The Allied Health Professional's Continuing Personal and Professional Development (CPPD) Toolkit

- Art, Music and Drama Therapists
- Dietitians
- Occupational Therapists
- Orthoptists
- Paramedics
- Physiotherapists
- Podiatrists
- Prosthetists and Orthotists
- Radiographers
- Speech and Language Therapists

This toolkit is designed to help you access Continuing Personal and Professional Development (CPPD) and navigate through the procurement, commissioning and funding processes.

Enter toolkit

NHS London

Overview

What is the toolkit?

This toolkit is produced by AHPs for AHPs. It can be shared with your organisation to help them understand Allied Health Professionals' (AHPs) needs.

This toolkit is a product designed to help AHPs engage in Continuing Personal and Professional Development (CPPD) as effectively as possible, and also to navigate confidently through CPPD procurement, commissioning and funding.

See Continuing Personal & Professional Development 2012/13 Strategic Criteria >

CPPD is recognised as essential to ensure competencies are developed and maintained so that patients' health care has the best possible outcomes. It is also a requirement of the AHPs regulatory body – the Health Professionals Council, who audit members regarding their undertaking and recording of CPPD.

What's new about CPPD?

CPPD can be accessed in a range of ways, and not all requires funding: for example, at work learning activity. Where funding is needed the majority of this funding has been provided by the Strategic Health Authority (SHA) devolving direct funds to employing organisations, and arranging indirect funds through contracts with Higher Education Institutions (HEIs). Smaller funds come through Trust funds, income generation and bursaries.

For 2011/12 the SHA has continued funding to support CPPD activity. There is a shift for employers to take increasing responsibility for some aspects of CPPD, particularly Mandatory training, and to become more innovative in their thinking and engagement with CPPD. The Department of Health (2010) White Paper, *Equity and Excellence: Liberating the NHS* outlines that in the future employers responsibilities will increase.

It is important that AHPs take responsibility to ensure that the market will be stimulated to offer high quality training. This will offer accreditation, an evidence base of relevance, value for money, accessibility and evaluation.

The toolkit is designed to be easy to manage and should save time and money. It will also help you organise your CPPD cycle.

> "If you do what you've always done, you'll get what you've always gotten."

The AHP CPPD Toolkit was produced by
Karen Sobey Hudson, AHP CPPD Project Manager, NHS London
and Lesley Johnson, SHA AHP Lead, NHS London

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Foreword

Allied Health Professionals have a rich and relevant contribution to make to health and social care. As autonomous practitioners in 12 professions we cover a wide range of pathways and conditions. Our contribution to enabling patients to manage themselves to health and better function is unique and varied.

As a set of professions we have many common functions that need to be supported through development. This document illustrates how CPPD processes may be maximised to enhance clinical delivery.

This piece of work comes out of a project undertaken by NHS London that investigated how AHPs interact with the CPPD mechanisms available. Often it was reported that AHPs did not make the most of flexibilities or felt held back from participating.

In response to this information we have designed a toolkit to ensure that clinicians and managers are enabled to make best use of the opportunities presented to them. There is great benefit to be gained in working directly with education providers and in collaborating with colleagues to increase the quality and range of educational experiences that AHPs can use.

It is empowering to know that we can lead this process on our behalf and make our CPPD plans directly relevant to our organisations objectives and most importantly, our clients' and patients' needs.

Lesley Johnson
Allied Health Professionals Lead
NHS London

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Eight steps of recommended activity

The eight steps needed to optimise the effective use of CPPD are:

1. Aim for high quality outcomes for patient centred care >>
2. Strengthen leadership skills within the team >>
3. Workforce competencies >>
4. Know the CPPD funding process >>
5. Think strategically >>
6. Meet regularly with your employer education and training leads >>
7. Engage with the education providers you use or are interested in using >>
8. Use CPPD to implement and evaluate the AHP contribution to patient care >>

Step 1: Aim for high quality outcomes for patient care

KEY FACT

Patients and service users will receive high quality care from AHPs where they regularly undertake appropriate CPPD.

