accessible during the COVID19 pandemic has further heightened this challenge. Nevertheless, initial discussions with the Council of Deans of Health suggests expansion could be achieved with improved co-ordination and alignment between Higher Education Institutes (HEIs) and placement providers, supported by a continued focus on increasing application to AHP courses.

Our online workshop

To explore the current challenges and opportunities, Health Education England (HEE) has been working with learners, AHP's, Higher Education Institutes (HEI's), placement providers, educators, professional bodies and regulators to establish the needs to increase placement capacity and innovation. This primarily began with an online crowdsource, launched by Clever Together. It involved bringing key interest groups together to discover common issues and solutions for clinical placements. The named groups above could access this 24/7 for two weeks.

The crowdsource posed the following 5 questions to trigger appropriate responses:

- What do we need to stop doing, start doing or do differently if we are to increase capacity for pre-registration clinical placements for AHPs now and in the future?
- How can we sustain and improve the quality of clinical placements for pre-registration learners?
- What do we need to improve so that we are working better between education providers, placement providers and commissioners or funders of clinical placements?
- If you had a magic wand, what one thing would you change to the way in which we plan, clinically educate, and train our AHPs?
- We know lots of innovative work is taking place to improve the way in which clinical placements are designed and delivered. Some of these relate to Covid-19, but some are not. We want to hear about both, whether it has been formally recognised in published journals, or simply captured through your organisation's knowledge hubs or posters.

What we heard

Following the closure of this platform, analysis and coding of the data took place by the Clever Together team, plus three external coders. This involved coding to one high level framework, to establish wider themes. The report sets out the feedback given by participants to the online workshop, but some clear themes on each of the questions emerged from the ‘crowd’:

1. Diversity of placement opportunities.
2. Improved process for placement capacity and co-ordination
3. A more joined up system
4. Redesigning the approach of education and placement models#
5. Educators capacity
6. Placement cultures and attitudes

Sense checking

Themes within the framework were presented to a group of learners from the Council of Deans of Health leadership programme via a one-hour virtual workshop. The purpose of the workshop was to bring together a group of individuals with a lived experience of clinical placement, through the lens of a learner, to act as critical friends thus encouraging coders to reflect on the multiple and alternative interpretations of the themes presented from the on-line workshop.

Next steps

This report focuses on the outputs of the AHP student placement online and virtual workshop, carried out between June and August 2020. However, other work which coincided with the online workshop is included to demonstrate how various activities are interlinked and next steps. Whilst this report draws several conclusions and ‘call to actions’ based on the contributions made by participants, we are clear that there is more work ongoing with AHP placements including the 2020/2021 clinical placement expansion programme funded projects (CPEP), and so our findings should not be seen as definitive. However, the feedback has provided a rich picture of the opportunities and risks with some clear indications where action can be taken to grow the current AHP clinical placement provision by national organisations, employers, HEIs and others with an interest in this area.

1.Introduction

1.1 Background

The Allied Health Professions (AHPs) comprise of 14 distinct occupations including: art therapists, dietitians, drama therapists, music therapists, occupational therapists, operating department practitioners, orthoptists, osteopaths, paramedics, physiotherapists, podiatrists, prosthetists and orthotists, diagnostic and therapeutic radiographers, and speech and language therapists. 13 of the 14 AHPs are regulated by the Health and Care Professions Council (HCPC), with osteopaths regulated by the General Osteopathic Council (GOsC) [1].

AHPs form the third largest clinical workforce in health and social care in England, providing system-wide care to assess, treat, diagnose, and discharge patients across social care, housing, education, and independent and voluntary sectors. By adopting a holistic approach to healthcare, AHPs can help manage patients' care from birth to palliative care. They focus on prevention and improving health and wellbeing to maximise the potential for people to live full and active lives within their family circles, social networks, education/training, and the workplace [2].

Delivering sustainable growth in the AHP workforce was listed as vital to addressing the ambitions of the *NHS Interim People Plan*[3] to support the *Long Term Plan*[4]. Here AHPs are described as being instrumental in delivering person-centred, evidence-based care as clinical leaders and practitioners. Building on this, the *"We Are The NHS: People Plan 2020/2021"*[5] states that post-COVID19 employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors to continue growing our workforce, including supporting expansion of clinical placement capacity during the remainder of 2020/21 and beyond. Health Education England (HEE) is supporting the national AHP workforce programme by setting out the action needed to improve supply and retention of AHPs and their deployment and development across professions and geography. This will ensure that by 2024, the right AHP workforce with the right skills is in the right place to deliver high quality care [6].

To deliver on the supply agenda, HEE are working collaboratively across professions, universities, royal colleges, professional bodies, the Office for Students (OfS)[7] and with regulators to share learning and to build ambition. As the majority of AHPs qualify through pre-registration education, ensuring growth in this route is central to achieving this aim. Alongside this, work is also being carried out in areas such as: growing the apprenticeship offer [8]; the HEE reducing preregistration attrition and improving retention (RePAIR)[9] work-stream; international recruitment of AHPs activities and the HEE return to practice programme (RtP)[10] that aims to help AHPs re-join the register.

A robust and sustainable approach to good quality placements and learning environments is critical to effectively expand the workforce by growing the number of AHPs in education. Yet in parts of the country, some University intakes have been

reduced significantly over several years. Propelled by the COVID19 pandemic, and the announcement in May 2020 by the Education Secretary of an additional 5,000 ring-fenced university places in England for the 2020/2021 academic year for nursing, midwifery and allied health courses [11], the HEE AHP clinical placement expansion programme (CPEP)[12] took the form of three key areas [13]. (A timeline of activities over summer 2020 can be found in Appendix A.)

- An AHP student placement online workshop
- A student clinical placement webinar series
- A call for bids for HEE clinical placement expansion programme (CPEP) funds

This report focuses on the outputs of the AHP student placement online and virtual workshop carried out between June and August 2020. However, other work which coincided with the online workshop is included to demonstrate how various activities are interlinked.

1.2 The AHP student placement online workshop

From the 23rd of June to the 7th of July 2020 an online workshop, commissioned by HEE, was hosted by Clever Together [14] to *"crowdsource"* views from as many people as possible with an interest in AHP clinical placement capacity [12]. The aim of the workshop was to generate insight about how clinical placements could be expanded for AHPs both now and in the future. To explore this, the workshop asked participants to consider several key questions in relation to AHP placements and how to overcome the challenges presented by Covid-19. The workshop was open to anyone with an interest including, but not exclusively, in clinical placement provision, AHPs, representative bodies or those looking to, or having returned to practice. Although the project was commissioned by HEE, a co-creation approach including the four nations of England, Northern Ireland, Scotland and Wales was critical. The crowdsource was also opened to anyone from across the world.

