

Meeting the Challenge: A Strategy for the Allied Health Professions

arts therapists, chiropodists & podiatrists,
dietitians, occupational therapists,
orthoptists, paramedics, physiotherapists,
prosthetists and orthotists, diagnostic
radiographers, therapeutic
radiographers, speech and
language therapists

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Foreword by the Parliamentary Under Secretary of State for Health

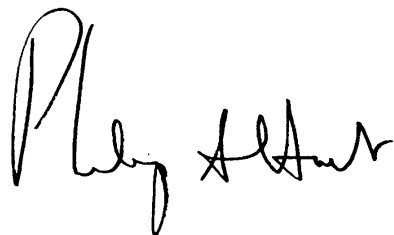
Earlier this year, the Government published the most fundamental and far-reaching programme of reform in the history of the NHS. *The NHS Plan: A Plan for Investment, A Plan for Reform* will create an NHS in which the patient is the most important person. Implementing this Plan will lead to faster and more convenient services, to improvements in care for older people and to real progress in tackling cancer, heart disease and mental ill health.

Delivering the NHS Plan will require changes in the way in which all NHS staff, including those in the allied health professions, work. Members of these professions are central to the modernisation programme we have set in train. They are already often the first point of contact for patients, reducing waiting by providing one stop assessment and treatment, and helping people to recover and resume independent living more quickly. In future they will have a crucial role to play in driving forward the implementation of protocol based care, ensuring that patients are treated quickly by people with the right skills, rather than having to wait to be seen by someone with a particular professional background.

Meeting the Challenge sets out how we want to see the role of the allied health professions developed and supported, building on real accounts of the work which they do. It is about ensuring that the work which these professions do is acknowledged, valued and supported and that innovative practice becomes the norm, to the benefit of patients.

I look forward to working with the professions and the Allied Health Professions Forum to take forward this challenging agenda. Effective leadership is critical to improving quality of care and supporting and developing staff. We will ensure that leadership capacity and capability is strengthened and provide tailored support for staff who want to stay in the front line as well as those who seek to progress into executive roles.

A parallel strategy for health care scientists, who have an equally important role to play, will be published in the New Year.

A handwritten signature in black ink, appearing to read 'Philip Hunt'. The signature is written in a cursive style with a large initial 'P'.

Lord Hunt of Kings Heath OBE
Parliamentary Under Secretary of State for Health

1

Introduction

- 1.1** Today, across the NHS and Social Services in England, over 50,000 members of the allied health professions¹ are providing patient-centred care, working alongside doctors, nurses and scientists. They provide treatment and care across the range of the health and social services, promoting good health, treating patients who are acutely ill and caring for those with chronic illnesses.
- 1.2** However, the role of the allied health professions has too often been undervalued or neglected. The Government is committed to changing this. The NHS Plan already sets out clear commitments to these staff, in particular that there will be, by 2004,

- over 6,500 more therapists and other health professionals,
- 4,450 more therapists and other key professional staff being trained and
- new therapist consultant posts.

And we are committed to expanding the roles which the allied health professions play in health and social care, ensuring they can use their skills flexibly and creatively to the benefit of patients.

¹Figures exclude prosthetists and orthotists



Art Therapists provide a psychotherapeutic intervention which enables clients to effect change and growth by the use of art materials to gain insight and promote the resolution of difficulties.

Drama Therapists encourage clients to experience their physicality, to develop an ability to express the whole range of their emotions and to increase their insight and knowledge of themselves and others.

Music Therapists facilitate interaction and development of insight into clients' behaviour and emotional difficulties through music.

Chiropodists/Podiatrists diagnose and treat abnormalities of the foot. They give professional advice on prevention of foot problems and on proper care of the foot.

Dietitians translate the science of nutrition into practical information about food. They work with people to promote nutritional well being, prevent food related problems and treat disease.

Occupational Therapists assess, rehabilitate and treat people using purposeful activity and occupation to prevent disability and promote health and independent function.

Orthoptists diagnose and treat eye movement disorders and defects of binocular vision

Orthotists design and fit orthoses (calipers, braces etc.) which provide support to part of a patient's body, to compensate for paralysed muscles, provide relief from pain or prevent physical deformities from progressing.

Prosthetists provide care and advice on rehabilitation for patients who have lost or who were born without a limb, fitting the best possible artificial replacement.

Paramedics provide pre-hospital patient care including some invasive clinical techniques such as intubation and infusion. They also administer some drugs to patients in emergency conditions.

Physiotherapists assess and treat people with physical problems caused by accident, ageing, disease or disability, using physical approaches in the alleviation of all aspects of the person's condition.

Diagnostic Radiographers produce high quality images on film and other recording media, using all kinds of radiations.

Therapeutic Radiographers treat mainly cancer patients, using ionising radiations and sometimes, drugs. They provide care across the entire spectrum of cancer services.

Speech and Language Therapists work with people with communication and/or swallowing difficulties.

1.3 *Meeting the Challenge* sets out, in more detail, the Government's plans for developing and supporting these professions and the central role they have to play in delivering the NHS Plan's key priorities:

- providing faster, more accessible care;
- improving care for those with cancer, heart disease or mental illness;
- for older people, developing the skills needed within a multi-professional team approach which supports patients;
- driving through protocol-based care, care which is centred on the skills needed to support patients and not on traditional professional roles;
- rehabilitation and intermediate care - joining up health and social care.

1.4 To do this effectively the professions need to be open to change – change in the way in they work, in the roles they play and in the care they give. *Meeting the Challenge* requires commitment from the professions and their organisations as well as from the Government and from the Health Service. The Allied Health Professions Forum has a crucial role in leading change and showing how these professions can work in partnership to deliver real improvements for patients and service users.

2

Contribution to Modern Care

- Fast Accessible Care
- Improving care for those with cancer, heart disease and mental illness, and for older people
- Protocol-based Care
- Joining up health and social care
- Health Promotion in the Community



2.1 This chapter sets out the way in which the allied health professions already contribute to modern, high-quality patient care. The Government wants to see these approaches implemented more widely across health and social care. Employers in both the NHS and Social Services are central to our plans to modernise care and to develop the roles of the allied health professions.

Fast Accessible Care

2.2 The NHS Plan sets out the Government's commitment to reducing waiting times to a maximum of 3 months for out-patients and 6 months for in-patients by 2005, and to ensuring that, by 2004, patients will be able to see a primary care professional within 24 hours. Delivering these commitments will require the active involvement of all staff, working in new and innovative ways, and increasingly as part of patient-focused teams. Already there are many examples of the way in which members of the allied health professions are delivering faster care for patients. The challenge to the NHS is to make this sort of work commonplace not exceptional.

2.3 In primary care, members of the allied health professions work in teams with GPs, nurses and other professionals, such as social workers, to provide quick and effective care for patients without the need for them to go to hospital. Physiotherapy and chiropody has been an integral part of many primary care teams for many years and, increasingly, other professional groups are being involved in this sort of work.