KEY TIPS

- See the 10 key roles of AHPs described by the Department of Health's Chief Health Professions Officer
- See what the priorities are for patients in the DH Operating Framework The DH Operating Framework 2011/12
- See what the DH means by the Outcomes Framework and how that impacts on patient care The DH Outcomes Framework 2011/12 at a glance
- The Kings Fund has published information about the patient perspective – see (and download) that document *Seeing the Person in the Patient* – The Point of Care review paper and others here.

The Point of Care Review paper discusses Experience Based Design Methodology and describes how creating and supporting partnerships between staff and patients does improve service quality.

- Read about how to develop a more inclusive research community. INVOLVE is the National Advisory Group funded by the NHS National Institute for Health Research.
- The TRUE Project by INVOLVE discusses the evidence base for training for service user involvement in research.
- The Patients Association 'is an independent charity that highlights the concerns and needs of patients.' They have provided speakers for a number of AHP events which enriches and informs AHP clinical discussions. Click here to view their work.

Dawn Smith

Independent Coach and Consultant, Thinking Space for Clinical Leadership and Project Manager and AHP Advisor, NHS Clinical Commissioning Community

Over 23 years of providing and leading NHS Allied Health Professions (AHP) services, I have been struck by how AHPs take the initiative for continuing professional and personal development (CPPD) in relation to direct patient care. My view is that, whilst we must maintain our CPPD in the area of direct clinical interventions, now is the time to ensure we apply our CPPD to improvements of systems of care which in themselves will deliver quality to patients through quicker, coordinated, cost-effective care with more prevention and better outcomes. The agendas of patient engagement; rehabilitation and reablement present significant opportunities for AHPs to deliver real quality improvements for patients.

Formal learning is a critical part of everyone's CPPD, but I have seen teams and individuals achieve some of the most transformational development through:

- Valuing and protecting time to critically reflect upon service needs from the perspective of the service user
- Identifying what CPPD is needed to achieve outcomes for your service rather than what is available
- Being creative about sourcing CPPD that will deliver the outcomes you want. The power of networks here is not to be underestimated. I have seen some of the most innovative and effective CPPD achieved through informal sharing of skills across disciplines, departments, organisations and regions through anything from informal skills exchanges and token economies to formal income-generating ventures.
- Making use of all the skills and preferences of the team and the wider system. Who in your team has a passion for patient engagement? Who do you know who can knock that raw data into a succinct chart to demonstrate outcomes or cost savings? Who is the IT whizz who can start to develop that service transforming web-page? Which contacts in local higher education can help? Who do you know who's produced an impressive business case and how can they help you with yours?

When accessing CPPD opportunities may be challenging both in terms of time, funding and availability, it's my belief that now is the time to apply the creativity to one's CPPD that AHPs are so good at applying to designing bespoke, functional interventions that achieve outcomes for their service users.

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Step 2

Step 2: Strengthen leadership skills within the team

KEY FACT

There are many examples of AHPs using leadership skills to make a positive impact in healthcare for patients and colleagues. Other AHPs have strong leadership potential. How are you maximising this?

KEY TIPS

- See how the Leadership Qualities Framework (LQF) can help you to develop yourself and individuals in your team NHS Institute for Innovation and Improvement
- See the NHS Employers Talent Management Checklist to find out how you can develop talent within your team.
- See what other AHPs are doing to develop leadership capacity. Allied Health Professionals Bulletin
- Consider the use of CPPD funds to buy in Clinical Practice Facilitators (see NHSL Criteria), facilitators for leadership programmes, MSc modules, coaching, Action Learning Sets. Go to the National Leadership Council Region section to find out about what NHS London can offer so that AHPs can become involved in developing leadership skills for themselves and others
- The NHS National Leadership Council provides practical information about leadership including the National Clinical Fellowships. These are open to AHPs and are an excellent opportunity to develop leadership skills whilst improving services. Find out more about National Clinical Fellowships
- Leadership is essential to deliver QIPP work effectively. Leadership outcomes benefit quality, innovation, productivity and personal growth. See Department of Health QIPP link.
- Using CPPD to underpin service improvements in your team through Leadership Development is an initiative that has worked elsewhere. See what a one year successful AHP Leadership Series programme designed by an AHP Lead in conjunction with an Education Provider looks like in Appendix 1 >>

Christophe Cointet

Prosthetic Clinical Lead,
Royal National Orthopaedic Hospital,
Stanmore, 2011

Reflective practice and the acquisition of specific skills that will have the highest impact on performance are key elements of leadership. Self appraisal, informing, consulting, negotiating and empowering are skills born from knowledge. Ongoing CPPD gives the individual the objectivity versus subjectivity of his/ her acquired professional experience and expertise.

