

**ALLIED HEALTH PROFESSIONS  
LEARNING AND DEVELOPMENT  
STRATEGIC FRAMEWORK**

**2023-2028**



# NHSGGC Allied Health Professions Learning and Development Strategic Framework

## Executive summary

Learning and Development is fundamental in the delivery of high-quality person-centred care and NHS Greater Glasgow and Clyde (NHSGGC) needs to have an Allied Health Professions (AHPs) Strategic Framework in place that clearly details the opportunities and direction of travel in relation to Learning and Development.

This Strategic Framework addresses the changing demographics and needs of people accessing healthcare while continuing to meet the quality ambitions of the [NHSGGC Quality Strategy 2024-2029](#): providing safe, person-centred and effective healthcare.

The framework supports the learning and development of registered AHPs and AHP Health Care Support Workers (HCSWs)

This will be achieved through supporting our AHPs' learning and development to implement the principles of [Realistic Medicine](#).

The framework was developed by professional and service leads following an AHP staff communication exercise. There was also further engagement with registered staff and AHP HCSWs following this, enabling all AHPs to influence its development.

Although there are a wide variety of training and development opportunities available to support registered and AHP HCSW staff within NHSGGC, there is a general lack of governance and coordination of this training. This makes it difficult for staff to know what support is available to them and may limit their access to training best suited to their needs.

This framework is underpinned by the NHS Education for Scotland (NES) four pillars of practice and is future focussed, ensures best use of resources and is aligned to national and local policy drivers. It also provides detail of how AHP learning and development is coordinated, accessed, monitored and evaluated.





The framework has been developed so that for all AHPs it is:

- easy to access
- easy to understand and use
- integral to supervision and Knowledge & Skills Framework (KSF) and Personal Development Planning and Review (PDP&R) discussions currently captured using the Turas appraisal tool.
- key to the development of profession specific learning and development plans

In essence this document provides the details of the training, guidance and information needed to support all AHPs in their learning and development.

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## Why we need a Learning and Development Strategic Framework

Our Health and Social Care landscape is ever evolving bringing both challenges and opportunities. To continue to deliver and develop services that are safe, effective and person-centred we need AHPs and AHP HCSWs within their services to be responsive and adaptable.

The Strategic Framework supports the learning and development of registered AHPs and AHP HCSWs.

A culture of supported lifelong learning supports the health and well-being of staff, improves their resilience, enables them to remain engaged and competent and allows them to adapt their skills to meet the changing health and care needs of the population.

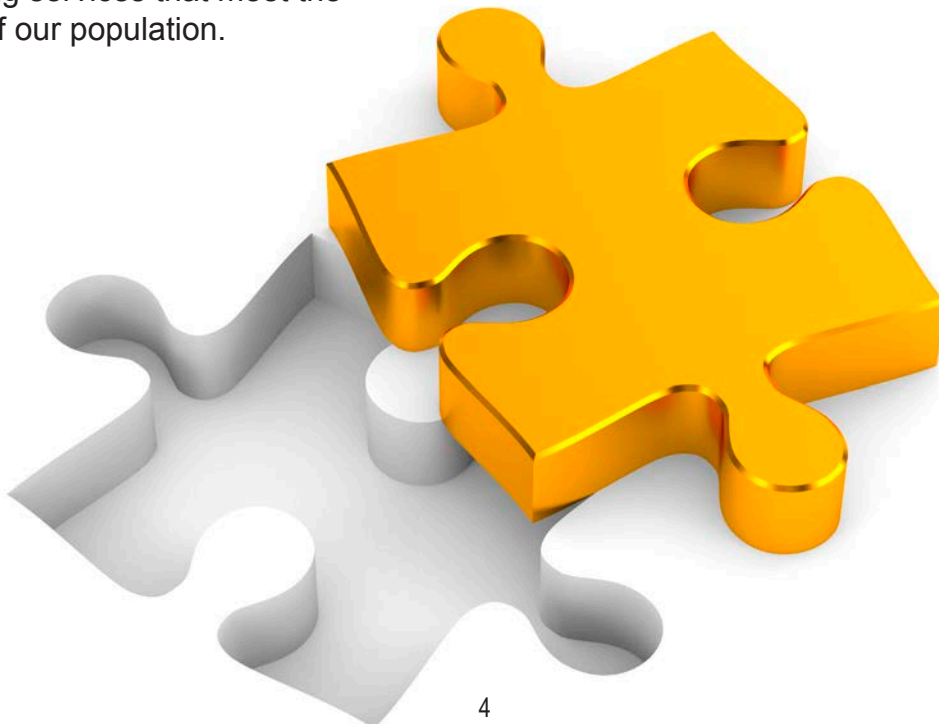
NHSGGC has developed a [workforce strategy](#) and action plan that outlines NHSGGC ambitions to growing our community over the next four years (2021-25). The framework is underpinned by four pillars as influenced by staff feedback and area partnership forums. The pillars from the workforce strategy are:

