



Evaluation of the TURAS Professional Portfolios

Final Report June 2024

Harlow Consulting

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1. Introduction

1.1 Background

NHS Education for Scotland (NES) is an education and training body and a national health board within NHS Scotland. They are responsible for developing and delivering healthcare education and training for the NHS, health and social care sector and other public bodies. They have a Scotland-wide role in undergraduate, postgraduate and continuing professional development.

The NES Learning and Education Strategy 2023-2026¹ sets out their strategic vision to support better rights-based quality care and outcomes for every person in Scotland through a skilled, capable, and resilient health and social care workforce. In this document they set out their seven principles for learning and education:

1. Prioritising quality and impact through people
2. Supporting high-quality learning and education
3. Enhancing coherence, reducing duplication, and driving efficiency
4. Actively seeking collaboration and partnership
5. Embedding inclusivity, widening access, and responding to the climate emergency
6. Adapting for innovation and new ways of delivering health and social care
7. Systematically defining and measuring quality, value, and impact.

In order to deliver the strategic vision, and informed and guided by the seven principles, NES is focussing their efforts on four priority themes:

- Priority Theme 1: Development and implementation of an integrated and holistic approach to quality
- Priority Theme 2: Developing new, future-focused learning pathways
- Priority Theme 3 Enhancing learner-centred delivery
- Priority Theme 4 Working in Partnership.

Under Priority Theme 3, NES intends: *“personalising the learning experience and meeting learners where they are. Using improved workforce data and career and learning frameworks, we will refresh our digital platform, Turas, to deliver personalised learning and*

¹ [nes learning and education strategy 2023-2026.pdf\(scot.nhs.uk\)](https://www.scot.nhs.uk/nhs.uk/learning-and-education-strategy-2023-2026.pdf)

a portable record of achievements. A key feature of this work will be to consider how it can support greater transferability of learning resources and records across the system (including mandatory learning) with a view to reducing duplication and driving efficiency. This will be a medium-term goal with immediate foundational work commencing in late 2023 to better understand user requirements and our current system capabilities. At the same time, we will develop our educators to support inclusive approaches and promote learner-centred practices.“

As noted above, a key element of this priority theme will be to refresh the NES digital platform Turas. Turas was developed by NHS Education for Scotland (NES) to provide a centralised platform for its digital products and services. The platform currently hosts a variety of custom-built applications, including:

- Turas Learn - a content and learning management system that hosts learning sites, eLearning modules, learning programmes and courses
- Turas Appraisal - the application for recording the appraisal information of Health and Care staff across Scotland
- Turas Professional Portfolios – a central repository to generate, record, reflect upon and share evidence of learning and continuing professional development.

NES has committed to building an evidence base for the user and consumer expectations of a modern, dynamic learning and development experience as part of the Turas refresh.

NES commissioned Harlow Consulting Ltd. to evaluate the Turas Professional Portfolios, as part of building this wider evidence base. The scope of this evaluation focuses on the portfolios hosted on Turas for three groups:

- Allied health professionals (AHPs)
- Nurses and midwives
- The support workforce.

1.2 Aims and objectives

The evaluation has two overarching aims, to:

1. Understand how the three different professional portfolios are being used
2. Inform and make recommendations on any development and support measures that are required to complement the professional portfolios

The objectives underpinning these aims are to:

1. understand which staff across NHS Scotland are using and working with the professional portfolios in their practice;
2. understand the experiences of using the professional portfolios across settings;
3. understand the experience of those supporting and/or managing staff who are using the professional portfolios;
4. explore facilitators for engagement and use of the professional portfolios in a wide variety of settings;
5. explore barriers to engagement and use of the professional portfolios in a wide variety of settings and what would support these conditions;
6. assess the benefits of the professional portfolios for those working at levels 2 to 8;
7. understand the impact of the professional portfolios to practice across settings; and,
8. inform and make recommendations on what development and support measures are required around the professional portfolios in a way that is responsive to emerging and changing workforce conditions, priorities, and needs.

1.3 Methods

In order to evaluate the Turas Professional Portfolios, a mixed-methods approach was taken to the research. The evaluation comprised:

- An online survey with nurses and midwives, AHPs, the support workforce, and educators (e.g. university or college lecturers)
- Two focus groups with nurses and midwives
- Two focus groups with AHPs
- One focus group with the support workforce
- Two interviews with support workers.

A period of desk research, reviewing previous research and documentation from the Professional Portfolios was carried out to inform the design of research collection tools.

1.3.1 Survey

The survey with the different groups of staff who would use the professional portfolios was conducted online, via the secure online survey platform Snap Surveys, and lasted approximately 20 minutes.

The survey was designed in collaboration with the project team at NES.

A single survey was used for all staff groups, but different groups were routed to different questions based on their profession, the type of portfolios they would use, and whether or not they were aware of, and/or using the portfolios.

The survey covered:

- Awareness, registration and use of the Turas Professional Portfolios
- Experiences of using the Turas Professional Portfolios
- Enablers of and barriers to the use of the Turas Professional Portfolios
- Experiences of supporting others to use the Turas Professional Portfolios
- What's working well/what could be improved about the Turas Professional Portfolios.

The survey was distributed by NES and relevant stakeholders/networks by sharing the open link through relevant communication channels. There was also early engagement with a series of user groups for each audience (nurses and midwives, AHPS, and the support workforce) by NES to explain the purpose and benefits of the work to increase engagement and help encourage responses.

In total, 604 respondents completed the survey. For a full breakdown of the response profile please see the Appendix.

1.3.2 Focus groups

In total, six focus groups were planned as a follow-up to the survey, two for nurses and midwives, two for AHPs, and two for the support workforce. Due to low attendance, one of the support workforce focus groups was replaced by two in-depth interviews.

Focus group participants were recruited from the survey recontact question, with additional recruitment carried out through the project user group forums.

The topic guide was developed in collaboration with the team at NES and was designed to focus on generating suggested improvement actions and recommendations, as well as covering some of the issues from the survey in more depth.

1.3.3 Analysis

Survey data was analysed in Excel and Snap Surveys, with cross-tabulation to draw out additional details.

Open data from the survey was cleaned and divided into categories or analysed thematically depending on the length of the data. For example, a question about barriers and how they could be overcome would be split out into barriers and solutions and then commonalities found.

Focus group data was analysed thematically.

Finally, once all parts of the analysis were synthesised, a comprehensive analysis was undertaken.

1.4 About this report

This report presents the findings of the evaluation and is structured around the following key themes:

- Current landscape of use
- Design, function and usability
- Enablers and barriers to use
- Overall key performance indicators.

2. Literature review

2.1 Using e-portfolios in continuous professional development

Continuing professional development (CPD) is defined as learning experiences which help you develop and improve your professional practice. This can include building on your strengths, as well as developing yourself where you have capability gaps.² In the last two decades, the rise of technology has, and will continue to, fundamentally change how people work, and the type of work that they do. Documenting continuous professional development and demonstrating cross-competency skills, including a baseline of digital skills, is key to thriving in this rapidly changing job market.³

In the health and social care sector, there are additional drivers in the importance of continuous professional development as healthcare professionals need to embrace learning to remain competent, adapt to changes and deliver the best possible patient care. For example, this could be through keeping abreast of emerging research, updated clinical guidance, and other healthcare advancements or it could be through more formal achievement, such as pursuing advanced practitioner status or completing specific competency frameworks.

This is supported by the vision set out in Scotland's National Workforce Strategy for Health and Social Care in Scotland⁴ for a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work that they do.

The idea of developing a portfolio of evidence to help support continuous professional development has been around for a long time. The move from paper-based methods to e-portfolios started two decades ago with the practice emerging in the mid-2000s.⁵ This coincided with the wider digitalisation of both educational settings and the workplace. As the use of e-portfolios increased over the next ten years, e-portfolios moved into the mainstream and saw widespread use across many different settings and industries.

E-portfolios can be viewed in many ways but are most often used in continuous professional development as a product, as a process or as an assessment tool.⁶ As a

² [What is Continuing Professional Development \(CPD\) | CIPD](#)

³ SDS Sectoral Skills Assessment Healthcare 2023. Accessed at: [PowerPoint Presentation \(skillsdevelopmentscotland.co.uk\)](#)

⁴ [National Workforce Strategy for Health and Social Care in Scotland \(www.gov.scot\)](#)

⁵ Farrell, O. From Portafoglio to Eportfolio: The Evolution of Portfolio in Higher Education (2020). [From Portafoglio to Eportfolio: The Evolution of Portfolio in Higher Education - Journal of Interactive Media in Education \(open.ac.uk\)](#)

⁶ Becta. Impact Study of e-portfolios on learning (2007) [Impact study of e-portfolios on learning \(ioe.ac.uk\)](#)

product, the e-portfolio can act as a single repository within which individuals can store purposefully selected evidence, at a specific point in time, with a particular audience in mind. The other way that an e-portfolio can be viewed is that the process of collection, selection, reflection, and evaluation of different types of evidence to be included is where the benefit lies. Finally, there is often an assessment element to e-portfolios where learners can gather together evidence, which can help ease the process of compiling evidence for judgement, e.g. for NMC revalidation.

Previous research has highlighted a number of benefits that individuals can gain from using e-portfolios including improved digital skills,⁷ greater ability to share with others and gather feedback to a central point, greater reflection on own skills and practice,⁸ ability to use multimedia materials,⁹ greater visibility of strengths, weaknesses and achievements. However, research into the impact that e-portfolios have could be considered to be outdated. Recently, little research has been conducted.

2.2 Existing evidence on the TURAS professional portfolios

NES have commissioned two previous pieces of research to explore the use of Turas professional portfolios, specifically in relation to use among AHPs.

The first, completed in 2021, was a stakeholder feedback exercise that was aimed at scoping how the NES AHP Professional Portfolio can meet the needs of AHP Advanced Practitioners. The research comprised a literature review, a survey and semi-structured stakeholder interviews.

The project identified that literature around the use of e-portfolios among AHPs was limited with most studies focusing more on the frameworks used to demonstrate advanced practitioner status rather than the tools used to gather evidence. There was also a focus on nursing practitioners rather than AHPs. The literature did highlight some aspects of best practice when it came to the use of portfolios among advanced nurse practitioners and highlighted that the Turas professional portfolios were meeting these standards of good practice.

⁷ Becta. [Impact study of e-portfolios on learning \(ioe.ac.uk\)](http://ioe.ac.uk) (2007)

⁸ Gordon, P. Using e-Portfolio as a Reflective Assessment Tool. (2009) [HEA Case Study Abstract \(July 10 2009\)](#)

⁹ Abrami, P and Barrett, H. Directions for Research and Development on Electronic Portfolios (2005). [View of Directions for Research and Development on Electronic Portfolios | Canadian Journal of Learning and Technology \(cjlt.ca\)](#)

Key findings from the research included:

- a strong belief in the importance of advanced practitioners using a portfolio
- compatibility with HCPC audit was a high priority
- clinicians and managers hope the portfolio could be used as an experiential pathway to evidence Masters level with the involvement of HEI in potential accreditation
- there are lessons to be drawn from Greater Glasgow and Clyde, as they are currently doing this with advanced nurse practitioners using the portfolio
- further clarity of the expectations of content and if an accreditation process will be required for AHP advanced practitioners.

The second piece of work was conducted in 2023 and reviewed the use of the Turas AHP professional portfolio among radiographers in NHS Lothian. The methodology comprised a survey of 57 radiographers.

Key findings from the research included:

- radiographic staff view professional portfolios as a CPD log
- most were unaware that NES offered a professional portfolio via Turas
- a role specific portfolio is available to this group through the Society of Radiographers via their CPD Now offer.

2.3 Comparative use of e-portfolios

2.3.1 Use of e-portfolios in other professions

Sector wide use of e-portfolios tended to be largely confined to Higher Education and Healthcare Sectors. That is not to say that organisations, or even individuals, do not use portfolios - rather that there does not seem to be a sector-wide, coordinated approach, or at least publicly available information if there is. Or, there is use of them in training that is not carried over into working life (e.g. e-portfolios are used in teacher-training but do not seem to be necessarily retained once qualified).

In higher education, e-portfolios are primarily used to help students build a portfolio of learning and support their transition from education into employment. However, this also extends to the use of e-portfolios among teaching staff as well. The vast majority of research conducted into the benefits and uses of e-portfolios is through this perspective.

While e-portfolios are also used extensively in further education and by other work-based training providers, this tends to be from more of an assessment perspective, rather than ongoing professional development. In this sector, there is a particular focus on the use of e-portfolios in the assessment of apprenticeships.

It has tended to be through higher education that the healthcare sector has moved into the e-portfolio space. As early as 2005, e-portfolios were introduced for trainee doctors and supported their development during post-graduate training. Since then, other healthcare professions have followed suit, for example Dentistry and Pharmacy. While there is still a focus on training, healthcare is a sector in which the use of e-portfolios has expanded beyond education and more successfully into practice.

2.3.2 Use of e-portfolios in other regions of the UK

In Scotland, NES provide free to use e-portfolios for all NMAHP and support staff regardless of role or Health Board. There is another e-portfolio available to social care professionals that can be accessed through the Scottish Social Services Council (SSSC), which may overlap with the NES offer.

In the rest of the UK, e-portfolio use outside of the medical profession is more fragmented and it is not always clear where this is made available to staff through the NHS. There do seem to be e-portfolios specifically for Pharmacy and Dentistry, as well as very recent provision for advanced practitioners. However, there is no clear coverage for nurses, midwives or AHPs beyond what they might receive at university. Coverage for the support workforce is not well-documented if it exists.

While the e-portfolio coverage in NHS Scotland is much more comprehensive than elsewhere in the UK – and whilst NES publishes videos and guidance to support the use of portfolios - this does not seem to be as extensive as what is available in the rest of the UK (notwithstanding specific guidance documents created by individual health boards or by individual HEIs).

There is an added layer of complexity as certain professional associations provide their own role specific e-portfolios (e.g. the Society of Radiographers or the Chartered Society of Physiotherapy). However, access to these will likely depend on membership fees to those associations.

Finally, there are commercial e-portfolios available that are often used by healthcare professionals because they offer specific features that they cannot get, or at least perceive

they cannot get from what is available to them via the NHS. For example, the programme CPDMe has the functionality to be downloaded as an app on your phone, which makes it worth the investment to some individuals.

3. Current landscape of use

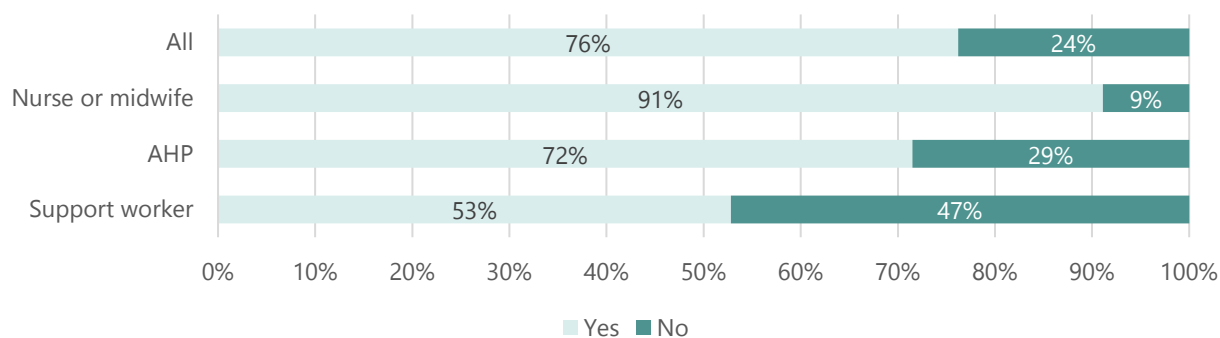
Key point summary

- Awareness of the professional portfolios is generally high, with notable differences amongst the respondent groups: almost all nurse and midwives are aware versus only around half of support workers.
- Those who have not accessed the portfolios show a high level of interest in accessing them in future; the best communication methods for all groups are emails from NES, dedicated training sessions, or via information on Turas itself.
- The most valued use for the portfolios is as a central place for recording information on CPD: this was highlighted most by those who currently don't use them, and is the most common way in which current users use them; amongst nurses and midwives, NMC revalidation is also seen as a potential use.
- Most of those who are aware of professional portfolios found out about them via the Turas portal, with other fairly common routes being via a line manager or practice education team.
- Levels of registration on professional portfolios are highest amongst nurses and midwives, and lowest amongst support workers.
- A lack of knowledge on how to use the professional portfolios is cited for the main reason for not using them; a lack of time is also a factor.
- Further guidance on how to use the portfolios and guidance on how to access the portfolios are both highlighted as the main factors that would encourage people to register. For nurses and midwives, the greatest motivator would be information on how portfolios can support NMC revalidation.
- For those who have registered but don't use professional portfolios, time is the greatest barrier, followed by a lack of knowledge of how to use them. Guidance on how to use the professional portfolios is therefore identified as a lever to encourage use, as well as information on the benefits of portfolios and how they might support career progression.
- Most of those who have registered on Turas use their professional portfolios and typically use them once a quarter. Support workers use them less regularly.
- Overall, portfolios are used most often for recording learning activity and for recording evidence. However, nurses and midwives most typically use their professional portfolios for NMC revalidation.
- Portfolios users are fairly positive about their impact on practice; AHPs are most positive. Positive impacts include being able to keep a record of CPD in one place and easing the process of recording evidence for revalidation.

3.1 Awareness

Awareness of the professional portfolios on Turas varies by group. Nurses and midwives are the most aware (91%), support workers the least aware (53%), and AHPs in between (72%) (Figure 1).

Figure 1: Awareness of TURAS professional portfolios

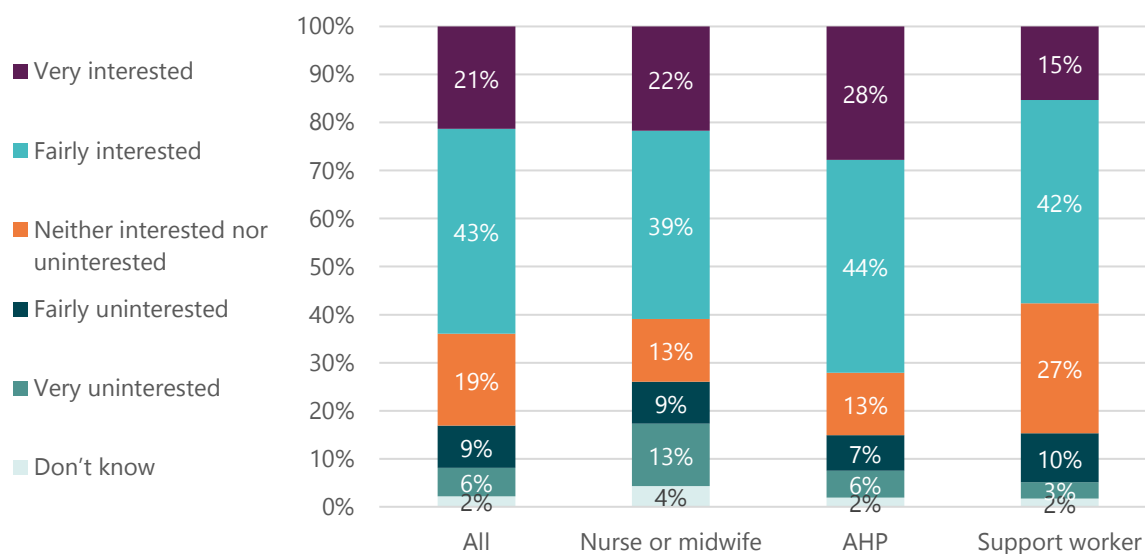


Base: 576 (NM 258, AHP 193, SW 125)

3.1.1 Those who are not aware of the professional portfolios

Respondents who were not previously aware of the professional portfolios were asked how interested they would be in accessing the portfolios, having now been made aware of them. Interest was relatively consistent but did vary slightly between groups, with AHPs particularly interested: 72% were either ‘very’ or ‘fairly’ interested, around 10% higher than other groups (Figure 2).

Figure 2: Interest in accessing the professional portfolios



Base: 136 (NM 23, AHP 54, SW 59)

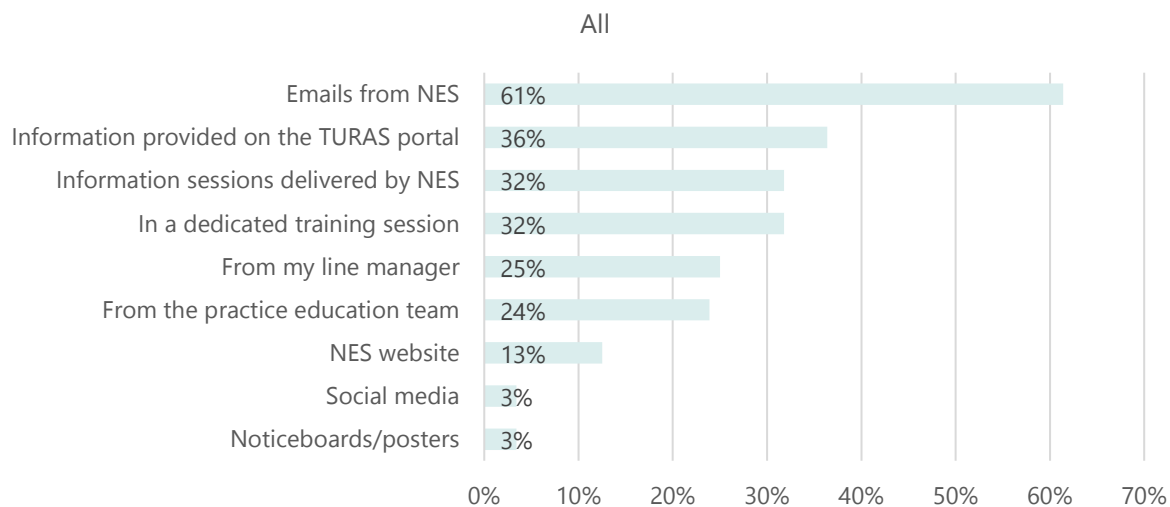
Respondents who were previously unaware of the portfolios were also asked how they would like to receive information about the professional portfolios. The most common response across all groups was ‘emails from NES’: 61% overall (Figure 3).

Other responses varied across the three groups: amongst nurses and midwives a dedicated training session (36%) was the second most common response. A similar proportion of AHPs (35%) were also interested in this method of communication, and slightly fewer support staff (27%).

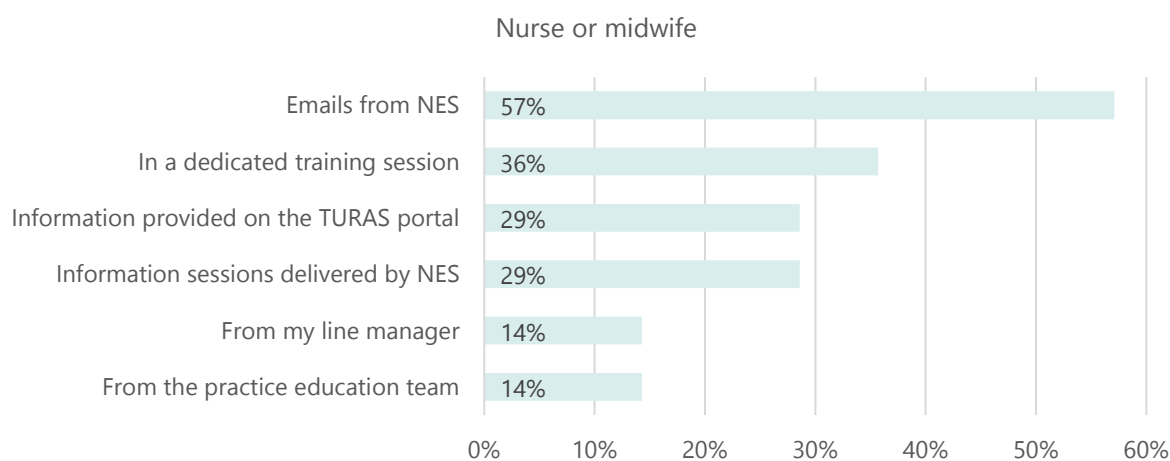
Information provided on the Turas portal itself was the second most favoured option amongst support staff (47%), but was not as popular amongst nurses and midwives, or AHPs.

Note: base numbers for each of the respondent groups are low.

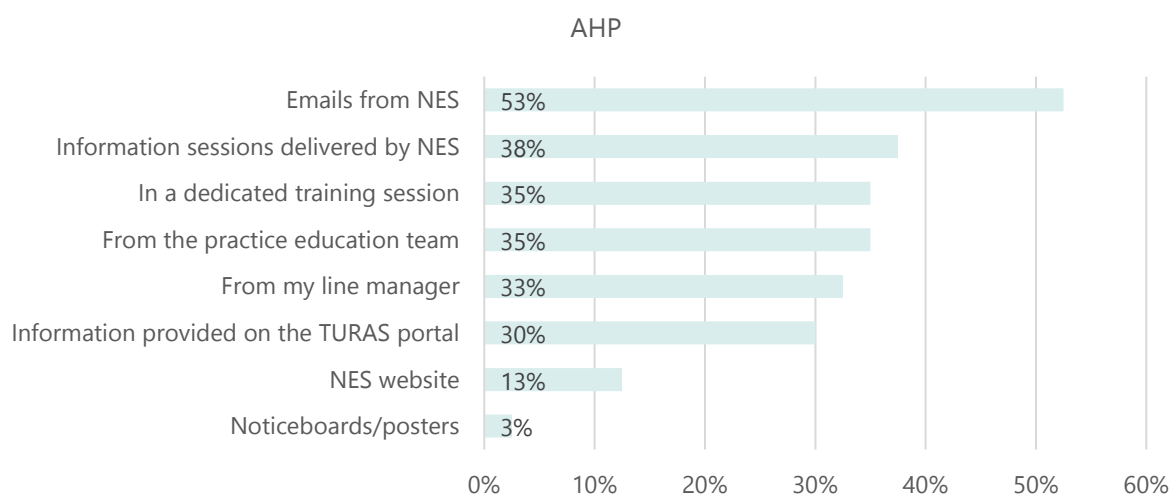
Figure 3: Preferred communication methods



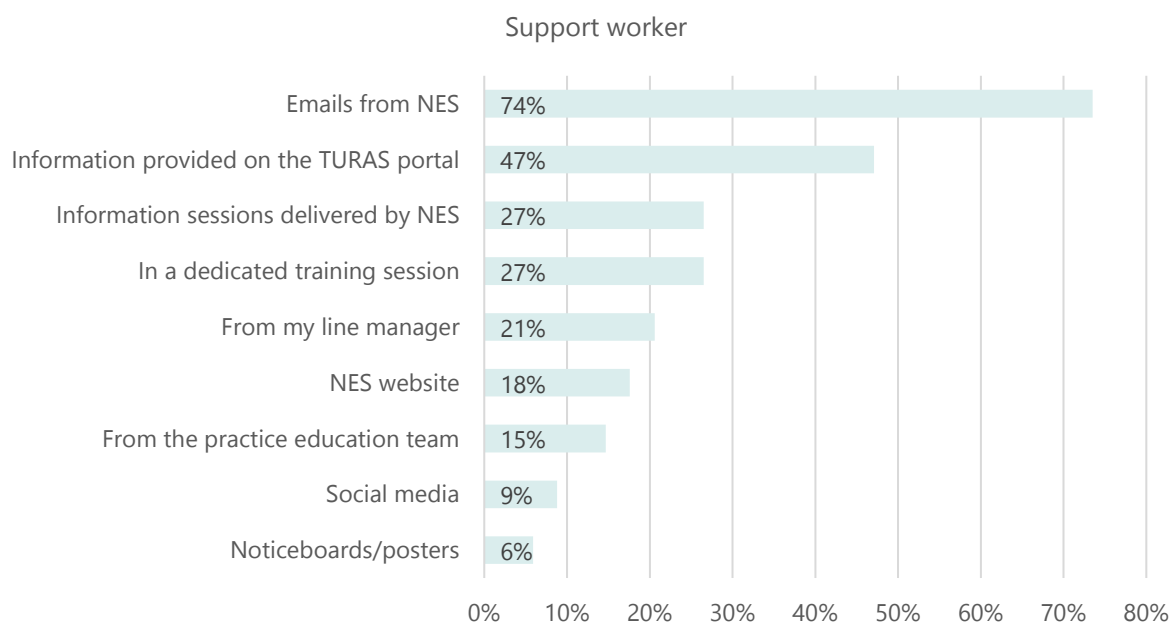
Base: 88



Base: 14



Base: 40



Base: 34

Those who were unaware of the professional portfolios prior to the survey were also asked how they would use the portfolios now that they had been made aware of them.

The most common response overall was ‘to keep a record of all my CPD in one place’ (61%), however, this varied across groups.

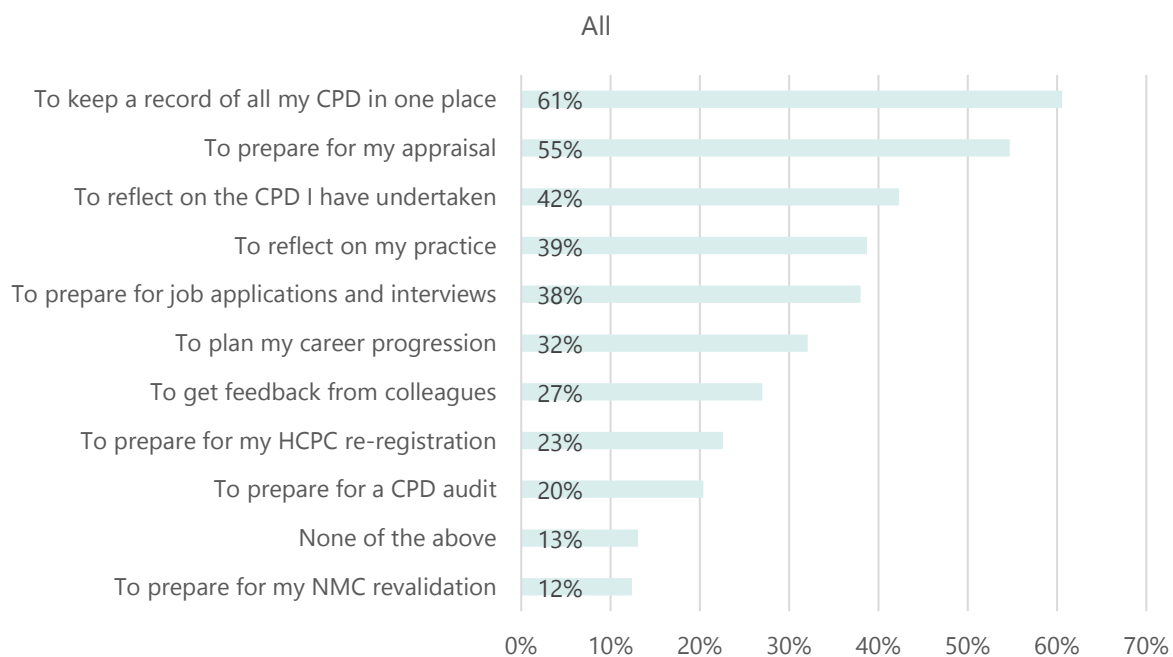
For nurses and midwives, preparation for NMC revalidation was an equally popular response (74%), followed by ‘to prepare for appraisal’ (48%).