CPPD strengthens the individual professional knowledge and confidence. It enables AHPs to develop strong values and beliefs, directing and empowering colleagues by demonstrating flexibility, responsibility and accountability towards the people we wish to serve.

Developing our professional skills ultimately gives us more autonomy, allowing us to challenge current clinical professional practice by opening-up to our patients' ambition and expectation, supporting equal opportunities for all in an open and transparent way.

Step 3: Workforce competencies

KEY FACT

Knowledge of workforce skill gaps informs CPPD planning with the aim of high quality outcomes for patient care.

KEY TIPS

- Using the Modernising AHP Career Framework can enable AHP Service Leads to identify the components (functional areas) of a job and the level at which these need to be undertaken. The framework describes nine levels from initial entry-level jobs to consultant practitioners and more senior staff. Modernising AHP Careers
- Complete an analysis of your team's competencies collectively and as individuals and how they can develop. Personal Development Plans/Reviews (PDP/R) must be fit for the purpose of meeting some of the strategic organisational objectives and also service needs. Skills for Health in their downloadable document show how you can do this
- Track evaluation of courses – to inform uptake – 'close the loop'. See Evaluation forms >>

Step 4: Know the CPPD funding process

KEY FACT

AHP Service Leads who understand and can navigate the CPPD funding system say it makes their life much easier.

KEY TIPS

- Understand the Financial and Academic Year Calendar Cycle to help maximise CPPD opportunities. See the CPPD Toolkit Month by Month Planner >>
- Appraise key funding needed and liaise with your employer training and education lead. Review this yearly.
- Identify in September – December what the services training needs are for the next year for your team. See the CPPD Toolkit Month by Month Planner >>
- Each year, priorities may change. Funding may increase as priorities differ so it is important to open up debates and maintain a network of education providers. See Step 7 >>
- Have a look at what the HPC say about CPPD.HPC guidance on Sample Profiles for all AHPs undertaking CPPD audit
- Have a look at the DH Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals
- Get familiar with Accredited Prior Learning/Prior Experiential Learning (APL/APEL) as a route into CPPD activity. See what The Quality Assurance Agency for Higher Education (established to safeguard quality and standards in UK Higher Education) says about APL/APEL.

BENEFITS

- To prioritise the needs of your department this year and next year
- Plan and control CPPD expenditure whilst remaining ready opportunities for funded courses
- Plan "at work learning activities" with benefits of reduced cost, reduced time for release of staff
- Achieve confidence to make positive funding requests and commissions
- Look at what you can do working with AHPs Service Leads employed elsewhere
- Proper evaluation of courses – to inform uptake – 'closing the loop'. See Evaluation forms >>
- Enables you to track your allocation, and requirements for compliance in conjunction with your Trust Education and Training Leads
- Negotiating with Education Providers will be easier if you understand the commissioning cycle

Wolfie Smith

Specialist AHP in Stroke and Neurodisability/
Head of Allied Health Professionals

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As professional leads and managers it can often be a struggle to maintain the balance between providing adequate CPPD for staff and ensuring that organisational targets and objectives are met. It's important for us to convince general managers that a well trained workforce is an indication of a highly functioning business. CPPD for our staff is not a luxury; it is an essential requirement of their registration and is beneficial for demonstrating competence when chasing contracts.

All too often therapy managers have accepted that they should be funding all or part of costs from within their own budget. This makes the service expensive and will be the first thing to go when savings are to be made. Using the NMET money supports us in our quest to be more cost effective, more efficient and more innovative; providing we take an active role in creating courses that meet therapist's and patients needs.

