

AHP Practice-based Learning March 2023: Summary Video Transcript

The Health and Care professions Council define practice-based learning as the clinical or practical experience integral to Allied Health Professions (AHP) education and preparation to enter the workforce. The onset of Covid-19 saw significant disruption to AHP practice-based learning across Scotland, which exacerbated an already fragile system. The Higher Education Institutes identified practice-based learning deficit across AHP programmes caused by the pause of practice-based learning placements for most professions. There was a loss of up to 40% of AHP practice-based learning placements due to very limited or no placements from April to August 2020. The subsequent reduced capacity risked delayed graduation and workforce supply, increasing pressure on services.

In April 2021, Scottish Government funding to NHS Education for Scotland (NES) and the higher Education Institutes provided a timely opportunity to develop projects and infrastructure to support recovery of and build capacity for AHP practice-based learning. The Scottish government funded 7.2 whole time equivalent AHP Practice Education Lead posts within NES. These posts had a specific remit to engage with the individual Allied Health Professions and to support practice-based learning recovery from the issues exacerbated during the Covid-19 pandemic. NES employed the AHP PELs to undertake twelve specific projects. Ten of which covered 14 Allied Health Professions and two additional posts to specifically look at the infrastructure and cross sector placements. The post whole time equivalent was allocated considering the size of the profession and the deficit of placements.

The uni-professional roles were the first with a singular focus on this scale within the NES AHP team. This allowed in depth scoping to be undertaken throughout Scotland to identify specific barriers and opportunities supporting practice-based learning within the individual Allied Health Professions and across sectors. The posts were fully recruited to by the end of October 2021 and run until the end of March 2023.

The NES AHP Practice Education Leads (PELS) undertook a period of induction to orientate them to their roles and the AHP practice-based learning landscape. Training was undertaken in change management, project management, impact assessment and measurement. Core objectives and workforce deliverables were agreed and shared. Monthly progress meetings were attended by the PELs and by the NES AHP Practice Education Team to share learning, support development, and progress workstream actions.

Scoping identified many stakeholders who were included within the communication strategy and engaged in the projects. This includes but is not limited to the Board AHP Practice Education Leads, AHP Practice Education Coordinators, AHP Practice Educators, the AHP Workforce, AHP professional bodies, AHP students, AHP Directors, colleagues within the Higher Education Institutes, national and board practice-based learning groups, Scottish government, and cross and third sector organisations.

In June 2022, 624 responses to the AHP survey on student practice education were received from clinicians, service leads, and managers. 93% of the respondents were involved in facilitating student practice-based learning and reported that access to online resources, protected time for learning and development, support from peers and colleagues, and sharing experiences are vital to facilitate practice-based learning and support AHPs to become practice educators. Lack of time and training opportunities in addition to not feeling confident to support a student, and not having the knowledge and skills to facilitate practice-based learning were identified as key reasons why some AHPs were not involved in facilitating practice-based learning currently. These findings and others identified through wider scoping discussions influenced the subsequent actions and recommendations.

It should be acknowledged that a focus on building AHP practice-based learning capacity is not new. However, the recovery projects offered increased capacity to identify new

opportunities and to build on existing work, in collaboration with the Higher Education Institutes, Board AHP Practice Education leads, practice educators, professional bodies, and other stakeholders. Following a national AHP growing capacity event in 2018, two consensus statements were agreed by stakeholders involved in practice-based learning across Scotland. These statements are the focus for ongoing work to provide quality, modern, diverse, and sustainable practice-based learning opportunities for all students, in all AHP professions, across all sectors. The statements identify the who, the where, and how modern, diverse, and sustainable AHP practice-based learning can be delivered. This is with the understanding that in addition to a sufficient quantity of quality practice-based learning placements, AHPs of the future need to have access to a range of practice-based learning experiences to ensure that they are prepared for working in new ways and in a range of settings.

Based on the findings of each recovery project's individual scoping exercise, a tailored action plan was developed for each project. There has been a focus on one or a combination of the following which link to the consensus statements:

1. Anyone: increasing the number of individuals supporting an AHP practice education experience compared with pre-pandemic placement delivery, and increasing practice educators, and by that we mean both new and existing practice educators) confidence, knowledge, and skills.
2. Anywhere: increasing the breadth of delivery with new areas cross sector, NHS and non-NHS practice-based learning settings.
3. All ways: increasing the use of different models to support AHP practice-based learning placements.
4. Resources: increasing the range and number of resources, experiences, and training opportunities available to support AHP practice educators. Increasing awareness of and access to new and existing resources embedded in services.

For some of the professions, an increase in the number of available practice-based learning opportunities was also crucial.

Each of the twelve AHP practice-based learning recovery projects established at least one stakeholder group. Individual action plans were formulated to address barriers and to support and develop AHP practice-based learning opportunities. Key actions and outputs that occurred across the projects are as follows and many more are shared within the individual AHP practice-based learning stacks.

Firstly, there has been development of new practice-based learning opportunities with over 400 full-time placement weeks, the equivalent of over 14,000 hours, being created and utilised. Many occurring in new settings and utilising different models and methods of delivery including peer-assisted learning, long arm supervision, projects and digital opportunities. This includes:

- The trial of the first ever peer-assisted learning placement in radiography.
- Speech and language therapy also significantly increased placement capacity through the use of peer assisted learning and explored new settings including in Children and Adolescent Mental Health.
- The orthoptics project increased capacity through the use of peer enhanced e-placements (PEEP).
- Five cross sector organisations were involved in pilots as part of the Cross-sector project providing new opportunities for occupational therapy and physiotherapy students in the first instance, with plans for other professions in place and learning that can be widely applied.
- Students undertook a digital project-based peer-assisted learning placement within the NES AHP Practice Education team.
- Further placement weeks were created and although not utilised for different reasons will be opportunities for the future. Furthermore, support was given to restart or continue existing opportunities or deliver these in different ways.

