

AHP Fair Share – Calculations / Recommendations Update 2024



Contents

Background	3
Methodology	3
Calculation	4
Fair Share Recommendations and Guidance	4
London Fair Share (April 2024 onwards) Model	5
• Occupational Therapy	5
• Speech and Language Therapy	5
• Physiotherapy	5
Delivery	5
Frequently Asked Questions (FAQs)	6

Background

The London Fair Share model was setup in 2020 and launched in 2021 at the request of provider organisations. The aim was to standardise and clarify placement capacity and activity requirements from healthcare providers in London for pre-registration Physiotherapy (PT), Occupational Therapy (OT) and Speech and Language Therapy (SLT) students.

Since the inception of the Fair Share Model across London many organisations have been able to increase their practice-based learning capacity. There has been an increase in AHP workforce availability across London welcoming our learners, working towards meeting the training demands of the future workforce. This has been partly through the commitment of dedicated clinical placement expansion project leads and the further recognition of the benefits of having learners integrated into practice.

The guidance has been revisited and further developed based on the Clinical Education and Training Tariff (previously Non-medical Education Tariff - NMET) data available since 2018 and Electronic Staff Record (ESR) workforce data taken during Q3 of 2023. The focus has been on (PT), (OT) and (SLT) as these are the disciplines represented by the London South East Area Placement Partnership (LSEAPP).

The guidance and recommendations are intended for local organisations (NHS trusts and private, voluntary, and independent) to consider how they support the future AHP workforce through practice-based learning provision per full time equivalent registered OT/PT/SLT colleague. Other professional disciplines may also find this useful, but it is recognised that there are different arrangements in place. It is not intended as a guide for distribution of placements across different HEIs as this is managed elsewhere.

Methodology

During a London-wide practice-based learning review event in September 2023, the opportunity to revisit the Fair Share modelling was voiced. A working group was established to review the recommendations given in 2021 recognising the adaptations within the workforce. Interested parties formed a task and finish group to optimise the Fair Share calculations. The group membership included representation from each of the three professions, and from provider organisations, HEIs, and the NHSE Workforce, Training and Education team. The information used to form the 2021

recommendations was refreshed to include up to date data. The demand required from each London OT, PT and SLT traditional degree programme was considered alongside the corresponding profession workforce* available in London.

*Includes all registered colleagues, from NHS Agenda for Change Band 5 to Band 8a+, in line with the 'Capital AHP Vision for Practice Based Workforce Education and Development' and HCPC Standards of Proficiency.

The number of weeks PBL required is based on that required on average to successfully meet the requirements of each professional body for successful registration. i.e. 1000hrs PBL per person over the training period for Physiotherapy and Occupational Therapy and 150 sessions (1 session = approx. 3.75 hours) PBL for Speech and Language Therapy. The number of hours is taken to be 37.5 = 1 week, in line with the AHP Clinical Education and Training Tariff guidance.

This has been multiplied by the number of learners requiring PBL over a 3-year period i.e. learner numbers commencing their courses in 22, 23 and 24. These numbers were based on intelligence where available and some predictive calculations. The PBL weeks required across the region have then been divided by the workforce available to indicate the minimum number of weeks that are required to be provided per whole time equivalent (WTE) as a system.

Calculation = PBL weeks required (demand) / B5-8a+ workforce (capacity) = Fair Share weeks per WTE

Fair Share Recommendations and Guidance

The following guidance is offered to support the planning of PBL capacity at a **strategic level** within organisations by Chief AHPs, AHP workforce/education leads, Heads of Therapy, Heads of Profession, or equivalents. This can be done by considering it at an organisation, service, or team level rather than at an individual level. It should be noted the final recommended numbers are marginally inflated to allow for growth, resilience and to recognise those who are already successfully providing the required capacity. It is also designed to more closely reflect **potential income** from the AHP Education and Training Tariff to allow organisations to plan best use, based on expected income.

London Fair Share (April 2024 onwards) Model =

- **Occupational Therapy** = 4 Weeks full time PBL activity per FTE
- **Speech and Language Therapy** = Equivalent to the Royal College of Speech and Language Therapists (RCSLT) recommendations, currently at 5 Weeks full time PBL activity provided per FTE Note: It is noted that should the RCSLT recommendations adapt, the CAHP guidance will align within the ranges of 3-6 weeks per FTE
- **Physiotherapy** = 6 Weeks full time PBL activity provided per FTE