Everyone, through their appraisal, should be being encouraged to take their learning experience to the next level; ensuring that we have an entire workforce that can, at some level, participate in bringing new evidence based work practices into the frontline, where they can benefit patients the most. We need to become sophisticated in demonstrating the direct benefit that CPPD brings to the patient experience. Demonstrating that people learnt something on a course or even implemented it in practice will no longer be enough. We will need to use patient feedback information, in a variety of forms, to measure the impact of learning on the patient experience if we are to continue to benefit from funding

Step 5: Think strategically

KEY FACT

Time to reflect strategically enables horizon scanning of future workforce development needs whilst building the AHP Profile.

KEY TIPS

- Know your organisation's corporate objectives and ensure your PDP is linked to those objectives with training used to move the whole organisation forward
- Review your study leave policy to see what non medical professionals in your Trust are entitled to
- CPPD funds can be used creatively for Band 5s, staff on rotation, Pre Band 5, skill mix and developing generic workers, facilitating projects. Funding is for all
- Regular meetings and discussions with Education and Training/Development Leads in Trusts and Higher Education Institutions pave the way for good planning and for exploring innovative service design ideas
- AHP Leads across Trusts can work together to stimulate market for appropriate, value for money courses
- Whole team bespoke training can be a more effective use of staffing and funding resources than individual bespoke training. The whole team approach may also help to establish learning outcomes into practice more quickly
- The use of one-off study days with paid facilitation can be invaluable in finding solutions to operational challenges within a team
- How do you bid for a Clinical Practice Facilitator – and what do they add to the team: Find out more >>

Step 6: Meet regularly with your employer education and training leads

KEY FACT

Regular meetings with employer education and development leads are an efficient way to plan uptake of CPPD for your service. Building a working relationship specifically with education and development leads is essential for ensuring that high quality patient outcomes and return on investment are on the agenda for AHPs to use CPPD in all its forms.

KEY TIPS

- If you understand the CPPD Process you will have a more informed dialogue. See step 4 >>
- Discuss the potential economies of scale for joint commissioning of bespoke courses. See Continuing Personal & Professional Development Strategic Criteria 2012/13 >>
- Set up a process by which your team let you know of courses where there is a demand but are not available. Share this with your education and training lead in your regular meetings. See the CPPD Toolkit Month by Month Planner >>
- Work together to show how you can best demonstrate the need for the funding. Make these rationales available to all staff, so that where courses are repeatedly used and applied for, time is not taken up unnecessarily by searching for written rationales
- Give Employer Education and Training and Development Leads informative feedback to help demonstrate the value of CPPD. See Evaluation forms >>

Sara McGowan

Central and North West London NHS Foundation Trust

I am a physiotherapist specialising in neurology and I also work for the Practice Development Unit for Camden Provider Services for 11 hours a week. I had worked in clinical practice for 15 years when I decided to take a break and complete an MSc. I really needed the change, but always imagined myself returning to full time clinical work once I'd finished the course. I discovered a joy of learning, something which had totally eluded me when I was an undergraduate and I ended up lecturing at the university where I had studied.

After taking maternity leave, I felt I was at a crossroads, where to go? Clinical practice or continue lecturing? I received a call from the AHP lead in Camden to ask whether I would be interested in representing the AHP in a newly set up Practice Development Unit.

This was an ideal opportunity for me, using my clinical knowledge hand in hand with research skills and applying the understanding that I now had of adult learning.

The first six months was very challenging; four years of NHS developments was a lot to catch up on and I needed to get up to date with service changes and understand the funding and commissioning processes for CPPD. Knowing how HEIs worked was extremely useful as was having some contacts in local universities to advise me.

I now spend my time planning CPPD for AHPs – we complete a face to face learning needs analysis with each team every year to develop a training plan and to help guide the best use of training resources. I also complete portfolio clinics, advice clinicians on career development and future training opportunities. I have learnt that listening to clinicians and working in partnership is vital in order to develop meaningful learning opportunities which deliver changes and improvement in practice.

Accessing CPPD

The key to accessing CPPD is to work closely with the Learning and Development Team (or whoever holds the budget) in the Trust in which you work. AHPs need to think of CPPD in its widest context and begin to look at what local HEIs offer. Most HEIs can develop bespoke training courses for specific learning needs but do need well developed learning outcomes to ensure that the course is on target with clinicians learning needs. Planning ahead is vital in order to fit with the NHS London commissioning process.