During this two-week period, over 1,800 people engaged, from different professions and backgrounds collectively making over 8,500 comments. Generated themes were then shared on-line with a group from the Council of Deans of Health student leadership programme [15] for sense checking. This report provides an analysis and synthesis of the contributions from those participating in the online platform. The conclusions of this report are based on the overall picture from both approaches.

1.3 AHP Student placement webinar series - July 2020

HEE hosted a series of student placement webinars over July and August 2020 to inspire confidence in immediate expansion of AHP placement provision. Over 1,000 people joined the four webinars which showcased real life examples and sought to support the submission of HEE CPEP fund bids. Topics included using on-site clinics, simulation, technology enhanced care services (TECS), role emerging placements alongside exploring different supervision models.

- 7 July 2020 - Rapid expansion of AHP placements: Simulation and Technology Enhanced Care Services (TECS)
- 14 July 2020 - Placement quick wins webinar 1: What are ‘alternative models’ of student supervision and how can we use them to our advantage?
- 15 July 2020 – Placement quick wins webinar 2: What are ‘role emerging placements’ and how can we use them to our advantage?
- 16 July 2020 - Placement quick wins webinar 3: What are ‘on-site clinics’ and how can we use them to our advantage?

List of AHP student placement webinars and associated date [16]

1.4 Clinical Placement Expansion Programme (CPEP) Fund

In July 2020, HEE invited bids from clinical providers or placement organisers in England, via the CPEP which provides funding to support the growth of clinical placements in selected professions. The purpose of this funding was to bring about an increase in the number of placements offered to nursing, midwifery and AHP professions who currently access the HEE learning support fund from September 2020, thus enabling HEE to deliver the future health and care workforce in sufficient numbers and with the skills the NHS needs. The successful bidders were notified in September 2020.

2.Method

2.1 The online workshop

The on-line workshop took the form of a crowdsource. Crowdsourcing has three core elements: an organisation having a task it needs to be performed; a community voluntarily willing to perform the task; and the potential to create results that are of mutual benefit for the organisation and the community [17]. Unlike the Delphi technique, which relies only on the opinions of a small number of specialists (used in part for the virtual “critical friend” workshop), crowdsourcing can harness the opinions of a wider range of people to address “messy problems which require a diversity of opinion” [18]. It can therefore be useful in supporting management decision making by exposing real life experience of participants and their collective insight; and identifying or evaluating potential solutions. In short, it can deliver insight into complex issues.

Like any methodology, crowdsourcing is not without its challenges. By facilitating the exchange of ideas, compared to a survey in which opinions are expressed in individual isolation, it creates the potential for *‘crowd think’,* where minority opinions are ignored, and *‘crowd hijacking’,* where the crowd uses an initiative to push its own agenda. Both the design of the platform and the techniques used to analyse the feedback are intended to mitigate the risks of this form of bias.

2.2 How the online workshop was hosted

A bespoke on-line platform was created with a unique URL, https://ahpplacements.clevertogether.com/clinical-placements-expansion-programme. This platform offered asynchronous on-line engagement, open 24 hours a day, seven days a week where participants could join the conversations as many times as they wished. Whilst contributions to the platform were visible to other contributors, personal details were anonymised, thus ensuring ideas were considered by others on their merit rather than on who had posted them. On completing a gateway questionnaire, participants were invited to contribute to the debate by engaging with four challenge questions- table two. A fifth question asked participants to submit local projects on increasing placement capacity.

1. **Theme**: Placement capacity across the system
   Challenge questions: What do we need to stop doing, start doing or do differently if we are to increase capacity for pre-registration clinical placements for AHPs now and in the future?

2. **Theme**: Quality of placements
   Challenge question: How can we sustain and improve the quality of clinical placements for pre-registration learners?

3. **Theme**: Working effectively across the system
   Challenge question: What do we need to improve so that we are working better between education providers, placement providers and commissioners or funders of clinical placements?

4. **Theme**: Quality of placements
   Challenge question: If you had a magic wand, what one thing would you change to the way in which we plan, clinically educate and train our AHPs?

5. **Theme**: Quality of placements
   Challenge question: We know lots of innovative work is taking place to improve the way in which clinical placements are designed and delivered. Some of these relate to Covid, but some are not. We want to hear about both, whether it has been formally recognised in published journals, or simply captured through your organisation's knowledge hubs or posters.

Online workshop challenge themes and challenge questions

2.3 Generating interest in the crowdsource

Clever Together has run online workshops for dozens of organisations. For many of them, such as NHS trusts, the target audience is their staff and while generating interest and encouraging participation may be challenging, it is a private 'closed' conversation with a specific 'captive' group. For this workshop, ensuring we captured the voice of all AHPs was deemed a challenge. Due in large part to HEE's existing networks, including links with the professional bodies, the conversation proved to be extremely popular. To generate a breadth of interest, HEE worked with the individual

AHP professional bodies and the Council of Deans of Health to promote the conversation to their members. HEE also worked with colleagues in Health Education and Improvement Wales (HEIW), NHS Education Scotland (NES) and Health and Social Care Northern Ireland (HSCNI) to ensure the four-country voice was captured. There was also a high interest on Social Media in general and specifically Twitter with those promoting and discussing the topic using the #AHPplacements and #AHPplacement hashtags.

2.4 The gateway questionnaire

Although participation in the workshop is anonymous, several 'gateway' questions were asked of those registering to ascertain their role in clinical placement activity. The purpose of this was to enable us to analyse responses, broaden understanding of the contributions made and conduct some data analytics to draw insight into the ideas, who generated them and assist the development of conclusions. For example, we wanted to check whether contributions were being made from a wide variety of professions. The following questions were asked:

- Are you an Allied Healthcare Professional (AHP)?
- If you are an AHP, please indicate which of the following best describes you?
- What is your primary role?
- What type of organisation is your primary employer?
- In which country do you work?

A final bank of questions using a five-point Likert scale (strongly agree and strongly disagree) were asked to establish to sense check where practice partners were with this topic-figure 2, px.

- There is significant untapped capacity in the NHS and non-NHS settings for pre-registration AHP placements
- We need to be open to expansion of pre-registration placements in the independent sector and other setting
- My organisation is open to different ways of organising/delivering AHP placements
- We need to find new and better ways of working between Higher Education, Pre-registration placement providers and funders of pre-registration to meet the workforce challenges of today and the future.

2.5 Coding and analysing the responses

As with most online and crowdsourced workshops, participation could take several different forms:

- Participants could register, fill in the gateway questionnaire and observe the conversation
- Participants could propose ideas or make comments on ideas
- Participants could use the vote buttons to indicate support or not of any contribution

When the online workshop closed, all the data from the platform was downloaded, and every contribution was read and coded by a team at Clever Together and three coders on behalf of HEE. The coding was reviewed by another member of the Clever Together team for quality assurance purposes. It is important to acknowledge that there will always be differences in views about what code to apply but taking a thematic framework approach ensures greater consistency and enables us to be confident in the conclusions we draw from the conversation.