Birmingham Specialist Community NHS Trust is working with Ladywood Primary Care Group to pilot an innovative service model which aims to dramatically improve the quality of diabetes care by utilising the skills of a multi-disciplinary team of healthcare professionals including chiropodists and dietitians. Care of patients with diabetes accounts for a significant percentage of NHS costs and the new team is committed to provide as much of this care as possible in the community. Podiatrists Mark Swinscoe and Praveena Patel work alongside GPs, consultants and nurses to assess and diagnose foot problems, and to educate professional colleagues.

Praveena Patel said *“This new co-ordinated team approach to the management of foot care has enabled us to provide provide a quality service with less complications for patients and fewer secondary referrals.”*

2.4 Similarly, these professions can help to cut waiting lists and times in secondary care.

The orthoptic department at Sheffield Children’s Hospital has been awarded Beacon status for its work in reducing waiting lists and times. Over a nine month period waiting times were cut from 65 weeks to 12 weeks. This was achieved by introducing a package of measures including:

- establishing combined optometry and orthoptic triage clinics;
- using a paediatric nurse in all optometry clinics;
- redistributing workload;
- introducing treatment and administrative protocols;
- re-directing routine follow-up work from consultant clinics to combined clinics;
- fast tracking urgent cases to the consultant and
- improved multi-disciplinary working practices.

Jayne Parkinson, Head Orthoptist, said *“we have cut waiting times and improved services for patients by working flexibly across professional boundaries.”*

At Aintree Hospitals NHS Trust in Liverpool, senior physiotherapists have extended their role to include reviewing referrals to their orthopaedic consultant. With the agreement of the referring GP, 1,000 patients per annum have been assessed and, if appropriate, treated by the physiotherapists. As a result of this new scheme, waiting lists for appointments with participating consultants have been cut by up to 29 weeks. Once selected, patients managed through this initiative can expect to be seen within 21 days.

Arlene Allen, Physiotherapy Services Manager, said *“We were delighted with the success of this initiative which demonstrates the valuable contribution Specialist Physiotherapists can make to enhance service delivery. We have reduced waiting times and improved services for patients.”*



Improving care for those with cancer, heart disease and mental illness, and for older people.

2.5 The Government has set out clearly its plans for improving services in key priority areas in the NHS Plan, the Cancer Plan and the National Service Frameworks for mental health and coronary heart disease. A National Service Framework for older people will be published later in 2000 and for diabetes next year. They set out a challenging programme for health and social services to ensure uniformly high standards of care for these groups of patients.

2.6 The allied health professions need to play their part in delivering these improved services. For example:



- Occupational therapists at South West London & St. George's Mental Health NHS Trust, an NHS Beacon, have extended their roles as assertive outreach workers in the Assertive Community Team. This role extension helps the team deliver a needs led service tailored to individual patients, it includes supervising and monitoring medication treatment as well as psycho-social interventions and cognitive behavioural therapy.
- Diagnostic radiographers and therapeutic radiographers play major roles in the care and treatment of patients with cancer. For some cancer patients, dietitians, physiotherapists and occupational therapists also provide important support.
- In breast screening services, the introduction of the advanced practitioner role, including the reading of mammograms, will better utilise the potential of radiographers. The proposed introduction of assistant practitioners will free up more of the radiographer's time for development of the higher level role. Similar principles will also be piloted with therapeutic radiographers in radiotherapy services.
- Delivery of the Cardiac Rehabilitation standard (standard twelve) in the National Service Framework for Coronary Heart Disease, calls for the involvement of therapists in the provision of active rehabilitation, lifestyle advice and development of referral criteria for specialist services such as dietetics.

2.7 The allied health professions also have a central role to play in developing services for older people, particularly intermediate care services, so that they can be cared for effectively at home as much as possible. The NHS Plan provides an extra £900 million investment by 2003/04 in new intermediate and related care services, including community equipment services to promote independence and improve the quality of care for older people. In using this funding, health authorities, primary care groups, primary care trusts and local authorities will need to demonstrate that they are putting in place the following services:

- rapid response teams, providing emergency care for people at home and helping to prevent unnecessary hospital admission;
- intensive rehabilitation services to help older patients regain their health and independence after a stroke or major surgery;
- arrangements in primary care to ensure that older people receive a 'one-stop' service involving all key players and
- integrated home care teams, so that people receive the care they need to help them live independently at home after they are discharged from hospital.

At Bournemouth Community NHS Trust, funding has been re-allocated from acute care to develop intermediate care services. This included funding for a senior occupational therapist and a senior physiotherapist for the Rapid Response Team. Their emphasis is on providing alternatives to admissions and speeding up discharge from hospital. This means supporting patients, where possible in their own homes, maintaining strong links with Social Services and developing the generic healthcare assistant (therapies) role, using funding from Health and Social Services, taking forward the promoting independence agenda.

Jacqui Smart, Director of Therapy Services, said *"a senior physiotherapist and senior occupational therapist now work in the Rapid Response Team, creating a vital link with the community rehabilitation service."*

Mary Dunne, Director of Nursing at Bournemouth Community NHS Trust, said *"our emphasis on intermediate care has improved efficiency and improved services for patients."*



2.8 Sensible use of professional skills can mean that when elderly patients do need hospital care they can receive it quickly and return home with proper support.

At the William Harvey Hospital, East Kent Hospitals NHS Trust, an accident and emergency assessment team made up of an **occupational therapist**, a physiotherapist and a care manager provide a full functional and social care assessment for frail elderly patients who arrive at Accident and Emergency in Ashford. The team's immediate care package often allows patients to return home immediately to more appropriate care, with the support of an occupational therapist. The impact of the team's work has been to free up **12** extra acute beds – the equivalent of **4,500** acute bed days per year. The service is also far quicker, the team can often see patients within 2 hours, whereas before it could often take more than 2 days.

The team said: *“Patients have benefited because the decision making is better. We can now see the whole picture, our care is much more holistic.*

As a team we have the most appropriate skills to make the best decisions on whether a patient can go home safely or should be admitted to hospital.”



Protocol-based Care

2.9 The NHS Plan stresses the importance of developing care protocols, identifying how common conditions should be handled, and which staff can best handle them. This approach will liberate staff and enhance patient care. The allied health professions will benefit greatly from this approach.

2.10 Already, many employers are leading initiatives to use staff more flexibly and to use competency-based frameworks, rather than traditional professional roles, to determine who can do which tasks.

- Dietitians are taking on extended roles, including monitoring blood, adjusting insulin and using psychological techniques to support people with diabetes.
- Podiatrists, specialising in podiatric surgery, are reducing waiting times for patients.
- Orthotists are increasingly recognised as providing an important element in one-stop diabetes clinics. Working with a team of health professionals including podiatrists, who treat ulcerated feet, and dietitians, who give nutritional advice, orthotists assess the patient's footwear problems, then design appropriate orthoses.
- Many physiotherapists are working in orthopaedic teams, others play key roles in general practice, rheumatology and respiratory clinics.