Preparation for appraisals was also identified as a popular use amongst AHPs (60%) and support workers (53%); this was the top answer for the latter.

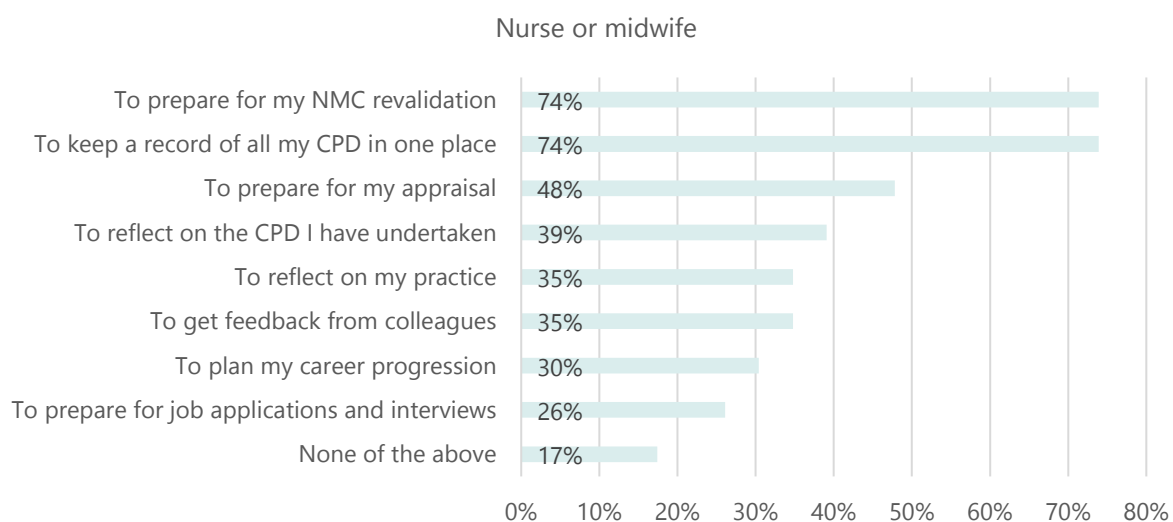
The least common answers across the groups were to prepare for a CPD audit, or to gather feedback from colleagues.

Note: base numbers for each of the respondent groups are low.

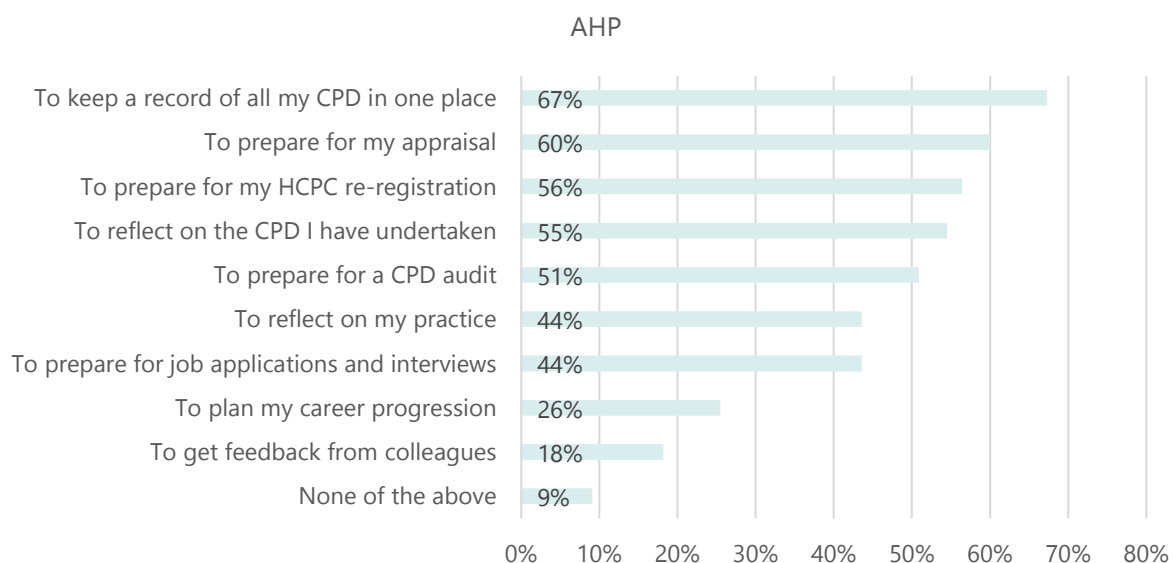
Figure 4: Now that you are aware of how the portfolios can be used - how would you use them?



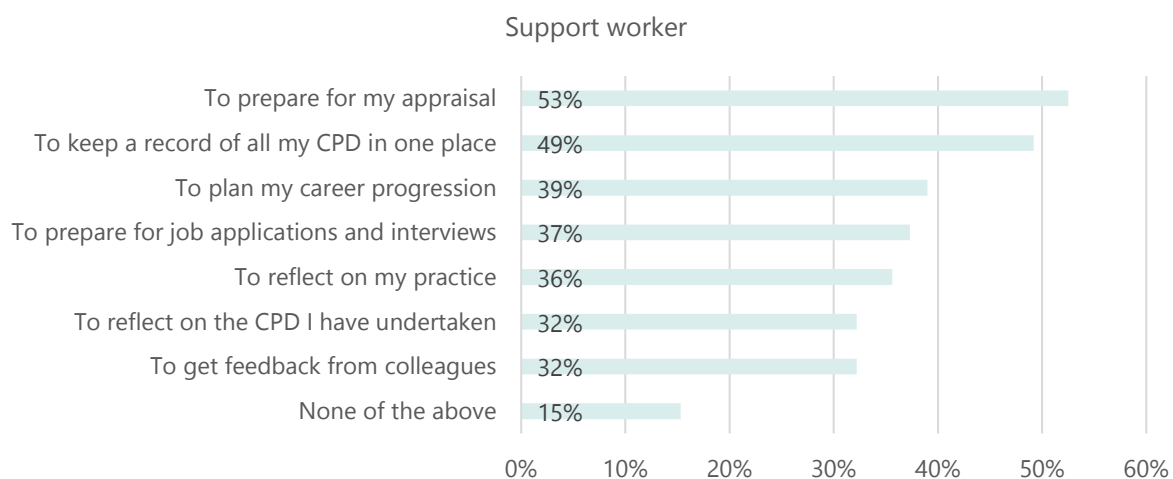
Base: 137



Base: 23



Base: 55



Base: 59

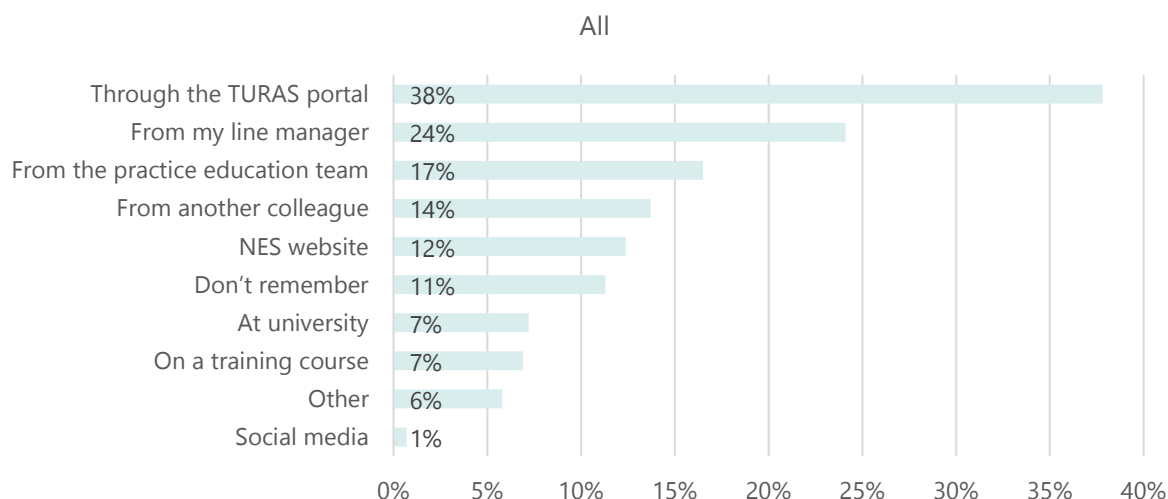
3.1.2 Those who are aware of the professional portfolios

Respondents who are aware of the portfolios were asked how they found out about them. In all groups, the Turas portal was the most common means of finding out (Figure 5).

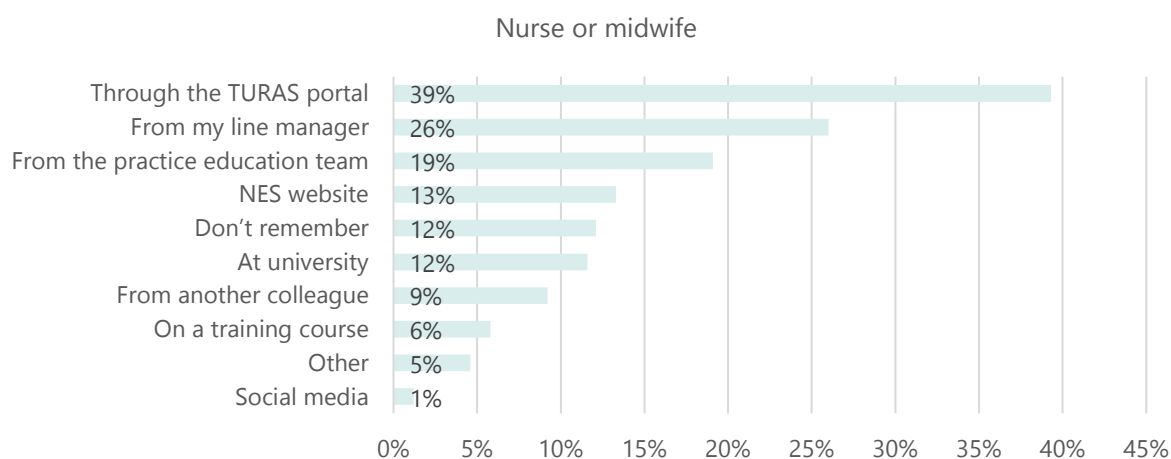
For nurses and midwives and support workers, the second most common response was ‘from my line manager’ (26% and 28%, respectively); for AHPs this was ‘from another colleague’ (24%).

Awareness built via social media (1%) or a training course (7%), or university (7%) was very low.

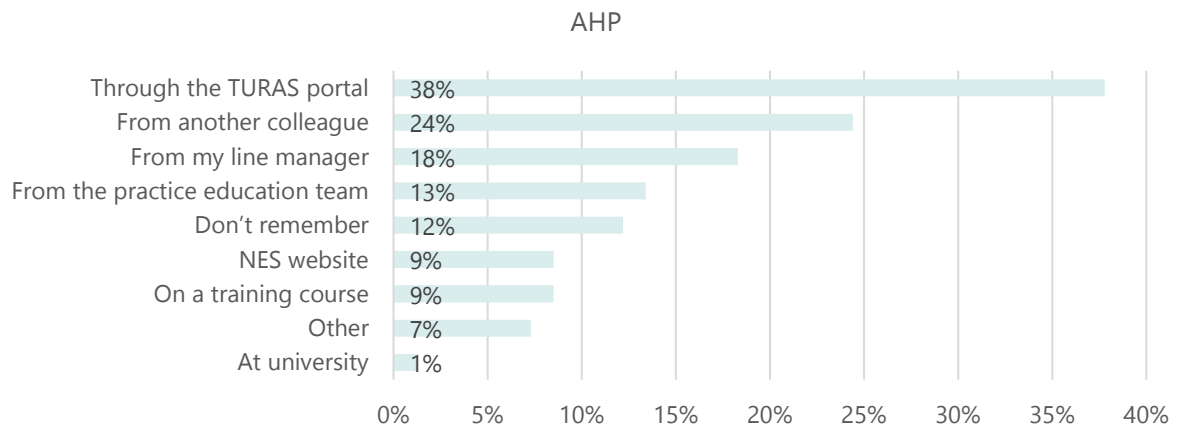
Figure 5: How did you find out about the professional portfolios?



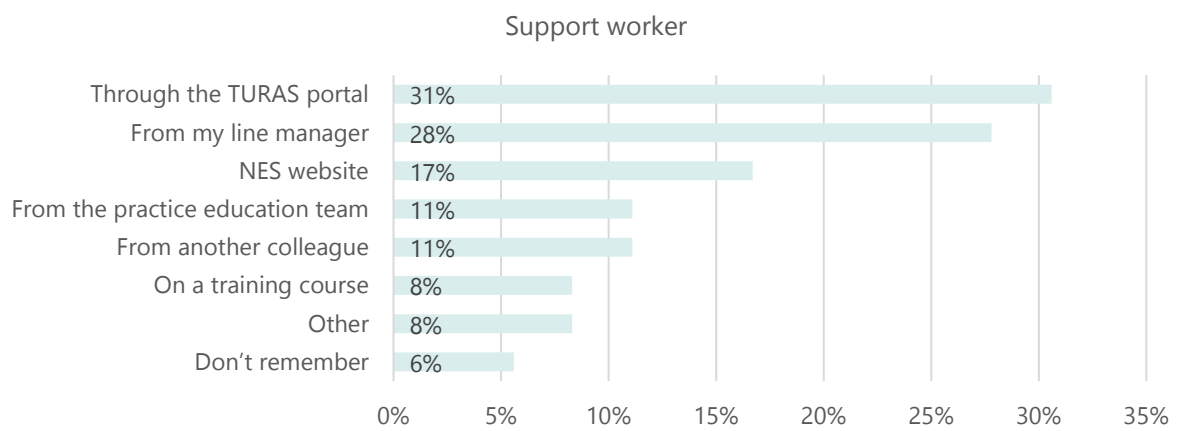
Base: 291



Base: 173



Base: 82

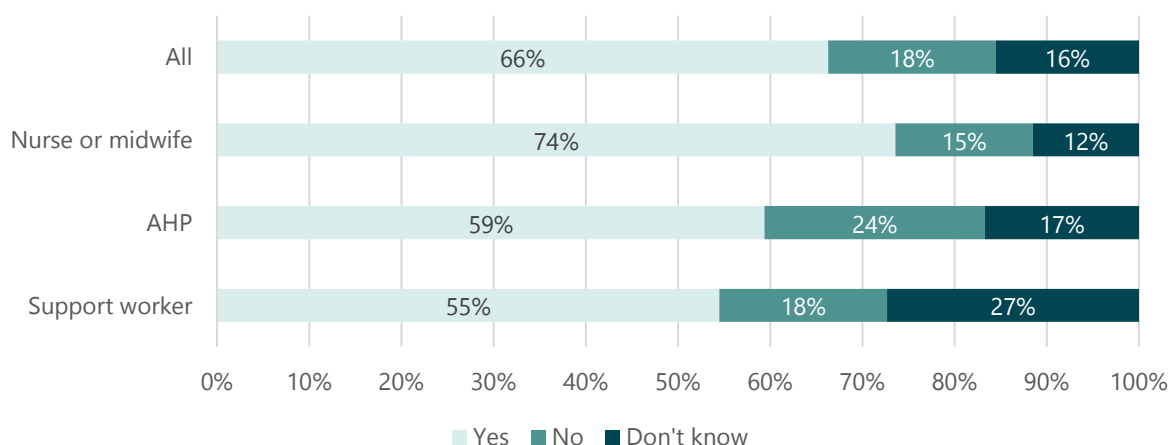


Base: 36

3.2 Registration and levels of use

Registration levels are highest among nurse and midwife respondents (74%) and lowest among support workers (55%). Support workers are most likely to be uncertain of whether they have registered or not, with over one-quarter of respondents selecting ‘Don’t know’ (Figure 6).

Figure 6: Whether respondents are registered on Turas



Base: 439 (NM 235, AHP 138, SW 66)

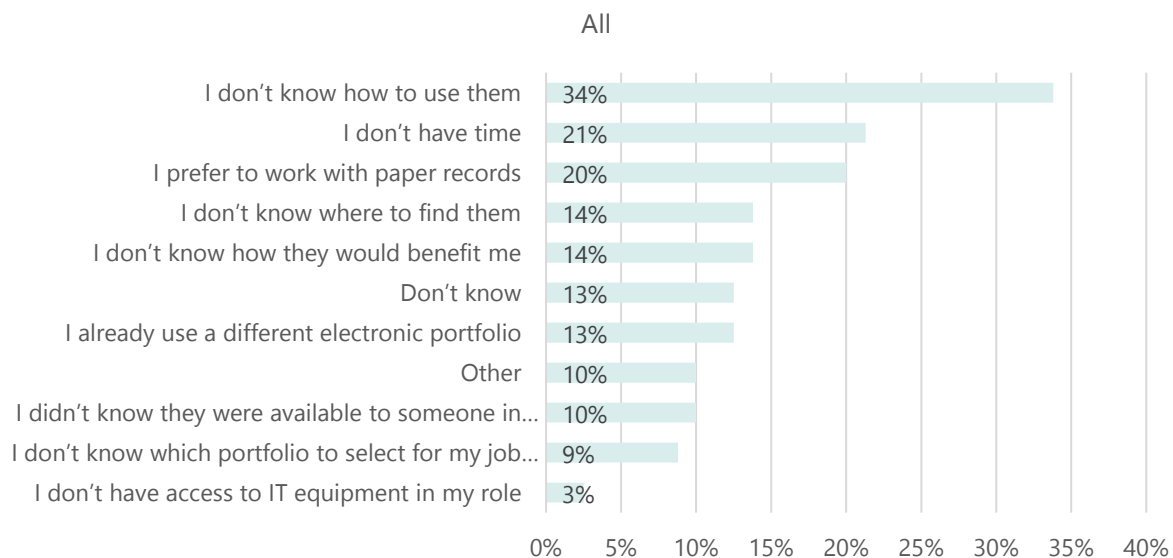
3.2.1 Those who are not registered on Turas

Respondents who had not registered for the professional portfolios were asked why they had not registered, with the dominant reasons varying between groups (Figure 7).

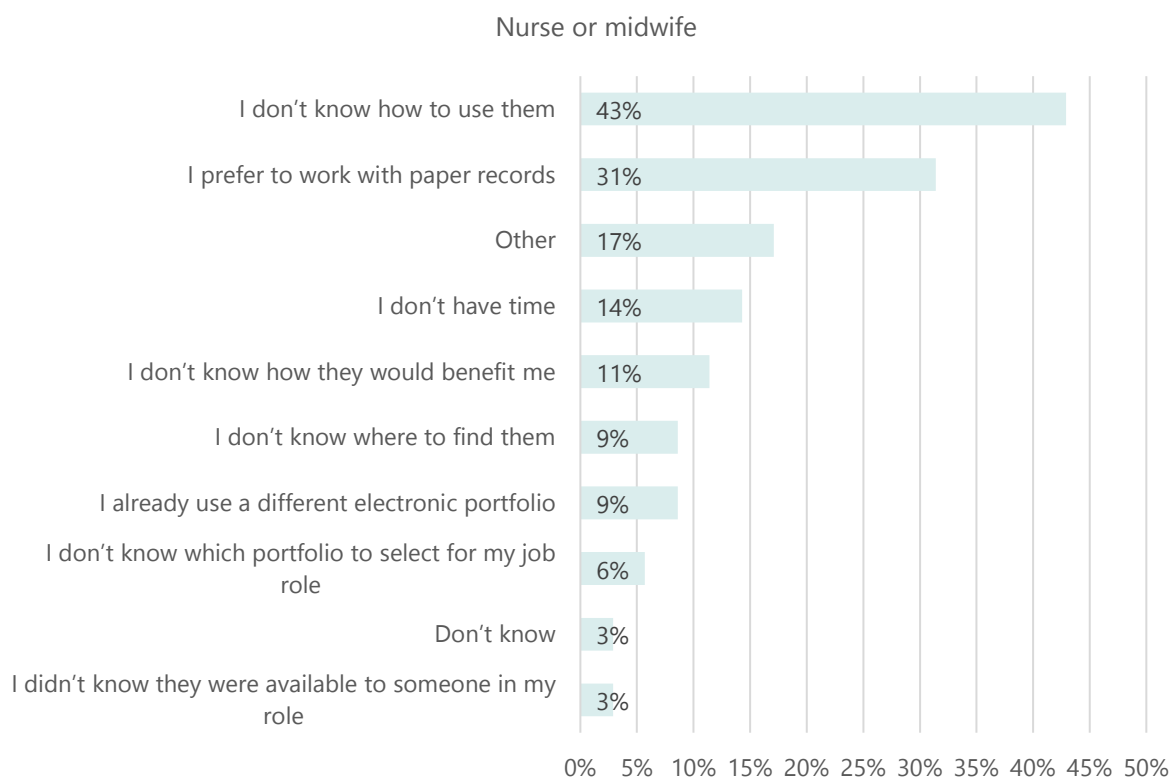
Overall, respondents were most likely to state that they don’t know how to use them (34%). The most common reason for AHPs is a lack of time, and 25% of support worker respondents did not know they were available for their job role.

Note: bases for each of the respondent groups are low. Percentages do not add up to 100% because respondents could select multiple answers.

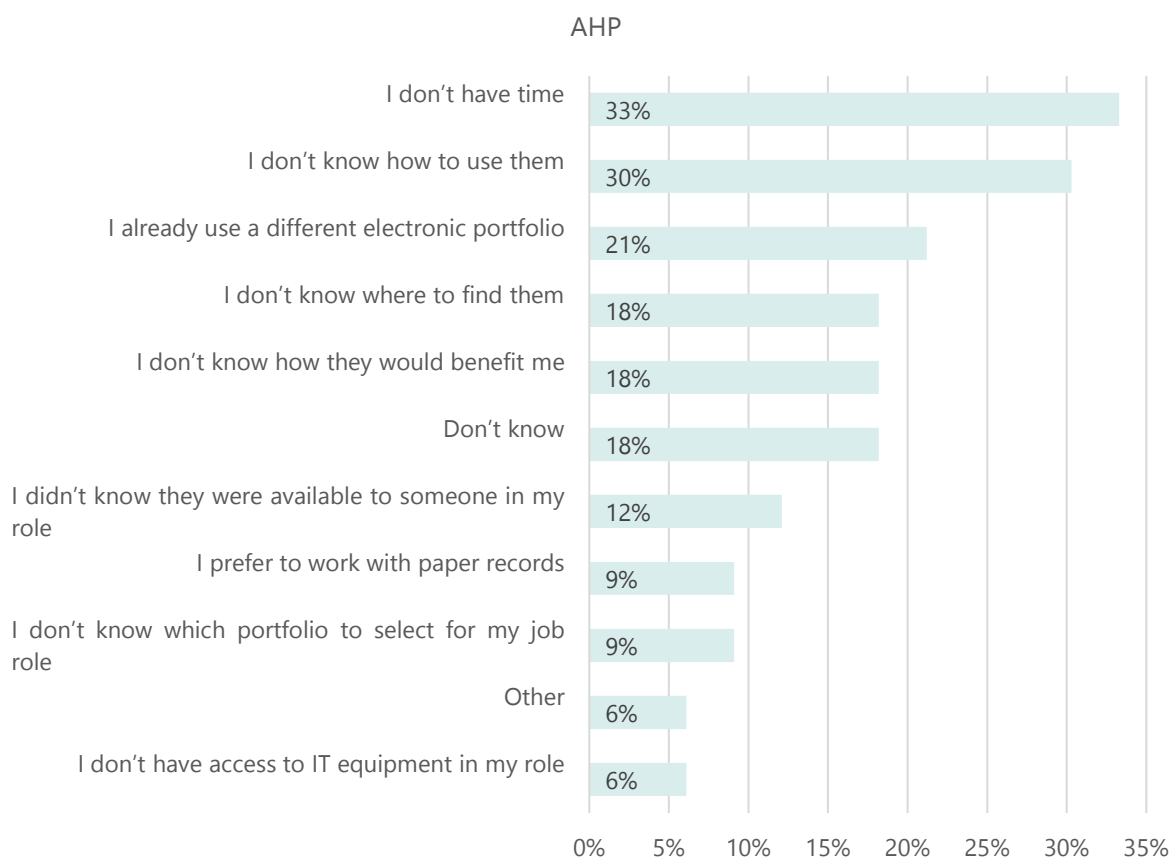
Figure 7: Reasons for not registering



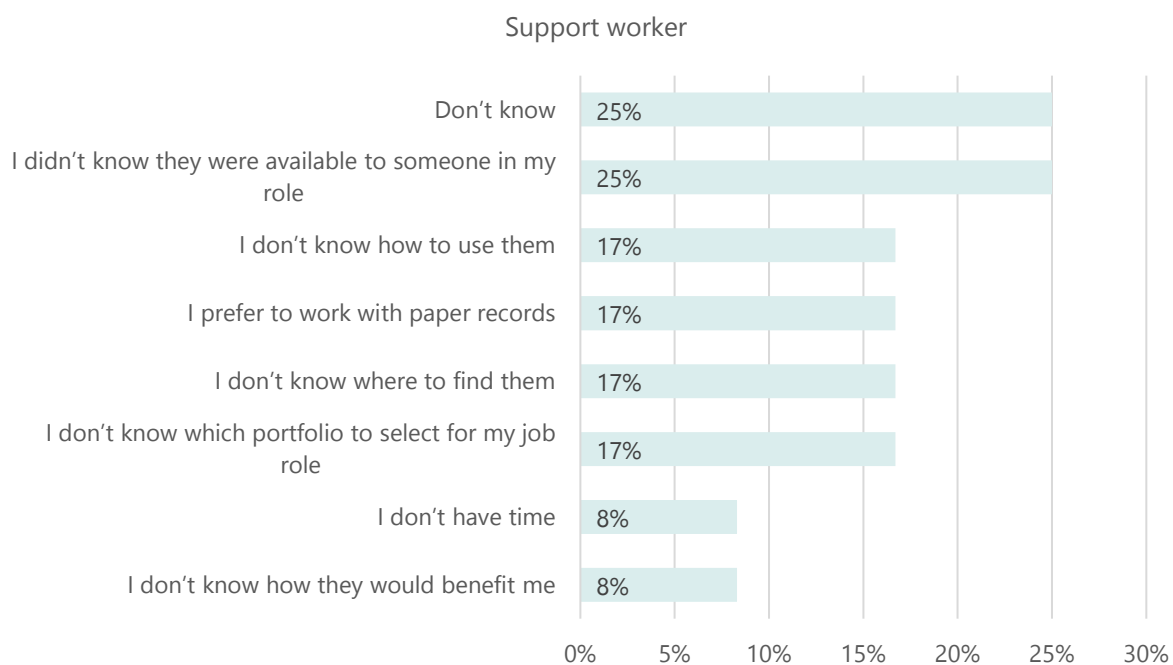
Base: 80



Base: 35



Base: 33

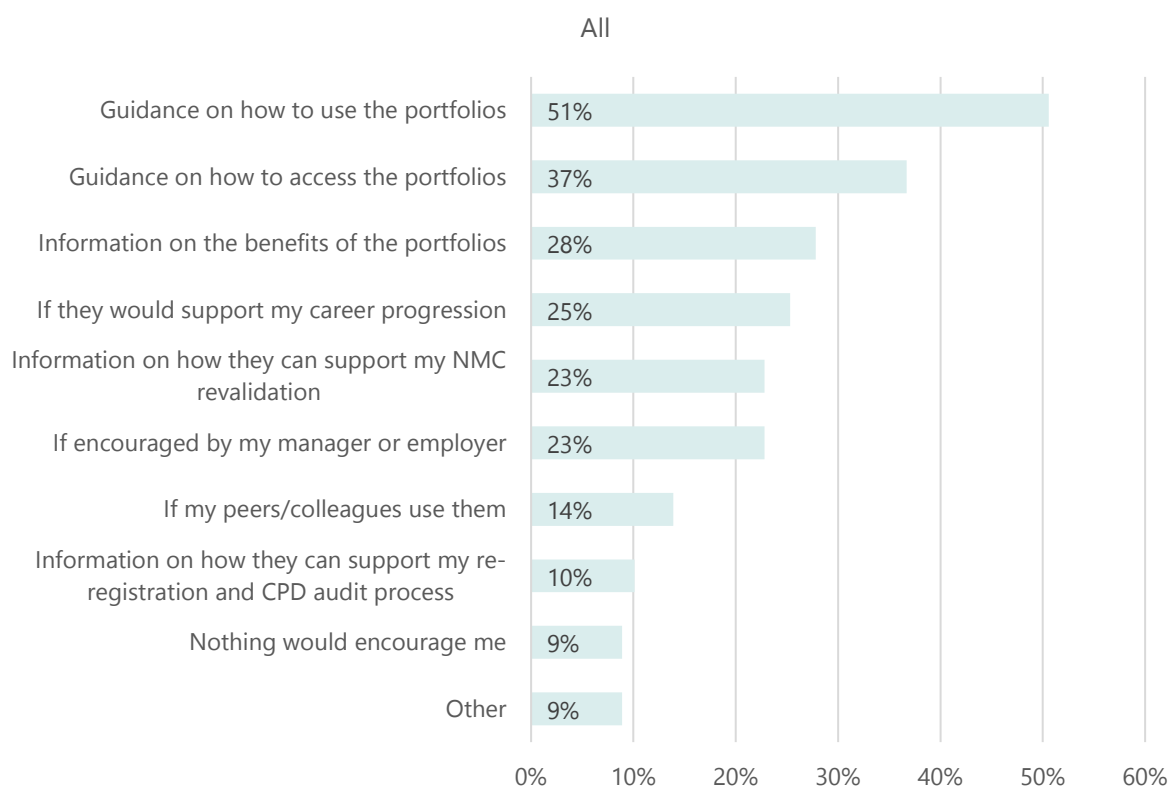


Base: 12

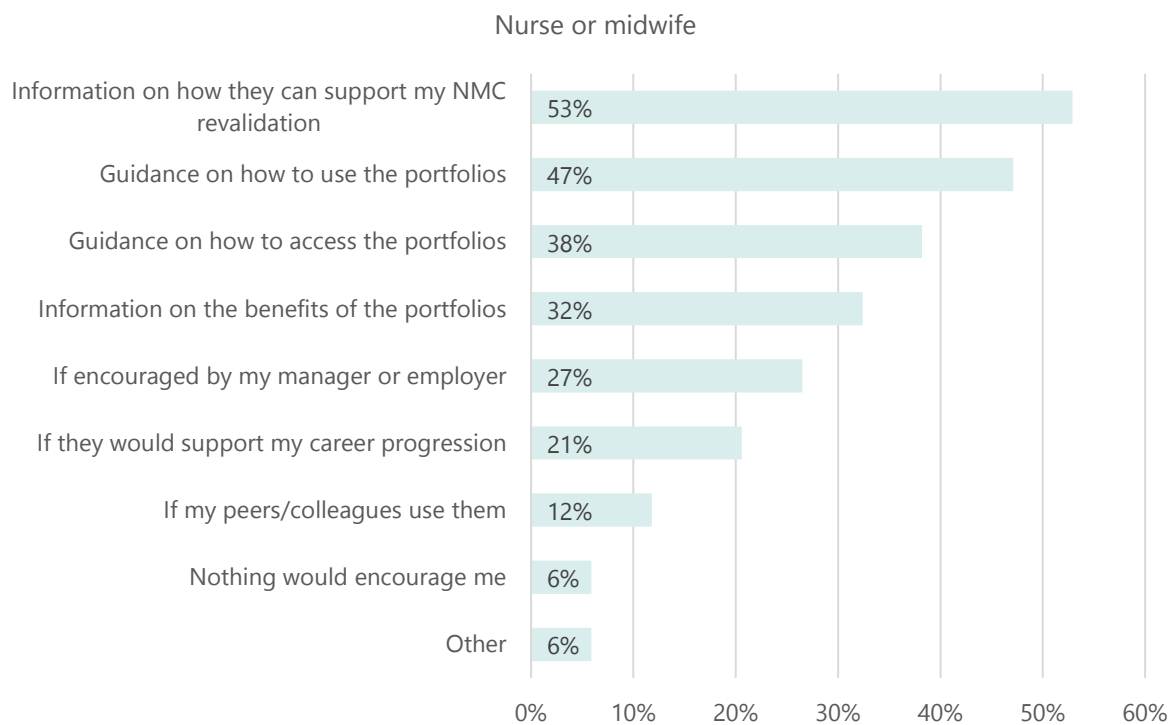
Respondents were also asked what would encourage them to register for the professional portfolios. Guidance on how to use (51%) and how to access the portfolios (37%) were the most common responses (Figure 8). There was some variety between groups; most notably, the most popular form of encouragement for nurses or midwives was ‘Information on how portfolios can support NMC re-validation’, which was only relevant to that group. The prospect of career progression was one of the most popular drivers for encouraging AHP and support worker respondents to use the portfolios.