2.6 Virtual workshop

A one-hour recorded virtual workshop was hosted via Zoom on the 4th August 2020 by two of the three coders from outside the Clever Together team. In total, eighteen AHP learners from the Council of Deans of Health (CoDH) student leadership programme [15] attended the event representing a range of professions (physiotherapy, occupational therapy, paramedics, podiatry, operating department practitioners, therapeutic radiography, drama therapy, arts therapy, dietetics, speech and language therapy). The purpose of the workshop was to bring together a group of individuals with a lived experience of clinical placement, through the lens of a learner, to act as critical friends thus encouraging the coders to reflect on the multiple and alternative interpretations of the themes presented from the on-line workshop [19] . Learners were also asked what was important to them and what they took from the themes generated by the on-line workshop. Notes were taken during the session by both coders and summarised after the event. The recording was revisited by one of the coders to ensure all points were captured. Learners unable to attend were invited to forward their written comments.

3.Online workshop participant statistics

3.1 Overview of the conversation

Contributions differed throughout the crowdsource sections, as seen in Figure 1. Large numbers of ideas, comments, and votes stemmed from discussions around placement capacity, and the crowd's ideas for improvements. Voting was used for analysis purposes, but each individual contribution was identified and analysed as well.

TITLE OF SECTION	IDEAS	COMMENTS	VOTES
Placement capacity across the system	147	678	4545
Quality of placements	48	83	760
Working effectively across the systems	42	40	304
Your ideas for improvement	97	220	1125
Sharing examples of great practice and innovation	41	42	320

Figure 1: Summary of the numbers of ideas, comments and votes presented for each section of the online crowdsource

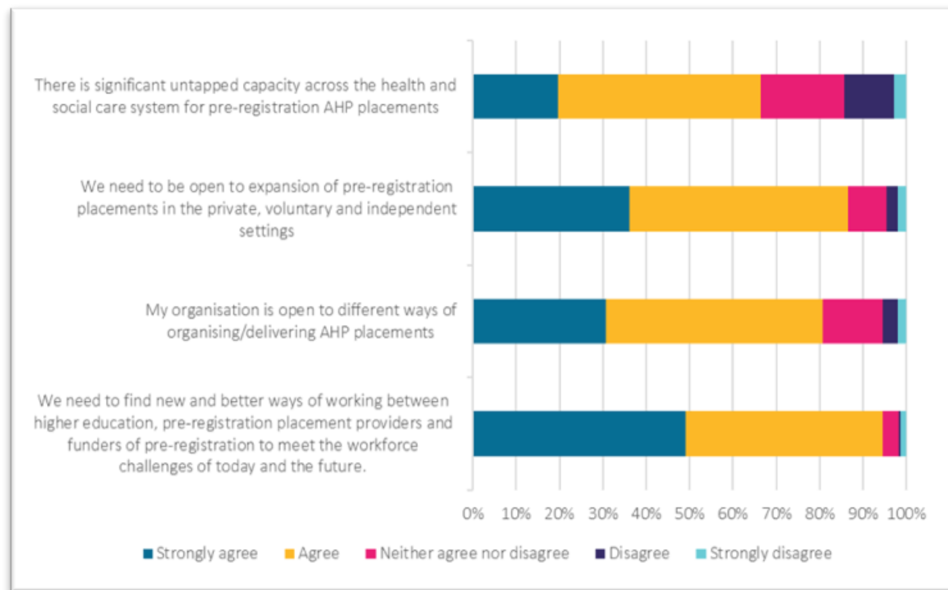


Figure 2: Views relating to clinical placements

The majority outcome of these views relating to clinical placements revealed that contributors feel they agree or strongly agree that:

1) There is untapped capacity for placements in health and social care.
2) There is a need to be open to expansion in the private, voluntary, and independent sectors.
3) Their organisation is open to different ways of organising and delivering AHP placements.
4) We need to find new and better ways of communication across HEI's, providers and funders.

3.2 Contributions by professional groups

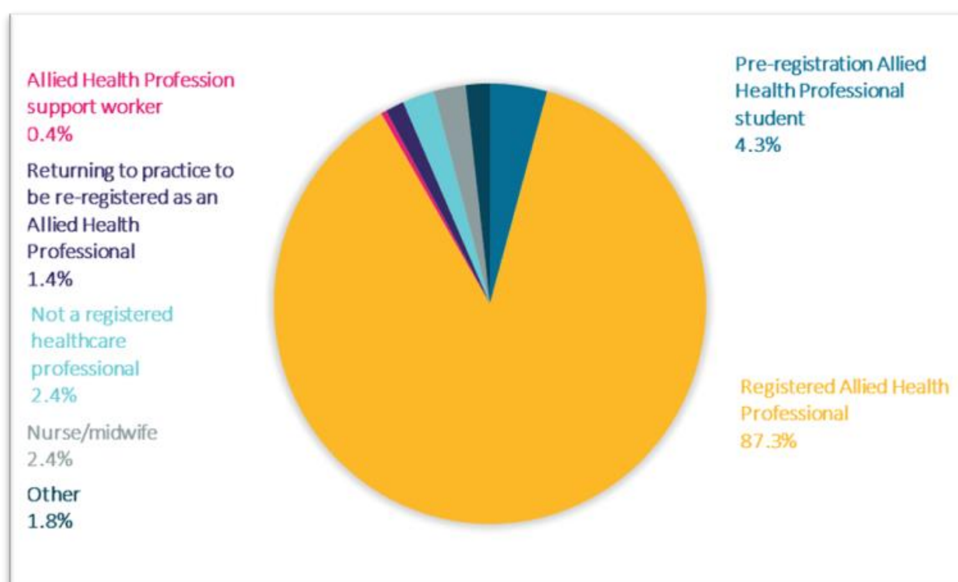


Figure 3: Primary role of participants

Figure 3 presents the percentage of each profession group or role that participated in the online crowdsource. Registered AHP's dominate this percentage with 87.3% of contributions from the crowdsource. Pre-registration AHP students followed this at a smaller 4.3%, which translates to 52 individuals.