1. Health and well being
2. Learning
3. Leaders
4. Recruitment and retention

AHPs, as a group of health professions who have a role at all stages of the life cycle, are ideally placed to be at the forefront of informing and shaping both current services and new models of care.

However, to enable staff to deliver on these ambitions we need to ensure that all AHP and AHP HCSW staff are supported and have confidence to develop not just in their current jobs, but also new and emerging roles.

Effective learning and development are therefore essential to ensure all AHP staff feel valued, invested in and confident of the job they are doing and in developing and delivering services that meet the needs of our population.







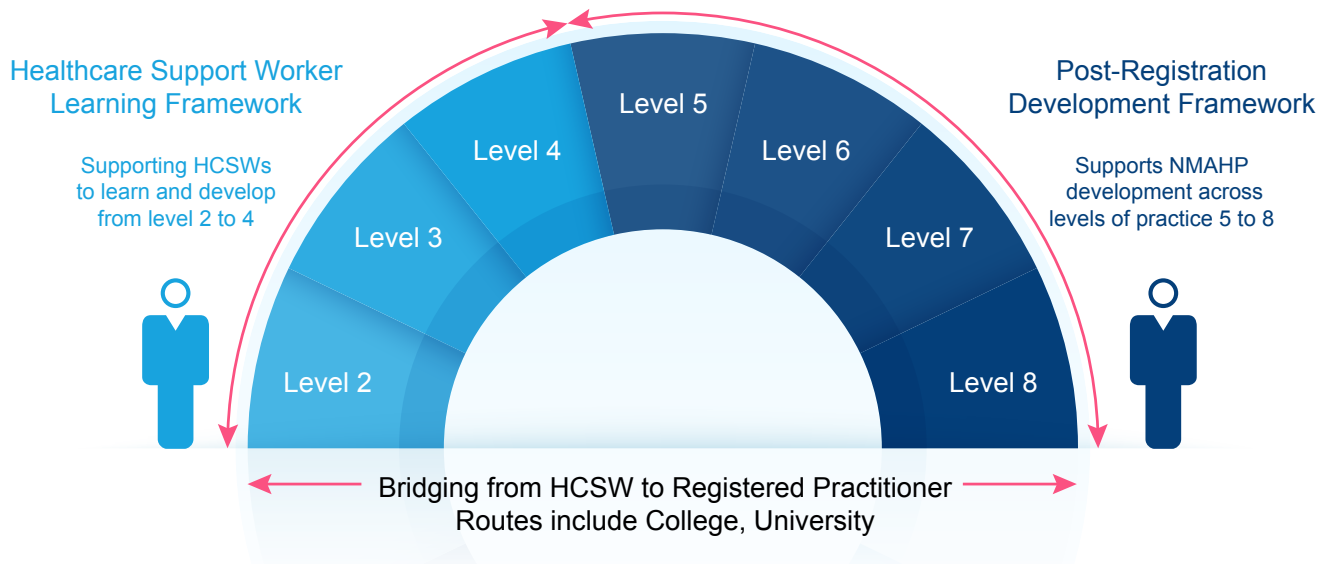
The Learning and Development Strategic Framework has been developed under three themes: pillars of practice, future focus and effective leadership.