AHPs should question the value and the quality of any course they are thinking of attending; what is the evidence-base? Is it accredited? How does the course fit with the team and service plan? Requests for CPPD funding need to be justified that the learning opportunity fulfils not only the development of the individual but assists the service in reaching the corporate objectives. If you are able to demonstrate this, then you have a good argument for funding.

Step 7: Engage with the education providers you use or are interested in using

KEY FACT

There are positive benefits to AHP Services working in partnership with education providers.

KEY TIPS

- Be aware of all the education providers you can commission with – and their catalogue of offers. See Continuing Personal & Professional Development Strategic Criteria 2012/13 >>
- Identify two key contacts within an Education Provider to actively engage with in order to to explore research and project ideas. See the CPPD Toolkit Month by Month Planner >>
- Explore reciprocal and mutually beneficial relationships – the 'soft stuff'. Guest lectures development for staff in the employer organisation, will raise the profile of an organisation when engaged in recruitment
- Where Education Providers are not on the indirect contract list for the SHA funding process because their critical mass is too small, organisations can propose a joint bid which would use direct funds but the benefits will be to drive costs down. See Continuing Personal & Professional Development Strategic Criteria 2012/13 >>

Charlotte Thompson

Clinical Education and Practice Lead for AHPs

Central London Community Healthcare NHS Trust

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I am a podiatrist by AHP background. I work for Central London Community Healthcare NHS Trust and I am the Clinical Education and Practice Lead for Allied Health Professions. I am responsible for working with professional leads of Allied Health Professions across the Trust to plan and support the clinical education needs of their staff. I achieve this through the co-ordination of a Training Needs analysis across clinical services to ensure the Trust has a coherent education commissioning programme for their Allied Health Professions. To ensure the provision of clinical education and development for Allied Health Professions is relevant to their clinical practice and of high quality academic standard, I work closely with London region HEIs and clinical leads to lead on the commissioning and allocation of places on education programmes to make sure the Trust's Allied Health Professions have access to the range of post-registration courses on offer. In addition I work with them to create, develop and commission bespoke education courses from the London Universities tailored to meet AHPs CPPD and client needs, enabling us to maximise all sources of CPPD funding provided by NHS London on behalf of the Trust's Allied Health Professions.

Step 8: Use CPPD to implement and evaluate the AHP contribution to patient care

KEY FACT

Using CPPD to engage in research activity will make a difference to the services you offer to patients, service users and carers.

KEY TIPS

- Use the CPPD Toolkit Month by Month Planner to identify the best time to contact Education Providers to explore research project ideas. See Nov–Feb >>
- CPPD funds can be used to buy in research expertise to help a team to develop a service redesign in the most efficient way possible. See Step 7 >>
- Demonstrate to commissioners and patients that your team's interventions are underpinned by research and clinical evidence. See HM Government (2010) publication p.23 Healthy Lives, Healthy People: Our Strategy for Public Health in England, which describes the White Paper (2010) as bringing 'a radical new approach.. which will be professionally led and focused on evidence.'
- Demonstrate what level of evidence you attribute an intervention to e.g. on RCTs or systematic review or professional consensus.
- Many AHP interventions, service redesigns and projects are at the level of single case studies. These are valid and it is essential they are written up and shared with others and can be used as business case exemplars to request more funds to continue projects. These can be evaluated for QIPP benefits such as:
  - Direct costs saved
  - Indirect costs saved
  - Time released for others to do something else
  - A direct benefit to the patient in either efficiency of treatment or quality improvements
  - The long term benefits of reablement to patients and carers and to society.
- Better Care, Better Value (2009) emphasises the importance of providers using evidence based practice. Go to website >
- See what commissioners might look for – in Better Care, Better Value (2009): Go to website >
- In which areas are your team undertaking innovative practice, and who has responsibility and CPPD time allocated to write it up and share it on formal health networks and AHP networks? See the Contact, Help Advice and Information Network (CHAIN) for information sharing in your field of interest. Go to CHAIN website >
- Find out who in your organisation can provide economic evaluation or explore outsourcing this skill to departments – often found in Education Provider Departments such as Higher Education Institutions.
- Special Interest Groups (SIGs) are an important link to research, and attendance is a valid use of CPPD time. What does your professional body offer? Get in touch with the AHP Research Forum via the AHP Federation website >>

The relevance of using Continuing Personal and Professional Development for AHP Research Capacity building is evident in "Allied health professionals in health promotion: a systematic literature review and narrative synthesis" (2010, pp.175-177). Needle, Petchey, Benson, Scriven, Lawrenson and Hilari at NIHR Service Delivery and Organisation programme. Download report >>

CPPD Toolkit Month by Month Planner: reminder of things to do

CLICK THE CALENDARS FOR FURTHER INFORMATION

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Month by month planner: reminder of things to do

NOVEMBER

AHP service leads:
Plan what the services training needs are for the next academic year for your team. Why? See January.