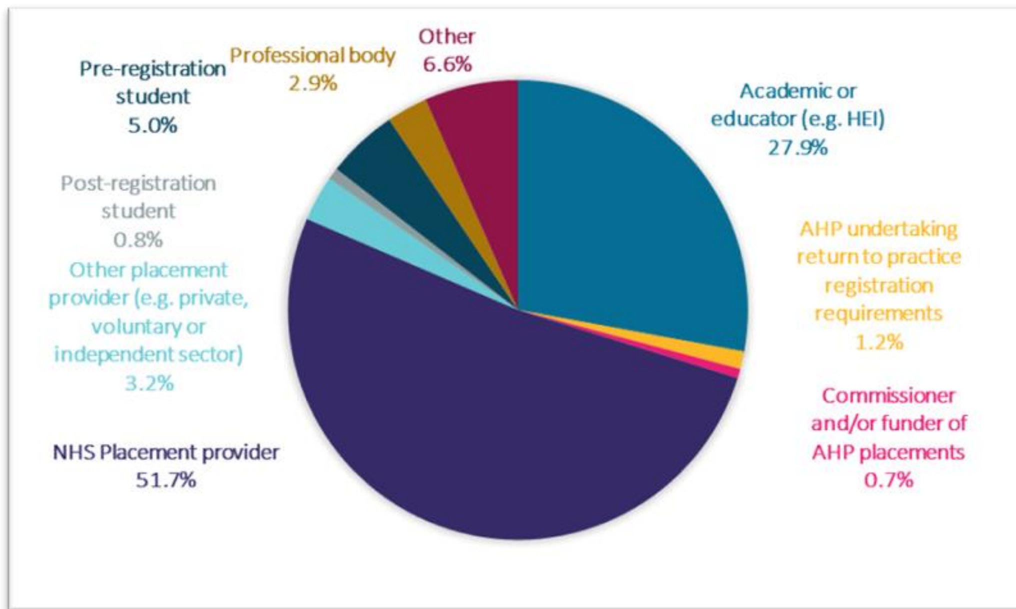


Figure 4: Types of organisations

The gateway questionnaire asked for the individual's type of organisation as seen in Figure 4. Over half the contributors were from an NHS placement provider, followed by over a quarter of academics or educators.

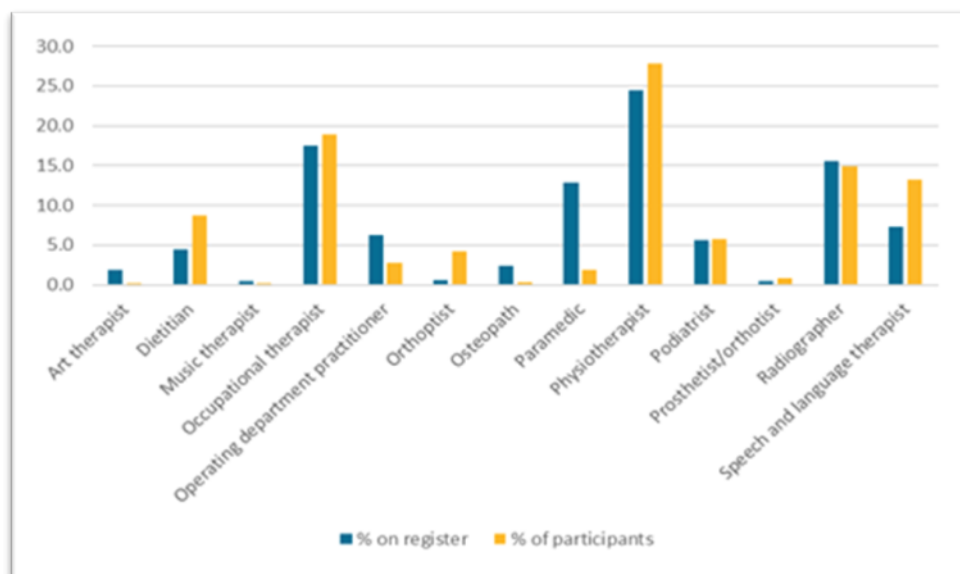
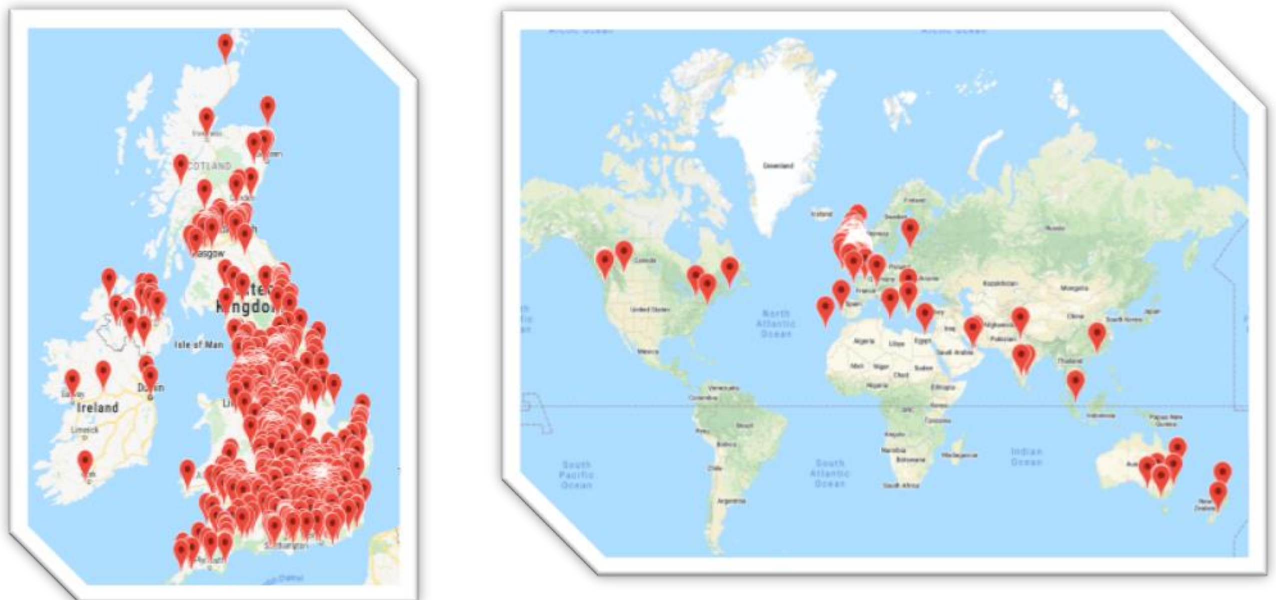


Figure 5: Percentage of participants by AHP, compared to percentage of AHP's on HCPC register

Contributions to the online crowdsource allowed us to recognise that every AHP profession joined the discussion. Noticeably, physiotherapy, occupational therapy and radiography professions participated the most, reflective of their size as a profession. The lowest level of contributions was made by paramedics and ODP's. Small professions, like arts therapists were able to participate as well.

3.3 Contributions by country

This project has been commissioned by HEE but was open to anyone from across the UK, Europe or globally, all of which were encouraged to contribute. Participants from the four home countries (England, Northern Ireland, Scotland & Wales) were actively encouraged to engage. Participants were asked to state which country they come from in the gateway questionnaire. We can see from the map above in Figure 6, that most participants were from the United Kingdom, in particular England. There were, however, contributions from outside the UK, as far as Australia and New Zealand (although this demonstrates logins, and not where people are usually based).