- The aim of creating assistant practitioners in the breast screening service is to release radiographers to extend their role into some of the tasks traditionally undertaken by radiologists, in turn increasing the capacity of the NHS to deliver the national breast screening service.
- Arts therapists have an important role to play in services for children and adults with learning difficulties, in improving mental health services and in services for older people. Arts therapists also have an important contribution to make to palliative care and cancer services.
- In many areas prosthetists are taking more immediate responsibility for patient care and limb specification, thereby reducing waiting times for patients who no longer require prior assessment by medical colleagues.
- Paramedics are becoming more widely involved in primary and secondary care. For example, in London they are working in accident and emergency departments to relieve pressure on the service. Paramedics provide out of hours triage support to primary care in the West Midlands and perform practical clinical procedures at weekends and evenings in Colchester General Hospital to relieve pressure on 'on call' junior medical staff.
- Occupational therapists at Nottingham City Hospital are using agreed guidelines to ensure high standards of care for stroke patients.
- Speech and language therapists are increasingly working in new roles on inter agency initiatives including *Sure Start*, to promote educational opportunities for the under 4s, and *On Track*, to contribute to prevention of antisocial/criminal behaviour in children by enabling them to communicate adequately and participate fully in society.

2.11 Extending and developing the use of protocols and deploying staff more flexibly will enable the NHS to make the best use of scarce professional skills.

Joining Up Health and Social Care

2.12 The allied health professions are uniquely well placed to work across the boundaries of health and social care – and indeed more widely – to ensure an integrated service to patients and service users.

2.13 In several areas occupational therapy services are already integrated and provided within one agency to reduce duplication of assessment and to ensure appropriate support for patients after discharge from hospital. In other areas health authorities and local authorities are working together to co-ordinate their services. On the Isle of Wight, for example, the aim is for a single occupational therapist to be able to provide a range of services from assessment, through rehabilitative care to provision of equipment and adaptations in the client's home.

Nottingham County Council set up a one-year pilot scheme to explore the impact of placing occupational therapy skills within an assessment and care management team. An occupational therapist reviewed clients receiving complex home care packages. In an initial 43 reviews, 35% of clients were enabled to manage with either a reduced home care package or no service at all. Where joint assessments with a social worker were made to 21 older people referred for admission to residential care, 12 were enabled to remain at home. The successful lessons learnt from this and other pilot developments in Nottinghamshire County are now influencing care planning in the new county and unitary councils.

The project manager, Helen McCloughry, said *“We have demonstrated that multi-disciplinary working and specialist assessment in complex cases at the appropriate time can have a very positive impact on enabling older people to remain at home, and have an equally positive impact on efficient use of the authority’s resources. We welcome the new appreciation of the need to extend the use of rehabilitation skills across the social care sector.”*

Health Promotion in the Community

- 2.14 The NHS and social services have important roles in promoting health and preventing ill health. Working in partnership with organisations, communities and individuals, the allied health professions help people to understand and influence their own health.

Dietician, Diane Talbot, is a family nutrition worker in a community food project within the Leicester Health Action Zone, working with families on low incomes. The project uses a community development approach, working with local people to improve eating behaviour, raise awareness of healthy eating issues and to develop models of good practice. As part of its response to inequalities in health care, the Leicester Health Action Zone has extended this post to cover two further neighbourhoods. This post has specific responsibility to link in locally with the Government’s initiatives such as *Sure Start*, *New Deal for Communities* and *Single Regeneration Budget* funding, to tackle social inequality and in particular, inequalities in health.

Diane Talbot said *“Being part of a community development project has meant that I have had to work in a different way compared with traditional community or clinical settings. Working in this way is both challenging and rewarding. I am able to work directly with local people and families to address their concerns with regard to food and health.”*

- 2.15 All of these examples demonstrate the creative and flexible way in which the allied health professions are working to deliver care. The Government is determined to see these examples developed and built on, becoming a central element of the way in which care is provided in future. The NHS Plan makes clear that by 2004 the majority of staff will be working under agreed protocols.

- 2.16** In order to deliver this, all employers need to review their current arrangements for providing care to ensure that appropriately qualified clinical staff are empowered to undertake a much wider range of clinical tasks – making and receiving referrals, admitting and discharging patients, ordering investigations and tests, running clinics and prescribing drugs. Local Modernisation Boards will provide opportunities for employers, the allied health professions and patient groups to take forward work in this area. The Commission for Health Improvement will monitor performance in each organisation to ensure that new powers are genuinely available to staff with the competence and confidence to use them.
- 2.17** Local authorities too will need to look at the way in which services are provided, making best use of the powers in the 1999 Health Act, enabling them to work more closely with the Health Service. In particular, their staff will work closely with primary and community health teams as part of a single local care network. This will require changes to traditional patterns of working.
- 2.18** Delivering these changes will require strong managerial and professional leadership and our plans for developing this are set out in paragraphs 5.12 to 5.15.

3

Expanding the Workforce

- Building Tomorrow's Workforce Today
- Improving Working Lives
- Widening the Recruitment Base
- Returning to the NHS



3.1 The NHS needs more health professionals and the NHS Plan sets out the Government's commitment to expanding the workforce. For the allied health professions this means:

- over 6,500 more therapists and other health professionals by 2004;
- 4,450 more therapists and other key professional staff being trained by 2004.

3.2 This reflects the growing demand for the services which these professions provide, for example:

- the extension of routine screening to cover more conditions will increase demand on diagnostic imaging services and
- a focus on better services for older people will increase demand for chiropody/podiatry, occupational therapy, physiotherapy, and the arts therapies.

3.3 The Government is looking at the way staffing is planned across the Health and Social Services. Workforce plans increasingly need to look at how multi professional teams can best provide patient centred services across traditional service and professional boundaries – something the allied health professions already do in many areas. In April 2000, the Government published the national workforce planning review *A Health Service of all the talents: Developing the NHS workforce* for consultation. Its recommendations include the establishment of Workforce Development Confederations to bring together NHS, social services, GPs and other employers of healthcare staff to work across the continuum of health and social care and to plan staff development and training for both. Confederations will replace education consortia and Local Medical Workforce Advisory Groups. Providing a comprehensive view of workforce requirements for all health professionals, confederations will:

- ensure coherence across a locality, ensuring that all staffing requirements are identified;
- provide information to support central planning of numbers for basic professional training;
- ensure that NHS funded education meets the needs of the service in response to the priorities and commitments outlined in the NHS Plan and
- provide focus for developing local HR strategies where appropriate.
- Confederations will be up and running by April 2001.

3.4 While we have taken action to increase the number of training places for the allied health professions by over 1,000 since 1997, increasing the workforce will not happen overnight. Students starting their training now will not emerge into the allied health professions workforce until 2003/4. This makes it imperative for senior managers to be more flexible in how they develop services and consider how better use can be made of the individual contributions of each of the allied health professions. It also means that it will be increasingly important to maximise the recruitment and retention of staff. While the number of staff in these professions in the NHS increased by 1,350 in 1999 to 43,280² there are still areas of the country and professions where there are shortages, for example, in the supply of diagnostic and therapeutic radiographers who are key to cancer services. Tackling these shortages requires action at national and local levels.