AHP service leads should continue to talk to HEIs about what a Project Activity might look like, and cost – as they will have ideas too and may have done it before, or to explore commissioning individual modules from an MSc.

Clinical Practice Facilitator Roles

NHSL state that CPPD Funding may only be used for salary costs if the employee spends a minimum of 70% of their Education and Training Delivery – but this would not cover facilities infrastructure, catering and venue hire. There are exclusions relating to some training which could not use CPPD funds to pay a salary. See Continuing Personal & Professional Development Strategic Criteria 2012/13 >>

DECEMBER

AHP service leads:
Finalise the service training needs for the next academic year (nine months away) for your team.

JANUARY

AHP service leads should ask for the list of what is available from HEIs (The HEI Commissioning Templates) as Trust Education Leads return the list to HEIs by 31 March.

AHP service leads from now until March need to identify what Course and Project activity they would like to commission.

What else happens in January ?

NHSL notifies the Trust Education Lead of indirect allocation of funds based on the ESR Band 5-9 Headcount (of all Non Medical Health Professionals) taken sometime in the preceding Autumn.

HEIs send a list of what is on offer (Commissioning Templates) to the Trust Education Lead so that the Education Lead can select courses, based on what AHP and other Service Leads request.

Ask your Trust Education and Training Lead what the allocation is for the whole of the Non Medical 5-9 workforce, to give a sense of what potentially is available.

Month by month planner: reminder of things to do

FEBRUARY

AHP service leads from now until March need to identify what Course and Project activity they would like to commission.

AHP service leads wishing to submit Project Activity outlines that they would like to commission must have these with HEIs by March 1st so that HEIs have time to cost them properly before their deadline.

MARCH

Employer Education and Development Leads return what they would like to Commission to HEIs by 31 March.

APRIL

NHS London sends Employer Education and Development Leads their Direct allocation of funding by mid April. This is proportionate to what was spent in the previous financial year (March–April).

Month by month planner: reminder of things to do

MAY

Get involved in checking with your Employer Education and Development Lead that the commissions you have requested for the AHP Service are confirmed

NHS London (in May though to June) ask Trust Education Leads to check and confirm the commissions that Education Leads say they want to commission from Universities which use the Indirect Funds.

JUNE

NHSL send confirmation to Trust Education Leads of finalised commissions. This information is passed by NHSL to HEIs in July.

JULY

NHSL notify HEIs of what courses will be commissioned and contracted for the September onwards intake.

Start networking with HEI Programme Directors – book in a meeting to discuss ideas about projects you may have – which they could help you plan to commission in January onwards

Month by month planner: reminder of things to do

AUGUST

KEY ACTION

Set up regular meetings with your Employer Education and Development Lead.

SEPTEMBER

From September to December HEIs develop a list of Education Services for the following year.

Talk to your HEI contact about ideas you have for projects. Ask them to put you in touch with the right person to help design a course – See the Example in Step 2: Strengthen Leadership Skills

OCTOBER

Review how the meetings with your Employer Education and Development Lead are going.

- Do you need more time?
- Are there actions to prioritise?
- Which colleagues can assist or would be interested in some CPPD responsibilities?