COUNTRY	PERCENTAGE (%)
England	84.1
Northern Ireland	2.0
Scotland	7.9
Wales	3.1
Australia	0.9
Canada	0.4
Egypt	0.1
India	0.2
Latvia	0.1
New Zealand	0.1
Portugal	0.2
Republic of Ireland	0.8

Not stated	0.2

Figure 6: Participant location

4. Analysis

4.1 AHP student placement online workshop

The following figure, figure seven, highlights the most voted and commented ideas. However, it is important to note that in the analysis of the on-line workshop all comments and ideas were reviewed.

Idea	vote	comment
Taking students should not be seen as a burden but an investment in ourselves	118	17
Be creative	85	12
Dedicated (and supported) student co-ordinator roles	51	4
Advanced clinical educator and split academic and trust	45	4
Placements across the year	44	11
Standardised assessment process / paperwork and clinical education training	40	3
Mindset	34	3
Telehealth placements	30	4
Utilise AHP assistants more in practice learning	25	4

Figure 7. The most popular ideas across the five questions

A total six major themes were found across the discussion. Selected quotes from the crowdsource have been included at the end of each theme to illustrate themes identified within the conversation.

Theme 1 - Diversity of placement opportunities

Within this theme, many participants felt that utilising leadership or role emerging placements, could promote different skillsets from a traditional placement like being on a ward or care home for example. Participants also linked this with working inter-professionally with other AHP's on placement, as it gives learners the opportunity to build on more generic competencies such as communication and better understanding of the patient pathway. Further ideas around creating placements in other non-traditional providers like schools and gym appeared popular o add to the breadth of placements for learners.

Diversity on placement locations was highlighted, to help break down geographical barriers, to allow learners more of a choice around placements and to promote remote style placements. Ideas around placement planning also featured with ideas like using shift patterns, using all 365 days of the year and re-thinking whether the "set numbers of hours of placement" approach was still necessary across professions. Lastly, the individual's journey on placement was discussed. Understanding that learners may prefer a placement type, whether this relates to supporting their personal learning needs, a gap in their knowledge or profession specific request, it is deemed important to encourage student involvement in the placement allocation processes as they can plan their career path.

"…why do we not think wider and look at gaining wider experience across the Health & Social care organisations…."

"...The portal offered our Trust an opportunity to offer multi-professional AHP induction and reflective action learning groups. Feedback included 'so great to meet students from other professions - we hear about them but have never met them.'"

"Using the clinical research networks to link AHP students with educators who are actively researching would boost capacity and provide an inspiring placement "

Theme 2 - Improved process for placement capacity and coordination

This theme addresses the ideas of improving coordination and collaboration of all parties, placement providers, HEIs and learners, when planning placements. This includes managing expectations, capacity, and placement training for learners. Another popular idea was the idea of al HEIs having a central regional or national database of capacity in order to distribute learners across localities. Ideas on supervision models favoured peer assisted learning, and inter-professional learning, over the standard 1:1 model, which in turn can increase capacity across the system as well as offering diverse learning opportunities for learners and educators.

To have these models in practice, there is a demand for funding, to be able to provide concrete evidence for the effectiveness of these models and to support wider acceptance and adoption. Placement providers also feel that funding could be used for an incentive to educators for taking learners, because the current system can mean they do not 'directly see' the placement tariff. Some agreed but other suggested that recognition for educators could be just as important. Further support for learners is also encouraged; in managing stress, attrition, and further support for

BAME learners, and all of these can be shared between the HEI and placement provider.

"The current funding model does not incentivize [sic] placement providers

If the HEI could directly pay the provider that would be more attractive. Currently the funds go to the Trust & may not filter down to the dept providing the placement"

"Cast your mind back to when you were a student and have empathy, encourage, mentor and support. Collaborate with colleagues and HEI's to develop new ways of working"

"A common theme appears to be that we do not have evidence for our current models or alternatives. It would be good to dedicate more funding to testing and researching models as well as the barriers described to training."

Theme 3 - A more joined up system

The crowd discussed creating a central and national coordinated approach to placement allocation with standardised practices, and involving multiple stakeholders, in order to allocate placements and facilitate consistent paperwork within professions and across professions. It was felt that this would remove administrative barriers to some placements which some clinicians believe to exist. Ideas on how this would work in practice included taking a systems approach to map all placement capacity, which could be supported by professional bodies, HEI's and placement providers. This could potentially lead to a fairer and more equitable model of allocations and centralising the system with access to all would support this.

"The HCPC does not stipulate that students need to achieve certain numbers of hours of practice - this comes from Professional Body recommendations. The HCPC is keen to ensure that students can demonstrate that they meet the standards of practice via the learning outcomes..."

"Common learning outcomes and streamlining of paperwork would definitely reduce confusion and workload for supervisors, and Trusts

may be more willing to take students from several different institutions”

“Review and refresh the evaluation of placements to take into account all stakeholders, HEIs, Students, placements, clinical educators service users etc. and have students part of the process for reviewing these so that a joined up approach to learning from the outcomes”

Theme 4 - Redesigning approach of education and placement models

There was a call to completely re-think this structure, with statements around new routes into healthcare jobs via apprenticeships and the learner’s final placement possibly being their first workplace thus supporting the transition from learner to newly qualified practitioner (NQP). Some participants thought the term ‘Placement’ could be reframed as ‘practice-based learning’ or a ‘learning environment’, so learners and educators can see it as a learning pathway. Several ideas shared suggested using and supporting return to practice individuals to help recruitment issues and using their experience to enhance the capacity. Preparation of learners for placement was also identified as an issue for some clinicians. For students to be better prepared for placements, many ideas were based around HEI’s having simulation-based learning prior to placement and handing over some ‘clinical’ learning and basic procedures, so learners are fully prepared.

“Apprenticeships - a 'grow your own culture' many valued and dedicated staff are currently in Band 3/4 roles and keen to develop. A paid employment route to develop and nurture our own staff is a great idea. Increasing retention, improving morale and most importantly improving patient care/experience. What's not to like?”

Theme 5 - Educator capacity

This theme related to educators not having sufficient capacity (time), especially when asked to have a student. Solutions like having ring fenced time to teach learners in order to give the student the best experience, but with a smaller clinical caseload, to protect ‘learning time’. Having a main placement facilitator within the organisation was listed as a mechanism in ensuring a coordinated teaching approach and allowing time for clinicians’ own development. Alongside the education component, the placement facilitator could also have administrative tasks like having IT access and Smart cards for all learners prior to placements, as this is a big issue currently.

“To increase placement capacity, we need to encourage departments to become learning environments for all staff regardless of position or

grade. Staff need to be willing to share their knowledge and skills. Each member of the team/department/service should see it as their role to pass on whatever knowledge / skills they have. This should be from non-registered staff to all grades of registered staff. Spread the load share the learning. Do we need. kite mark?”

“In operating theatre’s, the clinical skills facilitators cannot provide students with the most appropriate experience if they are continually pulled away to do other tasks. When they are pulled away students who need more support slip through the cracks, rotations fall apart, skills are not achievable. Anyone in theatre who has responsibility for organising student placements should be protected and the role respected more.”