3.5 In parallel with *Meeting the Challenge*, we are publishing a new careers guide, *Building Careers*, for staff and their managers. This highlights the variety and diversity of careers in the allied health professions. The guide contains a variety of career profiles showing the varied ways in which members of the allied health professions can realise their potential.

Supporting members of the allied health professions to be innovative in their career planning brings several benefits for employers:

- improved retention of existing staff;
- recruitment of new staff and
- greater flexibility within the allied health professions workforce to respond to a changing healthcare agenda.

²Figures exclude prosthetists and orthotists

Source: Department of Health NHS HCHS Non Medical workforce Census

Building Tomorrow's Workforce Today

- 3.6 First, it is vital that young people understand the range of health service careers available to them. In addition to national action, such as the recent national schools competition *Make Some Noise*, many employers are taking steps to improve awareness of the career opportunities they can offer to young people after they have left school, college, or university. For example, in Kent, Thames Gateway NHS Trust identifies allied health professions career champions to go out to schools in their catchment area and talk about what they do, and how they do it.

By the end of the year, we expect to have extended *NHS Careers*, the interactive multi-media careers service (www.nhs.uk/careers), help line number 0845 60 60 655, to cover all the allied health professions. *NHS Careers* is an interactive service providing information and advice on all NHS careers to young and mature people and their advisers, as well as current NHS staff and former NHS staff who may wish to return to employment.

- 3.7 The national recruitment campaign, *Join The Team – Make The Difference*, recognises the important contribution of all of the allied health professions in providing care. In order to promote the variety and value of the allied health professions, the national recruitment campaign will continue to promote those professions which face the most pressing challenges.



Improving Working Lives

- 3.8 Providing good working conditions, which are sensitive to the needs of individuals, is crucial to recruiting and retaining staff. The new *Improving Working Lives* standard is central to the Government's campaign to promote more supportive, flexible and family-friendly working and a key part of the Human Resources Performance Framework. An employer committed to improving working lives:

- recognises that modern health services require modern employment services;
- accepts a joint responsibility with staff to develop a range of working arrangements that balance the needs of patients and services with the needs of staff;
- values and supports staff according to the contribution they make to patient care and meeting the needs of the service;

- provides personal and professional development and training opportunities that are accessible and open to all staff irrespective of their working patterns and
- has a range of policies and practices in place that enable staff to manage a healthy balance between work and their commitments outside work.

3.9 Across the health and social services, there are many examples of how the allied health professions are leading the way towards more flexible and family-friendly working, which will also deliver improved patient services.

Physiotherapists and speech and language therapists at Barnsley Community & Priority Services NHS Trust have extended normal working hours at their outpatient clinic through a new self managed scheduling system. The outcome is a better service for patients, improved staff motivation and better retention.

Stephanie Robson, Director of Therapy Services, said *“Staff are more motivated and we are able to offer patients earlier and later appointments for which there is always a high demand.”*

Jane Auckland, senior physiotherapist, said *“It’s great because it gives you an extra break every two weeks to recharge your batteries.”*

Debbie McLeod, chief speech and language therapist, said *“We are able to work full time and still have time for a quality home life.”*

Diagnostic radiographers at Princess Margaret hospital in Swindon have secured permanent night cover for their accident and emergency unit after seeking applications for flexible shift posts.

Jackie Wales, Superintendent Radiographer, said *“People in different circumstances have different preferences about when and how much they work. For us that’s an opportunity, not an obstacle.”*

3.10 All NHS employers are expected to be accredited against the Improving Working Lives standard by 2003.

Widening the Recruitment Base.

3.11 Improving the recruitment and retention of black and minority ethnic members of the allied health professions is essential, both to delivering the increased workforce that is needed and providing effective, accessible and culturally sensitive services to diverse communities.



- 3.12 Over the last few years some progress has been made through partnership with trades unions and staff side organisations in improving diversity and attracting under represented groups into the NHS. Whilst growth in staff from black and minority ethnic backgrounds across the allied health professions is taking place, progress is too slow. More needs to be done, and sooner, if we are to improve the ability of the NHS to provide patients with culturally sensitive treatment and care.
- 3.13 The *Positively Diverse* programme is a national initiative to develop the knowledge and capacity of member organisations to build and manage a diverse workforce. There are currently 40 organisations taking part in *Positively Diverse* (mainly NHS trusts) and each has a trained project manager responsible for implementing the programme in their organisation. *Positively Diverse* promotes diversity in the workforce in all respects, not only racial and cultural diversity. We intend to publish the report of the first phase of *Positively Diverse*, together with a national workbook and toolkit to enable other organisations to take part in the programme.
- 3.14 Bradford Health Authority has been awarded NHS Human Resources Beacon status for a range of innovative partnership projects which have enabled health and education to work together to attract a future workforce for the modern NHS. Its aims include boosting recruitment and retention in the NHS, particularly amongst minority ethnic communities

The Manningham Jobshop in Bradford is a very successful scheme developed under *Positively Diverse* to attract people from black and minority ethnic communities into a range of health care jobs. The *Healthcare Apprenticeship Scheme*, again developed in Bradford, develops black and ethnic minority people and gives them relevant qualifications and experience to enter pre registration nursing and midwifery courses. Lessons learnt from this initiative are also relevant to the allied health professions, e.g. working with schools, local communities and higher education is vital to increasing the number of applications to healthcare training and also to giving black and minority ethnic people a better chance of acceptance on courses.

- 3.15 Following a recent summit meeting, the Minister of State for Health has announced a series of initiatives to promote recruitment and retention of Asian, black and other minority ethnic staff in the NHS:
- all NHS organisations will be required to set local targets for increasing the representation of Asian, black and other minority ethnic staff in sectors of the workforce where they are currently under-represented;
 - pump-priming support will be provided to Asian, black and other minority ethnic staff support networks and guidance issued to employers on supporting them;
 - guidance will be developed to assist local NHS organisations with their recruitment drives and

- partnership work with the Committee of Vice-Chancellors and Principals (CVCP) to increase the number and spread of Asian, black and other minority ethnic students on healthcare courses, particularly for nursing, the allied health professions and healthcare scientists.

3.16 Employers will have an important role to play in areas with large black and minority ethnic populations, engaging with local schools, to encourage pupils to consider careers in health and social services.

3.17 Action is also being taken to tackle recruitment and retention problems in social care. In March 2000 the Department of Health hosted a workforce summit of major stakeholders to address the issue. As a result of the summit, the Local Government Association has established a task group to undertake research into the problems. The Department has also commissioned research, particularly into public attitudes towards social work as a career. The summit made a commitment to reconvene to assess the progress that has been made.

3.18 Some individual authorities have made considerable strides in improving recruitment and retention through a combination of targeted advertising and good training and development opportunities. Their ability to use the *Training Support Programme* to sponsor support workers who wish to train as occupational therapists is an ideal way of attracting mature entrants who are able to bring invaluable life experience to the service.