Note: bases for each of the respondent groups are low.

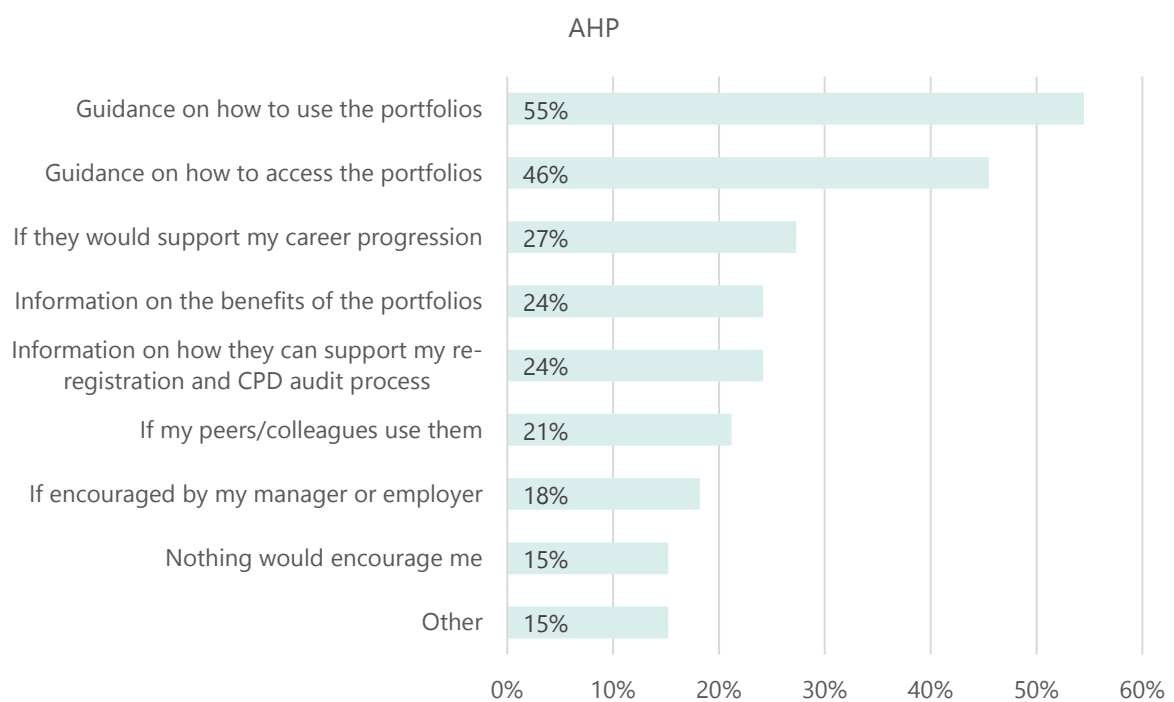
Figure 8: What would encourage respondents to register for the professional portfolios



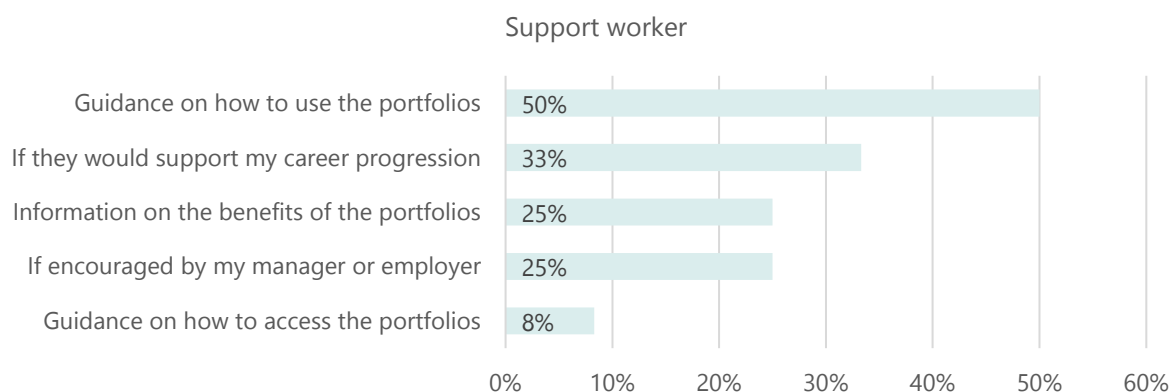
Base: 79



Base: 34



Base: 33



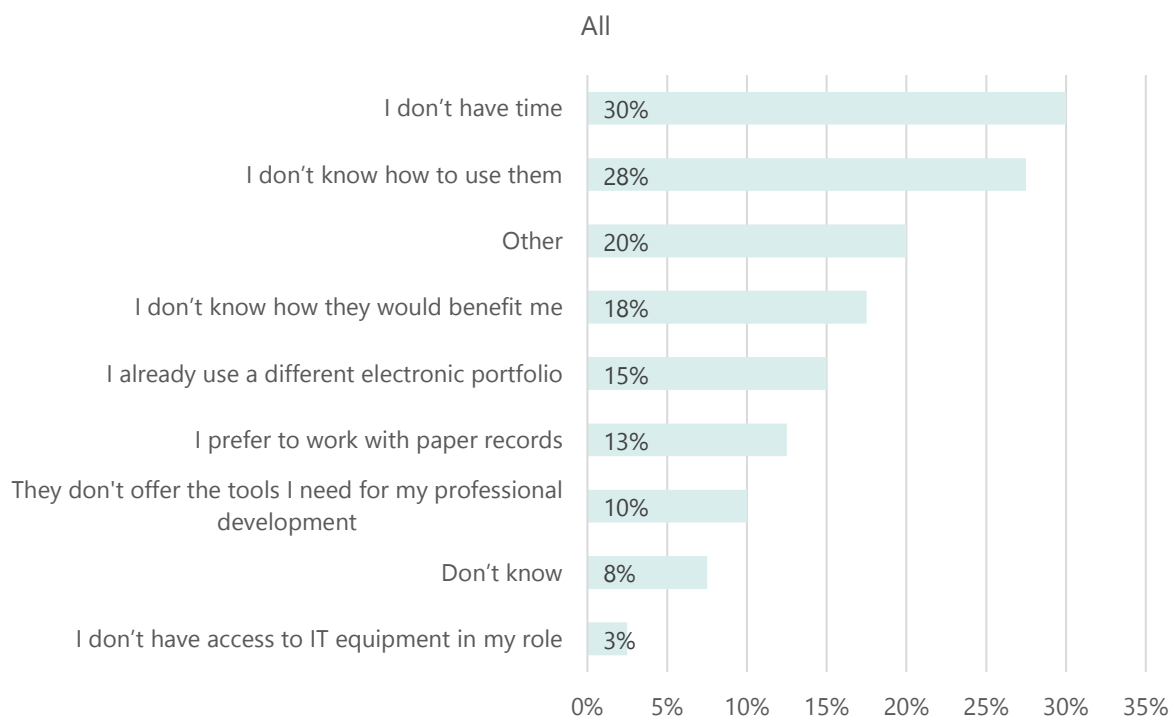
Base: 12

3.2.2 Those who have registered but do not use the portfolios

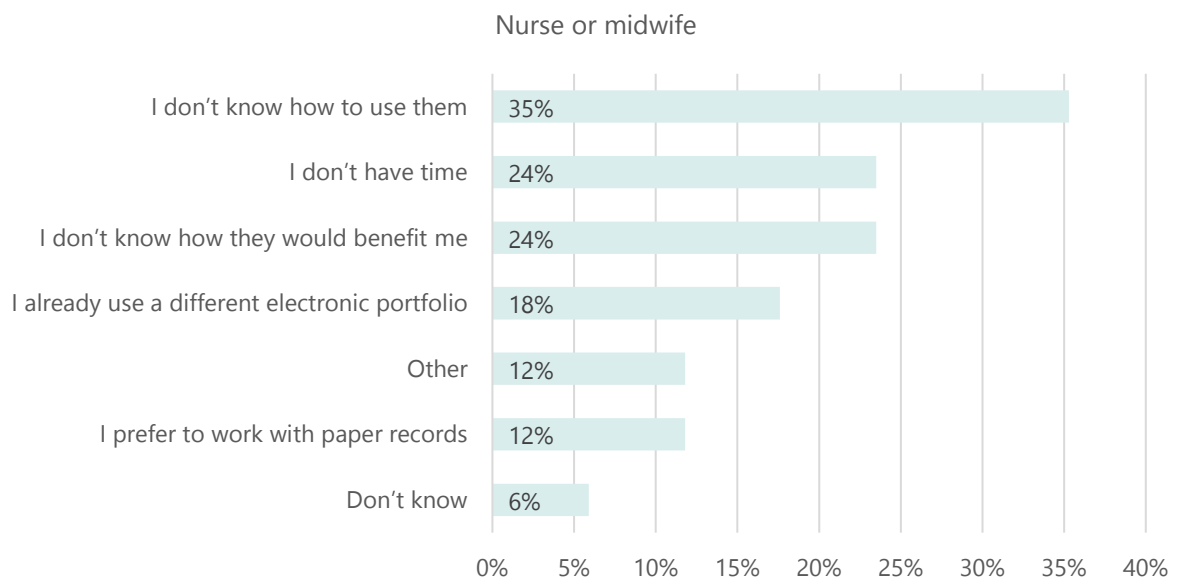
Those who have registered to use the portfolios, but are not currently using them, were asked about their reasons. The most common barrier cited overall was a lack of time, affecting just under a third (30%) of all respondents (Figure 9). However, not knowing how to use the portfolios was the most common answer among nurses and midwives (35%).

Note: bases for each of the respondent groups are low.

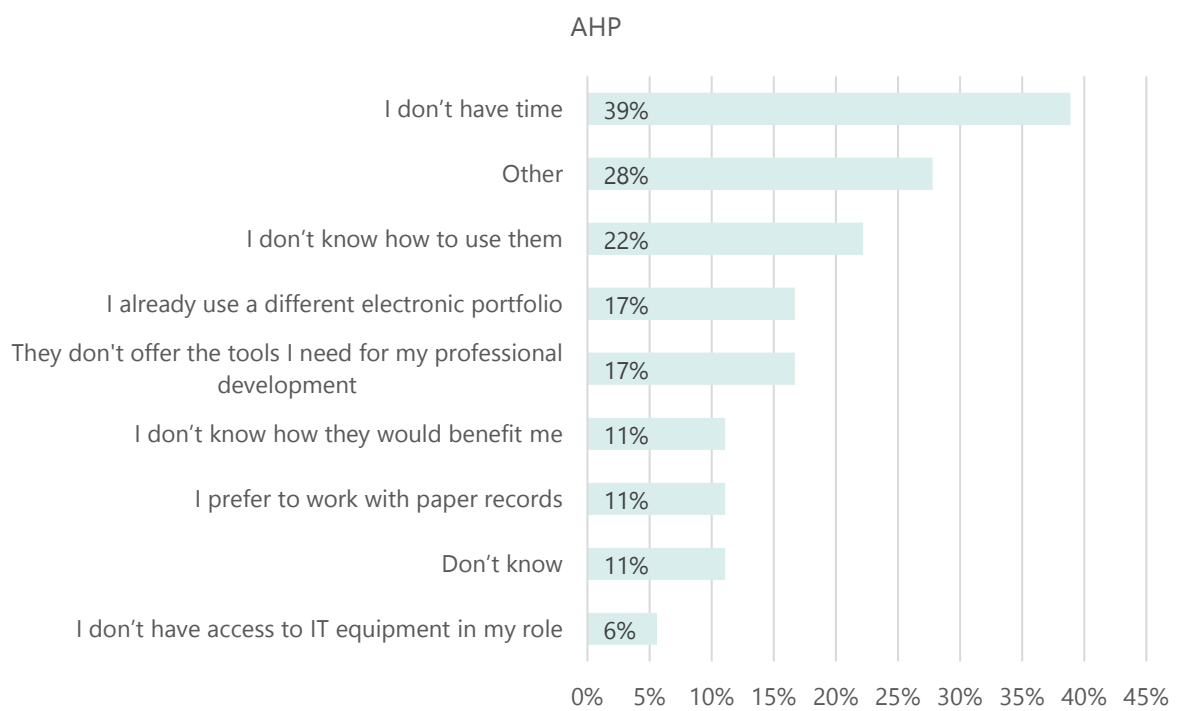
Figure 9: Reasons for not using the professional portfolios



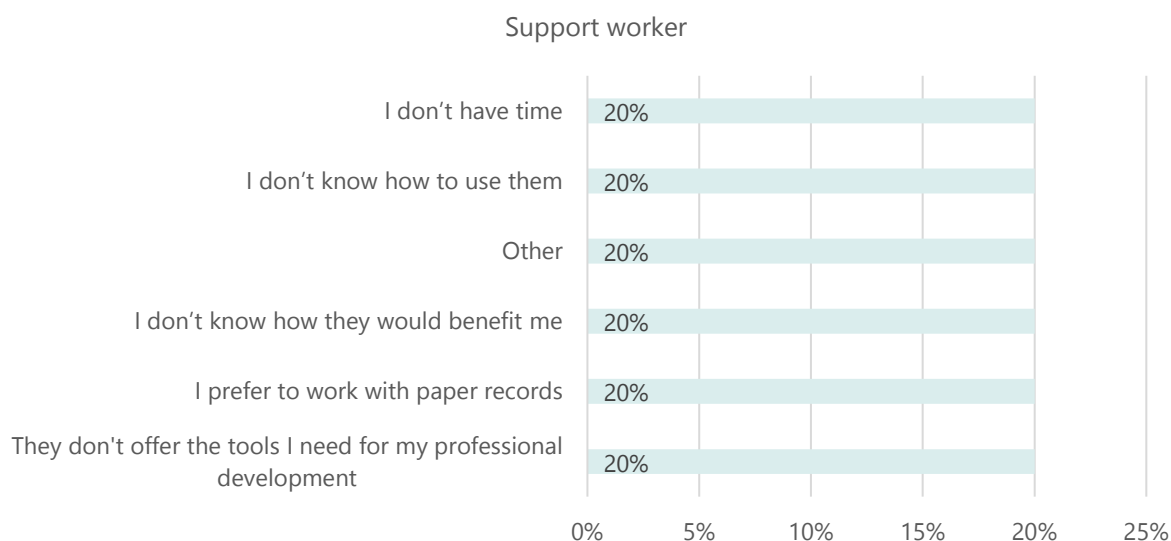
Base: 40



Base: 17



Base: 18



Base: 5

Other reasons include (verbatim):



It's all just a bit clunky. Why spend time and headspace logging in, finding the right bit, typing it up, saving it, and then having to do lots of that again next time I want to review it when I could jot it down on a bit of paper, or in a word document and be done with it?

Allied Health Professional

I use NMC documents, and keep all information within a folder.

Nurse

Lack of mobile friendly features, such as an app to make access/data input easier when not in a static workplace. I also feel like more reflective models could be added, as well as the ability to organise evidence into different subcategories. CPDme is a good example of the features most professionals need/want.

Allied Health Professional

I previously recorded my portfolio via professional association tools, and these are stored on my own system. I haven't made the time more recently.

Allied Health Professional

Just starting to look at professional portfolio application on Turas [and I] plan on using this going forward.

Support Worker

I had forgotten that it was available.

Allied Health Professional

I use the RCN one.

Nurse

Used to use learnPro and just moved over to Turas

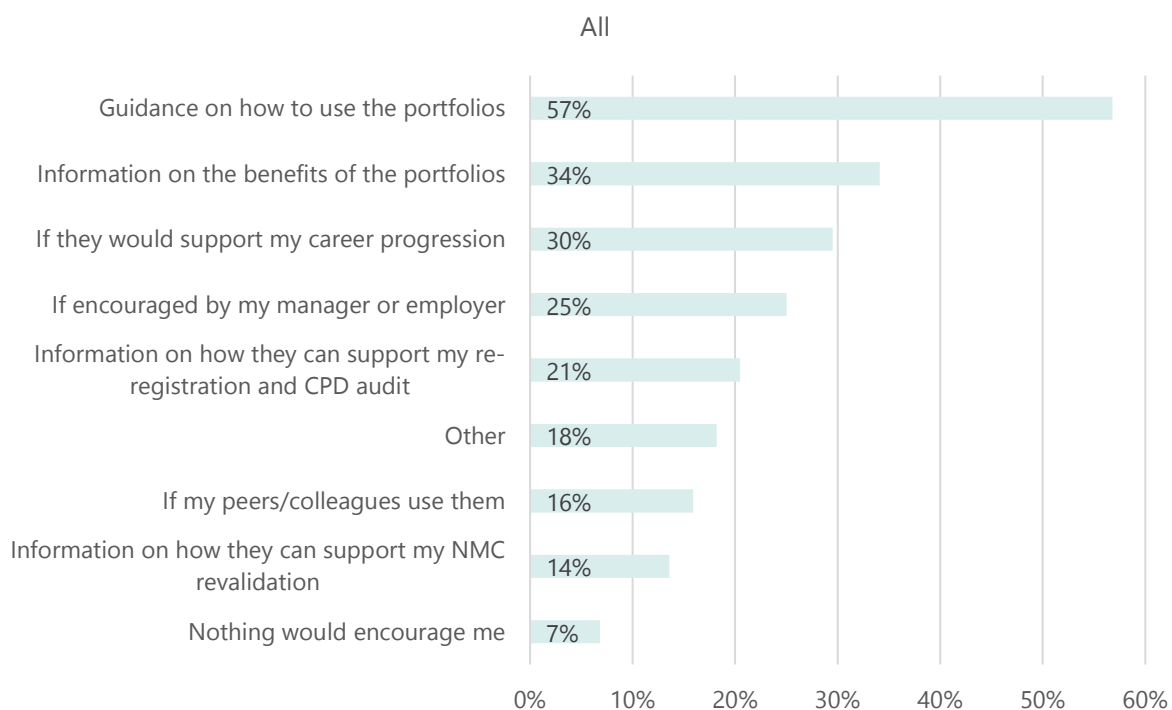
Allied Health Professional



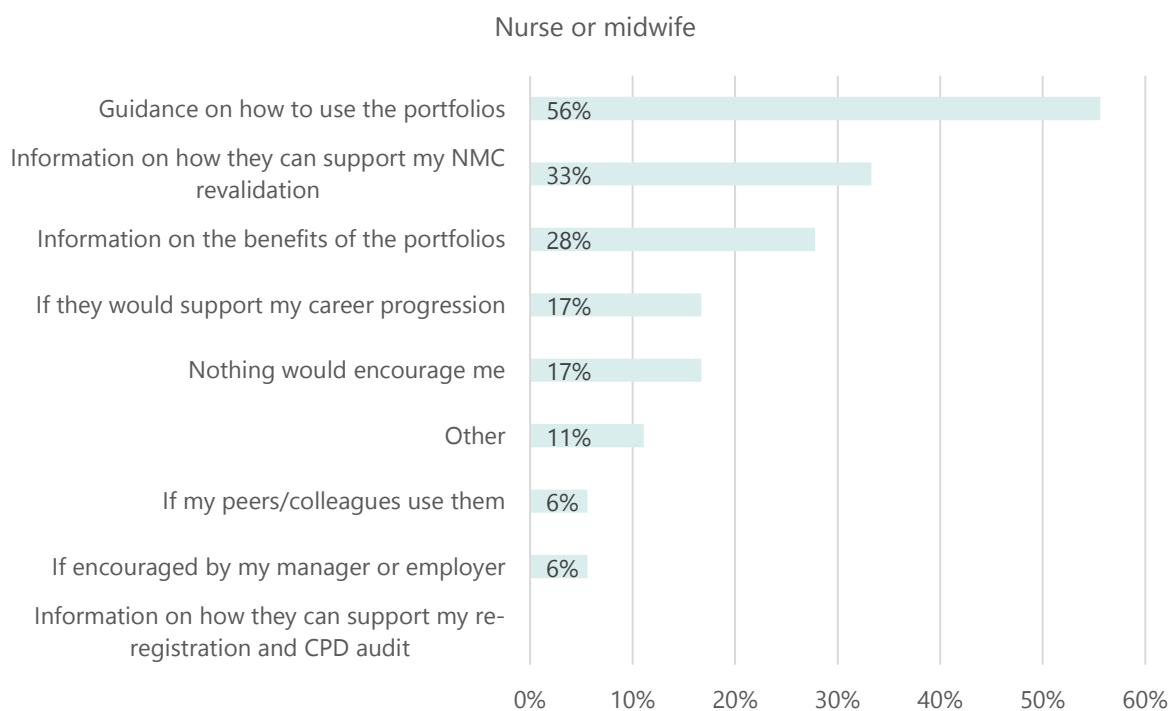
Respondents who did not use the professional portfolios were asked what would encourage them to use them. Overall, the most common encouragement was guidance on use, cited by over half of all respondents (57%, Figure 10), followed by information on the benefits of the portfolios (34%). However, career progression was the most common answer among support workers (50%). Encouragement from one’s manager or employer was rated more likely to encourage use by AHPs and support workers, 40% and 33% respectively, compared with just 6% of nurse and midwife respondents.

Note: bases for each of the respondent groups are low.

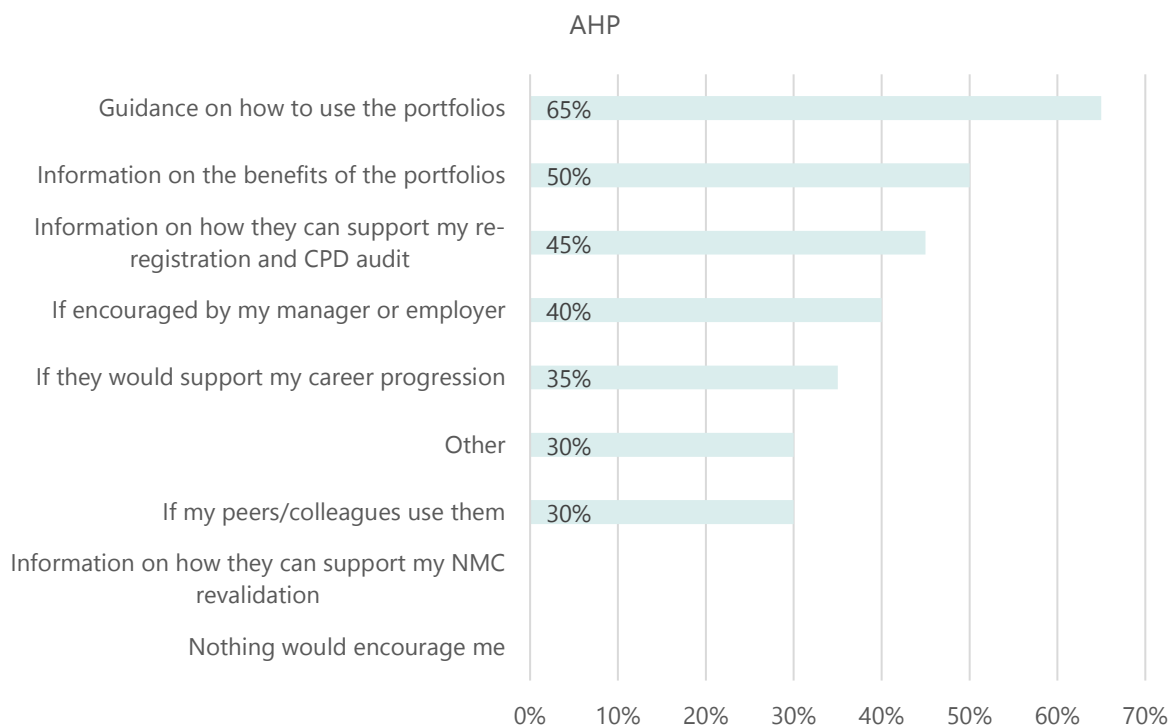
Figure 10: What would encourage you to use the professional portfolios?



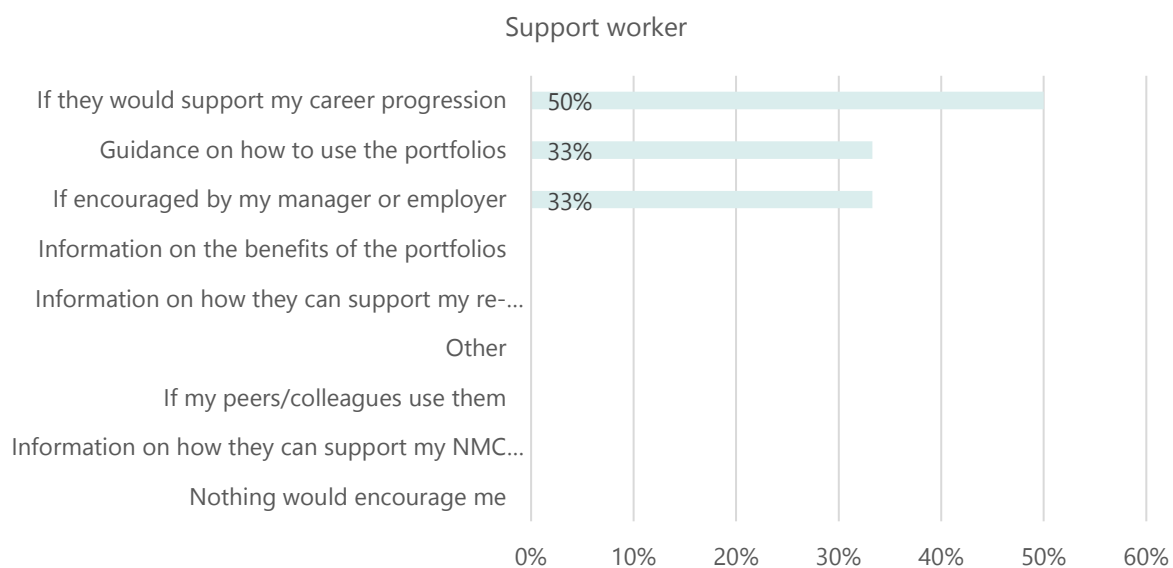
Base: 44



Base: 18



Base: 20

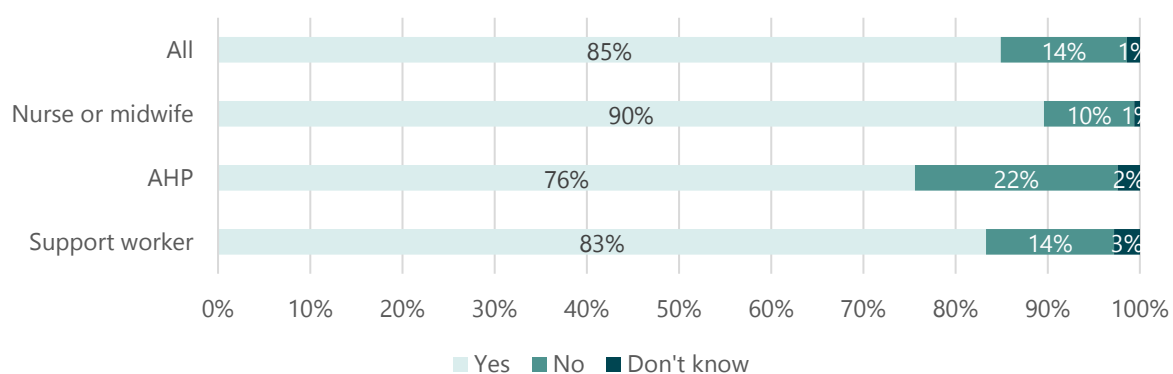


Base: 6

3.2.3 Those who are registered on Turas

Respondents who are registered on the professional portfolios were asked if they have actually used them. Usage varied between groups, between 76% of AHPs, 83% of support workers, and 90% of nurses or midwives who had registered going on to make use of the portfolios. Overall, 15% of registered users do not use the portfolios (Figure 11).