Theme 6 - Placement cultures and attitudes

This was voted for and mentioned several times. The ideas analysed, suggested that there needs to be a positive mindset about having a student with contributors saying that they are an ‘integral part of the team’ and ‘should be accepted by all and supervised by all’. The crowd proposed that this can be via a whole team approach to allow the student to be valued. Another area noted was allowing any department to take learners, ‘no area is too specialist to take a student’ and that every grade from support workers to AHP directors should be encouraged to take learners, thus offering valuable experiences for learners of the whole patient pathway.

“Embed a culture of supportive learning for the workforce by involving all team members in the clinical education of students, no matter what grading i.e. utilise your non-qualified staff (fantastic resource!) as well as managers/specialists/leads – get away from only a certain banding taking students.”

“Students should be an integral part of the team. It should not be a burden to have a student, but an asset. Rather than 'belonging' to one clinical supervisor, they should be accepted by all and supervised by all. They should be able to be mentored and learn from all grades of staff and MDT colleagues”.”

4.2 Virtual workshop

The following five areas became the focus of the Council of Deans of Health student leadership group virtual workshop:

- Diversity in placement opportunities
- Improving placement capacity and co-ordination
- Educator capacity
- Need for harnessing the support workforce
- Cultures and attitudes

Participants discussed how they wanted to shape their learning journey but this is difficult in the current system as they often have limited choice on where they are sent geographically on placement and/ or what type of placement they would undertake. Participants acknowledged that there were core competencies they needed to acquire for each of the professional groups during their training.

However, they were keen to develop an individualised approach to this aspect of their education. Areas mentioned included leadership, research and inter-professional placements for more generic competencies such as communication. Participants saw placement as an opportunity to mould their experiences to their career goals and aspirations and wanted to be co-creators in this activity. One participant noted that this could be as simple as asking learners at the start of their programme of study their three personal goals and wishes for placement and to work with these.

Improving capacity

Some participants described a local student co-ordinator role; however, this was not a role everyone had heard of or had been in contact with. After sharing of experiences, participants agreed that this would improve the learner experience if this were consistently available and would also potentially support the point above relating to developing personalised learning journeys. Participant's noted that educator's being incentivised to take learners had positives and negatives. Having a monetary value attributed to learners may send out a message that the money was because learners are a burden. It was also noted that some AHP professions do not get a placement tariff and this maybe a reason why it is difficult to diversify the placement offer.

Educator capacity

Participants highlighted that the clinical component of a course to learners is heavily influenced by the clinical supervisor (or mentor). Participants highlighted that placement provider educator and mentors did not seem to have had a uniform education on how to support and coach learners.

Need for harnessing support workforce

One area of the conversation participants felt needed further exploration is the role of the support and assistant practitioner workforce in educating pre-registration learners. It was agreed that this group had a wide range of expertise they could share with learners whilst on their clinical placements.

Cultures and attitudes

Participants reported challenges such as learners being seen as a burden, they felt uncomfortable raising concerns to clinicians and the language used was sometimes derogatory i.e. being called *"the student".* Participants felt that stereotypical views of learners. They however wanted to be part of local teams and felt they had much to offer.

5. Evidence shared in on-line workshop

Although a literature review was beyond the scope of this work-stream, question five asked participants to use the on-line workshop as an opportunity to share work specific to clinical placement diversification and expansion from across the professions. This offered the opportunity to capture "live" activities which would not be available through traditional literature searching and allowed us to also identify contributions from work awaiting publication such as Doctoral and master's research. The following table, table three, provides a synthesis of the information shared.

PLACEMENT TYPE	PROFESSIONAL GROUP	EXAMPLE	STATUS
Technology enabled care services (TECS)	Occupation therapy and physiotherapy	THRIVE: An Interprofessional Student Lead TECS for Older People Whose Health and Wellbeing has been Indirectly Impacted by the COVID - 19 crisis [16]	Live research project
	Physiotherapy	Virtual remote placements: Connect Health [20]	Local evaluation
Simulation (SIM)	Dietetics	Simulated dietetic placements using the online classroom	Local evaluation
	Therapeutic radiography	Simulated cancer patient pathway placement at HEI [21]	International peer-reviewed journal
	Arts therapy	Learning how to work in the virtual world	Live research project
Role emerging	Occupational therapy	Learners supporting HEI mental health and wellbeing services	Local example
	Physiotherapy	Learners working in care homes [22]	National professional journal
	Not noted	Social prescribing via Local Authority gyms	Not noted
Seven day working	Diagnostic radiography	Learners working 12-hour days; seven-day rota [23]	National professional journal
	Physiotherapy	Learners working across a seven-day rota [24]	Doctorate thesis
Alternative models	Not noted	Public health placement	Regional (pan-London) example
	Not noted	Leadership placement with AHP lead and professional leads working on a project	Community Trust
	Diagnostic radiography	Independent provider provision: SW England	Local example

	Diagnostic radiography and occupational therapy	Use of care homes [25]	National professional journal
	Speech and language therapy	International placements with learners from New Zealand	Local example
	Ultrasound	Pair Scanning: Integrating the Student Sonographer without Impacting Patient Care [26]	International Peer Reviewed Journal
	Speech and language therapy	Primary school and early years clusters	Local example
	Occupational therapy	Research placement	Local example shared
Supervision	Therapeutic radiography	Comparison of 1:1 and 2:1 mode [27]	International peer-reviewed journal
	Not noted	Online practice facilitator refreshes	Regional activity (London)
	Speech and Language Therapy	Practice educators working in a Health Board. Working to and/or awarded PgC. Teaching and Learning in Higher Education	National activity (Wales)
Miscellaneous	AHPs	Queensland: Clinical education and training in allied health 2017-2018 report [28]	Regional report (Australia)
	AHPs	The National Association of Educators in Practice [29]	National Organisation (UK)
	Health Science	The Health Science Placement Network, Canada [30]	Regional Organisation (Canada)
	Speech and language therapy	Speech Pathology Australia overview of current speech pathology clinical education in Australia [31]	National report (Australia)

Table one - Evidence of placement innovation and useful resources shared in the on-line workshop

6. Beyond the on-line conversation and next steps

6.1 The HEE AHP placement learning exchange and repository

As part of activities carried out during the Summer of 2020, a learning exchange platform has been set-up to host relevant HEE reports and up to date national policy and guidance from arm's length bodies, professional bodies, and regulators [32]. The site is a space to share best practice or innovation around expanding placement capacity and improving quality. Practitioners can also seek support if they have capacity or quality challenges, alongside sharing information on placements i.e. resources and funding. Sections within the learning exchange include a discussion forum which practitioners can view and/ or add their thoughts, comments or ideas as well as being able to access and/ or add to a resource library. To do this, practitioners need to sign-up to the NHS Futures Access learning exchange. The website link can be found in table four.