These three themes are essential for effective learning and development. For each theme we have described why it is important and how it can be achieved within our services.

The development group have ensured that the framework is applicable to registered AHPs and AHP HCSWs working at every level of the career framework within NHSGGC.

## AHPs maximising potential and impact at every level of practice

The [NES Nursing Midwifery and Allied Health Professions \(NMAHP\) Development Framework](#) (2021) outlines the expectations of roles at practice levels 2–8 of the Career Framework for Health for AHPs and HCSWs, incorporating the 4 pillars of practice.



It is not intended that the Development Framework levels equate to the agenda for change bandings.

The HCSW Learning Framework outlines how HCSWs can learn and develop from Level 2 to 4. Bridging from HCSW (level 2-4) to Practitioner (level 5) requires a programme of education leading to professional registration in one of the healthcare professions.

The Post-Reg Framework replaces and builds on the strengths of the earlier Post-registration Career Development Framework (NES 2010). It supports the development of core knowledge, skills and behaviours for all NMAHPs across levels of practice 5-8 and enables profession specific and specialist knowledge, skills and behaviours to be added.





THEME: PILLARS OF PRACTICE

## Why this is important

The pillars of practice model describes how different jobs require a different mix of skills and knowledge. All levels of the framework (2-8) work across all four pillars. These four pillars are:

### Registered (Levels 5-8)



### HCSW (Levels 2-4)



The emphasis on each pillar will be different depending on the level of the career framework and the type of role. For example, at level 5 most aspects of an AHPs' role will fit into the clinical pillar however at level 8 the emphasis may be more on evidence, research and development.

The Clinical pillar also contains core content that can be expanded and contextualised for different roles.

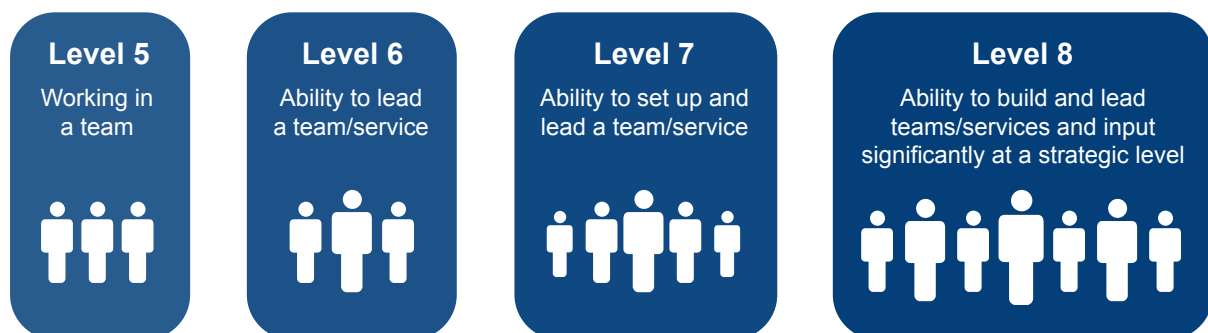
The knowledge, skills and behaviours described in the Facilitating Learning, Leadership and Evidence, Research and Development pillars are common to all AHP professions and specialities.

The Facilitation of Learning pillar includes the support of AHP's practice-based learning. AHPs, in their role as practice educators contribute to the development and education of pre- and post-registration AHP students by providing practice-based learning. This ensures that we have a future AHP workforce which is equipped to support and contribute to quality, safe and effective practice. AHPs require to be actively involved in the education of future AHPs and can be supported by their peers and all members of the AHPs team at all levels to develop this skill.

[NHSGGC AHP Practice Educators](#) page provides further information on supporting AHP practice-based learning.