Figure 11: Usage of professional portfolios



Base: 291 (NM 173, AHP 82, SW 36)

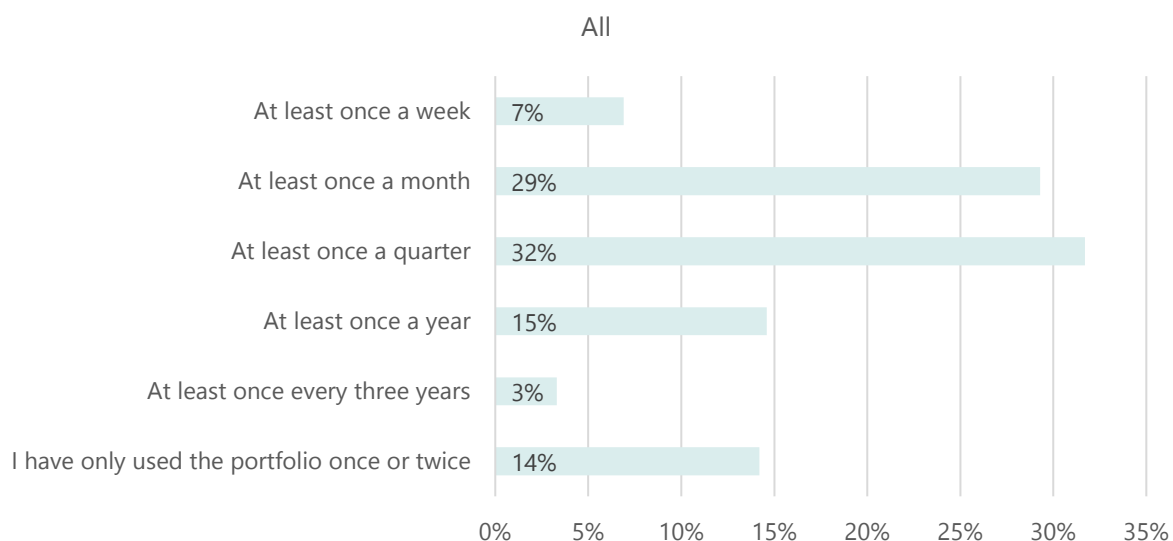
3.3 Activities undertaken

3.3.1 Frequency of use

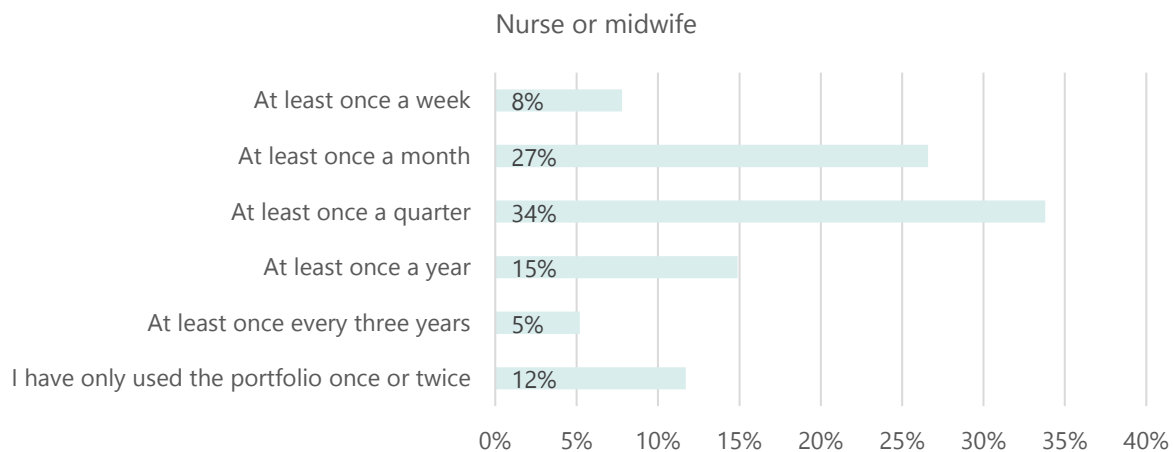
Most respondents who use the portfolios use them either ‘at least once a month’ (29%) or ‘at least once a quarter’ (32%), with very few using them ‘at least once a week’. The minority of weekly users are mostly nurses, midwives and AHPs (Figure 12).

On average, AHPs use the portfolios most regularly, with 31% at least once a quarter and 39% at least once a month. Support worker respondents are far more likely to only use the portfolio once or twice: 33% of support worker respondents compared with 11% and 12% of the other groups.

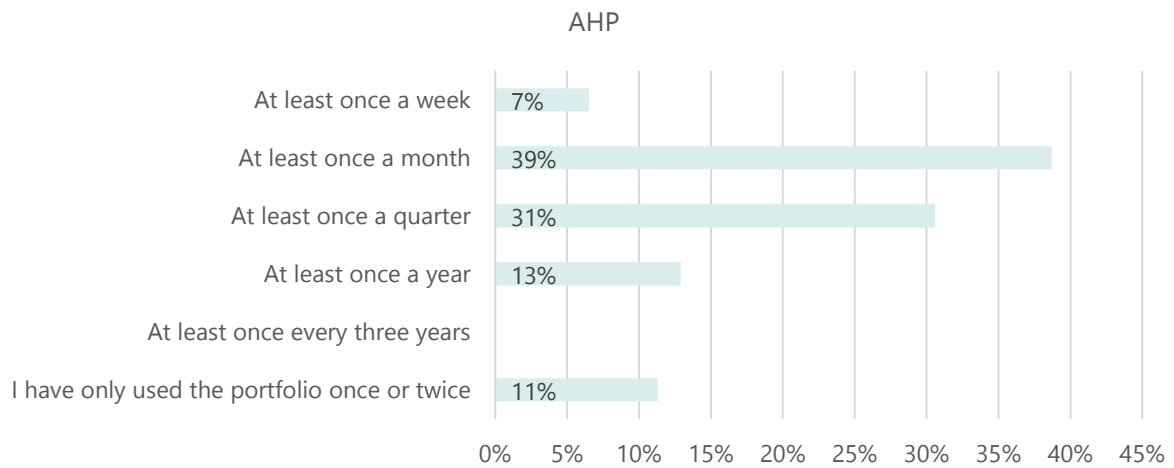
Figure 12: Frequency of use



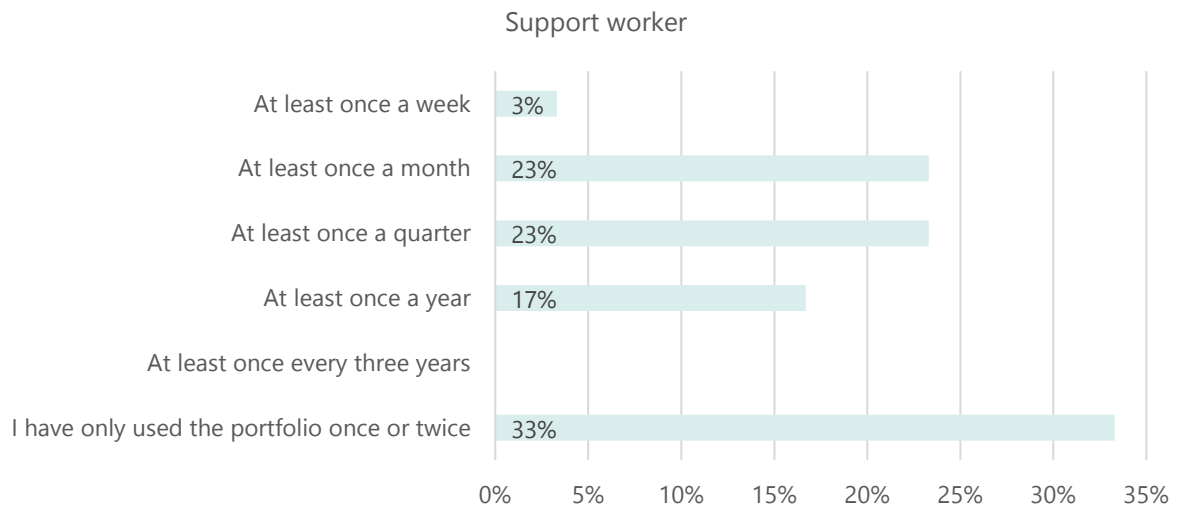
Base: 246



Base: 154



Base: 62



Base: 30

3.3.2 Use of different features

The Turas portfolios contain a range of different features grouped into the following categories:

- Professional profile
- Evidence
- Sharepack.

The survey asked users which specific features are used. This question was multiple choice, where respondents were able to select all the features they use.

Overall, respondents use the 'Record of learning activity' the most (81%), followed by 'Your details' (79%) (Figure 13).

Of each of the three respondent groups, nurses and midwives identified the most uses for portfolios. As well as the two uses highlighted above, this group also had a high rate of use of the following:

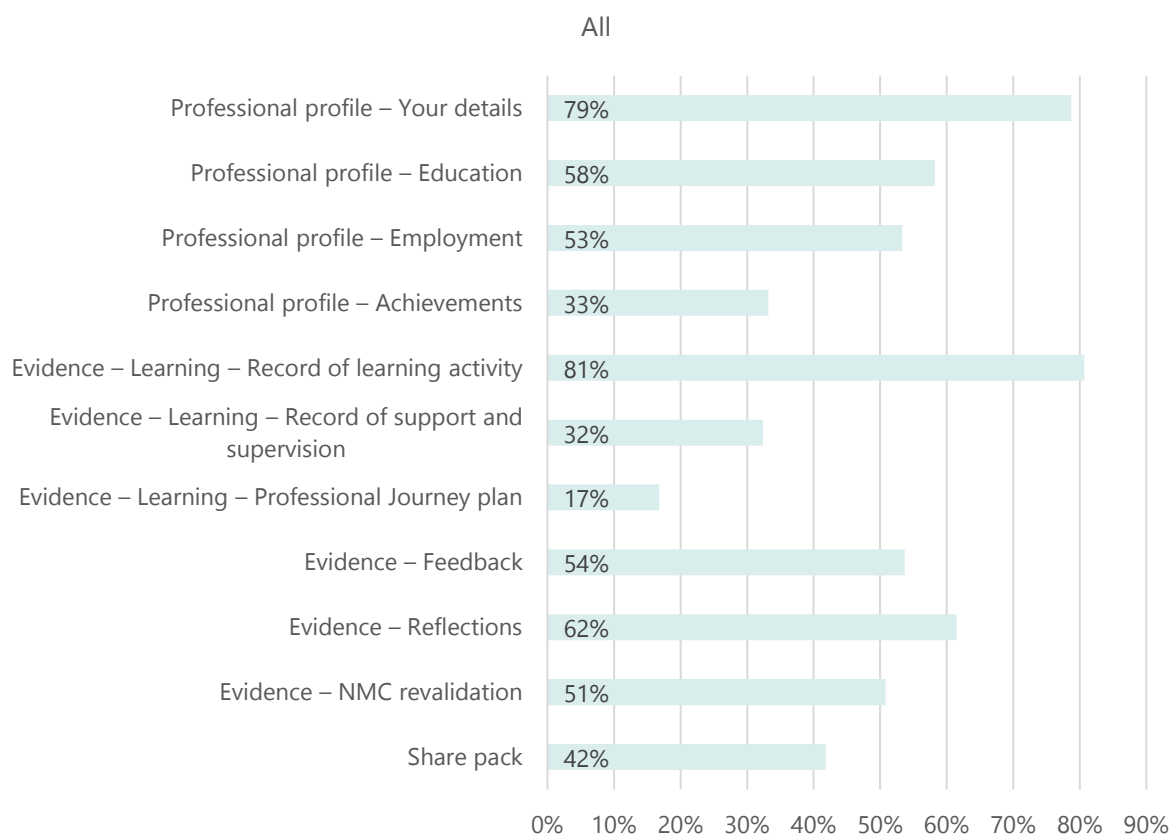
- NMC revaluation (80%)
- Evidence – feedback (67%)
- Evidence – reflections (66%)

The same proportion of AHPs also selected 'evidence – reflections' (66%).

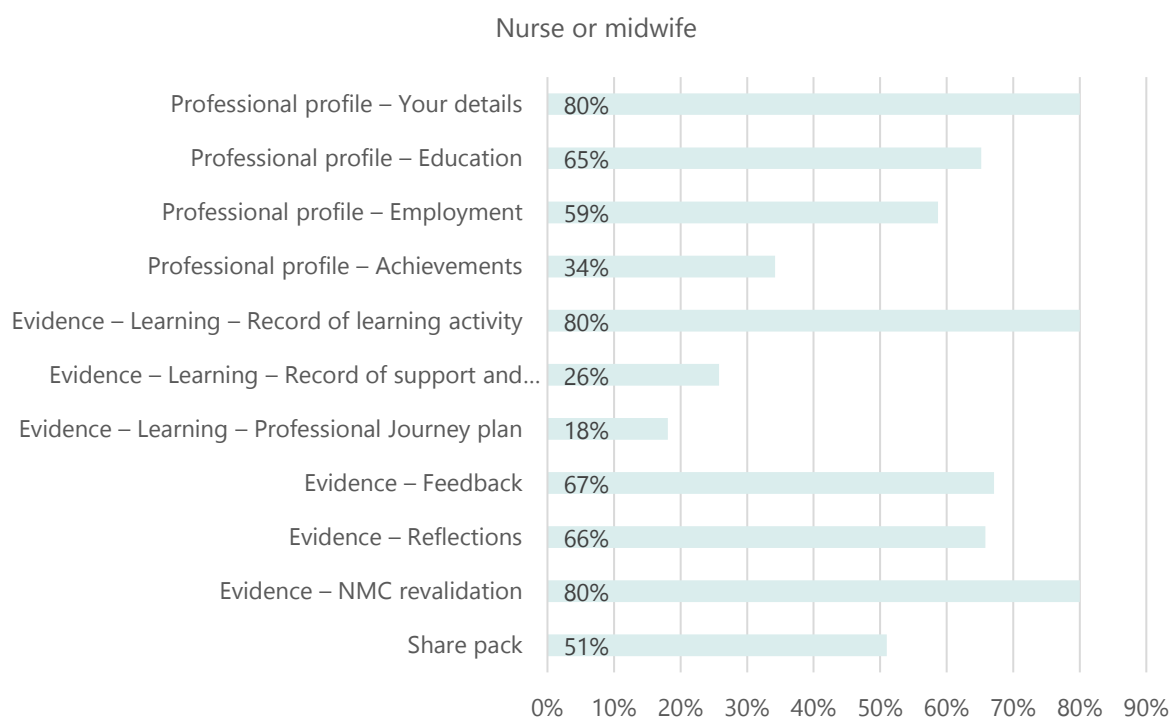
When it comes to the number of different uses there is a slight difference between the groups.

- Nurses and midwives use 11 features
- AHPs use 10 features
- Support workers use 9 features

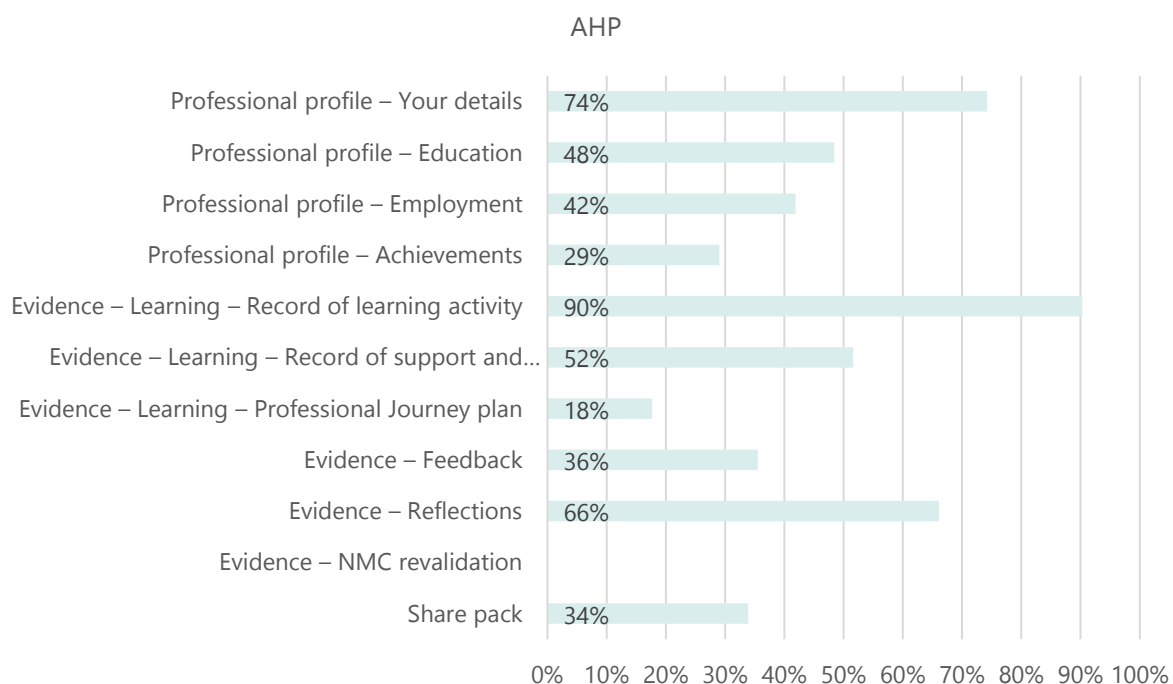
Figure 13: Usage of features



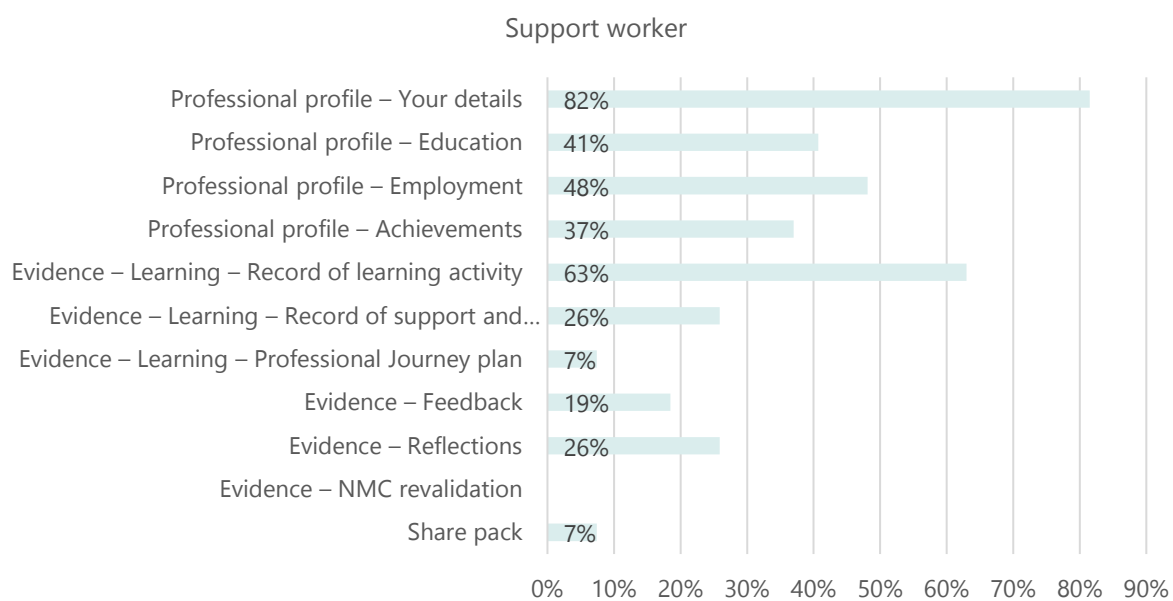
Base: 244



Base: 155



Base: 62

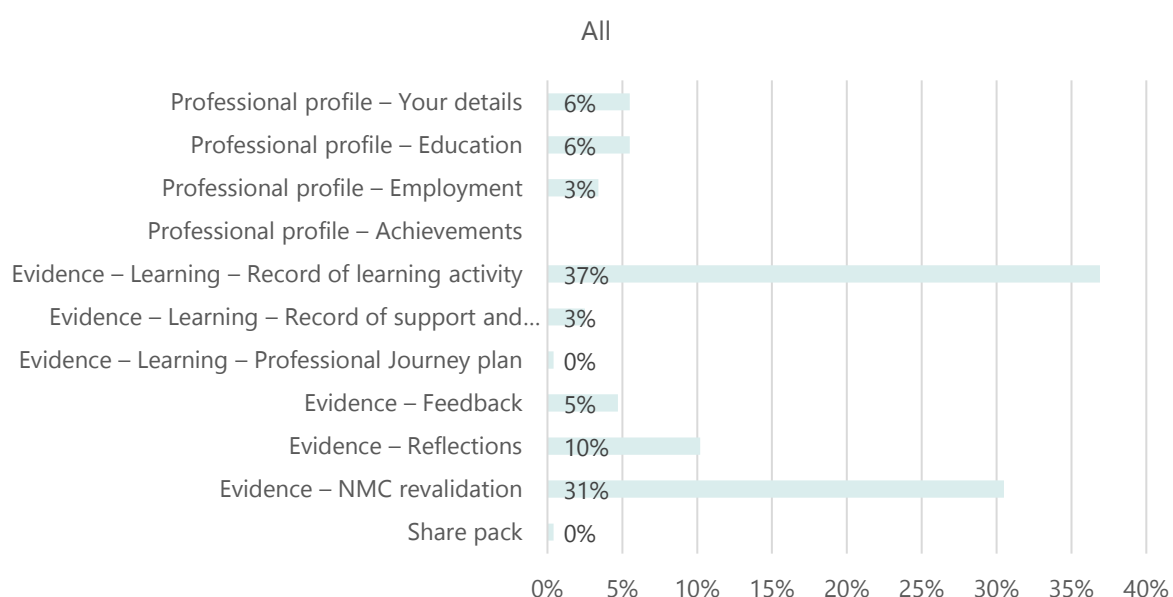


Base: 27

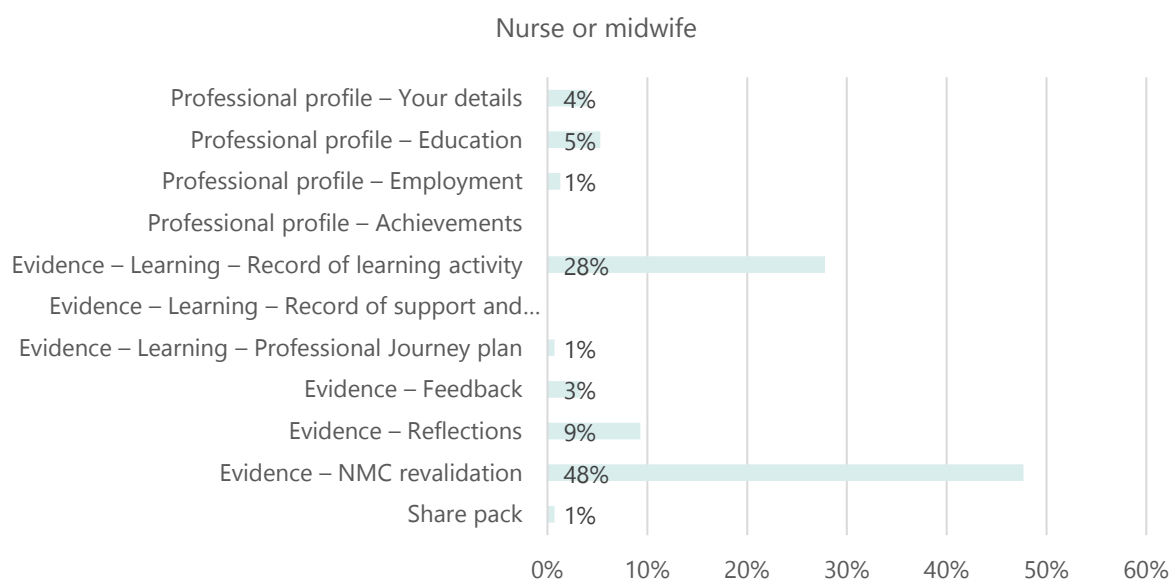
3.3.3 Single feature that is used most often

Respondents were also asked which single feature they use the most often (Figure 14). Roughly half of the nurses and midwives use the NMC revalidation function the most often. Other than this, ‘record of learning activity’ was the most common response across the groups: 54% of AHPs, 50% of support workers, and 28% of nurses and midwives. ‘Your details’ and ‘Education’ from the professional profile were the next-most common features selected by support workers, while ‘Feedback’ and ‘Reflection’ were the next-most common features selected by AHPs.

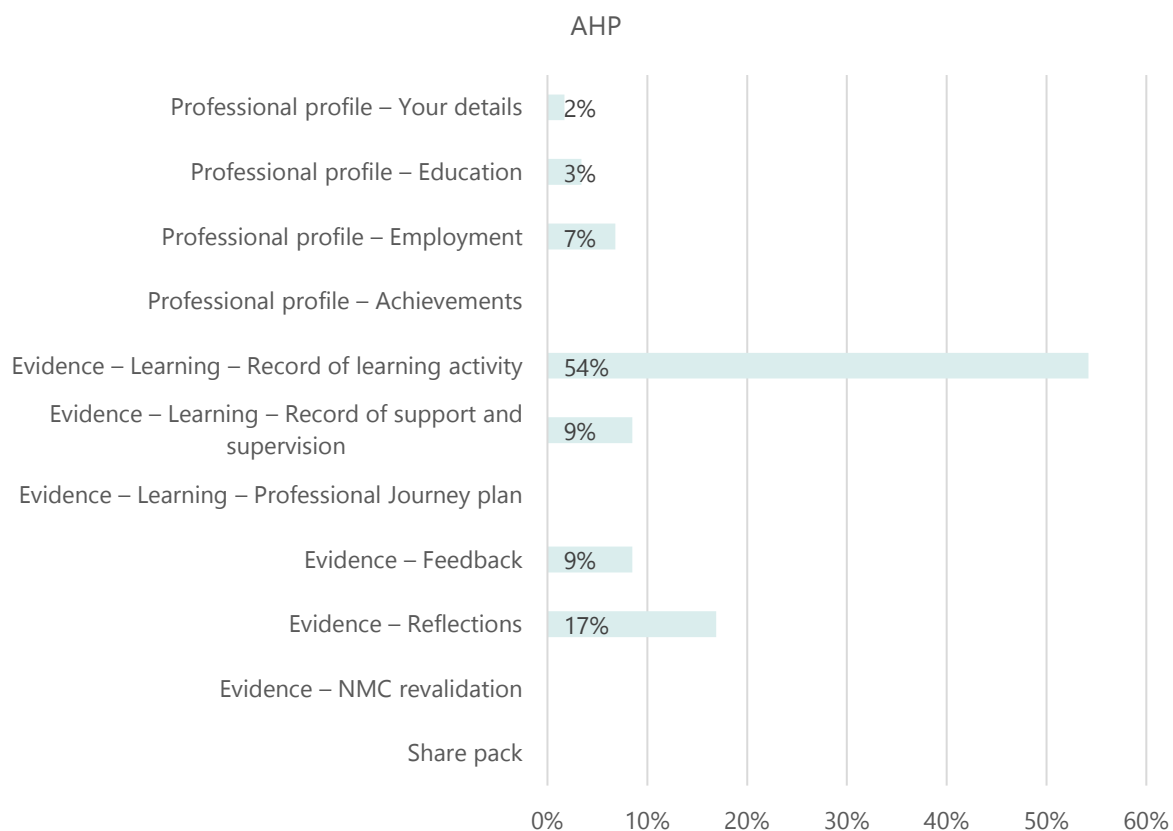
Figure 14: Most used features



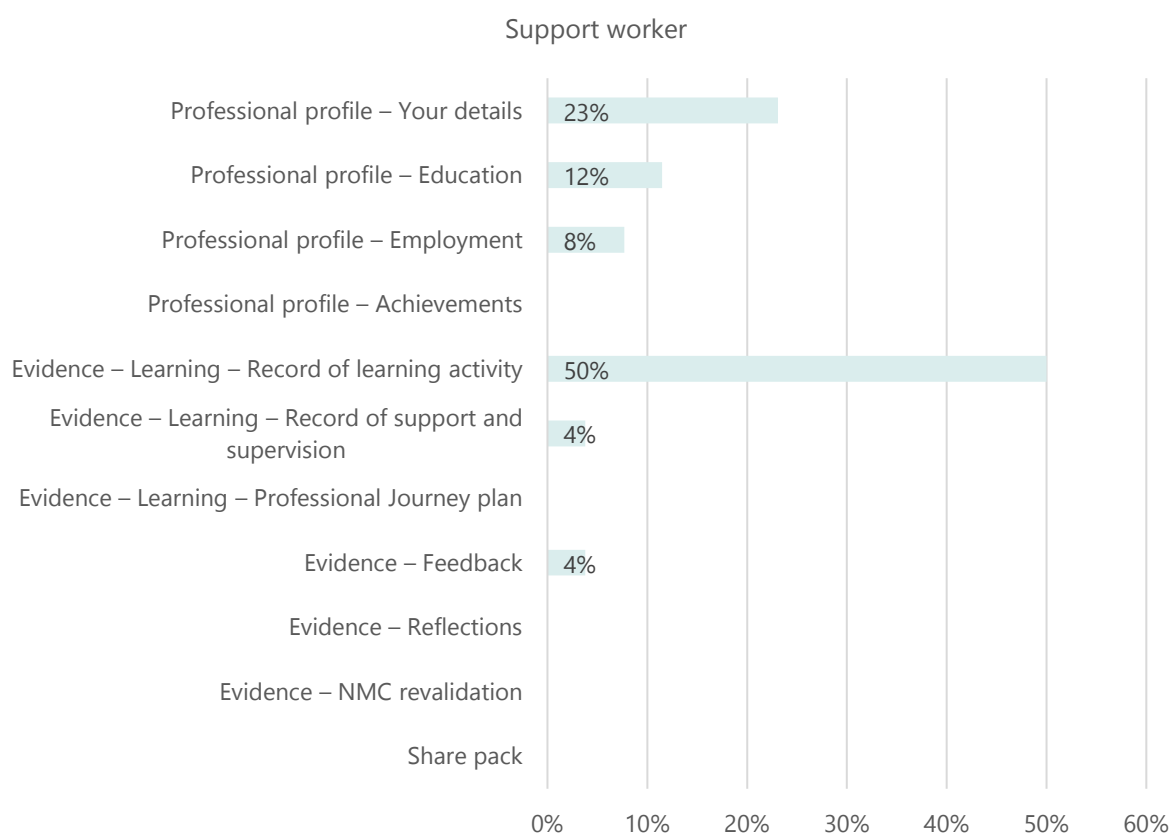
Base: 236



Base: 151



Base: 59



Base: 26

3.3.4 Purposes for which professional portfolios are used

Users of the portfolios were asked for further details on how they use them.