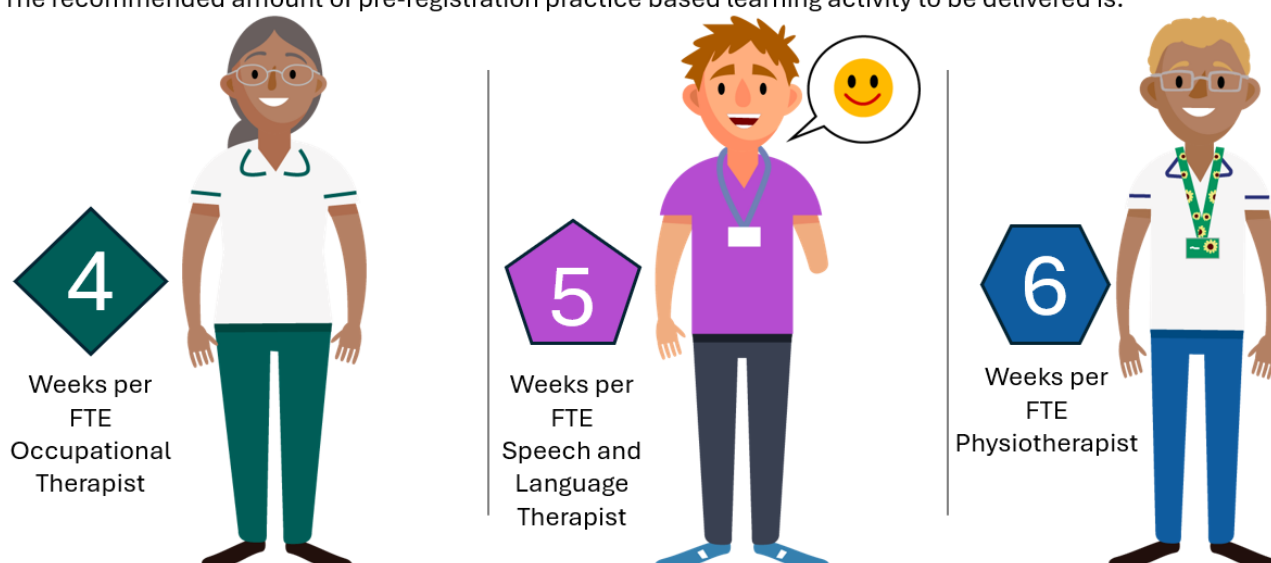
Delivery

It is important that each organisation actively achieves the Fair Share recommendations to provide the required capacity, required by our training partners in order to ensure we have a positive pipeline of colleagues.

For transparency, benchmarking, and celebration of achievements the Fair Share adherence of each organisation is visible at: [Fair Share Dashboard](#)

Capital AHP Fair Share Recommendations, April 2024 Onwards

The recommended amount of pre-registration practice based learning activity to be delivered is:



Includes all registered colleagues at NHS Agenda for Change Band 5 to Band 8a+

Frequently Asked Questions (FAQs)

How might this formula be used?

If a Trust/organisation has 50 FTE Occupational Therapy staff in post, then the organisation would need to consider mechanisms for accommodating learners for 4 weeks/FTE = 200 weeks of PBL i.e. 25 x 8 week placements.

What are the implications for income?

Example 1:

Using the same example above, if the organisation with 50FTE provided 200 weeks of placement at 37.5 hours/wk for a number of students, then this would translate into:

$$200 \text{ weeks} / 40.8 \text{ weeks} = 4.9$$

$$40.8 \text{ weeks} = \text{£}5343 + \text{MFF}$$

$$4.9 \times \text{£}5343 = \text{£}26,180.7 \text{ minimum (+Market Forces Factors)}$$

This is equivalent to 0.4WTE Band 6 (top of scale) with inner London HCAS plus on costs.

Example 2:

This could be used to fund a post, such as a full time B7 Pre-registration Lead.

Funding a full-time band 7 at the top of the scale at inner London rates with oncosts would be possible by hosting 600 weeks of practice-based learning. This could be done by 120 registered colleagues contributing 5 weeks of PBL activity each.

[Link to NHS England Tariff Guidance](#)

Should some Capital AHPs (eg Band 6 and 7) have more responsibility for providing learning periods?

This might be inevitable, but the formula includes qualified staff across all Bands as this helps to consider the future workforce as an organisation/ whole team responsibility and not restricted to only some colleagues. The model allows for

flexibility for senior leaders to host parts of learning periods and does not require them to provide the full period. This is also true for those going through their preceptorship; some preceptees may provide PBL activity and others may not, but the team / service / organisation should make provision for the average to be in line with the recommendations. This allows colleagues to develop and demonstrate the educational and leadership pillar of their practice which is in line with the 'Capital AHP Vision for Practice Based Workforce Education and Development' and HCPC Standards of Proficiency. PBL that develops learning around research, education and leadership can be considered by teams, for example through non-clinical projects.

Is the formula relevant only in NHS providers?

No, it is not restricted to NHS providers. It is encouraged that other providers such as private, voluntary, and independent providers consider applying the principles so that all registered colleagues in London can develop our future workforce.

Is this relevant for international students?

International students are included in the AHP Education and Training tariff and so are included as standard.

Why do apprentice's PBL not count towards the Fair Share target?

Apprentice's PBL periods are not eligible for DHSC tariff funding, it is provided via the apprenticeship levy. The Fair Share recommendations allow organisations to plan capacity and therefore work towards understanding the expected tariff amounts, which could then be utilised to support year on year opportunities. It is recognised that some organisations do not yet offer apprenticeships but do provide a significant amount of PBL for learners and so this should be continued to be recognised. It is noted that those organisations who provide apprenticeship PBL instead of traditional PBL in part may use this as a descriptor of why they may not meet the Fair Share threshold, if applicable. Each ICS AHP Council and Faculty is recommended to work across their systems to build a mechanism to ensure the demand and capacity is calculated and recorded.