The Leadership pillar is threaded through all levels of AHP roles. All AHPs and HCSWs will demonstrate leadership through individual behaviours, clinical delivery and service development. It can incorporate management and reflects current leadership development strategy depending on the level the AHP is working at.

For levels 2-4, leadership can be demonstrated, for example, by leading patient groups, delegation to colleagues, and involvement in service improvement.



The Evidence, Research and Development pillar refers to the knowledge, skills and behaviours needed to use evidence to inform practice and improve services. For example, having knowledge of and applying to practice published evidence, standards, policies and procedures relevant to your role and profession.

Planning and participating in learning and development within each pillar of practice ensures an individual's learning focuses on the different aspects of their role. AHPs should practice across all four pillars and develop each pillar as their current and future role require.

**To achieve this:**

- 1. The four pillars of practice are used as a basis of discussion in PDP&R, Turas appraisal and supervision.**
- 2. A range of AHP learning and development opportunities will exist across all four pillars of practice.**
- 3. The GGC AHP workforce plan will support AHP role development across all four pillars of practice.**

### **1. The four pillars of practice are used as a basis of discussion in PDP&R, Turas appraisal and supervision.**

The pillars of practice will be included and referred to in all AHPs' job plans to ensure engagement in the pillars at all levels. This will support AHPs to develop within and across all four pillars to provide them with the skills and experience required for future health and social care services.

### **2. A range of AHP learning and development opportunities will exist across all four pillars of practice.**

Many different types of learning and development opportunities across the four pillars are currently available from a range of sources. These opportunities must continue to be developed to ensure AHPs can access appropriate learning.

AHP staff development is essential in order for NHSGGC to meet national and local standards. This also ensures that individual AHPs meet their Health and Care Professions Council (HCPC) registration requirements. Although HCSWs are not registered with the HCPC, all HCSWs must complete HCSW Induction Standards and Code of Conduct. These organisational principles of on-going learning and development equally apply. Staff development across all levels and all four pillars can be formal, informal or experiential. Examples of learning activities gathered from AHPs are shown in Appendix 1. It is accepted that learning activities can often occur in more than one category, reflecting the integrated ways in which we work.

### **3. The NHSGGC AHP workforce plan will support AHP role development across all four pillars of practice.**

It is essential that we have a strategic approach to the development of our workforce to meet the changing demands of Health and Social Care.

NHSGGC's overall Workforce Plan is developed using the [NHS Scotland six steps methodology](#) and the [NES NMAHP development framework](#) enabling a coherent view of the workforce across all job families. This Framework in particular is a useful tool for modelling and implementing workforce change and the use of this tool in NHSGGC is promoted and encouraged. Crucially this Framework also allows essential elements of learning and development to be embedded in plans.

The pillars of practice will feature in workforce planning to ensure engagement in the pillars at all levels. This will support AHPs to develop across the four pillars to provide them with the skills and experience required for future health and social care services.



The top half of the image features a dark blue background with a fine grid pattern. Overlaid on this are several concentric circles and arcs in shades of light blue, cyan, and grey. Some of these arcs are dashed. A thin cyan vertical line passes through the center of the circles. In the center of this graphic, the words 'VALUES', 'PROFESSIONALISM', 'STRATEGY', 'INTEGRITY', 'GOALS', and 'STATEMENT' are stacked vertically in a white, sans-serif, all-caps font. A small cyan rectangular outline is positioned around the word 'VALUES'.

VALUES  
PROFESSIONALISM  
STRATEGY  
INTEGRITY  
GOALS  
STATEMENT

THEME: FUTURE FOCUS



## **Why this is important**

To ensure AHPs and HCSWs have the skills and experience to provide adaptable current and new services, learning and development must consider current and future healthcare provision. This includes ensuring AHPs, HCSWs and also students have an understanding of both national and local policy and how to influence these in the future.