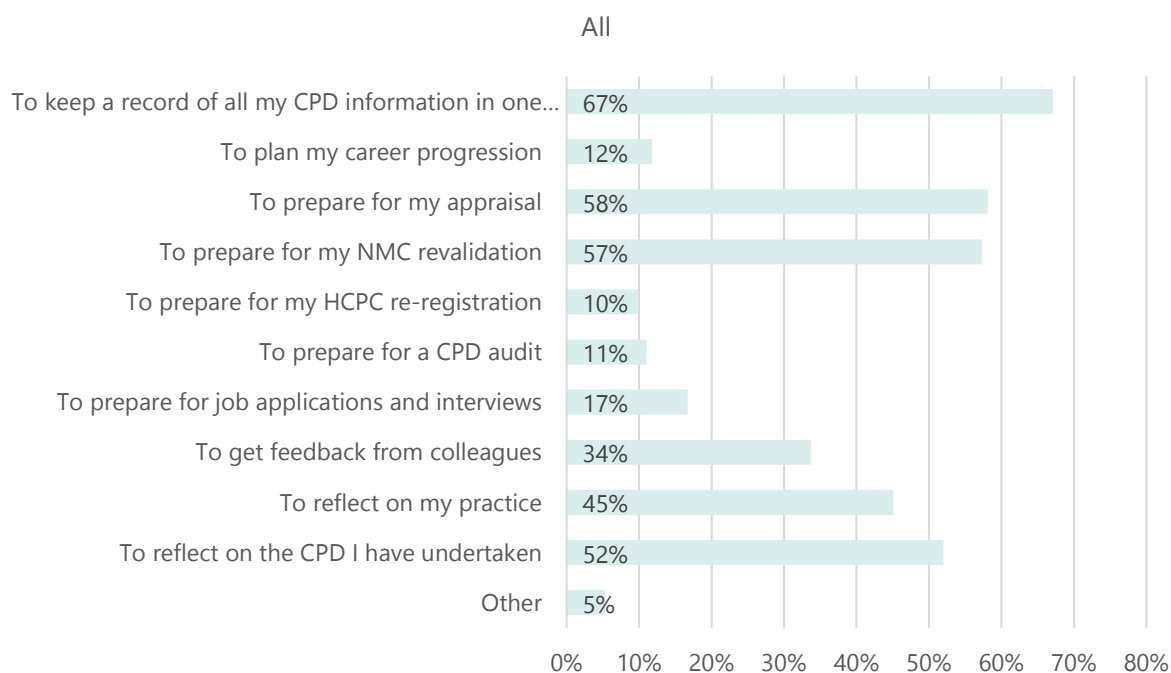
Overall, the most common use is ‘to keep a record of all of my CPD in one place’ (67%). Whilst this was the top answer for both AHPs and support workers, it was higher amongst AHPs (72%) than support workers (50%).

The second most common answer amongst AHPs and support workers was ‘to prepare for my appraisal’ (71% and 47%, respectively).

Nurses and midwives had a slightly different pattern of use: almost all (91%) state that they use the portfolio to prepare for their NMC revalidation. Just over two thirds (68%) use it to keep a record of CPD and just over half (56%) to prepare for appraisal.

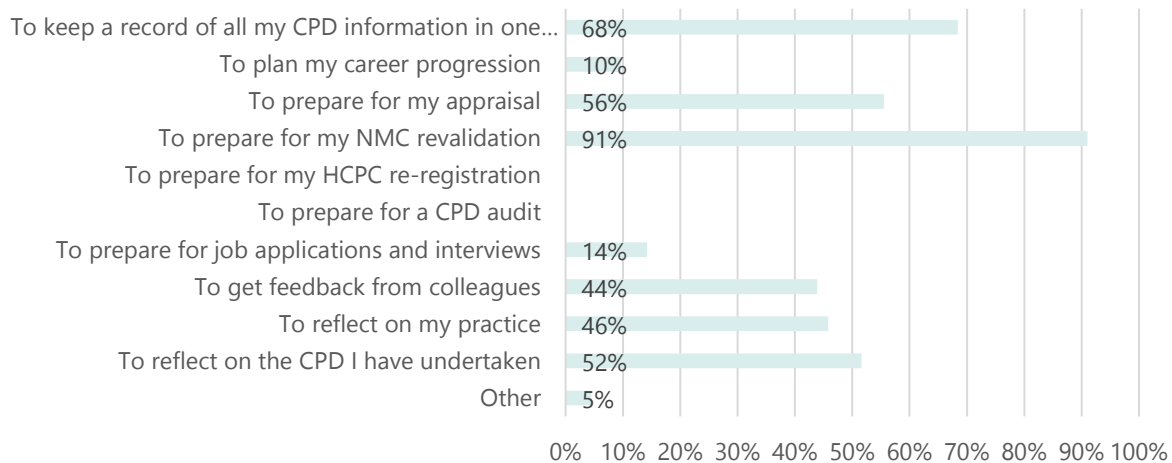
AHPs are more likely than nurses and midwives and support workers to use their portfolio for reflection (either to reflect on CPD, or to reflect on practice).

Figure 15: What do you use the professional portfolios for?



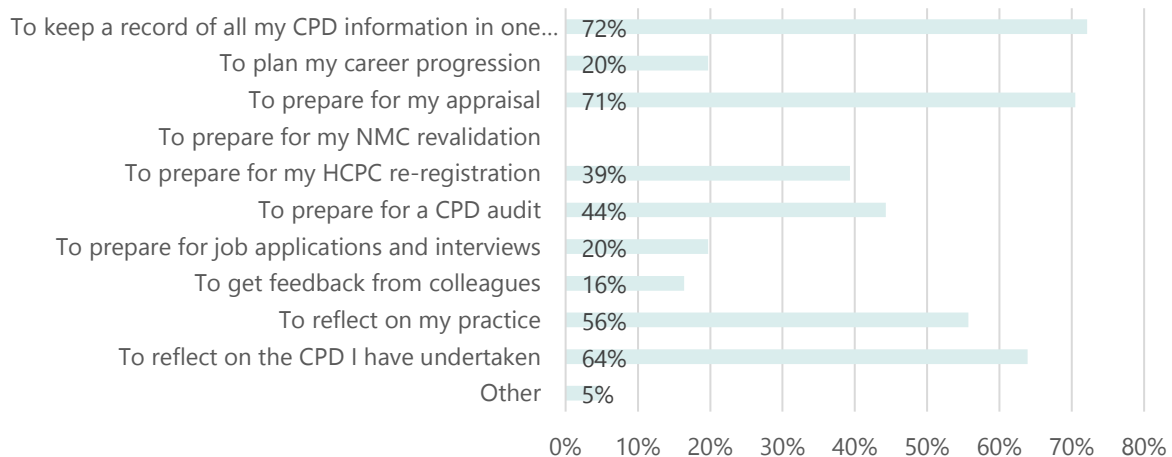
Base: 246

Nurse or midwife



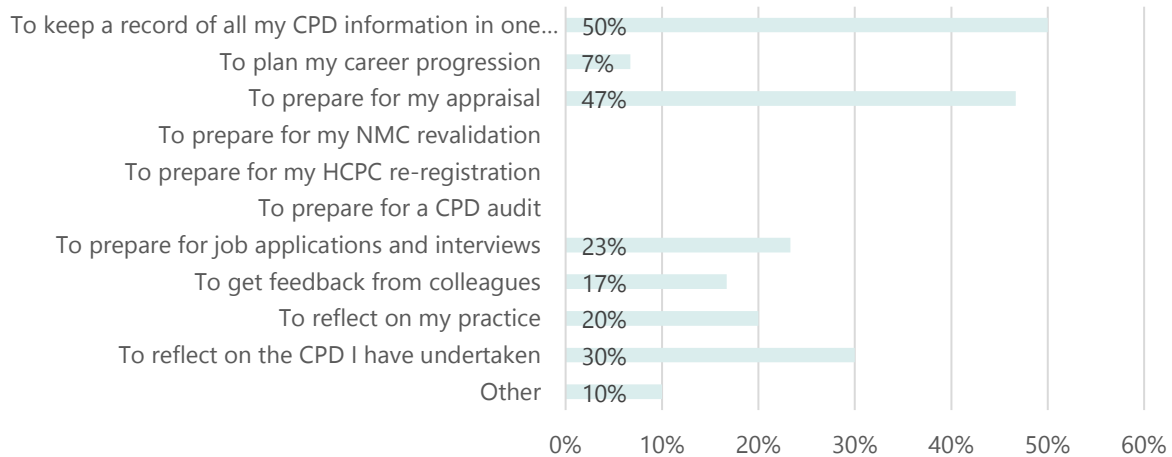
Base: 155

AHP



Base: 61

Support worker



Base: 30

3.3.5 Purposes for which colleagues are using professional portfolios

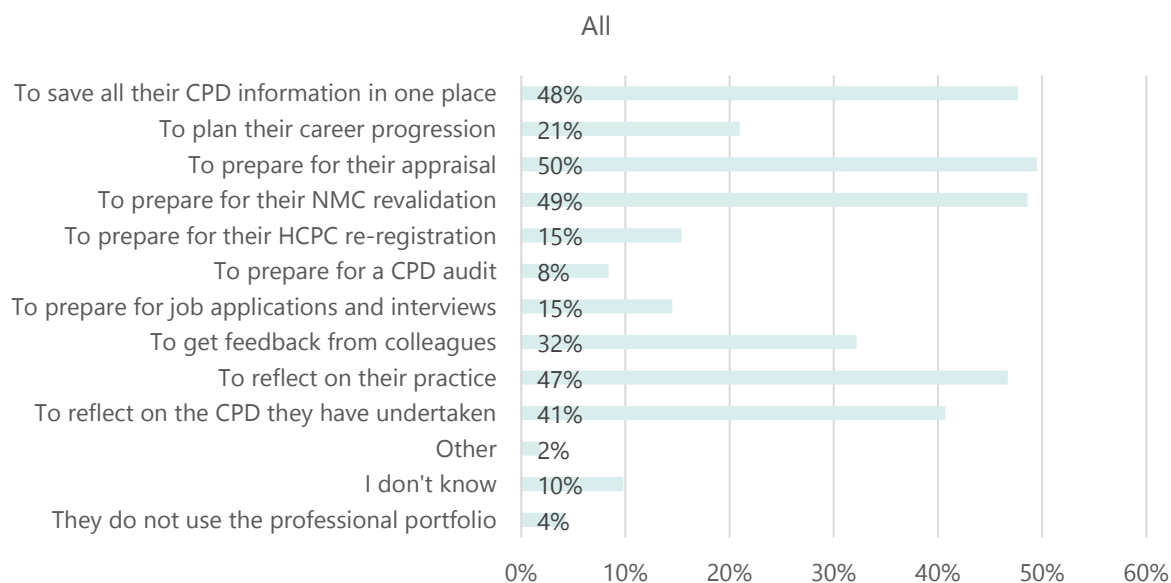
Those who support colleagues to use their professional portfolios were asked their perceptions on how the portfolios are being used by others.

The perceived patterns of use are similar to the actual ways in which respondents report using the portfolios (Figure 16). For example, preparing for NMC revalidation was the most popular answer amongst nurses and midwives.

Other popular types of use were to prepare for appraisals (50% of all respondents) and to save all their CPD in one place (58% of all respondents).

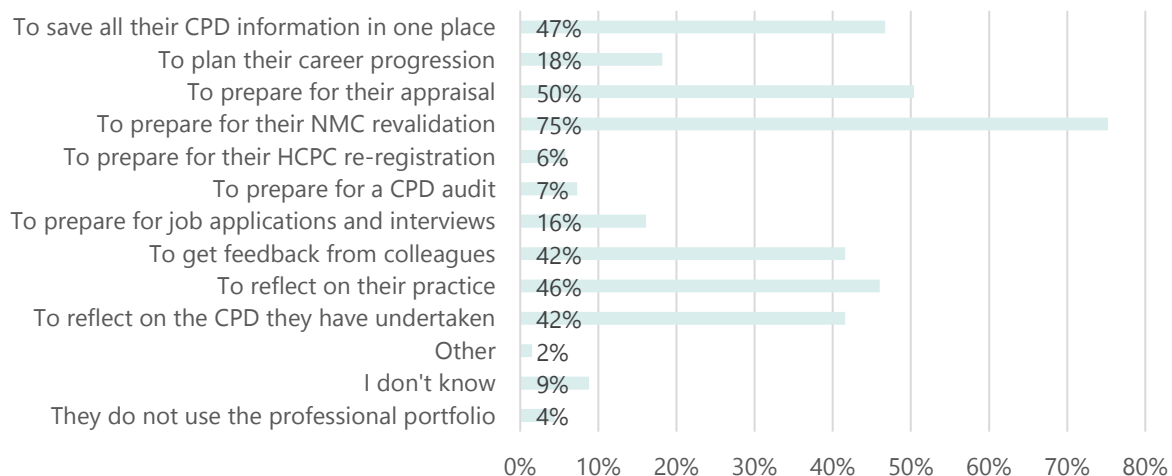
Amongst AHPs reflection on practice was a common perceived use (55%), along with reflection on CPD (42%).

Figure 16: How are the colleagues you support using the professional portfolios?



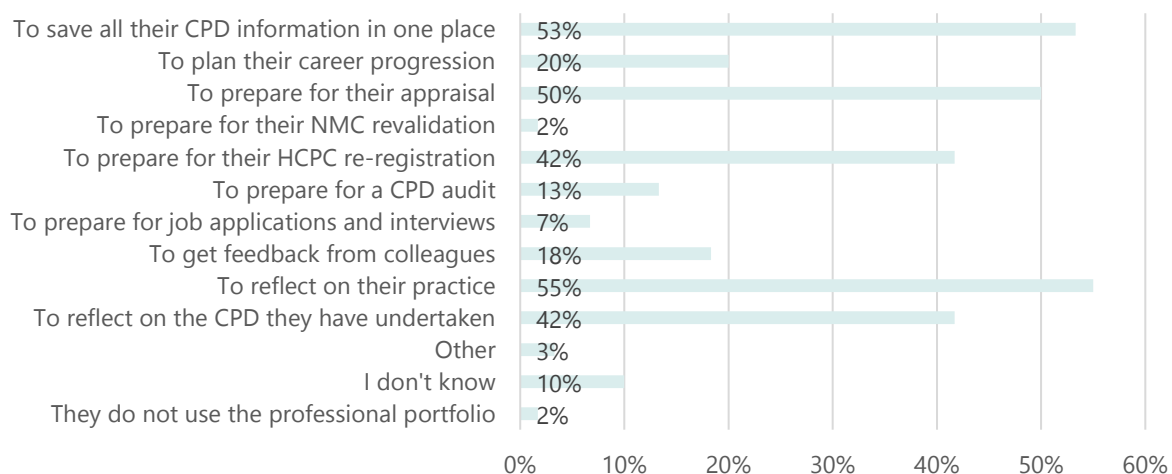
Base: 243

Nurse or midwife



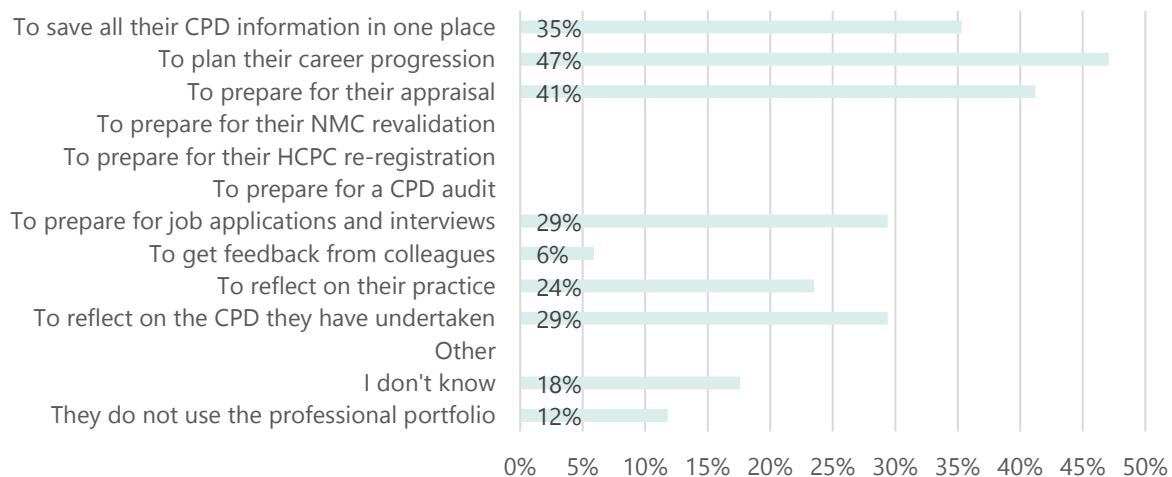
Base: 152

AHP



Base: 61

Support worker

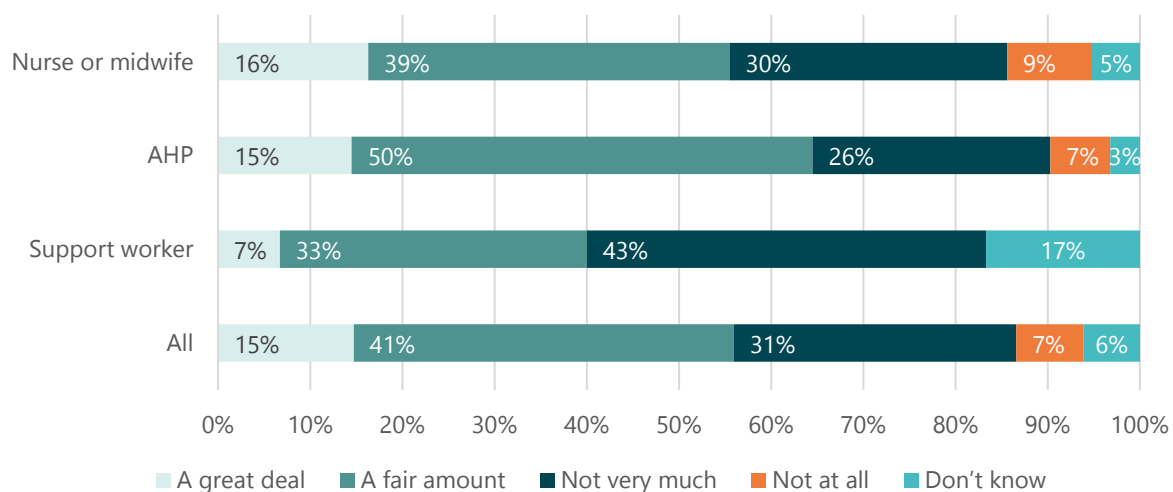


Base: 30

3.4 Key benefits of using the portfolios

Respondents were asked whether using the portfolio has had a positive impact on their practice and were invited to comment on the impact. Ratings of positive impact varied between groups. AHPs recorded the highest positive impact, with 65% responding either ‘a great deal or a fair amount’, followed by nurses and midwives (55%) and support workers (40%) (Figure 17).

Figure 17: Positive impact on professional practice



Base: 245 (NM 153, AHP 62, SW 30)

Of the 158 comments, the majority (76%, Table 1) were comments about positive impacts, 18% were comments about what could be improved about portfolios and 11% were neutral comments. Respondents’ feedback on suggested improvements to the portfolio will be discussed in full in section four.

Table 1: Whether using the professional portfolios has impacted practice positively or negatively

| Type of response to the question ‘has using the portfolio positively impacted your professional practice?’ | Number | % of comments (base 166) |
|--|--------|--------------------------|
| Positive response | 120 | 76% |
| Response about improvements | 29 | 18% |
| Neutral | 17 | 11% |

When comparing the groups of respondents there were two main differences. Midwives gave 100% positive comments and only educators made comments about using the portfolios to help develop other staff (2%, Table 2).

Table 2: Comments on positive impacts of portfolios on practice

| Respondents' comments on the positive impacts of portfolios on their professional practice | Number of mentions in comments | % (base 182) |
|---|---------------------------------------|---------------------|
| It allows me to keep a record of my CPD all in one place with a structured approach | 82 | 45% |
| It gives me evidence for my registration revalidation and makes this an easier process | 39 | 21% |
| Enables reflection and awareness of training needs and the planning of development | 21 | 12% |
| It's useful for appraisals, supervision sessions or getting feedback | 14 | 8% |
| Demonstrates that you meet relevant standards for the profession | 13 | 7% |
| Makes it easy to share CPD history with others | 9 | 5% |
| Allows me to develop and make suggestions for staff learning | 4 | 2% |

Many of the positive comments (45%, Table 2) were related to how the respondents find the portfolios a useful way to collect and organise their CPD records.

Thirty-nine respondents gave comments about how they used their portfolio as part of their revalidation process.

As well as the revalidation process respondents also felt that the portfolios aid them in demonstrating they meet the standards of their profession (7%).

Respondents also used the portfolios to reflect on and understand their development needs; this enables them to plan which skills they need to improve on or receive more training in (12%).

Other positive comments related to the ability to use portfolios within appraisals (8%) and the ease with which the portfolio or aspects of CPD can be shared (2%).



I find it so good to have a record of all my CPD in one place. It is so easy to search for things as well. So, for example, if I've been at a meeting and I know what was discussed but can't remember the outcomes, I can easily look back. I also type in live time when I am at a course so don't have to spend time later writing up an input. I use the share pack for my colleagues if they have been unable to attend training or a meeting.

Allied Health Professional

All items are in one place (the portfolio) so it doesn't clutter a physical shelf or drawer.

Allied Health Professional

I use it as a tool for collecting revalidation evidence, my practice is more supported by the appraisal system, supervision with colleagues, and ongoing reflective practice.

Midwife

It allows a record to be kept of my professional journey and evidence to support achievements in line with role and qualification requirements. I can access it easily and update it whenever an activity or event is undertaken and share this with my manager as required to support my ongoing development.

Nurse



4. Design, function and usability

Key point summary

- Users are positive about the ease of using professional portfolios; AHPs are most positive, and nurses and midwives are slightly less positive.
- Where the portfolios are regarded as being difficult to use, this is due to the navigation, or it being perceived as not being user-friendly.
- Aspects of usability that work well are being able to keep a record of evidence in once place, especially evidence for revalidation.
- The usefulness of the various different features of professional portfolios was rated extremely highly. Nearly all users rated the following aspects as either very or fairly useful: Sharepack; Evidence – Reflections; NMC revalidation (nurses and midwives only).
- Improvements to the functionality include:
 - Changes to portfolio platform and materials
 - Support and awareness
 - Linking with other platforms and requirements
 - Organisational factors (e.g. encouraging consistent use; having protected time to use portfolios)

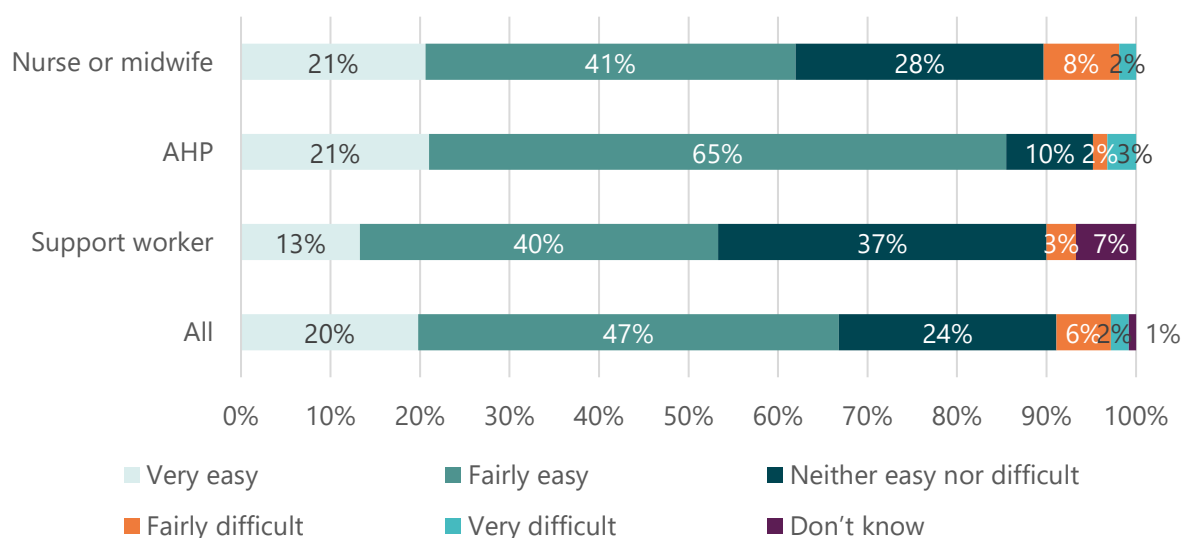
4.1 Ease of use

The survey sought views on a range of different features of the Turas portfolios, starting with its general ease of use and the reasons associated with that, as well as more detailed feedback on the specific features of the portfolios.

Overall, respondents were positive about the general usability of the platform, with over two thirds (67%) rating the Turas portfolios as either ‘very easy’, or ‘fairly easy’ to use; AHPs gave the most positive ratings. Views tended to be more mixed amongst nurses and midwives and support staff with 28% and 37% of these groups, respectively, suggesting a neutral opinion (Figure 18).

Only a very small proportion of any user group found the platform difficult to use (8%).

Figure 18: Ease of using the professional portfolios



Base: 247

Aspects that are difficult to use

Those who find the Turas portfolios difficult to use were asked to explain why.

Various answers were given in response to this question (Table 3). The most common response was that the portal is difficult to navigate, or is not perceived as being user-friendly. Other fairly common responses related to either not having used it for a while, finding it difficult to search for specific information and a preference for recording CPD in a different way. Note: the small base number of respondents to this question.

Table 3: Why Turas portfolios are hard to use

| Respondents' comments on why they find the portfolio hard to use | Number of mentions in comments | % (base 31) |
|---|---------------------------------------|--------------------|
| It's difficult to navigate / not user-friendly | 9 | 29% |
| I don't use it often / forget how to use it | 4 | 13% |
| Difficult to search for specific information such as training materials | 4 | 13% |
| Would prefer to use a different format to record my CPD (NMC or own format) | 4 | 13% |
| Find the upload function difficult to use | 2 | 6% |
| Staff need training and support on how to use | 2 | 6% |
| Forms are not streamlined | 1 | 3% |
| Feel like I am duplicating work | 1 | 3% |
| There should be tabs for different parts of the portfolio | 1 | 3% |
| Doesn't link with the other records and systems I use such as learnPro | 1 | 3% |
| It's difficult for me to think what I should put in the portfolio | 1 | 3% |
| The share pack is difficult to use | 1 | 3% |

Increased accessibility

In the focus group, participants did raise access issues but this was predominately about having the time to complete the portfolio rather than having access to IT. So, for example, one manager had noted that computer access was provided in the canteen at their location so that those without a personal device could access online services. However, they had never seen a single colleague access this.

There was an appetite for the possibility of having the portfolios available as a mobile app but this was a less common suggestion in the focus group than it was in the open responses in the survey.

Having dedicated time set aside to complete the portfolio was raised by more than one participant but there was an acknowledgement that this would require buy-in from staff at a senior level in their team/department/Board.

One concern raised in the support workforce focus group, was that access to the portfolio app in Turas could be confusing in itself, particularly in relation to which portfolio they should access. Greater clarity on this would be beneficial.

What works well

Those who rated the Turas platform as being easy to use were asked what they think works well (Table 4).

The responses to this question have very similar themes to the responses to the previous question about ‘impacts on professional practice’ (Table 2, section 3.4), for example: being able to keep a record of CPD in one place; giving evidence for registration revalidation; use for appraisals and enabling reflection. The differences in answers to the ‘what works well’ question compared to the ‘impacts’ question will be explored, and they are highlighted in grey in Table 4.

Table 4: What works well about the Turas portfolios

| Respondents’ comments on what works well about the professional portfolios | Number of mentions in comments | % (base 196) |
|--|---------------------------------------|---------------------|
| It allows me to keep a record of my CPD all in one place with a structured approach | 88 | 45% |
| They are user-friendly and easy to navigate | 29 | 15% |
| It gives me evidence for my registration revalidation and makes this an easier process | 24 | 12% |
| The share pack is useful | 15 | 8% |
| It's useful for appraisals, supervision sessions or getting feedback | 14 | 7% |
| Enables reflection and awareness of training needs and the planning of development | 11 | 6% |
| Makes it easy to share CPD history with others | 8 | 4% |
| It's useful for making job applications | 3 | 2% |
| Demonstrates that you meet relevant standards for the profession | 3 | 2% |

Fifteen per cent of respondents felt that the portfolios were user-friendly and easy to navigate (Table 4). Respondents were positive about the ‘share pack’ function (8%) as this

made it easy to share information with relevant staff and made revalidation easier. Further to the usefulness of the share packs, respondents also used their professional portfolios in making job applications (2%).

In terms of differences across the groups, it is mainly midwives and nurses who mention revalidation and mainly nurses who highlight appraisals, supervision and getting feedback.



The functions of the professional portfolio are good and sufficiently easy to access. I particularly like the share pack functionality to share documents, this is particularly useful when managed remotely or undertaking the process remotely.

Nurse

All my CPD is in one place, it is easy to add evidence and to share the information in share packs. It can be updated as I go along so it isn't as time-consuming when my revalidation is due. A lot of the evidence is already present due to being on Turas which saves time uploading evidence for this.

Midwife

It is a handy way of keeping all CPD together and if selected for audit would make the process a bit smoother.

Allied Health Professional

I like the fact that there is a portfolio for HCSWs to use/create where the learning can be saved and stored, and I like the fact you can make share packs relevant to the individual you wish to share the information.

Support work – health or social care

When used consistently by line managers, I anticipate that this will be helpful to have a collaborative discussion about progress and clinical practice/development. During the PDPs I have undertaken, clinicians appreciate the positive feedback on progress/practice as this is not often the focus of other meetings such as line management/clinical supervision. I think it empowers staff to continue to strive to continually develop their practice and for their development to be acknowledged and praised. I also think it improves staff morale during periods of growing clinical demand and that they are being prioritised.



4.2 Perceptions of individual features

Views were captured on the usefulness of each of the different features of the professional portfolios.

Overall, the feedback was extremely positive. Of the three comparator groups, those who use the portfolios the most (nurses and midwives and AHPs) tend to be more positive. The results, broken down by comparison group are presented in the charts on the following pages.

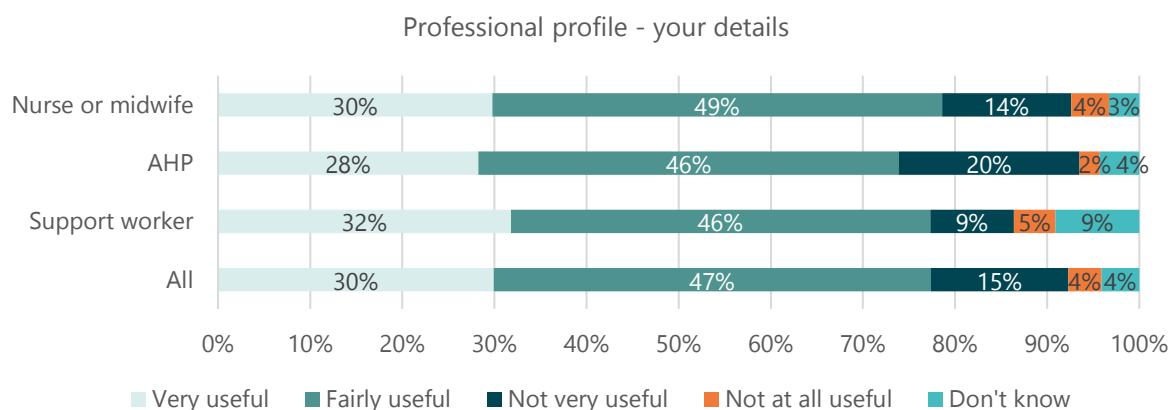
Note: base numbers for support workers are low, and base numbers for all groups are low for certain features.