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Useful links

The Health Professions Council	www.hpc-uk.org/
Allied Health Professions Federation	www.ahpf.org.uk/
The Patients Association	www.patients-association.org.uk/

Art Therapists	British Association of Art Therapists: http://baat.org/
Drama Therapists	British Association of Drama Therapists: http://www.badth.org.uk/
Music Therapists	British Association of Music Therapists: http://www.bsmt.org/
Dietitians	The British Dietetic Association: http://www.bda.uk.com/
Occupational Therapists	British Association of Occupational Therapists and College of Occupational Therapists: http://www.cot.co.uk
Orthoptists	British and Irish Orthoptic Society: http://www.orthoptics.org.uk/
Paramedics	College of Paramedics: https://www.collegeofparamedics.co.uk
Physiotherapists	Chartered Society of Physiotherapy: http://www.csp.org.uk/
Podiatrists/Chiropodists	The Society of Chiropodists and Podiatrists: http://www.feetforlife.org/
Prosthetists and Orthotists	British Association of Prosthetists and Orthotists: http://www.bapo.com/site/
Radiographers: Diagnostic	The Society of Radiographers: http://www.sor.org/
Radiographers: Therapeutic	The Society of Radiographers: http://www.sor.org/
Speech and Language Therapists	The Royal College of Speech and Language Therapists: http://www.rcslt.org/

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Evaluation forms (see Step 3)

Feedback to Education Providers Copies also to: Employer Education and Development Lead, Line Manager, PDP/R file	
This evaluation has two forms to provides a retrospective comment on :	
The training provided (name here):	
By the Education Provider:	
On the date(s):	
At the time of training the participant was a Band [ ]	
Working in this team or department	

Purpose

- To inform Education providers of the value of the course provided four months post training.
- To ensure individual staff reflect on how they are applying the training/ CPPD they have received, and feed this back.
- Evaluation form 1 to be completed if the training has made an impact to the staff members professional practice in the past four months.
- Evaluation form 2 to be completed if the training has not made an impact to the staff members professional practice in the past four months.

Evaluation forms 1 and 2

Evaluation form 1		
Training impact	**Impact**	**How? Degree of impact**
The training has made a difference to my practice.	YES	A significant difference? A big difference? A small difference?
Patient outcomes have improved as a result of the training.	YES	Which outcome framework domains, and how? How do you know?
The training has an evidence base linked to research, which is relevant to the post I am currently employed in?	YES	Which level of research evidence is this based on: Eg. RCTs, Single case studies, Professional consensus This is important in my work because:
The training demonstrated a way to provide a cost effective clinical intervention.	YES	How? What is it more cost effective than? How have you demonstrated this? Who have you shared this with?
The education provision included economic evaluation of the practice from a QIPP perspective.	YES	Which aspect of QIPP? What was the economic evaluation provided?
I can contribute to service redesign more competently as a result of this training.	YES	These are two examples of how I have applied this knowledge to service redesign.
I have been able to strengthen and use leadership skills as a result of this training.	YES	Which Leadership Quality Framework domain, and how?
In the four months since the training I use the training, or apply the knowledge in my professional practice.	YES	How often? Daily? Weekly? Monthly? Less than monthly over the past four months. Not at all yet but I plan to
Beyond sharing the learning with colleagues, this training has contributed to the team.	YES	
This training has contributed to the organisation's strategic objectives.	YES	How? Which one(s)?
Recommend the training.	YES	No. Why?

Evaluation form 2
In my professional practice, I have not been able to implement the learning from this training in the past four months for the following reasons:
However I valued this training because:
I would not recommend this training because:

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Appendix 1: AHP Leadership Series 2010

OVERVIEW

The AHP Leadership Series 2010 is an innovative programme developed by NHS London delivered by an accredited education provider to elevate Leadership Skills for 30 locally based AHPs.

Inspired by the Quality Innovation Productivity and Prevention (QIPP) agenda the Leadership Series participants were also tasked with a Work Based QIPP Project.

RESULTS

Theory – 6 days

- **Understanding organisations**
- **Organisational behaviour**
- **Diffusion of innovation**
- **Advanced research**

Personal and professional development – 9 days

- **Understanding self**
- **Action learning sets**
- **Coaching**
- **30 work-based QIPP projects – 150 hours of independent work**

Strategy – 10 days

- **Strategic management**
- **Context of AHP leadership**
- **Leading change**
- **Change management**

An Allied Health Professional

AHPs unified in this forum is empowering – we are all passionate about facilitating innovative practice and excellent patient outcomes and we share a determination to develop our competencies in the leadership skills needed to implement strategic direction within the health and social care system.