This has been built on the platform of the [The National Delivery Plan for the Allied Health Professions in Scotland, 2012 - 2015](#)

## **To achieve this:**

- 1. AHP roles and services will be responsive and adaptable to people's changing needs**
- 2. AHPs will be supported and have confidence to develop new and emerging roles to meet people's needs**
- 3. A sustainable, expert AHP workforce will be in place**

### **1. AHP roles and services will be responsive and adaptable to people's changing needs.**

AHPs at all levels will be knowledgeable of current policy drivers and demographics of people accessing health care to enable them to understand the changing health service and develop their services accordingly. Planning of learning and development will consider how health care delivery is changing to ensure AHPs continue to meet people's needs. AHPs will have an understanding of how to influence future policy and strategy to ensure the health and social care is fit for purpose.

### **2. AHPs will be supported and have confidence to develop new and emerging roles to meet people's needs.**

AHPs will have expertise to lead innovation through access to appropriate learning and development activities. They will have the opportunity to develop their skills to capitalise on best practice evidence, research, new technology and ways of working.

### **3. A sustainable, expert AHP workforce will be in place.**

Planning of learning and development activities should consider the needs of the people who will access health care in the future. Continued relevant learning and development will ensure a skilled AHP workforce which is fit for practice and the future.



# THEME: EFFECTIVE LEADERSHIP OF LEARNING AND DEVELOPMENT



## **Why this is important**

All AHPs should lead on learning and development whether for a profession, department or their own Continuous Professional Development (CPD). A culture of learning and development throughout all AHP professions within NHSGGC will ensure that learning and development is incorporated into all AHP roles. All AHPs will be aware that developing knowledge and experience is part of their work activities at all levels.

Regular learning and development are vital to ensure AHPs are fit to practice: the healthcare environments we work in are ever changing, with services frequently undergoing some form of development or improvement in response to changing patient /carer needs or in response to new research evidence or improvements to care that lead to changes in clinical practice.

Effective leadership at all levels will ensure that AHPs are fit for practice in this ever-changing clinical environment by undertaking robust, effective, learning and development.

## **To achieve this:**

- 1. Value and importance of learning and development is embedded into practice and reflected in profession specific plans**
- 2. AHPs are enabled to have active and regular engagement in learning and supported by PDP&R**
- 3. AHPs take ownership of their own learning and development and are supported to do so**



### **1. Value and importance of learning and development is embedded into practice and reflected in profession specific plans.**

The Scottish Government stated in 2002 that “Leaders of AHPs should support staff in reserving a minimum of a half-day per month, pro-rata, for dedicated CPD activity, in accordance with the recommendations of professional bodies.” Good leadership within NHSGGC will reflect this recommendation and ensure learning and development is integral to AHPs’ practice. This will support AHPs to give themselves “permission” to take time away from service-user contact to engage in learning and development. Protected time to engage in different types of CPD is essential.

A culture of learning and development within each AHP profession can be promoted by having profession specific learning and development plans. These plans will detail at a strategic level, the learning and development needs of the current and future service to ensure the AHPs have the skills that each profession requires.

### **2. AHPs are enabled to have active and regular engagement in learning and development supported by PDP&R.**

To support AHPs to plan and participate in relevant learning and development an effective PDP&R conversation between an AHP and their PDP&R reviewer is required. This will ensure that the learning undertaken is relevant to current or future roles, and informed by role specific and service development plans and progressed through effective supervision.

### **3. AHPs take ownership of their own learning and development and are supported to do so.**

AHPs need to have the skills to recognise their own development needs and have the opportunity to develop these within PDP&R meetings. Personal development should also be supported to promote self-awareness, personal reflection, resilience and self-confidence.

AHPs require to engage in learning and development as members of the Health and Care Professions Council. The council expects each registrant to “develop their knowledge and skills while they are registered so they can be confident that they are able to practise safely and effectively” (HCPC, 2017).