Returning to the NHS

Through the national recruitment campaign, we are committed to encouraging more members of the allied health professions back into employment. The Government is making available £1 million for new return to practice initiatives for the allied health professions, which will fund local action to identify returners and facilitate their re-entry to employment. The intention is that this new funding will cover free return to practice courses, travel expenses and childcare.

Hertfordshire Education & Development Consortium has commissioned a Return to Radiography course in association with the University of Hertfordshire. To date 7 diagnostic radiographers have completed the course and returned to employment in the NHS in trusts across London and the Eastern Region, two more are in the process of completing the course. Four more returners have started a Distance Learning course at South Bank University.

Liz Haigh, a part time radiographer said *“The course certainly provided me with the knowledge, skills and confidence to return to radiography. I am enjoying the work and have no regrets.”*

Sue Daniels, Radiology Services Manager at West Herts Hospitals NHS Trust, said *“I am delighted that we have been able to recruit two members of staff from the local community and that we have assisted them in returning to their chosen career.”*

4

Modernising Education, Training and Regulation

- Stronger Partnerships
- Focus on Practice Experience
- Reducing Attrition
- Inter-professional Education and Training
- Flexible and Accessible Education
- Strengthening Research Capacity
- Modernising Regulation



- 4.1 The NHS Plan sets out the main elements of the Government's commitment to modernising education, training and regulation. Central to these are:
- increasing the number of students with a further 4,450 therapists and other key professional staff being trained by 2004;
 - the development of inter-professional education and training;
 - widening access to education and training;
 - a commitment to continuing professional development;
 - new regulatory arrangements to ensure public protection and
 - creating an environment which supports evidence based practice.
- 4.2 These reflect the need for all professions, including the allied health professions, to respond positively to new demands both from technological change and from widening and changing roles.
- 4.3 Many allied health professions are already working with employers and education providers to develop responsive and flexible education programmes for tomorrow's workforce, but the challenge is to make continuous improvement in learning and professional development a reality everywhere. For example, the NHS Executive is working with the Joint Royal Colleges Ambulance Liaison Committee to review professional education and examine the scope for developing practitioners able to work flexibly in a variety of settings to deliver emergency care. This requires partnership working between employers and educators, particularly in the provision of high quality learning, practice experience and placements.

Stronger Partnerships

4.3 Delivering the commitment to widening education and training set out in the NHS Plan calls for renewed and creative collaboration between employers, professional interests, teachers, supervisors and education providers at all levels, building on the progress that has been made in recent years, as set out in the joint DH/CVCP document, *NHS Executive/Committee of Vice-chancellors and Principals – Partnership Statement*. To achieve this the Government wants to see:

- wider health and social service involvement in student selection processes;
- practice placements of consistent quality with adequate and structured placement supervision, including creative and effective use of simulation and clinical skills laboratories to complement practice experience and skills development;
- streamlined education quality assurance arrangements through new partnerships between the NHS, the Quality Assurance Agency, Higher Education Institutions and the professional and statutory bodies;
- more joint appointments between health service employers and universities, which may be partly funded from the non medical education and training levy;
- greater recognition of the “information age” and the impact information technology is having, and will have, on health and social care delivery and learning and development and
- reduction in attrition by more effective support to students throughout their training to ensure that they successfully complete their education programme.



Occupational therapists in the Norfolk Mental Health Care NHS Trust benefit from close working links with the University of East Anglia. In the same region, arts therapists at Lifespan Healthcare NHS Trust and Addenbrooke’s NHS Trust, benefit from close working links with Anglia Polytechnic University in Cambridge.

Jointly funded lecturer/practitioner posts and involvement in shared research ensures that therapists are kept abreast of the latest developments in their fields and gives them the opportunity to influence the development of their respective professions. The trust’s involvement in student selection helps to ensure that the next generation of therapists has the necessary practical and communication skills as well as academic ability. The strong commitment to practice supervision recognises the importance of clinical experience to students’ learning.

Jill Rees, Director of Occupational Therapy and Arts Therapies, said “*Our close links with the university is one of several initiatives which helps us to recruit and retain staff and to keep up to date with innovations in practice*”.

Focus on Practice Experience

4.5 The challenging targets set in the NHS Plan for increasing training places are

heavily dependent on building practice experience and increasing placement capacity. Practice placements are an important way of preparing students in a variety of settings and of crossing boundaries. Social services employers also need to be actively involved in increasing the number of placements, particularly for occupational therapy students.

4.6 Supervising students is a key part of every professional practitioner's role – ensuring that the next generation of professionals is competent to practice. This role needs to be better recognised through more systematic organisational, staffing and management practices, and Government expects all NHS organisations to put measures in place to ensure supervisors are supported.

National work is now underway to:

- **identify the current capacity and supply of practice placements;**
- **examine ways of increasing the supply of high quality practice placements in all sectors of care;**
- **advise on the best management of practice placements for all health professionals and**
- **advise on methods to ensure national consistency to the quality and standards of practice placements, including the quality of the clinical environment and the preparation and support for staff responsible for education in practice.**

The aim is to achieve the target for practice experience set out in the recent HR Performance Framework:

- **By April 2001, all NHS organisations should be working closely with higher education and the independent and voluntary healthcare sectors, to plan for expansion in clinical placements and relevant infrastructure and to begin to build sufficient placements to deliver the new training commissions set out in the NHS Plan. It will be important to improve the participation of local authorities in this process.**

4.6 Skills laboratories and other approaches to simulated “learning through practice” are becoming more commonplace and should be encouraged. Those organisations that do have such facilities report a high usage and feel that they make a significant contribution to the learning programme. They can also present ideal opportunities for shared learning with other professions.

Reducing Attrition

4.8 The loss of students during training – attrition – is a waste both of financial and human resources. Attrition rates for the allied health professions vary across professions and institutions. For example, the national average attrition rates for physiotherapy range from 6% to 10% and for occupational therapy from 7% to 12%. While some students will inevitably

leave training for personal or other reasons, the aim should be to keep this to a minimum. The HR performance framework sets targets for training intakes from 2000/1:

- In the allied health professions, attrition rates should not exceed 10% in pre-registration training;
- attrition rates for students from ethnic minority communities should be no higher than the programme average and
- when contracts are due for re-negotiation, contract triggers should be agreed (either monetary or efficiency related) to ensure that target attrition rates are not exceeded and the quality of training is not reduced.

4.9 The Department of Health will work closely with education consortia (and their successor bodies) and education providers to ensure that best practice is shared and low attrition rates are achieved, building on practical experience such as that of the centre for Radiography Education at the University of Portsmouth, where attrition rates are well below average.

The Centre for Radiography Education at the University of Portsmouth has consistently low rates of attrition on its pre-registration radiography course as a result of adopting a consistent approach to student support. For at least the past three years the retention rate for the entire radiography course has been in the order of 90%.