In summary, the features rated most positively (in descending order), are illustrated in Table 5.

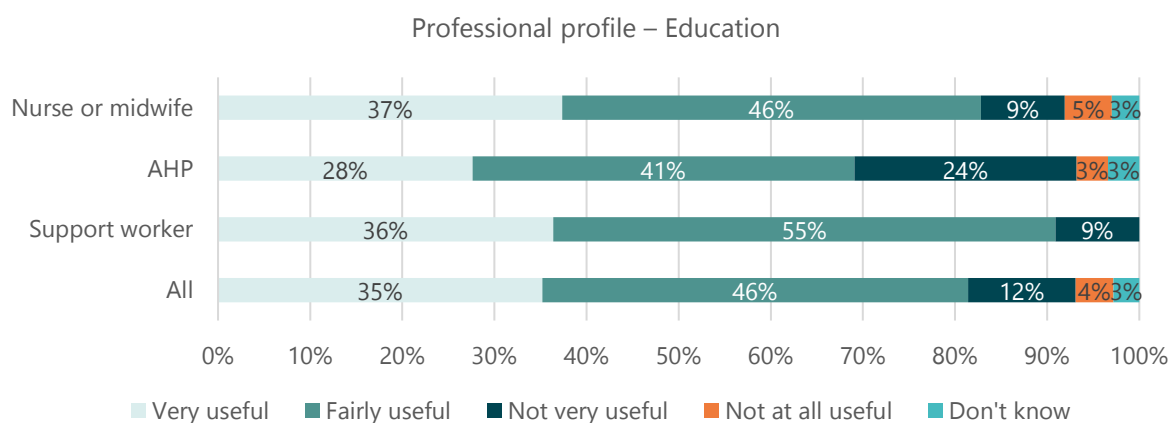
Table 5: Usefulness of Turas' features (summary table)

| Feature | % useful | % not useful | % don't know |
|---|----------|--------------|--------------|
| Evidence – NMC revalidation (<i>nurses and midwives only</i>) | 94% | 4% | 2% |
| Share pack | 94% | 4% | 2% |
| Evidence – Reflections | 94% | 5% | 1% |
| Evidence – Learning – Record of support and supervision | 91% | 6% | 3% |
| Evidence – Feedback | 91% | 7% | 2% |
| Professional profile – Achievements | 91% | 7% | 1% |
| Evidence – Learning – Record of learning activity | 91% | 9% | 1% |
| Evidence – Learning – Professional Journey plan | 86% | 12% | 3% |
| Professional profile – Employment | 84% | 14% | 2% |
| Professional profile – Education | 81% | 16% | 3% |
| Professional profile – Your details | 77% | 19% | 4% |

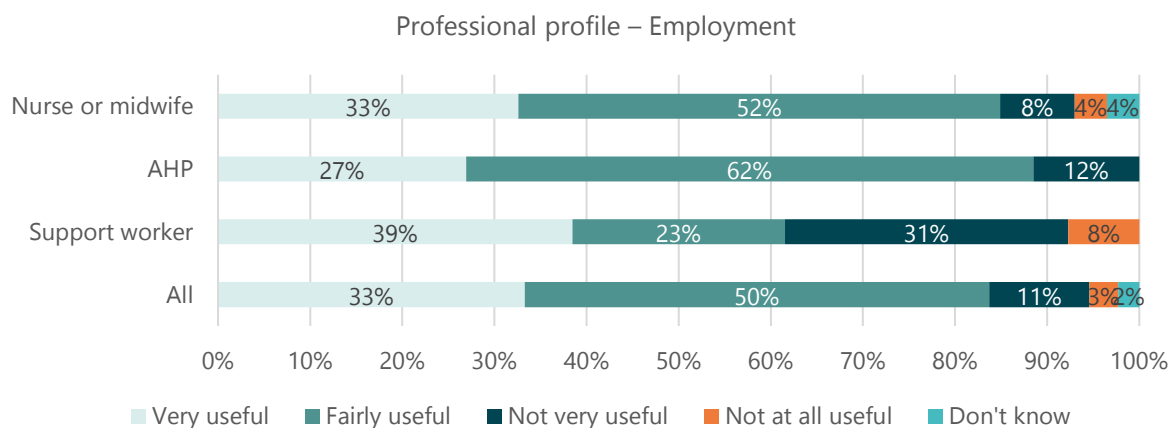
Figure 19: Usefulness of different features of the professional portfolios



Base: 189 (NM 121, AHP 46, SW 22)

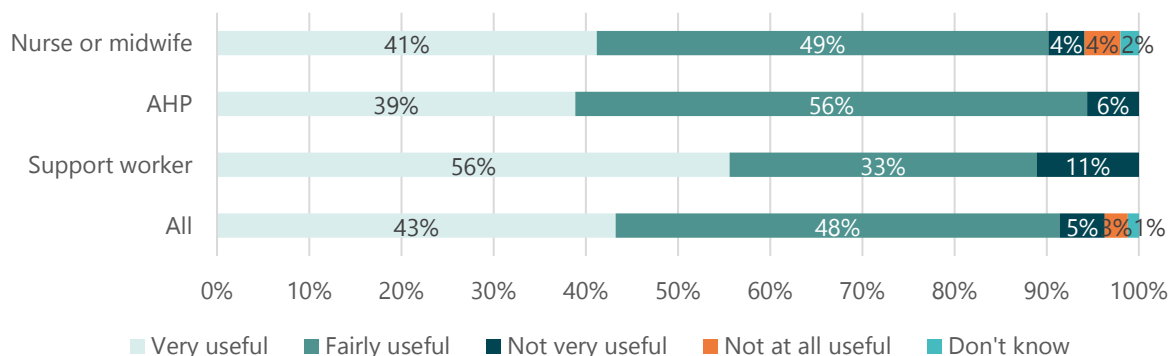


Base: 139 (NM 99, AHP 29, SW 11)



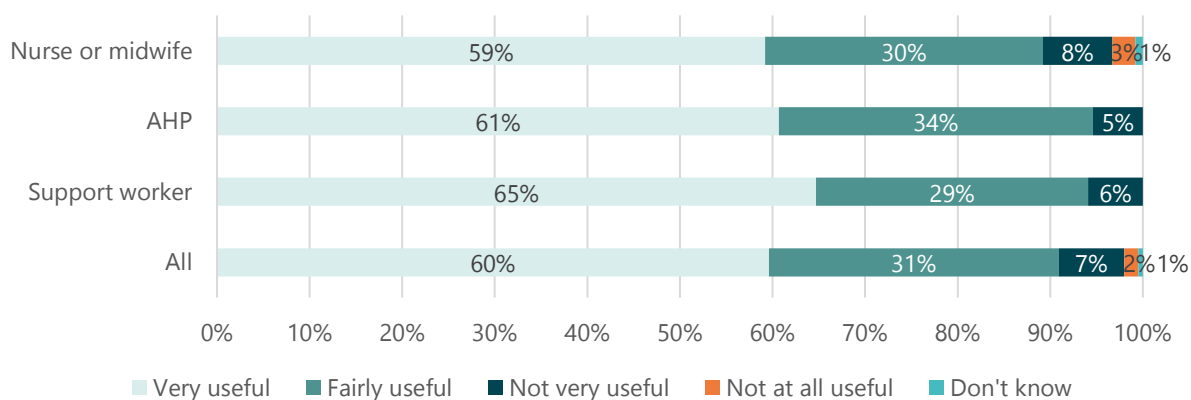
Base: 125 (NM 86, AHP 26, SW 13)

Professional profile – Achievements



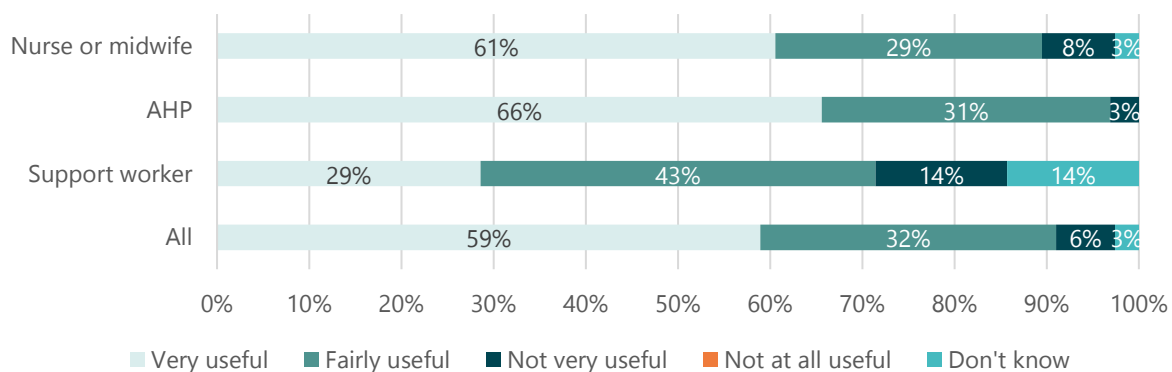
Base: 78 (NM 51, AHP 18, SW 9)

Evidence – Learning – Record of learning activity



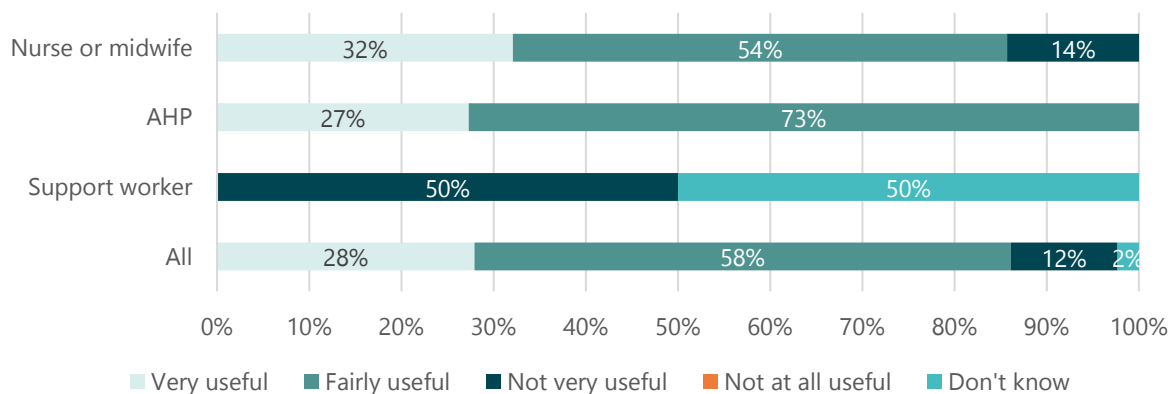
Base: 193 (NM 120, AHP 56, SW 17)

Evidence – Learning – Record of support and supervision



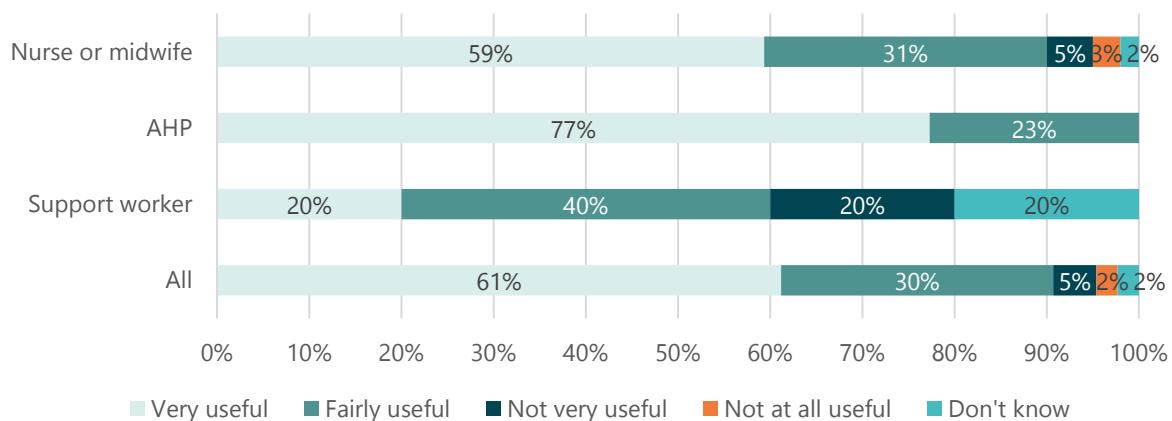
Base: 77 (NM 38, AHP 32, SW 7)

Evidence – Learning – Professional Journey plan



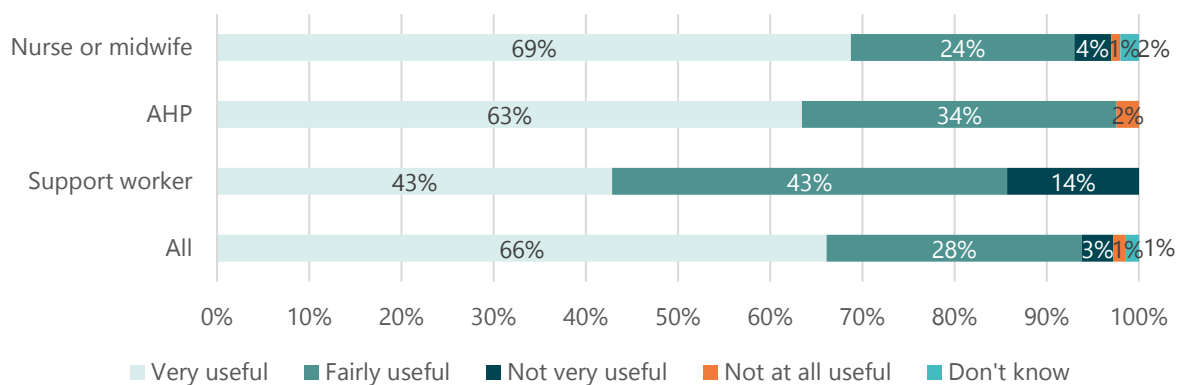
Base: 41 (NM 28, AHP 11, SW 2)

Evidence - Feedback

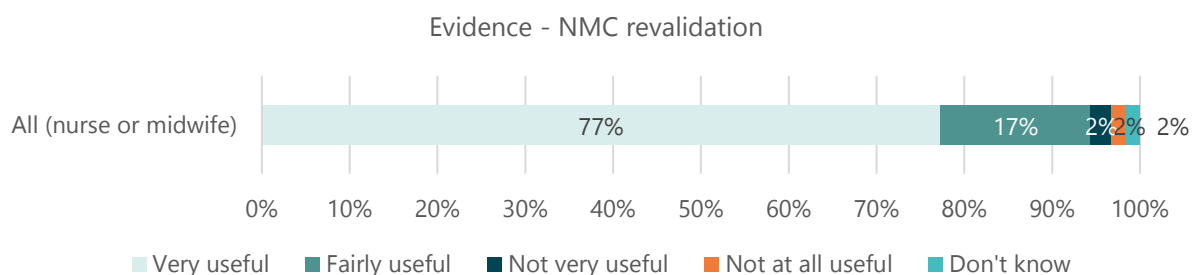


Base: 128 (NM 101, AHP 22, SW 5)

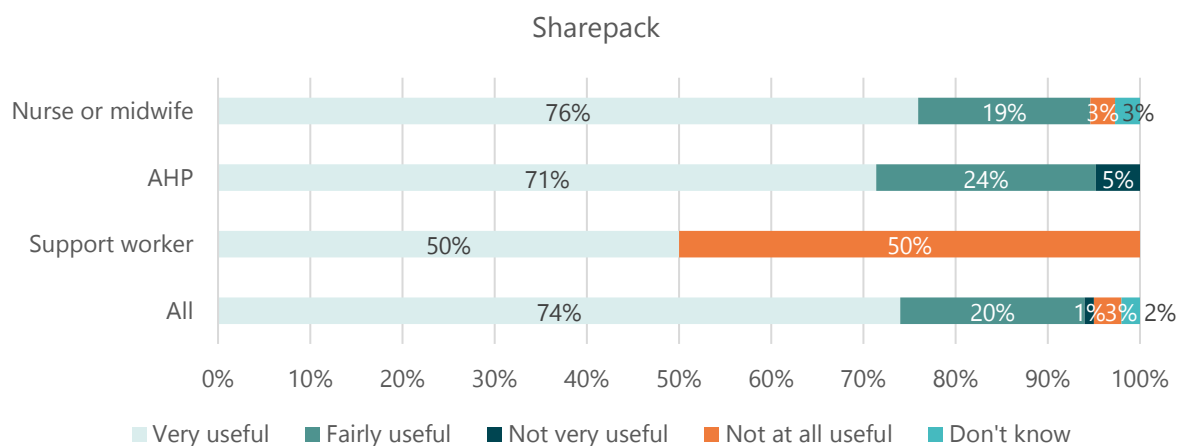
Evidence – Reflections



Base: 147 (NM 99, AHP 41, SW 7)



Base: 123



Base: 98 (NM 75, AHP 21, SW 2)

4.3 Functionality challenges and gaps

Respondents were asked to comment on what should be improved about the professional portfolios. The themes of these comments are presented in Table 6 grouped under four categories (highlighted in the table):

- Changes to portfolio platform and materials
- Support and awareness
- Linking with other platforms and requirements
- Organisational factors.

For this question, there were no marked differences between comments from the different groups.

Table 6: Comments on what if anything should be improved about the professional portfolios

| Respondents' comments on what, if anything, should be improved about the professional portfolios. | Number of mentions in comments | % of comments (base 132) |
|---|--------------------------------|--------------------------|
| Changes to portfolio platform and materials | 62 | 47% |
| Make the portfolios more user-friendly and improve the navigation | 31 | 23% |
| Less duplication and repetitiveness | 9 | 7% |
| Improve the upload function so documents can be added | 8 | 6% |
| Having the ability to view everything together | 3 | 2% |
| Relate it to the pillars of practice | 3 | 2% |
| Formatting of my work | 2 | 2% |
| The share pack could be improved | 2 | 2% |
| Higher character count in sections | 2 | 2% |
| Add tags for mandatory records | 2 | 2% |
| Support and awareness | 33 | 25% |
| Training and support for staff on how to use portfolios | 19 | 14% |
| Build awareness amongst staff of the portfolios | 14 | 11% |
| Linking with other platforms | 29 | 22% |
| Linked with other platforms and areas | 18 | 14% |
| Link with requirements for NMC/ HCPC | 9 | 7% |
| Linked to applying to jobs in NHS Scotland | 2 | 2% |
| Organisational factors | 8 | 6% |
| There should be consistent use of portfolios and an organisational structure of how they are used | 4 | 3% |
| Need protected time to fill out the portfolio | 4 | 3% |

Changes to portfolio platform and materials

Comments on improving user-friendliness and navigation (23%) included making it easier to search for information and find modules. Some respondents felt that they were, or were at risk of, duplicating information as there are some areas where the types of activities are duplicated (7%). Several respondents talked about wanting to be able to upload documentation to the portfolio, especially existing work, or paper records (6%).

Support and awareness

Fourteen per cent of respondents mentioned that more training and support would improve their ability to use the portfolios (14%). Training suggestions within the comments included:

- A simple 'Help' or 'How to' button/link within the portfolios
- Easy 1-2 min videos in different places to show you how to create revalidation information
- Include a session on the use of portfolios within the Nursing Degree
- A short E-Learning or video about how to use them to their full potential
- Short webinars on using the portfolios.

Respondents also felt that building awareness with staff on the benefits of using the portfolios should sit alongside the training activities (11%).

Linking with other platforms and requirements

Respondents made comments on how they would like the portfolios to link with different platforms, areas, and requirements (22%). Specifically linking with appraisals, learnPro and other professional body platforms such as HCPC and NMC.

Organisational factors

Respondents talked about organisational factors which would improve the portfolios. These were consistency across the organisation (3%) on how and why they should be used as well as protected time to update the portfolios (3%).

The comments on improvements from the 'impact' question and answers to 'why respondents found the portfolios difficult to use' had the same themes as the above. There were some comments within the 'difficult to use' question about how the infrequency of portfolio use can impact the respondent's ability to use the platform. For example, one Allied Health Professional said 'because I don't access the portfolio often, I forget how to do it and use it'. Which may underline the need for regular refreshers on training.

Respondents also suggested a number of improvements when asked about the impacts of the portfolio on professional practice. These are summarised in the Table 7.

Table 7: Improvements cited in 'impacts of the portfolio on professional practice' question

| Comments on improvements cited in the 'impacts of the portfolio on professional practice' question | Number of mentions in comments | % (base 21) |
|--|--------------------------------|-------------|
| Would prefer to use a different format to record my CPD | 7 | 37% |
| It takes too long, or I don't have enough time | 3 | 16% |
| It's difficult to navigate / not user-friendly | 3 | 16% |
| Doesn't link with the other records and systems I use such as learnPro | 2 | 11% |
| Feel like I am duplicating work | 2 | 11% |
| It's difficult to use the appraisal section | 2 | 11% |
| Feels like another job to complete | 2 | 11% |



I would like things to be clearly defined in terms of portfolios and e.g. evidence on Turas I think there is almost too much on the one platform and duplication of content is likely.

Nurse

I haven't yet figured out how to link my learnPro to my Turas (although it says they are linked on my account). I want to be able to use the same learnings and reflections in my professional portfolio and my appraisal, but again, there doesn't seem like a straightforward way to do this.

Allied Health Professional

A recognition of possible support and training needs for staff about the benefits of Turas and in particular how to navigate the system. I am not sure if the subject of Digital Technology is part of the nursing degree, I assume it is. But perhaps there needs to be more experience, learning etc with regards to the use of Turas and other digital systems within Health Care. This would be fantastic in addressing the connection between theory and practice.

Nurse

Integration with other portfolio systems, especially those from professional bodies. There should be an NHS Scotland-wide agreement on its use for things like clinical supervision. A simple 'Help' 'How to' button/link as there doesn't seem to be one (or if it is there, I can't find it!) The helpdesk button is obvious throughout but not really what I'm looking for.

There are 'How to guides' etc on Turas Learn but no obvious link directly from Turas Portfolio and they are dotted about in different parts (e.g. some in Dental Vocational Training, some in Support Worker)

Allied Health Professional



Increasing usability – linking to other apps

The key piece of feedback that was mentioned more than any other in the focus groups, was that making the Turas Portfolios able to talk to Turas Learn and Turas Appraisal would drastically improve usability and function. This was particularly associated with the idea that time is a key barrier and by linking the Turas elements and reducing duplication of effort, using the portfolios could potentially be seen as a time saving tool.

There was also a suggestion that it would be ideal if the Portfolio could be linked to Jobtrain so that when you are applying for different posts you can automatically upload the details you have already gathered. This was seen as an idea for a perfect world and it was more important to link the various areas in Turas.

Increased usability – improving features

There was not a great deal of feedback on specific additions and changes to the Portfolios app itself and those that were suggested tended to be raised by only one or two people. These included:

- Visual goal setting, for example achievement/targets on a dashboard
- Using more accessible language that is reflective of the support work roles
- Make share packs “less clunky”
- Keep format the same as when typing up records, rather than “squashing it together”
- Have only one main feature in the portfolio for reflection, rather than multiple different spaces.

Making it more relevant to staff groups' experience

The final area for improvement highlighted by those at the focus groups was finding ways of making the portfolios more relevant to a wider group of staff. The NMC revalidation element of the NM portfolio was noted as one of the key drivers of the high level of awareness and use among this group.

It was felt that there were some clear quick wins here in providing a similar approach for AHPs and the support workforce. As well as providing a wider range of bespoke tools that could be used across the three user groups to link into other existing frameworks and objectives. Examples included:

- linking to reflective frameworks and pillars of practice
- linking with what is required for AHPs demonstrating proficiency to practice e.g. HCPC audit templates.
- designing learning forms linked to specific courses/programmes
- Create some bespoke tools for specific evidence needs e.g. prescribing competency/ framework, Transformed Roles competency frameworks
- having the ability to link learning to specific learning outcomes or objectives
- given the potential call for registration of General Managers in future there could be links made for this group
- other healthcare staff who are registered with statutory regulators: HR, Finance etc.

5. Enablers and barriers to use

Key point summary

- Guidance on how to use the professional portfolios, and information on the benefits of the portfolios, was requested as a means of encouraging those who use them, to use them more. A sizable proportion (around a fifth) felt that nothing would encourage them to use portfolios more.
- Most educators encourage their students to use professional portfolios, mainly because they see the benefit to students' studies and when they go on to qualify. Students are encouraged by being asked by educators to use portfolios when they finish modules, training or placements.
- Most of those who have line management responsibilities support others in the use of professional portfolios during line management. These respondents suggest that guidance on how to use the portfolios and information on their benefits would encourage others to use them more.
- The main barrier to using portfolios is a lack of time; this is especially true of support staff.
- Most respondents didn't feel that they needed further support or training to support others in their use of professional portfolios. Of those that did, they suggested guidance and training sessions, or a guidance document.

5.1 Enabling factors that encourage use

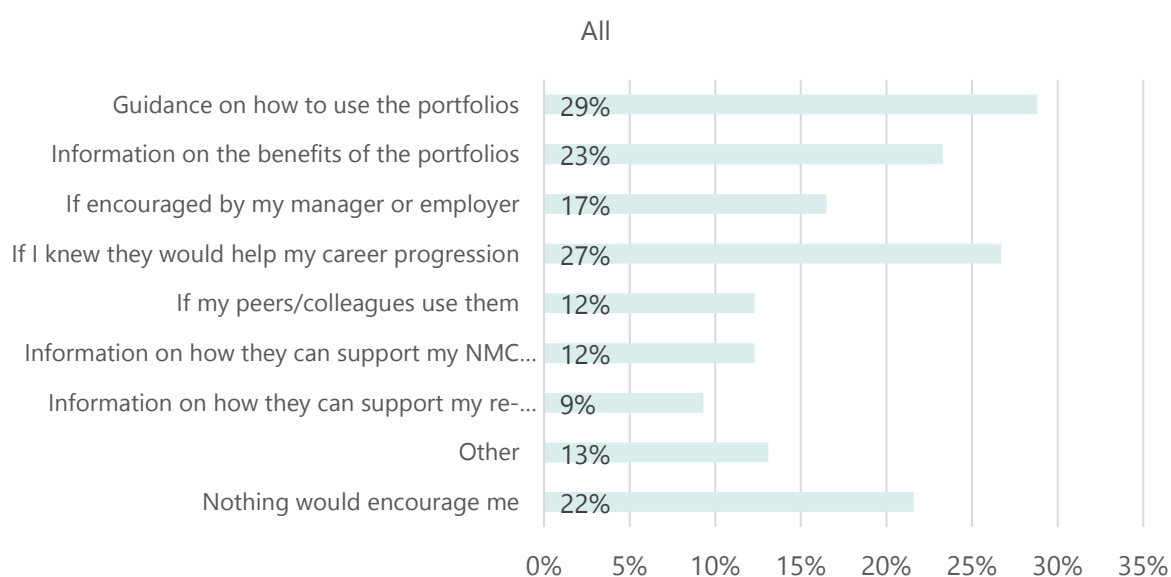
The survey explored factors that might encourage greater use of portfolios, in a number of different respects: amongst those who currently use them; students; and, amongst those who are line managed by survey respondents.

Of those who currently use professional portfolios, just over a fifth (22%) felt that there was nothing that would encourage greater use (Figure 20). This was particularly true of nurses and midwives (24%), who, of the three respondent groups, collectively use portfolios the most. Only 17% of support staff – the group who use portfolios the least – stated that nothing would encourage them to use portfolios. This suggests there is an opportunity to attract a large proportion of support staff to Turas, with the survey findings suggesting that this would most effectively be done by providing evidence of how using portfolios may help their career progression.

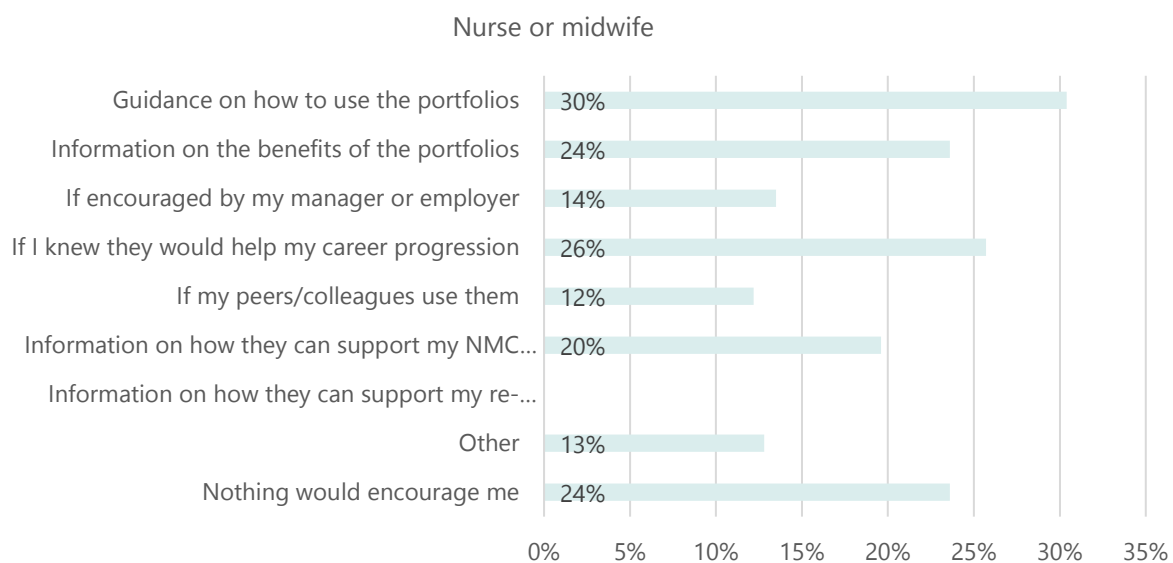
Amongst all respondent groups, guidance on how to use portfolios was most requested as a means of encouraging greater use (29%); this was particularly true for nurses and midwives (30%). This group also felt that if it helped with career progression (26%) this would be a factor, as well as having information on the benefits of portfolios (24%).

For AHPs, the biggest motivator for greater use was information on how portfolios can support HCPC renewal (38%), followed by guidance on how to use them (26%).