## Evaluation Plan - years 1-3

	Outcome	Evidencing Outcomes	Responsible Person(s)
1.	Learning and development is planned and organised to meet specific needs identified in workforce plans <sup>1, 2</sup>	<ul style="list-style-type: none"> <li>Each AHP profession has a workforce plan reviewed annually</li> <li>Each AHP profession has a learning and development plan reviewed annually</li> <li>Learning and development is embedded in profession specific workforce plans</li> </ul>	<ul style="list-style-type: none"> <li>AHP Senior Leaders</li> </ul>
2.	Workforce planning for each AHP profession will have the Pillars of Practice embedded within it <sup>1</sup>	<ul style="list-style-type: none"> <li>Evidence of the pillars of practice will be visible in AHP workforce plans</li> </ul>	<ul style="list-style-type: none"> <li>AHP Senior Leaders</li> </ul>
3.	AHPs will have access to Learning and Development opportunities across the pillars of practice <sup>1</sup>	<ul style="list-style-type: none"> <li>A gap analysis of the pillars of practice will be carried out at the end of year 1 across all AHP professions within NHSGGC and a plan to address any gaps will be identified</li> <li>AHP stories will be captured to demonstrate CPD undertaken across the four pillars</li> </ul>	<ul style="list-style-type: none"> <li>AHP Practice Education Lead in conjunction with learning and development</li> </ul>
4.	AHPs are enabled to have active and regular engagement in learning and supported by <a href="#">PDP&amp;R</a> <sup>3</sup>	<ul style="list-style-type: none"> <li>A survey to all AHPs</li> </ul>	<ul style="list-style-type: none"> <li>Implementation Group</li> <li>Learning and Education</li> </ul>

<sup>1</sup> Pillars of Practice

<sup>2</sup> Future Focus

<sup>3</sup> Effective Leadership



## Evaluation Plan - years 3-5

	Outcome	Evidencing Outcomes	Responsible Person(s)
1.	AHPs will be supported and have confidence to develop new and emerging roles to meet people's needs <sup>2</sup>	<ul style="list-style-type: none"> <li>How many new roles have been developed within the previous year will be determined</li> <li>Impact of new roles developed</li> </ul>	<ul style="list-style-type: none"> <li>AHP Senior Leaders</li> <li>NMAHP Workforce Team</li> </ul>
2.	AHPs will have access to Learning and Development opportunities across the pillars of practice <sup>1</sup>	<ul style="list-style-type: none"> <li>A gap analysis of the pillars of practice will be carried out at the end of year 2 across all AHP professions within NHSGGC and a plan to address any gaps will be identified</li> <li>AHP stories will be captured to demonstrate CPD undertaken across the four pillars</li> </ul>	<ul style="list-style-type: none"> <li>AHP Practice Education Team in conjunction with learning and development.</li> <li>AHP Director</li> </ul>
3.	AHPs are enabled to have active and regular engagement in learning and supported by <a href="#">PDP&amp;R</a> <sup>3</sup>	<ul style="list-style-type: none"> <li>A survey to all AHPs</li> </ul>	<ul style="list-style-type: none"> <li>Implementation Group</li> <li>Learning and Education</li> </ul>