The following strategies have been adopted by the course team and practice supervisors:

- prospective students must undertake visits to radiology or radiotherapy departments;
- all applicants are interviewed by both clinical and academic staff;
- institutional and placement induction programmes supported by comprehensive and course specific documentation;
- study skills and student support addressed through early and frequent tutorials with personal tutors;
- access to personal tutorial staff is facilitated by an open door policy;
- the course team supports students in their clinical placements by a system of hospital based link radiographers augmented by regular visits from academic staff and
- students are able to feed back and influence the course by a series of formal and informal mechanisms.

Derek Adrian-Harris, Head of Department, said *“A small degree of student attrition is inevitable but we have developed strategies which reduce the wasted costs to students and optimise the cost effectiveness of the education courses.”*

Inter-professional Education and Training

4.10 The NHS Plan set out the Government’s plans for inter-professional education and training. These include:

- joint training in communication skills, and NHS principles and organisation, as a pre-requisite to qualification and

- a new common foundation learning programme to enable students and qualified health professionals to switch careers and training paths more easily.
- Students at Kingston University and St George's Hospital Medical School, learn together through a 'common foundation programme' in their first year, regardless of which degree they are studying for. The benefits are clear.

Chair of the South West London and Epsom Education Consortium & Chief Executive of Kingston NHS Hospital Trust, John Langan, said *"We believe that the Common Foundation Programme represents a major contribution to implementing the national agenda locally. By ensuring diagnostic and therapeutic radiographers, physiotherapists, scientists, nurses and doctors are taught together, there is an opportunity to break down professional barriers. We are convinced that this will promote better team working and encourage flexibility across professional boundaries."*

Kelly Sullivan, a 1st year Diagnostic Radiography student, said *"I enjoyed the Common Foundation Programme because it gave me the opportunity to meet with other students on different health related courses. The problem-based learning gave us the opportunity to show our different strengths without feeling threatened because of our different backgrounds. I think it was helpful to have this programme at the beginning of each of the courses because it meant we were starting off at the same point and we could share our opinions about each others' disciplines and rethink our views."*

Kumad Titmarsh, Lecturer, said *"Our common foundation programme provides an opportunity for early inter- professional health related education and the sharing of curriculum ideas between the staff from different disciplines. Teaching students who have a variety of educational backgrounds is obviously a challenge but an enjoyable experience, especially to see students from the different disciplines supporting one another. We need to ensure that our teaching is at an appropriate educational level for the different groups and to find their common interests."*

- 4.12 The allied health professions are in the forefront of inter-professional education. As the following case study demonstrates, "learning together" can deliver added value for practitioners through developing an understanding of the roles of other professionals and in building team-working skills from an early stage in the curriculum.

A project jointly developed and sponsored by the College of Occupational Therapists and the Central Council for Education and Training in Social Work set out to explore the potential for joint learning between occupational therapy and social work students. Pilot schemes were set up in Cardiff and Derby in 1996/97.

Mary Gilbert of the University of Wales College of Medicine reports their success and said *"the greatest benefit was the students learning to recognise and respect each other's skills. We adopted a problem based learning approach which not only helped the students to develop shared values but also fostered a creative approach and sharing of skills across our staff teams. Shared learning is now an established part of our landscape"*.

4.13 The Government intends to build on successful initiatives to make inter-professional education a key feature of NHS education over the next few years.

Flexible and Accessible Education

4.14 The NHS has a major role to play in widening access to learning for everyone. This means:

- increasing the number of education programmes which are delivered in flexible ways;
- promoting academic accreditation of previous experiential learning, and vocational pathways into professional education programmes and
- extending secondment opportunities for NHS employees to access pre- registration education programmes for the allied health professions so that training opportunities are accessible and open to all staff irrespective of their working patterns.

4.15 There are already examples of good practice.

The University College of Ripon and York St John has for several years run a successful part-time, in-service pre-registration course in occupational therapy for support staff already working in the service who wish to become professionally qualified. It has been so successful that the College has recently adopted the same model for physiotherapy education.

Gail Sinclair, a student at the College, said

"I had always wanted a career in the caring professions. Whilst working as a peripatetic activity organiser in the black communities within the Disability Services Team, I realised that I wanted to become an occupational therapist. My line manager encouraged me to obtain the entry qualifications for the course and I was successful in obtaining a place."

"Ripon's in-service course has helped me to gain the professional status I only dared to dream of, and I'm now able to promote the service within the black communities, whose uptake of the OT service was under represented. The combination of part time study, part time placements and part time employment met my financial, child care and learning needs."

Pauline Gacal, a lecturer, said

"All students are aged over 21 and have a wide range of educational, life and work experiences. We have found that approximately 50% of each cohort have some formal educational qualifications, such as A levels and GCSE's, Access, HND and even first degrees. However, many have not had the opportunity to gain any recognised qualifications and therefore we make use of a mature matriculation exam and accreditation of prior learning (APEL)."

Nancy Goldthorp, Director of Community and Therapy Services at Harrogate Healthcare NHS Trust, said

"From the NHS perspective our part time programmes have many benefits. The students, who need to have been employed for at least one year as an assistant, are inevitably mature and always highly motivated and committed individuals with a realistic expectation of the role of a therapist. This significantly reduces the likelihood of their either failing to complete the course or leaving the profession soon after graduation."

- 4.16 Starting next year the Department of Health will work with key interests in radiography, physiotherapy, occupational therapy and chiropody to develop pre-registration pilot schemes using principles similar to those underpinning modernisation of nurse education. Over £3 million is being made available to support this initiative.

The pilot schemes will feature more

- **flexible pathways into and through pre-registration programmes with opportunities to step on and off programmes;**
- **part-time programmes;**
- **opportunities for shared learning and**
- **innovative approaches to practice and fieldwork placements.**

4.17 Education programmes have a critical role to play in opening up opportunities in healthcare to the whole of the local community and to increase the diversity of the allied health professions workforce in terms of age, gender, ethnicity and occupational background.

The following targets have been set as part of the new HR performance framework:

- **education consortia and their successor bodies should actively assess how representative pre-registration intakes are of their local communities, and develop plans to address local needs.**
- **Attrition rates for students from ethnic minority communities should be no higher than the programme average for the whole intake.**

4.18 As indicated in para 3.14 the Department of Health will work with the CVCP to improve access to education and training for black and minority ethnic students. It will work with professional and education bodies, and trade unions, to improve the equality and diversity content of professional curricula.

4.19 Reshaping education and training for the allied health professions, as for other NHS staff, represents a major challenge. The establishment of a new Education and Training Division in the NHS Executive will, for the first time, provide a clear focus for this work and the capacity to make change happen.

Strengthening Research Capacity

4.20 In line with new developments and advances in patient care and service delivery, there is a need to ensure improved opportunities for members of the allied health professions to develop their skills in

- accessing, appreciating and using research evidence;
- undertaking research and considering research careers and
- harnessing existing capacity to influence the wider research and development agenda.



4.21 In parallel with the recently published proposals for action, *Towards a Strategy for Nursing Research and Development*, the Department of Health will ensure that

- policies being developed to implement clinical governance and improve access to research findings reflect the needs of the allied health professions and
- its Research and Development Workforce Capacity Implementation Group establishes current skills gaps and needs and considers how best to strengthen research capacity through education, development and research career opportunities.