Secondly, there has been the development of training opportunities including over 30 training sessions plus 19 peer-assisted learning training sessions. Amongst these training sessions were:

- Prosthetics and orthotics sessions for practice educators on preparing for placements, the range of practice-based learning models and blended models.
- Solution focused myth busting practice-based learning workshops developed, piloted, and delivered in person and online as part of the occupational therapy project.
- For paramedics, a how-to webinar and practice educator training days delivered in collaboration with the Higher Education Institutes.
- And the 19 peer-assisted learning workshops that I mentioned utilising a train the trainer model - 8 AHP and 11 uni-professional workshops.

Thirdly, there has been development of over 30 new resources to support practice educators and students, plus communications and updates. New resources include:

- A cross and third sector framework for creating, developing, and sustaining placements.
- A resource pack and promotional video to support practice-based learning for arts therapies trainees and practice educators.
- Development of a module and digital resources promoting dietetics practice-based learning in specialist areas.
- A range of resources developed as part of the physiotherapy project including a placement mapping process document, story telling resource sharing a range of case studies and examples of using different practice-based learning models.

- Building on existing practice educator frameworks, within the infrastructure project a framework to support practice educator development. A tool to facilitate career and personal development. This resource is suitable for all AHPs across all bandings, inclusive of non-registered members of staff.

And the final key input I will share is development of networks, drop-in clinics and support sessions for practice educators across professions:

- Podiatry were one of the professions who piloted and developed drop-in sessions. Sessions provided an opportunity for peer support, problem solving, and shared learning, and this complemented their collaborative practice educator training and network development.

A number of actions were undertaken as part of the overall workstream with support from the Uni-professional PELs, Board AHP PELs, practice educators and Higher Education Institute colleagues.

- There has been the development of AHP practice-based learning recovery pages within the AHP Turas learn site to showcase project updates and new resources.
- There has been development and launch of a national AHP practice based-learning virtual community enabling engagement and support whilst being a go-to platform to access what is needed. Linking back to the June 2022 survey this provides opportunities to network, share learning and examples, and highlight new and existing resources.
- There's been development of an AHP practice-based learning flashcard resource. A quick guide to support busy practice educators providing a placement preparation checklist, information on different models and methods of delivery, and highlighting relevant training and resources.
- We had the March 2023 AHP conference with development of learning stacks where further information is available following this event.

Evaluation of this work is ongoing and the following themes are emerging as recommendations. It should be noted that this is not an exhaustive list.

1. There is real value in developing and sustaining networks and support structures. Networking opportunities and sharing stories have been found to be effective ways to support practice educators and share learning that we need to continue to build on.
2. There should be clear support mechanisms identified to continue to build momentum. This may be the continuation of stakeholder groups or utilising wider networks and virtual communities.
3. We recommend the development and use of the AHP practice-based learning virtual community, and other mechanisms to share and showcase examples of good practice, offer support and networking opportunities, to highlight and increase access to training opportunities and resources.
4. What we have seen is the taking up of opportunities and thinking differently to modernise and increase diversity in practice-based learning. We know there is value in traditional one-to-one models, and more and more we are also now utilising different models and methods of delivery and exploring their benefits and opportunities. Building on the success of the peer-assisted learning train the trainer model, consideration should be given to this approach for other placement models and methods of delivery or actions agreed to develop other relevant training and how-to sessions.
5. Further consideration should be given to long arm supervision and how this may be provided more robustly to increase sustainability.
6. We need to keep building and supporting the development of our practice educator workforce with engagement at all levels.
7. Implementation of an AHP practice-based learning campaign will promote the consensus statements, raise awareness of the value and benefits of practice-based learning, how to become a practice educator, and aim to obtain engagement at all levels. Watch this space for the campaign.

8. Practice-based learning and practice-based learning resources need to be embedded in our infrastructure, in both service plans and staff personal development plans. Use of the practice educator framework developed in the infrastructure project, and the other project resources will assist with this.
9. The use of a Uni-professional approach should be considered in other areas of NES work within the AHP portfolio. This may also allow succession planning for practice education lead roles.
10. Finally, to measure effectiveness and progress, we must have agreed data sets and a quality management system.

In conclusion, there continues to be the need for an ongoing focus on AHP practice-based learning and collaborative working is key to provide high quality opportunities that are modern, diverse, and sustainable. There is no quick fix but strength in developing a wide breadth of opportunities, including new models and methods of delivery, support networks and communities. AHPs across Scotland continue to demonstrate commitment to supporting and developing these opportunities. This work and that delivered by the Higher Education Institutes has allowed collaboration on a scale we haven't seen before, and we are starting to see a change in culture. There is value in consideration being given to both AHP and profession specific approaches in the future, recognising our collective strength as an AHP group, but also the uniqueness of the different Allied Health Professions. I would suggest that all of this is far more than recovery and is vital in supporting our practice educators and supporting our future AHP colleagues to develop the skills required to enter the workforce in an ever-changing landscape.

A massive thank you to the practice education leads who have led on these projects and to everyone who's been involved in and supported this work. Further information on the AHP practice-based learning recovery projects can be found within the learning stacks and I would really encourage you to look at the learning stacks as I've not been able to share in detail in this presentation what has been achieved in each project. Thank you very much for listening and for all your contributions to AHP practice-based learning.