<sup>1</sup> Pillars of Practice

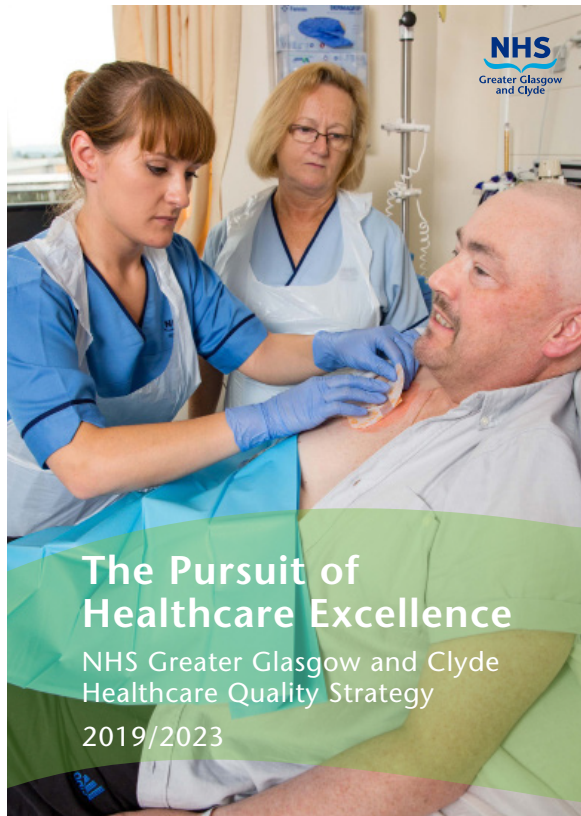
<sup>2</sup> Future Focus

<sup>3</sup> Effective Leadership

## Approaches to support Learning and Development

To achieve effective learning and development, the three themes should be underpinned with a **Quality Improvement (QI)** and “**Digital as Usual**” focus.

### Quality Improvement (QI)



Quality improvement involves the rigorous application of well established methods. These methods focus on incremental testing and implementation changes shown to improve the performance of the clinical system in reaching the agreed level of care quality. All QI projects should improve the life of patients and staff

<https://www.nhsggc.scot/staff-recruitment/staff-resources/allied-health-professions-ahps-professionals-section/ahp-quality-improvement/>

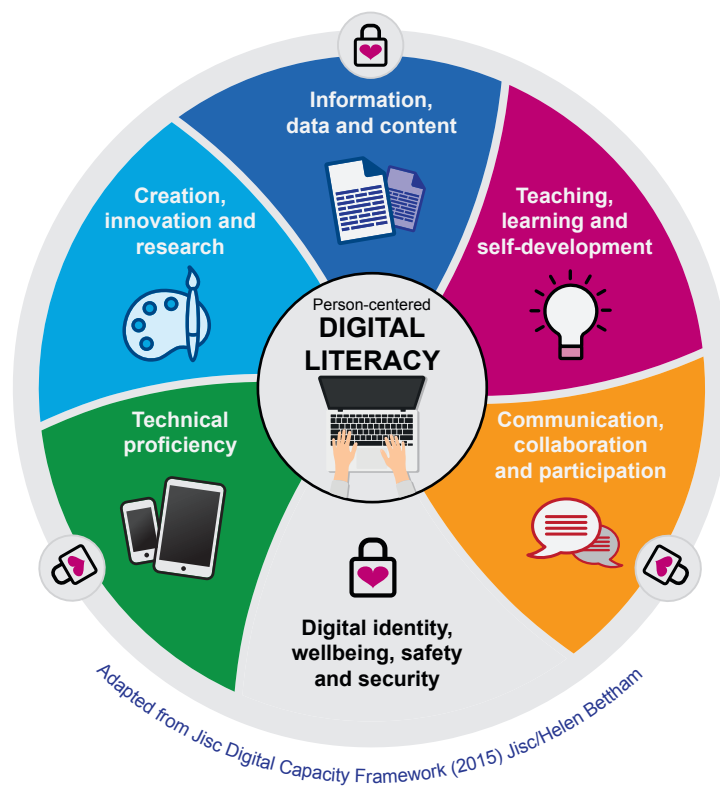


## Digital as Usual

Learning and Development can be enhanced by using digital tools such as eLearning, webinars, clinical database searches etc and these are often the first port-of-call for informal and self-directed study.

However, some attention should be given to the development of digital skills themselves to support AHPs' practice. NHSGGC's [Digital Strategy](#) aims to "Support a modern and flexible workforce with the tools, training and new skills they will need to operate within a modernised organisation and meet the expectations of a digitally confident workforce."

A [digitally enabled workforce](#) is one which utilises technology and innovation to improve care and outcomes.