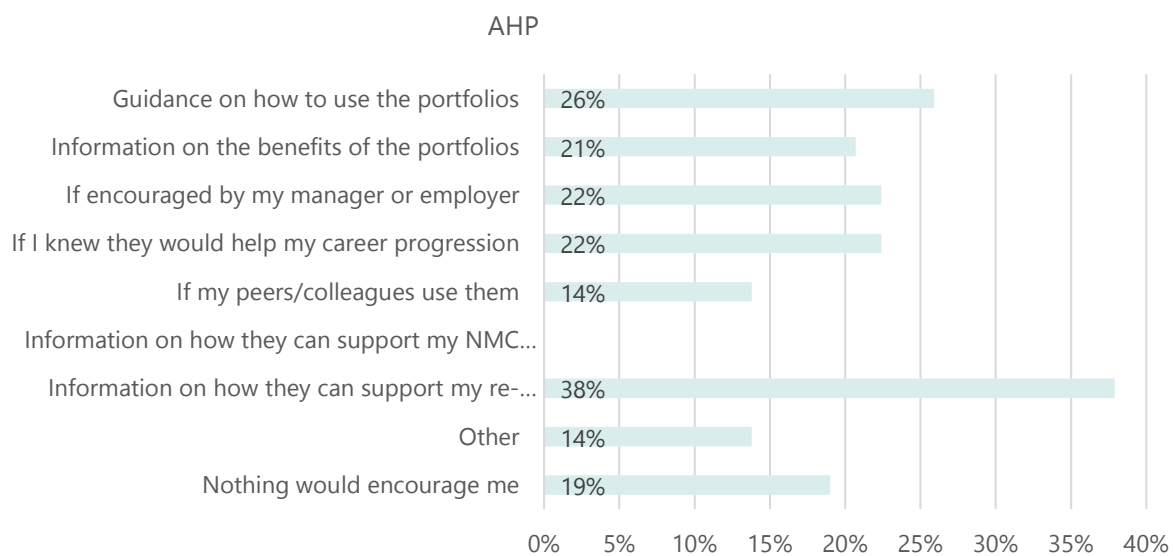
Figure 20: What would encourage greater use of professional portfolios



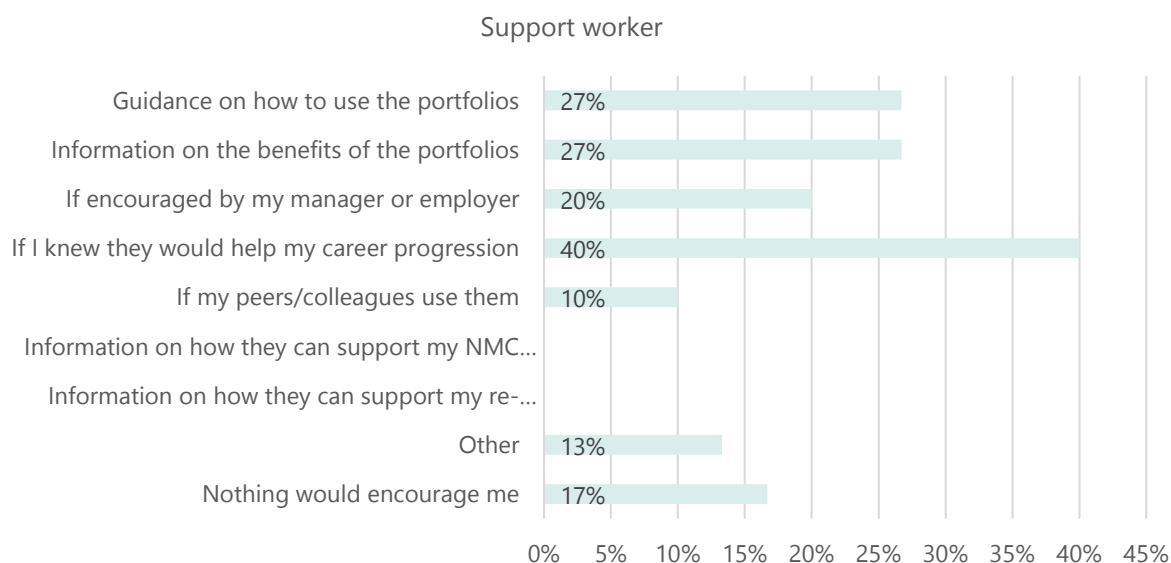
Base: 236



Base: 148



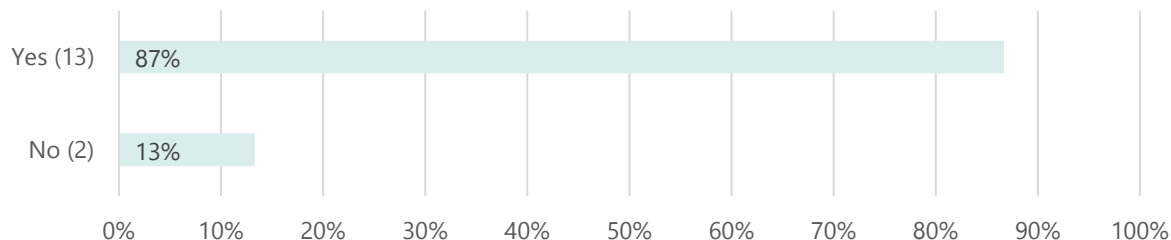
Base: 58



Base: 30

Educators were asked whether they encourage their students to use the professional portfolios, and the vast majority (87%) stated that they do (Figure 21).

Figure 21: Do educators encourage students to use professional portfolios?



Base: 15

Educators were asked a follow-up question to explore their reasons. Fourteen responded and their answers are summarised below:

- Students will benefit from the portfolios throughout their studies and when they go on to qualify; they are likely to use their portfolio for revalidation and appraisals in the future
- Portfolios are evidence of a student’s continued development and are useful for their reflection
- It's part of my job role to encourage students to use the portfolio.

Those who stated that they do encourage students to use portfolios were asked to provide a little more information about how they do that. Ten educators responded to the question about the main ways they encourage students to use portfolios. Their answers focused on the following actions:

- Encourage or ask students to use the portfolios when they finish modules, complete training, or end placements
- Offer training and signposting on the Turas portfolio
- Use share packs for end-of-year reviews with their tutor.



I encourage the students to use the professional portfolios whenever I meet with my personal tutor groups, which includes meeting with them at their end-of-year review. I also remind students at the end of tutorials etc. to reflect on the session and add to their portfolios. I try to instil in them a habit of using it whenever they achieve something or get feedback about anything.

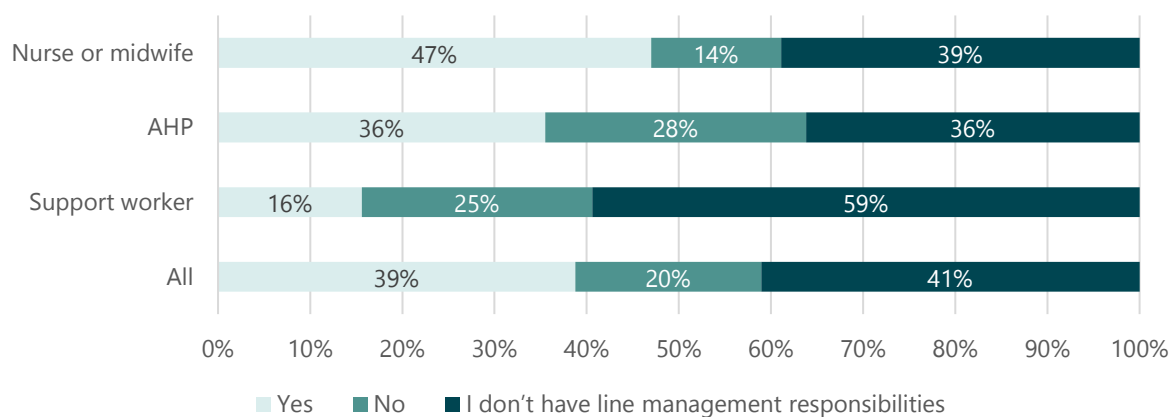


Educator at a Higher or Further Education Institution

Respondents who have line management responsibilities were asked about whether they support those they manage in their use of the professional portfolios (Figure 22). Overall, over a third (39%) of respondents do support others in this way. However, it should be noted that two fifths (41%) do not currently have line management responsibilities. This means that, of those who do have line management responsibilities around two thirds (65%) support their use.

The proportion is lowest amongst support staff; this group is also less likely to have line management responsibilities.

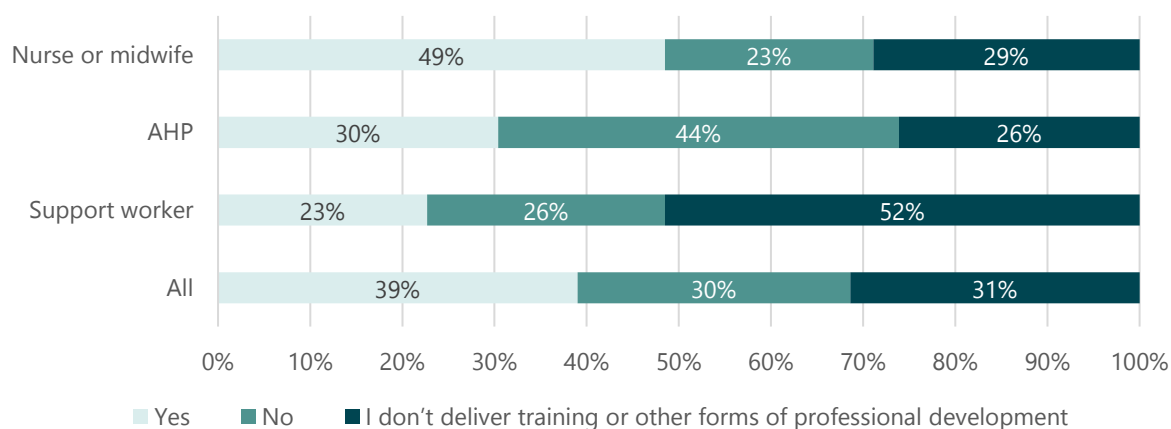
Figure 22: Do you support others in the use of the professional portfolios when line managing colleagues?



Base: 436 (NM 234, AHP 138, SW 64)

A slightly higher proportion of respondents deliver training (or other forms of professional development) to other colleagues than have line management responsibilities. Of those that do, 57% support others in the use of professional portfolios when delivering that training or professional development. The proportion is highest amongst nurses and midwives (Figure 23).

Figure 23: Do you support others in the use of the professional portfolios when delivering training or other forms of professional development to other colleagues?



Base: 439 (NM 235, AHP 138, SW 66)

Those who do offer support to others in the use of professional portfolios when delivering training or other forms of professional development were asked their opinion on what would encourage others to use them more (Figure 24).

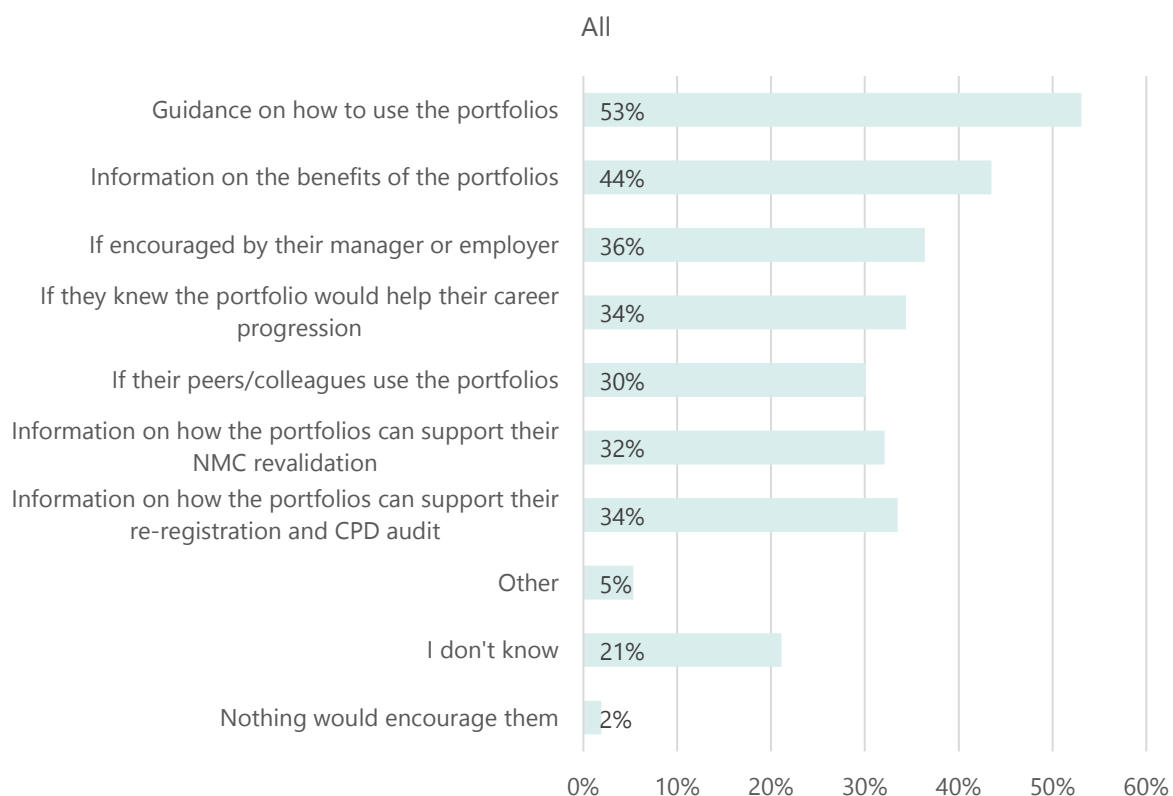
The findings from this question are very similar to Figure 19 which asked what would encourage you to make greater use of the professional portfolios. Most suggest (53%) that guidance on how to use the portfolios would be the best means of achieving greater use (for all three comparator groups), followed by ‘information on the benefits of the portfolios’ (44%).

In contrast to the earlier question on personal motivators, very few of those who deliver training or other forms of professional development felt ‘nothing would encourage them’: only 2%.

Information on how the portfolios can support revalidation/re-registration was perceived to be important to nurses and midwives, and AHPs.

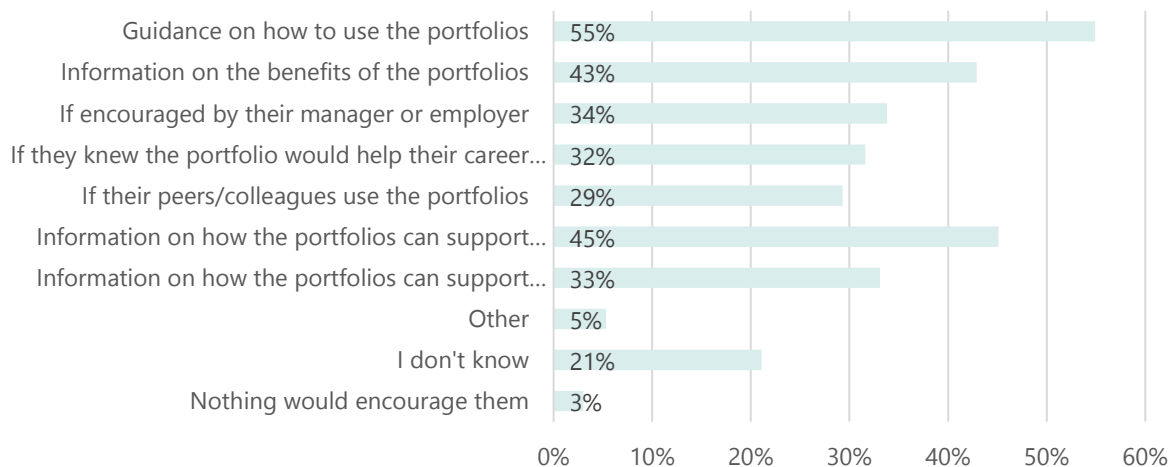
Encouragement from line managers and having information how portfolios would support career development were seen as being important to support staff.

Figure 24: Encouraging factors for colleagues



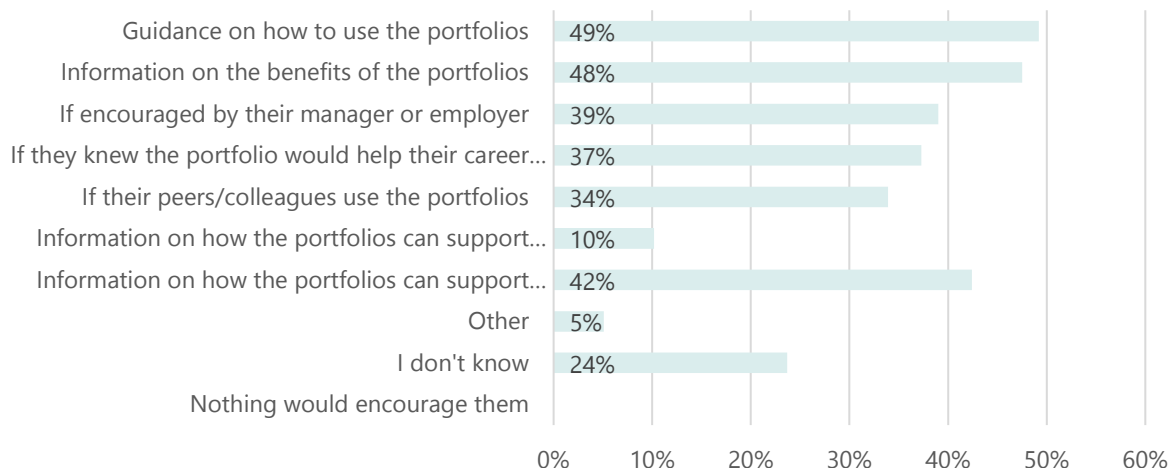
Base: 209

Nurse or midwife



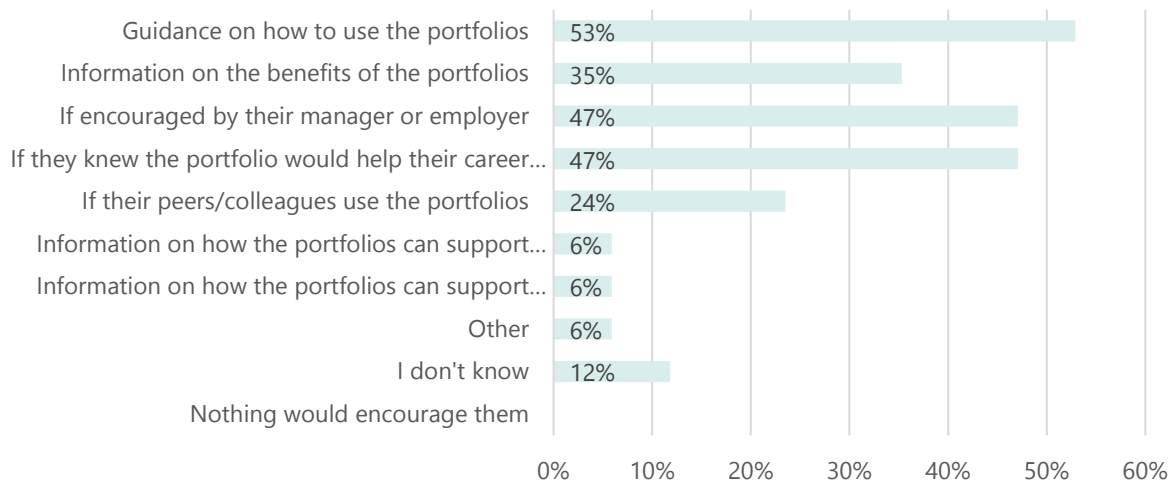
Base: 133

AHP



Base: 59

Support worker



Base: 17

Increasing use – awareness and encouragement

In terms of raising awareness and encouraging great uptake, there was not thought to be a single method that would be successful. Focus group participants highlighted that different methods of raising awareness and different messaging will have varying results on specific groups of staff. It was, therefore, suggested that a multi-faceted approach is required.

There were a number of themes that could form part of this approach.

1. Awareness raising directly from NES through promotional materials, emails, or other forms of advertising. The key selling points were thought to be: a ‘one-stop shop’ for all your CPD; targeted messaging on how it will benefit them in their role (e.g. for AHPs highlighting how it could be used to support HCPC audit or linking into clinical supervision), and promoting the idea of ‘starting from today’ rather than going back in time.
2. Find as many ways as possible to build in nudges to the use of portfolios into existing systems/processes (e.g. make it a part of the induction process, all CPD emails/feedback forms/in-person events to include a reminder to add the training to portfolios and including, where appropriate a link to do so, build in reminders/encouragement into the appraisal form/conversation).
3. Provide in-person support for those who may require more support with IT and using new systems through personal support/encouragement, in-person champions and through line management relationships.
4. Buy-in at a senior level, with those in management both encouraging use and role modelling use within their teams. The emphasis on the benefits would be more authentic coming from those using the portfolios themselves.

5.2 Barriers to using the portfolios

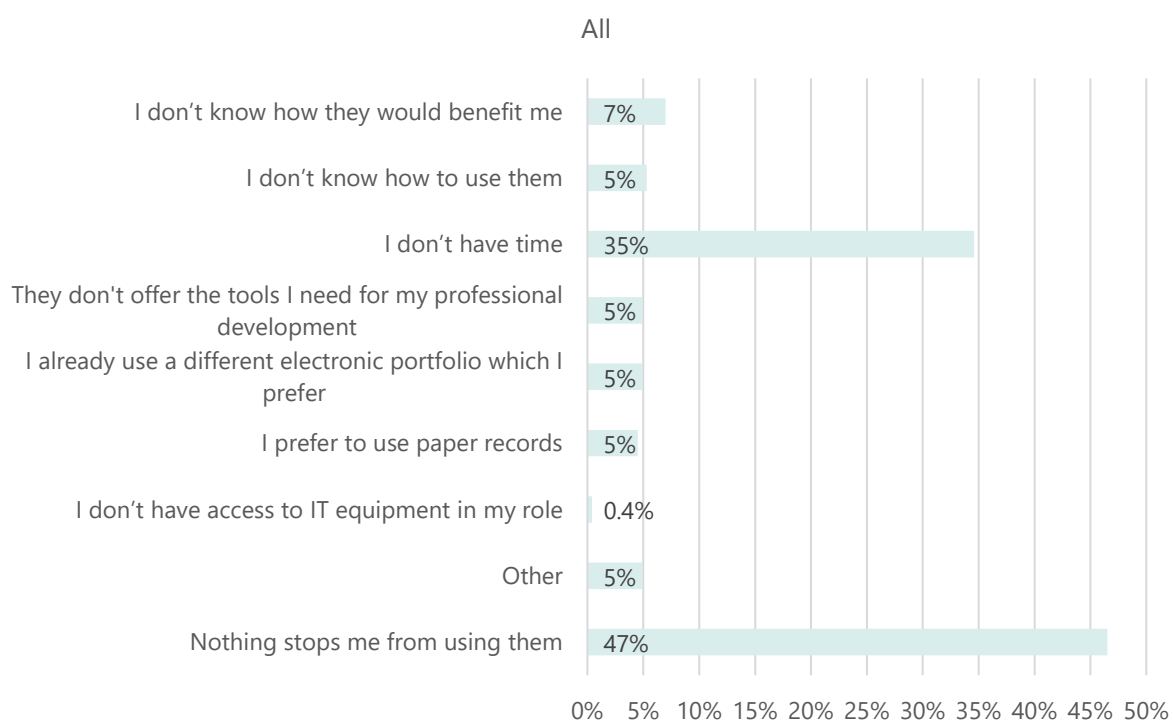
The survey explored barriers to greater use of the portfolios from two perspectives:

1. Own personal use
2. Use by colleagues

When asked about own personal use of the portfolios, two themes stand out: either there are no barriers (47%), or time is an issue (35%) (Figure 25).

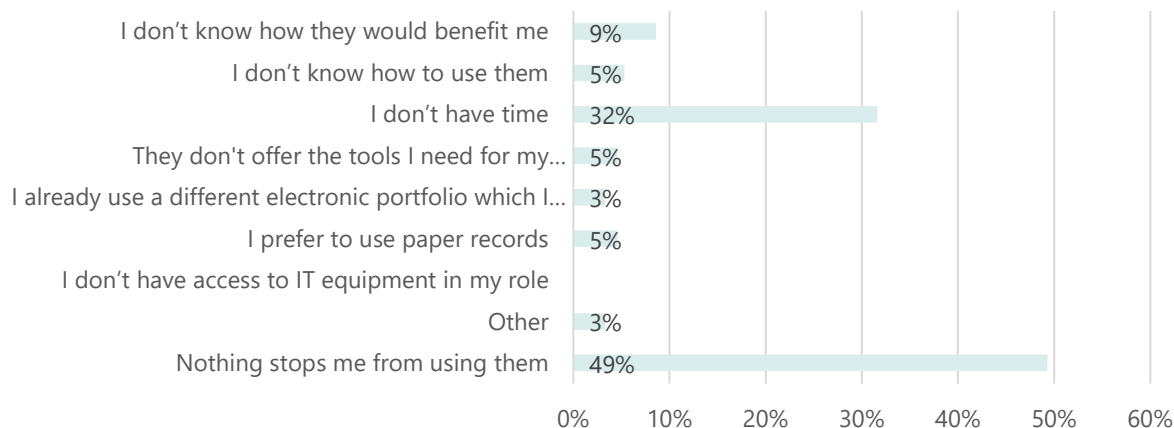
This pattern is the same across all three comparison groups; the only notable differences are that a lack of barriers is most common amongst the greatest users (nurse and midwives, and AHPs) and that time is the greatest barrier to support staff.

Figure 25: Barriers to own use of professional portfolios



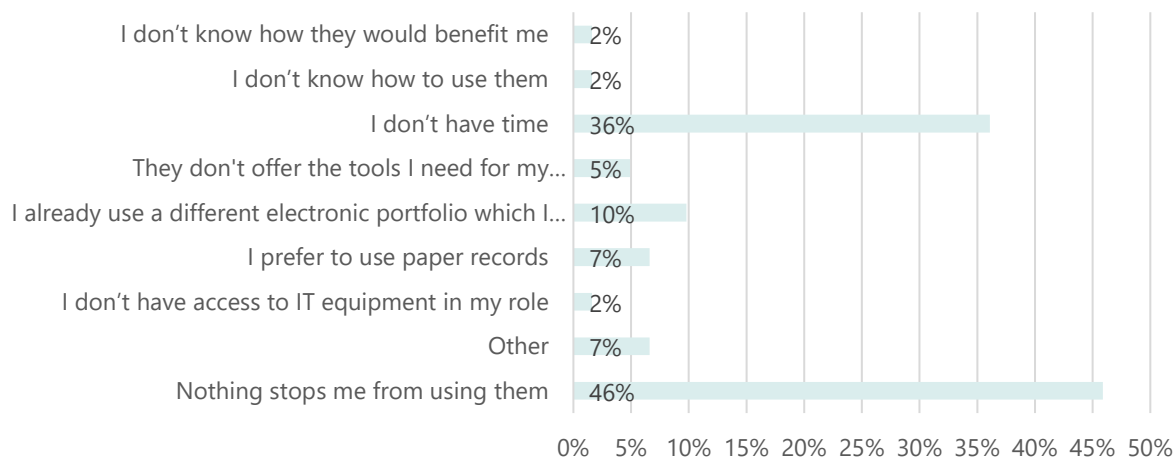
Base: 80

Nurse or midwife



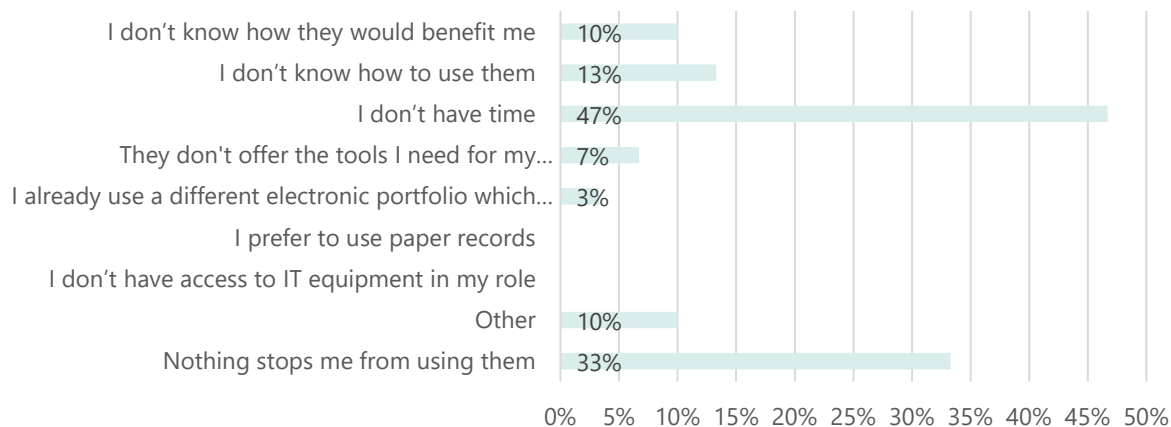
Base: 35

AHP



Base: 33

Support worker



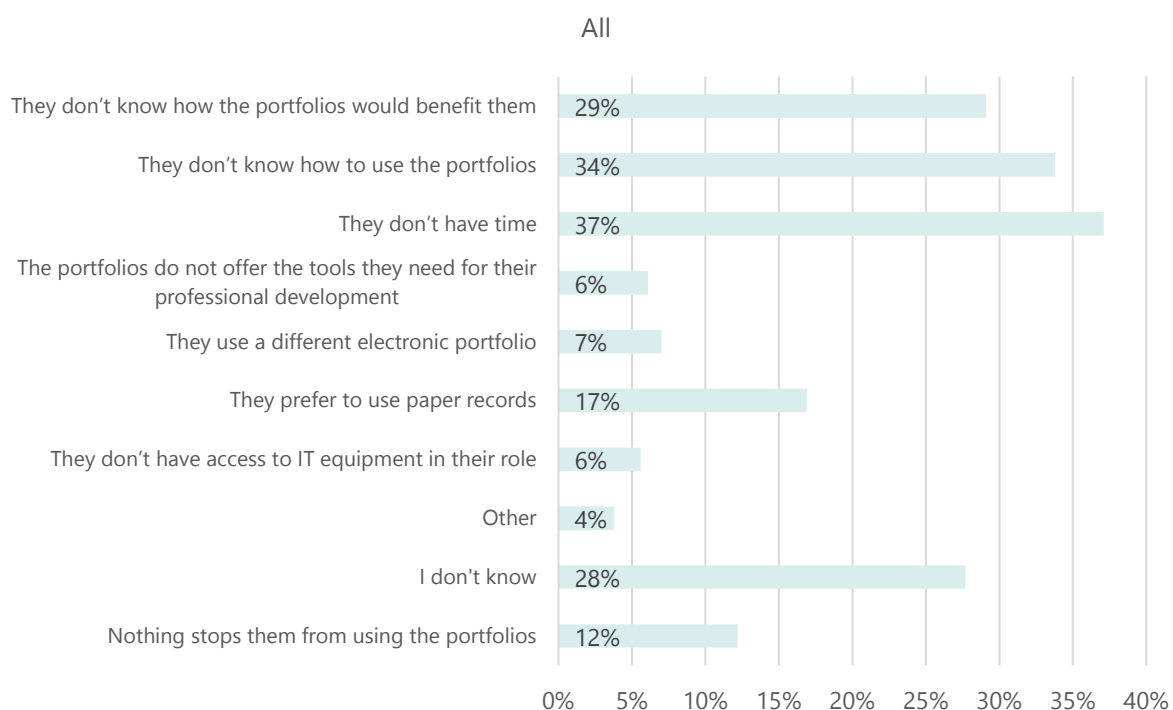
Base: 12

When respondents were asked about the barriers that prevent their colleagues from making greater use of professional portfolios; their responses were very different to their reflections on their own barriers.