6.2 The HEE Star placement resource (repository)

The "HEE STAR: A framework to support workforce transformation" [33] represents a simple but effective model to support workforce transformation, enabling those responsible for delivering healthcare services to explore workforce challenges in more detail, and develop bespoke action plans to address them. It provides a step-by-step approach to tackle workforce transformation in bite sized chunks through training materials, case studies and other interventions. It does this by providing a framework to facilitate and guide local conversations with provider systems to better understand and define their workforce transformation requirements. The HEE STAR also creates a single 'go to' directory for providers and systems to access and explore the range of workforce transformation solutions available to help workforce requirements identified.

6.3 Increased funding of the HEE CPEP activities

Following the numbers of CPEP bids submitted, in August 2020 HEE announced that £5.8 million would be made available for AHP placements, representing 50% more monies than originally pledged [34]. This will support 3,800 allied health profession clinical placements concentrating on the prioritised areas such as placement education facilitators with a further £1m of that investment focused on sustainable technologies.

6.4 Staying up-to-date and future outputs

Using a Quality Improvement (QI) methodology, 2020 HEE AHP CPEP funded projects will be evaluated, and findings will be disseminated periodically through the learning exchange. This will be achieved through clustering similar projects from across the country and through cluster champions sharing ongoing learning from these work-streams. Not only does this approach deliver evidence based and informed practice to support the implementation of alternative AHP clinical placement models and offerings, it also tracks the adoption of these clinical placement approaches, spreading the findings and lessons learnt from this work through the system as the work is happening. The final report will be available in Spring 2021.

The HEE AHP clinical placement resource pack includes:

- HEE student placement webinar series [16]
- HEE clinical placement expansion programme (CPEP) [12]
- HEE placement learning exchange and repository [32]
- HEE STAR tool. A framework to support workforce transformations [33]

7. A call to action

This is an interim report, highlighting the timescales and work completed on the Health Education England AHP CPEP work-stream over the Summer of 2020. The tireless commitment of systems to drive placement recovery alongside innovation and growth is testament to the value our systems place upon the skills of AHPS and our future workforce pipeline. There is now a need to build on the momentum created over the last four months. The following are areas for readers to consider in their local action plans and points made have been illustrated by (anonymised) voices from the crowd. This list is not exhaustive.

7.1 Supporting AHP learner clinical placements anywhere

“Placements are about learning clinically but also about setting career aspirations and career hope. No one is too busy, too special, too specialist. Learning lies everywhere”

This project has showcased how this can be applied in practice. Char Hobbs, a Year 2 physiotherapy learner from the University of Winchester has been part of this project team as part of a placement within Health Education England from the inception of the idea in May 2020 to run an on-line workshop up to and including writing this interim report. Char was able to undertake this placement opportunity alongside a virtual TECs clinical placement. In Char’s own words the placement has offered an opportunity to hone leadership and communication skills across a range of stakeholders. Additionally, there has been opportunities to problem solve using diagnostic reasoning akin to using clinical reasoning in practice as it requires an understanding of why one decision is chosen over the other [35]. We therefore challenge every single AHP to consider how they can contribute to and support AHP learners in their work environments.

7.2 Look to other AHP professions for clinical placement models and inspiration

“Whilst I think we can all identify a number of barriers and levers to AHP placement expansion, there needs to be clear sight and agreement of these at system and regional level in order to move forwards in a coordinated way across different organisations. This includes listening to and understanding the barriers and issues faced by colleagues across different sectors in order to develop solutions that work together. It also means looking to the evidence, and other professions, to tell us what works (and what doesn’t)”

As a starting point, readers may wish to explore the webinars listed in table one (p8) and and/ or investigate the examples of current practice shared by individuals and organisations as part of the crowdsource as collated in table three (p24-25). Readers may also wish to work with their professional bodies to consider what common assessment frameworks (regional or national) and national allocation schemes could offer.

7.3 Learner centred and learner focus

"…there needs to be a shift in how students are viewed………. students can offer a real added value to a team and often come with enthusiasm, fresh ideas, new research etc.

Students are often a resource which is not always supported to work to their full capacity e.g. take the lead on projects (with some support) …."

Within Higher Education (HE) student co-creation, the collaborative development of new concepts, solutions, products and services together with University staff, has become increasingly important [36]. This is distinct from the more standard and passive student evaluation and feedback mechanisms that almost every clinical placement and HEI will have in place. It is suggested that working this way may increase student satisfaction by allowing a HEI to better understand and meet their local learner needs. The advantage to the learner is that they gain more responsibility as they become a facilitator of their own learning. Not only can learners add to the richness and diversity of a clinical team, the Council of Deans for Health learner focus group were unanimous in highlighting that they and their peers wanted to contribute. This point is echoed in the HEE ongoing national Reducing pre-registration attrition and improving retention (RePAIR) work. We urge readers to revisit this work-stream [9] and to reflect on their own areas in the context of the learner lived experiences.

"Consider looking into the RePAIR project promoted by HEE and recommended by AHPs, Midwives and Nursing Leadership. This is a collaborative project that looks to join HEIs and providers in what is best practice to support 2nd and 3rd year students from being students through to preceptorship for their 1st year as a newly qualified staff member"

7.4 Harnessing system-wide working

"Until we get all parties out of our silos and round a table working on the problem in a meaningful and collaborative way then there will not be much progress"

It has never been so important that systems work well together to develop their recovery plans alongside the need for growth of our AHP numbers. The HEE AHP Faculty model provides the infrastructure to facilitate system-wide working between health and care providers and HEIs. There are a number of benefits of working in this way which include: ensuring AHP learners have sufficient access to rich learning environments alongside creating sustainable and innovative recruitment and retention strategies to ensure our pipeline of AHP professionals continues to thrive and grow. To help achieve the objectives HEE have invested in 24 AHP faculty 'test beds' across England, aligned to a Sustainability and Transformation Plan (STP) /Integrated Care Partnership (ICP) footprint (or equivalent) [37]. We encourage HEIs and service to use this infrastructure as a vehicle to house conversations of this critical work and to move these from dialogues to tangible action.

7.5 A final thought

"Continue with the level of engagement and communication that we have achieved through this pandemic. I have seen a huge mindset shift across all stakeholders, and it has blown me away. We [AHPs] have such a "can do attitude" and ideally want to build on these conversations, developments, learning and amazing opportunities. What a time to be a student!"