[Scotland's Digital and Data Capability Framework](#) supports the development of digital capabilities for everyone working in health and social care in Scotland. However, [Newman et al., 2019](#) suggest "that measurement of competency should focus on the local context of environment and professional role to have meaning". Therefore these frameworks are best used as a basis to plan for development for more individualised approaches that have a "Digital as Usual" focus. More information on developing digital literacy and other aspects of digital for AHPs in NHSGGC can be found at: <https://www.nhsggc.scot/staff-recruitment/staff-resources/allied-health-professions-ahps-professionals-section/ahp-digital-health/>

## Appendix 1: Learning Activity Examples

Formal learning activity	Informal learning activity examples	Experiential learning activity examples
<p>Learning which is structured and goal oriented and may lead to a qualification</p> <p>Learning organised and led by a facilitator/teacher</p> <p>Examples include:-</p> <ul style="list-style-type: none"> <li>• Accredited/ professional body courses</li> <li>• Scottish Credit and Qualifications Framework (SCQF)/ Degree</li> <li>• Post Graduate Study - Certificate/Diploma/ Masters/Doctorate</li> <li>• Clinical skill course</li> <li>• Learnpro (CPD) modules</li> </ul>	<p>Learning which may be unplanned and unstructured</p> <p>Learning more likely to be self-directed</p> <p>Examples include:-</p> <ul style="list-style-type: none"> <li>• Discussions with peers and team leaders</li> <li>• Shadowing</li> <li>• Work shadow in specialist clinics</li> <li>• Training in supervisory role to support junior staff</li> <li>• Manage a clinical network</li> <li>• Attending /presenting at a conference</li> </ul>	<p>Learning gained by “doing” and reflecting on the experience</p> <p>Learning may also overlap with or follow formal/informal</p> <p>Examples include:-</p> <ul style="list-style-type: none"> <li>• Flying Start Facilitator role</li> <li>• Participation in service improvement</li> <li>• Informal supervision of others</li> <li>• Leading team through an organisational change</li> <li>• Supervision</li> <li>• Involvement with professional body</li> <li>• Delivery of teaching/ learning to others</li> <li>• Mentoring</li> <li>• Coaching</li> </ul>

## **Appendix 2: Resources**

[AHP Skill Maximisation Toolkit](#)

[AHP Learning Site on TURAS](#)

[AHP NES Portfolio](#)

[Effective Practitioner NES](#)

[Flying Start](#)

[HCPC Standards for CPD](#)

[Meaningful Personal Development Planning and Review](#)

[NES NMAHP Development Framework](#)

[NHSGGC Supervision Policy](#)

[NMAHP Supervision Modules NES](#)

[LeadingTo Change](#)

[Realistic Medicine](#)

[Transforming Roles](#)

[Turas appraisal NHSGGC](#)

[NHSGGC Quality Strategy 2024-2029](#)

[Healthcare Quality Strategy NHS Scotland 2023-28](#)

[Support Worker Central](#)

[NHSGGC Workforce Strategy 2021-2025](#)





## **Appendix 3: Development of the Learning and Development Strategic Framework**

### **AHP Learning and Development Strategic Framework Development Group (2017-2019)**

Group Sponsor – Heather Cameron

Group Facilitator – Elspeth Lee (AHP Practice Education Lead)

#### **Group Members and area representing:**

Lauren Birt – Occupational Therapy

Valerie Blair – NHS Education Scotland

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Jill French – Physiotherapy (MSK)

Pauline Johnston – Podiatry

Gail Morrison – Orthotics and Prosthetics

Linda McLelland – Radiography

Jonathan McConnell – Radiography

Les McQueen – Learning and Development

Dorothy Rae – Occupational Therapy

Eleanor Slaven – Speech & Language Therapy

## **AHP Learning and Development Strategic Framework Development Group (2020-2022)**

Fiona Smith – AHP Director

Elsbeth Lee – AHP Practice Education

Jane Dudgeon – AHP Practice Education

Jennifer Dick – AHP Practice Education

Mhairi Brandon – AHP Advanced Practice

Nikki Munro – Quality Improvement

Gillian Ferguson – eHealth AHP

Chris Grant Pantrey – eHealth AHP

Moira McDonald (Learning & Education, for consultation)

Jackie Todd (Learning & Education, for consultation)

Alasdair Davie (Chartered Society of Physiotherapy Representative, for consultation)



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