Modernising Regulation

4.22 Modernising professional regulation across health and social care is geared to meeting the central objectives of

- ensuring better public protection from poorly performing professionals by making regulation stronger, more open and more accountable with faster more transparent procedures;
- improving accountability to the public, patients and the health service and supporting the development of a well trained, flexible workforce able to deliver high quality, safe and effective care, while recognising emerging professional roles and encouraging working across existing professional boundaries and
- streamlining standard setting, quality assurance and performance management to ensure more integrated and effective regulation of professional education and training, health, conduct and performance.

4.23 The Government has recently consulted on new arrangements for regulating the allied health professions. Central to the proposed new arrangements are:

- replacing the Council for Professions Supplementary to Medicine and its uni-professional boards with a new, smaller UK-wide body, the Health Professions Council. The new body will have a strategic role in setting and monitoring standards, stronger powers for dealing with unfit practitioners, and a duty to treat patients' health and welfare as paramount;
- creating a unified and accessible register with an explicit link between re-registration and evidence of continuing professional development;
- providing protection of professional titles e.g. physiotherapist;
- achieving a better balance between professional and lay members;
- encouraging a streamlined approach to training standards so that the new Council works in partnership with key stakeholders such as education institutions, employers and the Quality Assurance Agency and
- giving the Council power to regulate new staff groups.

4.24 The Government is currently considering the outcome of consultation and will shortly publish draft legislation for further consultation before asking Parliament to approve it.

5

Career Development

- Continuing Professional Development
- Career Development and Reward
- Therapist Consultants
- Leadership Development



- 5.1 Changes in the way in which members of the allied health professions work need to be accompanied by proper arrangements for enabling them to maintain and develop their skills, rewarding them for their contribution to service delivery and supporting them as their careers progress.

Continuing Professional Development

- 5.2 Continuing Professional Development (CPD) is a process of lifelong learning for all individuals and teams, which enables professionals to expand and fulfil their potential, to the benefit of patient care. CPD is an integral part of the Government's strategy for clinical governance.
- 5.3 The NHS Plan makes clear that all members of staff will receive support from their employers to fulfil the requirements of clinical governance and revalidation and that better use should be made of the investment in CPD, with greater emphasis on work based systems of learning. *The Quality Strategy for Social Care* outlines a framework for continuous staff development, which regularly updates knowledge and skills and prepares staff for supervision and management. There is already much innovation within this area.

Bradford Hospitals Trust and the University of Bradford have worked in partnership to develop a work based CPD framework for therapists focused on evidence based practice and service delivery. Although initially developed for physiotherapy, work is underway to roll out the programme to other disciplines. Uniquely, the framework includes a workplace module, which enables therapists to

- gain recognition for work related and associated academic work up to masters level;
- improve the management of patient care and
- enhance the quality of service provision.

Val Steele, Director of Rehabilitation, said

"Accredited work based learning is at the heart of our approach to CPD. It helps people keep learning and not be frightened of change. It helps ensure our staff are flexible, up to date and grounded in reality. Ultimately we will have a whole suite of work based modules."

Sue Hintze, Physiotherapy Manager, said

"The work based learning module has resulted in more advanced clinical reasoning skills to tailor treatment programmes to meet individual needs and deliver a more patient centred service."

Sarah Jeffrey, physiotherapist, said

"As a result of the work based learning module I now place much more emphasis on the patient's involvement in their own condition. I am more confident that the techniques I use are up to date and relevant."

5.4 But while there has been a wealth of CPD activity amongst the allied health professions, much of it has been “informal, uni-disciplinary, unaccredited, and not tied into organisational requirements”³. More recently, education consortia have been working with the allied health professions and education providers to develop a more strategic approach to CPD.

³NHS Careers Development Initiative for the Professions Allied to Medicine, April 1998.

South Yorkshire Education and Training Consortium has developed a CPD strategy for the allied health professions which includes:

- multi professional networks established within and between trusts to co-ordinate CPD activity;
- CPD initiatives based on national service priorities and local HImPs;
- increased use of team learning, distance learning and project work;
- regular shared learning initiatives, focusing on the needs of specific care groups;
- CPD activity not confined to menu-driven HE programmes;
- flexible and accessible funding mechanisms that support uni and multi-professional education at local level;
- opportunities for dissemination of results through professional networks and conferences;
- ongoing work to integrate CPD for the allied health professions and nurses;
- mechanisms in place to take forward new Government priorities such as leadership development;
- named individuals within the consortium to offer guidance to members of the allied health professions on learning and professional development.



John Adler, Chairman of South Yorkshire Education Consortium, said

"Linking CPD activity to NHS priorities enables us to develop individuals and to improve services for patients".

- 5.5 The Government will invest additional resources in CPD over the next three years, and will ensure a strengthened link between CPD and registration as proposed in the consultation document on the new Health Professions Council. The Government will target new CPD investment at developing the infrastructure required in every NHS organisation to develop work based learning, building coherent systems and infrastructures and bringing all NHS organisations up to the level of the best.

Career Development and Reward

- 5.6 The Government has made clear its commitment to modernising the NHS pay system to reward staff for what they do and for their skills and ability, rather than for their job title. The proposals, set out in *Agenda for Change*, will enable staff to give their best for patients by working in new ways and breaking down traditional barriers. For the allied health professions, a new career structure will replace the outdated national grades and will offer a more attractive career with the potential for better progression and opportunities for greater use of their skills as well as for improved status.

- 5.7 A modernised pay system will enable members of the allied health professions working in extended roles to be properly and fairly rewarded. Existing national grading arrangements do not provide adequately for members of the allied health professions working in extended roles and make no provision for the extension of clinical skills. Many physiotherapists, for example, are working in orthopaedic teams; others play key roles in general practice, rheumatology and respiratory clinics.

Susie Durrell, a physiotherapist at St George's Hospital in London, spends half her time working alongside orthopaedic consultants assessing patients with muscular skeletal problems referred by their GP. By diagnosing and treating patients and ordering tests, Susie has contributed to a cut in waiting lists for orthopaedic appointments. The remainder of her time is spent as a clinical specialist in physiotherapy, treating patients and teaching junior staff.

Susie said

"Working in an extended role has benefits for all concerned. I am able to specialise, the hospital waiting list is cut and patients are seen more quickly".

- 5.8 The new pay system will also allow better career progression for support staff (eg. therapy assistants and technical instructors) taking on new roles and responsibilities. The allied health professions have been at the forefront of developing assistants and support staff to very high levels of competence. The NHS Plan proposes to build on new and innovative approaches, such as the proposal to create assistant practitioners in the breast screening service, to take mammograms under the supervision of a radiographer. The aim is to enable radiographers to extend their role into some of the tasks traditionally undertaken by radiologists, in turn increasing the capacity of the NHS to deliver the national breast screening service. This principle can, and will, be applied elsewhere.
- 5.9 Staff in support and assistant roles need to feel they are valued and rewarded and to have better opportunities to access further training and development, particularly where they have expanded their roles. Work is underway in this area to realise the commitments in the NHS Plan to ensure all support staff have access to individual learning accounts or NVQ training at levels 2 and 3.