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Appendix A

AHP Student placement expansion and innovation summer 2020 timeline

- **4 May -** Education Secretary announces an additional 5,000 ring-fenced 2020/2021 university places for nursing, midwifery or allied health courses in England to support the country's vital public services
- **23 July** - HEE AHP placement on-line workshop (crowdsource) opens
- **30 July** - HEE clinical placement expansion programme (CPEP) funding launches
- **July** - **Webinars: AHP student placement expansion and innovation**
- **7 July** - On-line workshop closes and data crunching
- **17 July** - HEE CPEP funding bid closes
- **4 August** - Council of Deans for Health 150 leaders virtual focus group
- **7 August** - Initial findings of on-line workshop and next steps shared via national webinar
- **7 August** - HEE placement learning exchange and repository launches
- **26 August** - Additional funds (increase of 50%) announced for AHP CPEP bids due to overwhelming response received from organisations
- **September** - **Notified: Successful AHP CPEP project bidders**
- **31 September** - Interim report published on work thus far on HEE AHP student placement expansion and innovation workstream
- **TBC October 2020** - Department for Education announce pending: additional funding through a "teaching grant" to support increased learner capacity
- **Ongoing** - Evaluation of successful AHP CPEP bids via a QI methodology starts
- **Ongoing** - Similar project clusters across England to be identified
- **Ongoing** - Named champions allocated to each project cluster

Appendix B

AHP Student placement expansion and innovation summer 2020 contributions

Please note this list is not exhaustive

- Beverley Harden, National Allied Health Professions Lead and Deputy Chief Allied Health Professions Officer, HEE
- Char Hobbs, AHP Student Placement, HEE
- Paul Chapman, National Manager of the AHP Programmes, HEE
- David Marsden, Regional Allied Health Professional lead across the North East & Yorkshire. HEE
- Ruth Allarton, HE Advisor, Placement Capacity Project
- Janice St. John Matthews, Subject Expert
- Jane Gardner-Florence, Communications Programme Manager, HEE
- Austin Booth, Digital Advisor

Crowdsource (on-line workshops)

- Clever Together Lab Ltd.

HEE webinar series

- Sophie Gray, Placement Manager, BSc (Hons) Physiotherapy, Faculty of Health & Wellbeing, University of Winchester
- Leah Asante, Senior Lecturer and Clinical Manager BSc (Hons) Podiatry, University of Huddersfield
- Peter Roberts, Senior Lecturer; Course Leader BSc (Hons) Podiatry, University of Huddersfield
- Dr Rachel Russell, Lecturer Occupational Therapy, University of Salford
- Dr Helen White, Subject Head Nutrition & Dietetics, Simulated Dietetic Placement
- Leeds Beckett University
- Dr Lisa Taylor, Associate Professor in Occupational Therapy, Faculty of Medicine and Health, University of East Anglia
- Bethan Hebbard, Physiotherapy Lecturer, THRIVE: An Interprofessional Student Lead TECS for Older People Whose Health and Wellbeing has been Indirectly Impacted by the COVID-19 Crisis, University of Huddersfield

Virtual workshop: Council of Deans for Health Student leadership Programme (#150Leaders)

- Nadia Butt, Project and events co-ordinator at the Council of Deans of Health
- Council of Deans of Health #150leaders

Appendix C: Glossary of terms

Allied Health Professions
The Allied Health Professions (AHPs) comprise of 14 distinct occupations including: art therapists, dietitians, drama therapists, music therapists, occupational therapists, operating department practitioners, orthoptists, osteopaths, paramedics, physiotherapists, podiatrists, prosthetists and orthotists, diagnostic and therapeutic radiographers, and speech and language therapists. 13 of the 14 AHPs are regulated by the Health and Care Professions Council (HCPC), with osteopaths regulated by the General Osteopathic Council (GOsC).

Council of Deans of Health (CoDH)
The Council of Deans of Health (CoDH) represents the UK’s university faculties engaged in education and research for nurses, midwives and allied health professionals. The organisation operates as a multi-professional organisation at the heart of policy and political debate and aim to lead policy at national and UK level. CoDH works in partnership, strengthening membership engagement and intelligence gathering to influence policy UK-wide for high quality education and research.

Council of Deans of Health Student Leadership Programme
The *student leadership programme* is a partnership between the *Council of Deans of Health* and the Burdett Trust for Nursing aimed at developing and promoting *student leadership.* The programme aims to promote and develop leadership skills among the future nursing, midwifery and AHP workforce by working with first- and second-year pre-registration students.

Clinical Placement Expansion Programme (CPEP)
A HEE national programme to increase clinical placements in the NHS and support growth in Nursing, Midwifery and Allied Health Professions

Health and Care Professions Council (HCPC)
The HCPC protects the public by regulating 15 health and care professions. This is achieved by setting the standards for professionals' education and training and practice; keeping a keep a register of professionals, known as 'registrants', who meet our standards; and taking action if professionals on our Register do not meet our standards.

General Osteopathic Council (GOsC)
The General Osteopathic Council (GOsC) regulates the practice of osteopathy in the United Kingdom. By law, osteopaths must be registered with the GOsC in order to practise in the UK.

Health Education England (HEE)
The workforce and education body of the NHS in England.

Health Education & Improvement Wales
Sitting alongside Health Boards and Trusts, HEIW is a Special Health Authority within NHS Wales. We have a leading role in the education, training, development, and shaping of the healthcare workforce in Wales, supporting high-quality care for the people of Wales

Health and Social Care Northern Ireland (HSCNI)
Health and Social Care in Northern Ireland are provided as an integrated service with a number of organisations who work together to plan, deliver and monitor the sector across the NI.

NHS Education for Scotland (NES)
The special health board responsible for supporting NHS services in Scotland by developing and delivering education and training for those who work in NHS Scotland.

On-site clinic placements
An “onsite clinic” is a setting that delivers health services, delivered by healthcare students under the supervision of registered AHPs, usually to the local community. Most of them are located at or close to university premises.

Office for Students (OfS)
The Office for Students is a non-departmental public body of the Department for Education, acting as the regulator and competition authority for the higher education sector in England.

Quality Improvement (QI) methodology
Quality improvement (QI) is a systematic, formal approach to the analysis of practice performance and efforts to improve performance.

Role emerging placements (REPs)
These placements take place in an organisation that does not have an established AHP role and their AHP educator/supervisor oversees their experience from a separate host organisation. They are more common in occupational therapy education but are applicable across most allied health professions.

Simulation placements
Simulation is a technique (not a tool or technology) to replace, augment or amplify reality with guided experiences, often immersive in nature, that evoke or replicate substantial aspects of the real world in an interactive fashion

Technology enabled care services (TECS)

Technology enabled care services refers to the use of telehealth, telecare, telemedicine, tele-coaching and self-care in providing care for patients with long term conditions that is convenient, accessible and cost-effective.

Appendix D: List of tables and figures

Table

Table One - Evidence of placement innovation shared in the on-line workshop – page 22

Figures

Figure one: Summary of the numbers of ideas, comments and votes presented for each section of the online crowdsource – page 11
Figure two: Views relating to clinical placements – page 12
Figure three: Primary role of participants – page 13
Figure four: Types of organisations – page 13
Figure five: Percentage of participants by AHP, compared to percentage of AHP's on HCPC and/ or GOsC register – page 14
Figure six: Participant location – page 15
Figure seven: The most popular ideas across the five questions – page 15