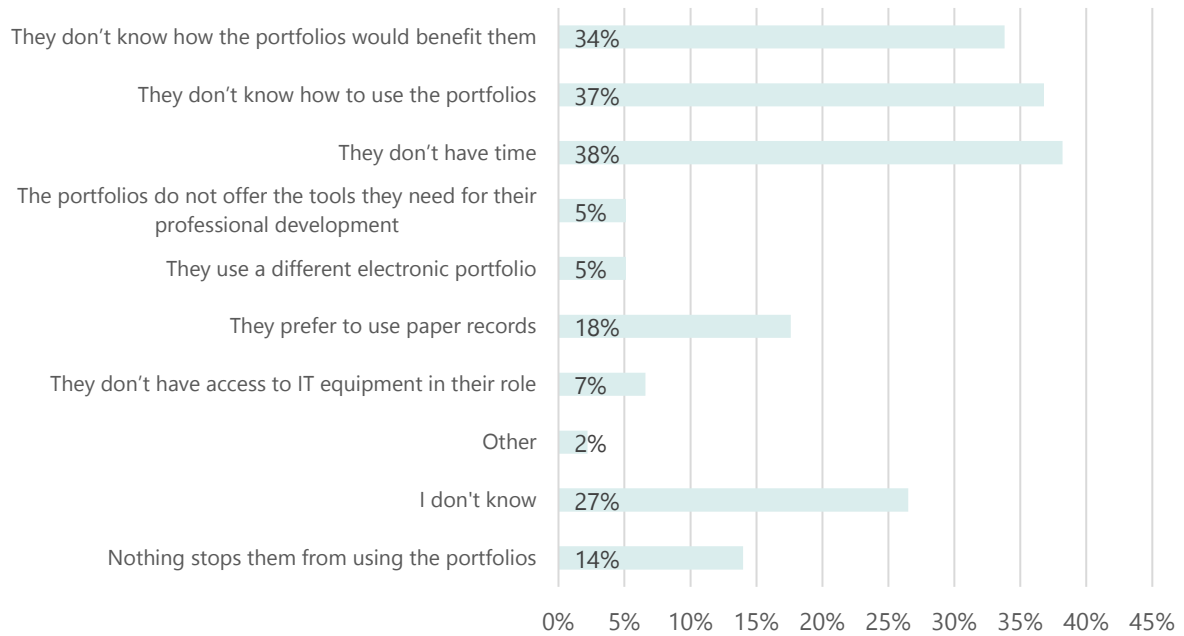
Although time is regarded as the biggest barrier (37%), a range of other blockers are also identified which relate to a lack of knowledge on how to use them (34%) and a lack of knowledge of the benefits of portfolios (29%) (Figure 26).

Respondents are far less likely to suggest a lack of barriers to their colleagues using the portfolios (12%) (Figure 26), than compared to themselves (47%) (Figure 25).

Figure 26: Barriers to colleagues' use of portfolios



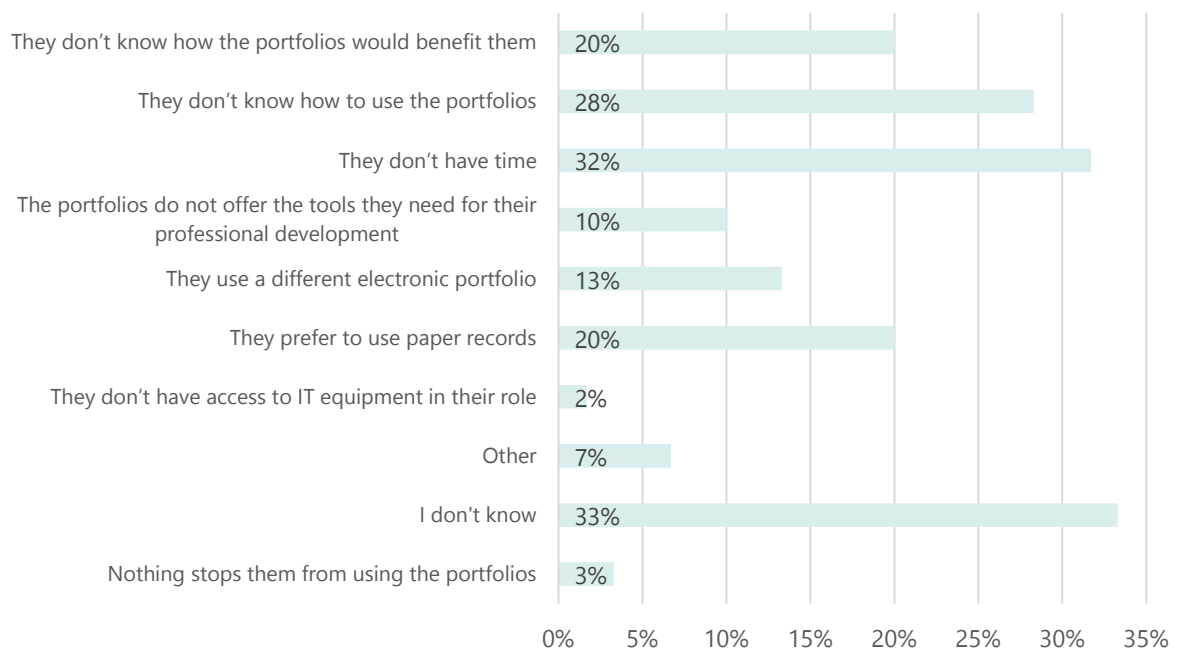
Nurse or midwife



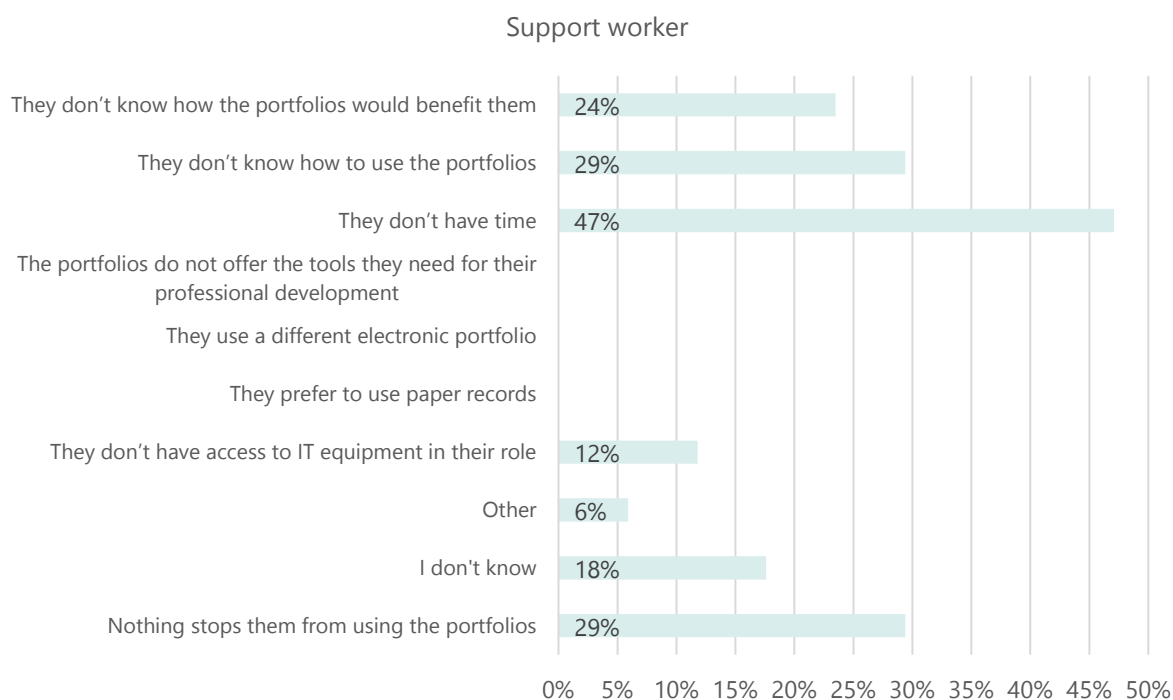
Base: 213

Base: 136

AHP



Base: 60



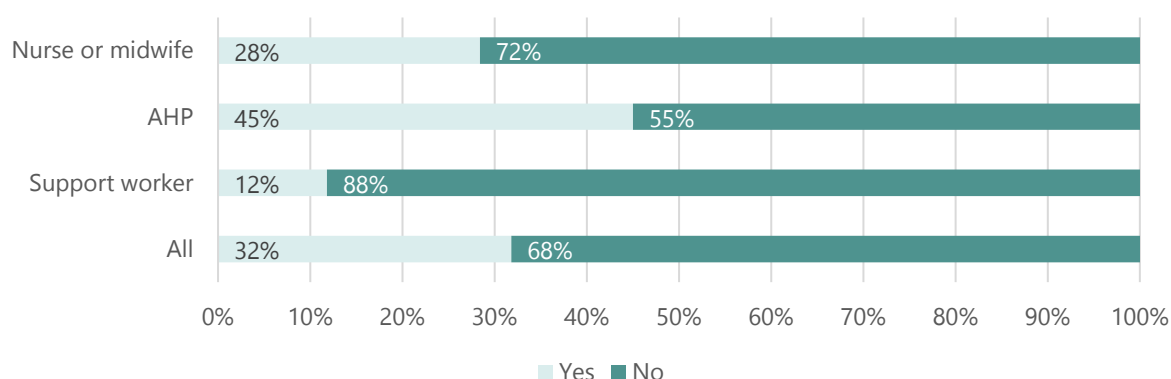
Base: 17

5.3 Further information required

Those who provide support to their colleagues to use the portfolios were asked if they required any further support to do so. Overall, just under a third said that they did require more support (32%).

AHPs were most likely to say that they would like further resources or training in this area (45%), followed by nurses and midwives (28%). Those in the support workforce were least likely to want further training or resources to support other staff to use the portfolios (12%).

Figure 27: Need for further resources or training to support colleagues



Base: 211

Building on the comments in the improvements question, respondents were given the opportunity to provide further details on what resources and training they require to support their colleagues to use the portfolios (Table 8). For this question, most answers were from Allied Health Professionals and nurses, there were no responses from support workers.

Table 8: What other resources or training do you require?

| What other resources or training do you require? | Number of mentions in comments | % (base 64) |
|---|--------------------------------|-------------|
| Guidance and training sessions | 22 | 35% |
| Guidance document / how to guide | 15 | 24% |
| Resources and staff presentations that explain the advantages | 13 | 21% |
| Video guidance | 7 | 11% |
| Time to set aside for portfolios | 2 | 3% |
| Face-to-face training | 2 | 3% |
| The portfolio could be made available as an app | 1 | 2% |
| Improving digital skills for staff | 1 | 2% |

Thirty-five per cent of respondents wanted to see more guidance and training sessions and 24% wanted to have guidance documents (Table 8). Eleven per cent of respondents would prefer video guidance and 3% would like face-to-face training. The specific training subjects or sessions mentioned were:

- Introduction session ‘tour’ of what is available on the portfolios

- How to efficiently use the portfolio
- Examples of 'levels of thinking'
- How can portfolios assist with career progression
- How to access the educational elements
- How to edit the share pack
- How to import/transfer existing portfolios into Turas
- How to link to HCP
- How to upload resources
- How to use learnPro
- Practical tips and tricks.

Respondents felt that more could be done to underline the advantages of the portfolios to staff through presentations and additional resources (21%). Advertising the advantages of the portfolios may help with the take-up and effective use of the portfolios by staff. Other suggestions from smaller groups of respondents include setting aside protected time to fill out portfolios, improving digital skills as a whole and making the portfolio available as an app (2%).



Staff at all levels have various levels of competency related to digital technology. Moving forward this could be seen as a core skill and effective training offered. There has been a progressive decrease in administrative support with the expectation that clinicians will absorb these functions etc as part of their work plans/ practice.

Nurse

Short training videos could be used as a training resource to supplement training junior staff on how to use them.

Allied Health Professional

Staff are inadequately trained in using the portfolio system, especially the lower banded positions in our area. I have recently encountered this due to my added responsibility to look after staff and help manage the team.

Nurse

Face-to-face training on the technology with direct links to HCP so submitting evidence is straightforward.

Allied Health Professional

Perhaps something around raising the profile of the portfolios and sharing this with staff?

We share it in some of our educational sessions when appropriate, but I don't think enough people know about them in practice.

Educator at a Higher or Further Education Institution



Increasing use – training/resources

There was little awareness among focus group participants of any existing resources and training materials that could be used to support colleagues to make best use of the portfolios. Those who use the portfolios regularly typically learned how to use them through trial and error, with the recognition that they can, 'just try things out and there is no way to break it'. It was flagged that the information boxes that appear when in Turas were helpful in this regard.

Again, it was thought that there is not 'one size fits all' solution, in terms of providing further information and support. Focus group participants typically mentioned videos as the best method to share training and help colleagues to get the best use out of the portfolios, particularly short bite-size videos on specific elements. However, as with raising awareness, it was suggested for those that require more support with IT and accessing new systems may benefit from one-to-one, in-person support.

A particular issue raised by nurses, was that while there was a lot of training and support provided to those newly qualified, with particular reference made to the flying start programme, there was maybe less available to those who have been in the profession for a longer time.

6. Overall key performance indicators

Key point summary

- Satisfaction with and likelihood to recommend the professional portfolios was high overall.
- Views on the effectiveness of the professional portfolios in supporting professional development were slightly less positive.
- Across all three key performance indicators, AHPs tended to be the most positive about the portfolios, followed by nurses and midwives, and the support workforce were the least positive by a notable margin. This suggests that more needs to be done to convince this group of the benefits of the portfolios.

This section explores some of the key performance indicators for the professional portfolios, giving an overview of how they are viewed across the different staff groups.

All survey respondents were asked to provide feedback on the Turas portfolios across the key performance indicators:

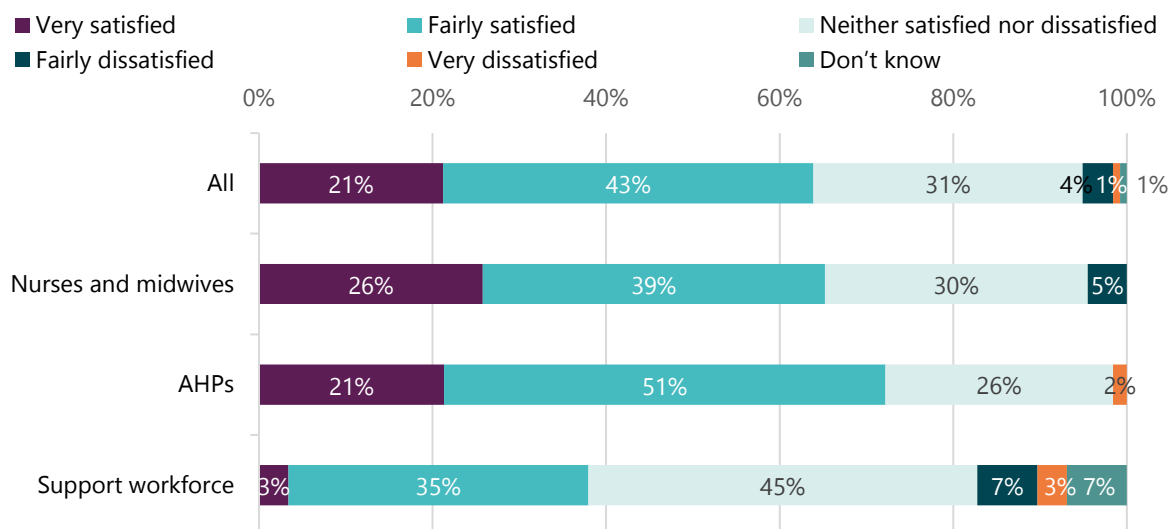
- How satisfied or dissatisfied are you with the professional portfolios?
- How effective or ineffective has the professional portfolio been in supporting your professional development?
- How likely would you be to recommend using the professional portfolios to a colleague?

6.1 Satisfaction

Overall, just under two-thirds of respondents were satisfied with the professional portfolios, with around a fifth saying they were very satisfied. However, satisfaction varied a great deal between the staff accessing the different types of portfolios (Figure 28).

AHPs were the most satisfied overall with 72%, followed by nurses and midwives with 65% reporting that they were satisfied. That said, nurses and midwives were more likely to say that they are 'very satisfied' than AHPs (26%, compared with 21%, respectively). Among the support workforce, the picture was quite different, only 3% reported being 'very satisfied' and a further 35% said they were 'fairly satisfied'. While this group were slightly more likely to be dissatisfied with professional portfolios, the main difference was a greater sense of ambivalence with the most common response for this staff group being 'neither satisfied nor dissatisfied' (45%).

Figure 28: Satisfaction with the professional portfolios



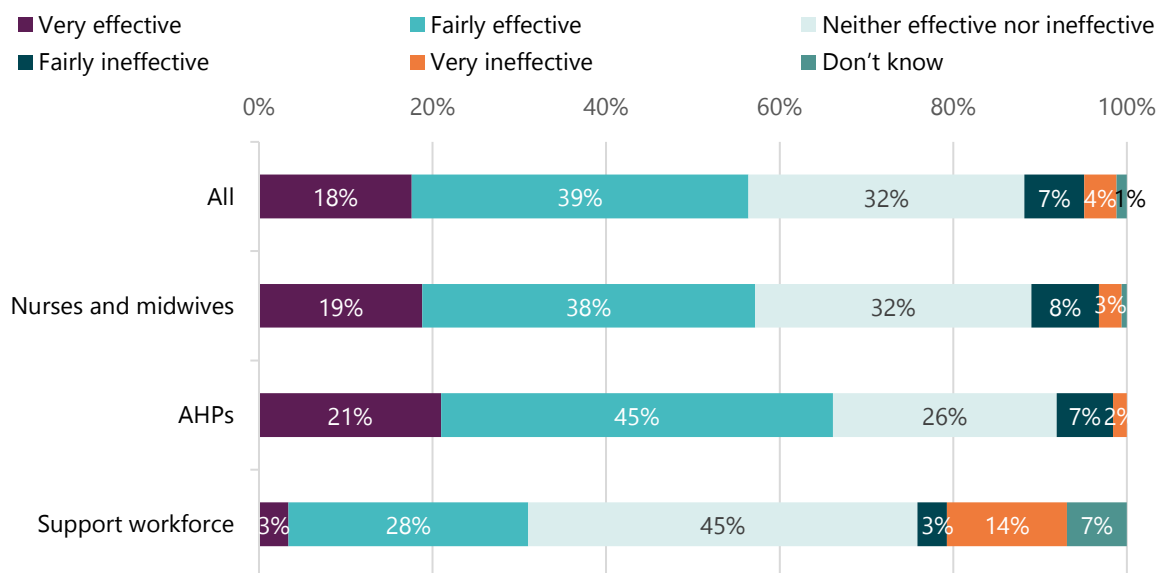
Base: All (245), NM (155), AHP (61), SW (29)

6.2 Effectiveness

Views on the effectiveness of portfolios were slightly less positive than ratings of satisfaction. In total, 57% said they thought the professional portfolios were effective (Figure 29), compared with 64% who stated they were satisfied with portfolios.

AHPs were the most positive about effectiveness, with just under two-thirds (66%) reporting that the portfolios were ‘very’ or ‘fairly effective’. Nurses and midwives gave the effectiveness of the portfolios lower ratings with 57% reporting they found the portfolios ‘very’ or ‘fairly effective’ in supporting their professional development – which may be surprising given how directly the NM portfolio is focused on the revalidation process. Only around a third of the support workforce (31%) thought the professional portfolios were effective. While they were most likely to give a neutral response with 45% reporting the portfolios are ‘neither effective nor ineffective’, a notable proportion (14%) said that the portfolios were ‘very ineffective’ in supporting their professional development.

Figure 29: Effectiveness of the professional portfolios in supporting professional development



Base: All (245), NM (154), AHP (62), SW (29)

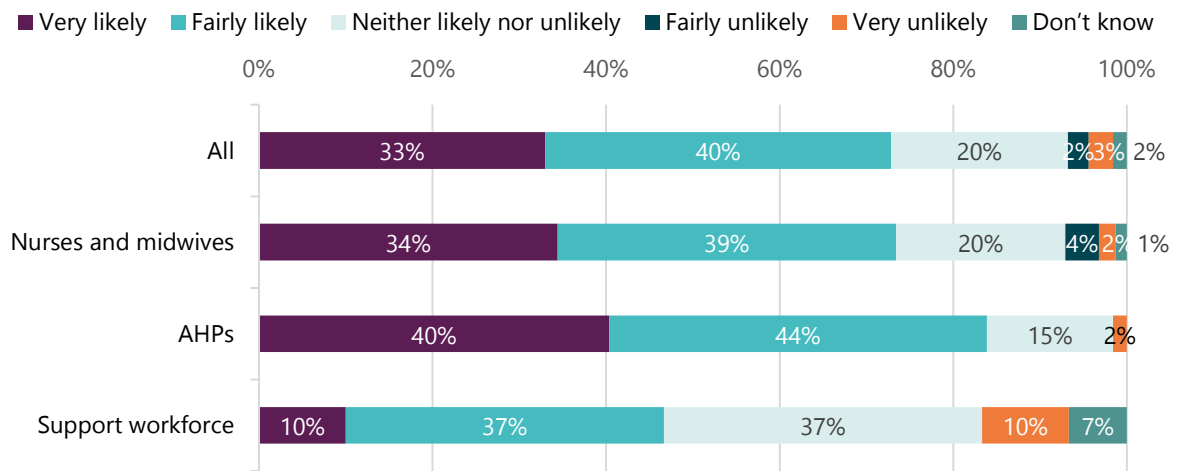
6.3 Likelihood to recommend

Overall, just under three-quarters of respondents (73%) reported that they would be likely to recommend the professional portfolios to a colleague (Figure 30).

As with the other key performance indicators, AHPs were the most positive with 84% reporting that they would recommend the professional portfolios. Among nurses and midwives, 73% said that they would be likely to recommend the professional portfolio to a colleague.

The trend that the support workforce are the least positive continues, with just under half reporting that they would be likely to recommend (47%) and one in ten saying that they are ‘very unlikely’ to recommend.

Figure 30: Likelihood of recommending using professional portfolios to a colleague



Base: 246 (NM 154, AHP 62, SW 30)

7. Conclusions

7.1 Conclusions

Awareness of the professional portfolios is high overall. However, this masks some key differences across the different staff groups: while almost all nurses and midwives are aware, only around a half of the support workforce report the same. A similar pattern emerged for both registration and use of the professional portfolios.

The key selling point of the professional portfolios is as a central repository to record all CPD activity and evidence and this is reflected in the fact that recording learning activity is the most common activity. For nurses and midwives, NMC revalidation is also a key driver of use and is likely to be the reason for the levels of awareness among this group – alongside extensive use in training and promotion among newly qualified staff in this group.

Among those who use the professional portfolios, feedback is relatively positive. At least this is the case overall. A pattern has emerged that typically AHPs are the most positive across a range of factors, closely followed by nurses and midwives. The support workforce is notably less positive than the other two staff groups, suggesting more needs to be done to promote the benefits of the professional portfolios with this group and find ways of improving relevance and utility for this group. For example, we see this pattern emerge across the key performance indicators of satisfaction, effectiveness and likelihood to recommend, as well as on views on the impact the professional portfolios have on professional development.

While usability was not considered by most to be a significant problem, nearly all users rated the individual features as very or fairly useful. The main concerns were around navigation, and the fact that they are unable to link between Turas applications.

The main barriers to using the portfolios, or to using them more frequently, were a lack of time, which was particularly true of the support workforce, and not knowing how to use them. In order to overcome these barriers, further guidance on how to access and make best use of the professional portfolios were the factors that would encourage people to start using or use the professional portfolios more often. The other element that may help with increasing uptake is by really selling the benefits of the professional portfolios to staff and, in particular, how it is relevant to their role and what they will gain by taking the limited time that they have for CPD to complete it.

7.2 Suggested improvement actions

1. Increasing staff awareness through a multi-faceted communications approach, with messaging around the professional portfolios as a ‘one-stop shop’ for all their CPD and how it will benefit them in relation to career progression in their specific role. This communications approach may include:

- a. Direct promotion of the portfolios through NES e.g. email, webinars etc.
 - b. Building in reminders and linkages with existing processes e.g. through appraisal conversations, induction or CPD feedback forms.
 - c. In-person support and signposting for those who need the most help, potentially through the champion role.
 - d. Support at a senior level, with those in management both encouraging use and role modelling use within their teams.
2. Increasing access to professional portfolios through:
 - a. dedicated time to complete portfolios
 - b. availability of a mobile app for those without a regular base
 - c. clearer guidance on how to access portfolios on Turas and which portfolios are for which staff groups.
 3. Further support and guidance on how to navigate and make the best use of the professional portfolios and for this to be available in different formats, e.g. guidance documents, bite-size videos, webinars, in-person support, to suit variation in learning preferences.
 4. Improving usability through:
 - a. linking the different Turas applications to reduce duplication of effort
 - b. linking the professional portfolios, in an ideal world, to Jobtrain
 - c. visual goal setting, for examples achievement/targets on a dashboard
 - d. using more accessible language that is reflective of the support work roles.
 5. Making the professional portfolios more relevant to specific evidence and frameworks for different job roles, as is currently the case for nurses and midwives and NMC revalidation.

Appendix

Table 9: Job role

| Job role | (n) |
|---|-----|
| Nurse | 219 |
| Allied Health Professionals (AHPs) | 192 |
| Support workforce – health or social care | 70 |
| Midwife | 39 |
| Support workforce – estates and facilities | 37 |
| Educator at a Higher or Further Education Institution | 16 |
| Other | 16 |
| Support workforce – business and administration | 15 |
| <i>Base</i> | 604 |

Table 10: Nursing specialty

| What is your speciality? | |
|-------------------------------|-----|
| Adult nursing | 118 |
| Mental health nursing | 48 |
| Children’s nursing | 23 |
| Learning disabilities nursing | 10 |
| Other | 19 |
| Total | 219 |

Table 11: AHP specialty

| What is your speciality? | |
|-------------------------------|----|
| Physiotherapist | 61 |
| Occupational therapist | 45 |
| Speech and language therapist | 20 |
| Paramedic | 18 |
| Dietitian | 13 |
| Diagnostic radiographer | 8 |
| Podiatrist | 8 |
| Prosthetics and Orthotics | 4 |
| Orthoptist | 2 |

| | |
|--------------------------------|-----|
| Music therapist | 1 |
| Art therapist | - |
| Dance movement psychotherapist | - |
| Drama therapist | - |
| Therapeutic radiographer | - |
| Other | 11 |
| Total | 192 |

Table 12: Employer

| | Nurses/ midwives | AHPs | Support workforce | Educators | Other |
|--|---------------------|------|----------------------|-----------|-------|
| NHS Scotland | 252 | 184 | 118 | 7 | 15 |
| A local authority/council | - | 4 | 3 | - | - |
| Another public sector organisation | - | 1 | - | - | - |
| The British Armed Forces | - | - | 1 | - | - |
| A private health or social care provider | - | 1 | - | - | - |
| A university | 4 | 3 | - | 9 | 1 |
| I am a student | - | 2 | 1 | - | - |
| Other | 4 | 2 | 1 | - | 1 |
| Total | 258 | 192 | 122 | 16 | 16 |

N.B. respondents could select more than one answer

Table 13: Length of time employed in current role

| | Nurses/ midwives | AHPs | Support workforce | Educators | Other |
|--------------------|---------------------|------|----------------------|-----------|-------|
| Less than one year | 32 | 23 | 20 | 3 | 2 |
| 1-5 years | 92 | 68 | 50 | 10 | 4 |
| 6-10 years | 25 | 18 | 14 | 2 | 3 |
| More than 10 years | 108 | 80 | 37 | 1 | 7 |
| Total | 258 | 192 | 122 | 16 | 16 |

Table 14: Current job band

| | Nurses/ midwives | AHPs | Support workforce | Educators | Other |
|-------------------|---------------------|------|----------------------|-----------|-------|
| Band 2 | - | - | 2 | - | 1 |
| Band 3 | 2 | 3 | 43 | - | 5 |
| Band 4 | - | 6 | 33 | - | 1 |
| Band 5 | 34 | 14 | 13 | - | - |
| Band 6 | 101 | 51 | 11 | 4 | 2 |
| Band 7 | 82 | 76 | 9 | 3 | 4 |
| Band 8a | 20 | 24 | 5 | - | - |
| Band 8b | 7 | 5 | - | - | 1 |
| Band 8c | 1 | 1 | - | - | - |
| Band 8d | 1 | - | 1 | - | - |
| Band 9 | - | 1 | - | - | - |
| Don't know | - | - | - | - | 1 |
| Prefer not to say | 2 | 3 | 1 | - | - |

Table 15: Health Board of NHS workers

| | Nurses/ midwives | AHPs | Support workforce | Educators | Other |
|-------------------------------------|---------------------|------|----------------------|-----------|-------|
| Ayrshire and Arran | 35 | 2 | 4 | - | 1 |
| Borders | 7 | 12 | 4 | - | - |
| Dumfries and Galloway | 6 | 9 | 2 | - | 1 |
| Fife | 33 | 11 | 7 | - | - |
| Forth Valley | 21 | 17 | 7 | - | - |
| Grampian | 56 | 27 | 44 | 1 | 6 |
| Greater Glasgow and Clyde | 31 | 58 | 13 | 1 | 2 |
| Highland | 11 | 4 | 4 | - | 1 |
| Lanarkshire | 7 | 15 | 1 | 1 | - |
| Lothian | 19 | 6 | 9 | 4 | 1 |
| Orkney | - | - | 1 | - | - |
| Shetland | - | - | 3 | - | 1 |
| Tayside | 7 | 7 | 13 | - | 1 |
| Western Isles | - | 5 | - | - | - |
| Public Health Scotland | - | - | - | - | - |
| Healthcare Improvement Scotland | 3 | - | 1 | - | - |
| NHS Education for Scotland | 8 | 1 | 2 | - | - |
| Golden Jubilee National Hospital | 3 | 2 | 1 | - | - |
| NHS 24 | 7 | - | 1 | - | - |
| Scottish Ambulance Service | 2 | 10 | - | - | 1 |
| The State Hospital | - | - | - | - | - |
| NHS National Services Scotland | 3 | 1 | - | - | - |