Therapist Consultants

5.10 The Government recognises the need to improve career prospects for the allied health professions and to recognise their contribution to patient care. By 2004 a first generation of therapist consultants will have started work. The term "therapist consultant" is designed to differentiate allied health professions, working at this level, from medical and nursing consultants, and it is intended as an inclusive term applied to all the allied health professions. Therapist consultants will work with senior medical and nursing colleagues across hospital, community and primary care services in drawing up local care and referral protocols.

The therapist consultant posts will help to:

- provide better outcomes for patients by improving quality and services;
- provide a new career opportunity to help retain experienced members of the allied health professions and recognise their clinical contribution and
- strengthen professional leadership.



5.11 The development of detailed job descriptions will need to be undertaken at local level, tailored to meet local needs and circumstances. However, irrespective of the profession or the field of practice, we would expect that each post would be structured around four core functions:

- expert practice;
- professional leadership and consultancy;
- education, training and development and
- practice and service development research and evaluation.



Leadership Development

5.12 The allied health professions are playing a significant part in building the modern health care teams essential to the delivery of the NHS Plan. The NHS Plan encourages the wider involvement of the allied health professions in providing high level leadership, influencing developments and improving and modernising care. The allied health professions are increasingly taking up this challenge through their involvement on executive boards.

Two of the Executive Board members at South Essex Community Care and Mental Health Services NHS Trust are drawn from the allied health professions. It is trust practice for the board to be as representative as possible of the professions employed there. This enables a range of different perspectives and clinical experiences to be called upon when debating strategic and operational issues and addressing service planning.

Peter Wadum-Buhl, an occupational therapist and Director of Planning and Performance, said "*When planning a stroke rehabilitation service, the Executive Team decided a Therapist should be appointed to manage the ward, including the nursing staff. All members of the Executive Team regardless of their clinical background, supported this decision. This also helps ensure that the nursing staff receive appropriate clinical support and supervision.*"

- 5.13 But there is a need to develop leadership skills and capacity more widely among the allied health professions to ensure high quality clinical and managerial leadership. To deliver this, the Government is making £2 million available to fund leadership development for the allied health professions and will fund:
- opportunities to develop wider leadership skills as more complex roles are undertaken;
 - increased involvement in the leadership of clinical governance;
 - development of leadership skills alongside other clinicians and managers to help break down professional barriers and to build working relationships and
 - leadership development focused on whole systems working.
- 5.14 The NHS Executive will set up a regional network to co-ordinate leadership development. It will be led by a senior therapies manager in each region and funding will be targeted in particular at:
- Clinical Directors/Directors of Therapies and/or Therapy Services Managers.
 - The allied health professions heads of departments and
 - Senior Team Leaders.
- 5.15 This new investment in leadership development for the allied health professions is in addition to the establishment of the Leadership Centre for Health announced in the NHS Plan. The Centre will be in place by 2001. It will promote leadership development, closely tied to the new Modernisation Agency's work to deliver improved patient services. It will benefit all staff by widening access to work based development programmes, delivered online, as well as face to face. It will provide tailored support for clinicians and managers with leadership potential at different stages in their careers and for those already in leadership roles. Its target group will include people who run service departments, clinical services and community based networks who want to stay in the front line, as well as those who seek to progress into executive roles. Chair and non-executive development will form part of its remit. It will be open to social care organisations.

6

Making it Happen

- The Role of Government
- The Role of Employers
- The Role of Professionals
- The Role of the Individual
- Key Milestones

Meeting the Challenge sets out our plans to put the allied health professions at the forefront of the NHS. Our plans involve

- increasing staff numbers year on year;
- ensuring their skills and knowledge are used flexibly and to the best effect for patient care;
- developing and improving education and training;
- providing opportunities for them to develop their skills and careers and be properly rewarded for doing so and
- ensuring they are properly regulated.

Delivering this strategy will require partnership between the Government, employers, the professions and individual staff.

The Role of Government

The Government is committed to developing the role of the allied health professions by

- expanding the workforce - a further 6,500 therapists and other health professionals by 2004;
- investing in training - an extra 4,450 therapists and other health professionals being trained by 2004;
- taking action to improve recruitment and retention, including funding return to practice courses;

- working with other bodies to widen the recruitment base for the professions;
- modernising education and training for the professions;
- developing a modern career framework for each of the allied health professions and investing £2 million in leadership development;
- reforming regulation of the professions and
- ensuring that action is taken to deliver change using our developing performance management systems, including the HR Performance Framework and the resources of bodies such as the Modernisation Agency and the Commission for Health Improvement.

The Role of Employers

Employers in both the NHS and Social Services are central to our plans to modernise care and develop the roles of the allied health professions. They need to

- review the way in which the allied health professions are currently working and ensure their skills are fully utilised, particularly through the development of protocol-based care;
- ensure arrangements are in place to enable the allied health professions to be represented on or have access to NHS Boards;
- work, with education consortia and education providers, to ensure adequate numbers of high-quality clinical placements for students and
- work with other stakeholders to promote the allied health professions as a career and to ensure diversity in the workforce.

The Role of the Professions

Professional bodies provide support and leadership for their members. The Allied Health Professions Forum has a crucial leadership and co-ordination role in bringing the professions together to support implementation of this strategy. In order for the strategy to be fully implemented, the Government asks the professions to be committed to

- using clinical governance to ensure the continuing high quality of services and care provided by the allied health professions;
- embracing continuing professional development and changing roles of staff;
- supporting new arrangements for professional regulation and
- supporting the development of support workers to ensure best use of professional skills.

The Role of the Individual

It is in their advice to and treatment of patients that that each member of the allied health professions makes his/her biggest contribution. In order to maximise that contribution, the government asks every member of the allied health professions to

- embrace continuing professional development and
- accept and develop new ways of working.

Key Milestones

During 2000

- *NHS Careers* service extended to cover the allied health professions;
- £1 million allocated for new return to practice initiatives for the allied health professions;
- work underway on a new common foundation learning programme to enable students and health professionals to switch careers and training paths more easily and
- work underway to identify current capacity and supply of practice placements.

During 2001

- consultation on the benchmark standards for NHS funded higher education provision for the allied health professions;
- pre-registration pilot schemes in place for the allied health professions to support more flexible and accessible programmes;
- a new multi-professional Education and Training Division will be established within the NHS Executive;
- a new Health Professions Council will be established;
- the new Leadership Centre for Health will be in place and
- £2 million available to fund leadership development for the allied health professions.

By 2004:

- 4,450 more therapists and other health professionals being trained;
- more than 6,500 therapists and other health professionals in the NHS and
- the first therapist consultants started work.

This document can be found on the internet at www.doh.gov.uk/meetingthechallenge

Further copies of this document are available free of charge from:

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