An academic in Allied Health Professional Research

The commissioners of this training are to be congratulated on supporting this innovative programme. It is ground breaking in the way it combines academically rigorous teaching and learning with personal development and opportunities for programme members to apply what they learn to real life, real time management practice.

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Glossary

CPPD
Continuing Personal and Professional Development – education and training for staff other than doctors and dentists and includes health care assistants, health care scientists, clinical scientists, allied health professionals, pharmacists, nurses and midwives and non-clinical staff.

AHSC
Academic Health Science Centres. Partnerships with a purpose to bring together research, teaching and patient care.

Appraisal and Personal Development Plan/Review
Appraisal (in the NHS) focuses on the individual's development against the KSF outline. Appraisal focuses on the individual's performance in the job, including any specific personal objectives.

Banked money
Cumulative totals for each quarter Q0 / Q0 + 1 / Q0 + 1 + 2 / Q0 + 1 + 2 + 3 – shows spend of each Trust with a HEI over each quarter.

Category Map
A framework developed to classify all CPPD spend by three categories (Clinical practice, supporting clinical practice, personal and organisational development).

Commissioning Template
With reference to courses commissioned from providers as part of the Indirect SHA Funding process, the Commissioning Template is completed by the Education and Development Lead for a Trust.

Deanery / The London Deanery
The London Deanery works to improve the quality of patient care by ensuring the supply of doctors and dentists who are educated, trained and motivated to play their part in a first class modern health service.
See website >

Demand Planning
A robust and integrated workforce planning process to identify and forecast CPPD requirements.

Direct Allocation
Previously known as NMET (Non Medical Education Training) cash allocation. This money can be spent with any NHSL contracted universities or any other institutes. This is distributed on purely Trust Band 5-9 headcount and distributed to Trusts in the first quarter of the financial year through the Learning and Development Agreement (LDA).

Trusts are able to identify up to 20% of their activity at any HEI as unspecified, however this must be identified as part of this commissioning round and utilised in year, and against set criteria.

ECS
Education Commissioning System – what the Education Commissioning Programme is designed to deliver to develop a World-Class Healthcare Workforce for London.

Education Commissioning Programme (ECS)
The Education Commissioning Programme is in place to develop an Education Commissioning System to support a World-Class Healthcare Workforce for London by

- training a workforce that's fit for purpose in a way that delivers an improved patient experience
- developing a far more explicit focus on quality and value for money in the provision of education and training
- strategic market management so there's appropriate capacity and capability to deliver quality and innovative flexible education and training, which is responsive to current and future requirements.
- longer-term investment in planning, to enable providers to invest in their service development
- building capacity and capability in NHS London people, processes and tools

Health Education England (HEE)
Health Education England is the Special Health Authority with responsibility for overseeing all NHS health training and education processes across all professions.

Health Innovation and Education Clusters (HIECs)
Formal partnerships between the NHS and Higher Education sector, industry, and other private and public sector organisations.

Indirect Allocation
This funding stream is used to fund education and training across all band 1-9 and VSM non medical staff within Trusts. Contract money – to be spent with the NHSL contracted Universities. Trusts receive allocations in January. Trusts can convert up to 20% of their indirect

JIF
Joint Investment Funding – this was used to fund training for Bands 1-4 but is no longer in use.

LDA
Learning and Development Agreement

MADEL
Medical and Dental Education and Training

MPET
Multi Professional Education and Training is a central budget allocated by the Department of Health

NMET
Non Medical Educational Training

Professional Advisory Boards (PABs)
The professional advisory boards provide a professional voice and strategic clinical input to the DH on workforce development planning and education and training. There is an AHP Advisory Board.

Recoup money
Where Trusts cancel a course commissioned with an HEI with less than four weeks notice, with NHSL permission that money may then be recouped by the HEI.

Return on Investment
An assurance that CPPD funds are being invested effectively.

SIFT
Service Increment for Teaching- supporting undergraduate medical training in practice.

Skills Networks
Following the DH Future Forum Listening Exercise 2011, the name, role and function of these may change see DH Future Forum Recommendations webpage. Will do a link but it setting this out of alignment so will add later.

VSM
Very Senior Management

Appendix 2: CPPD Strategic Criteria 2012/13

Continuing Personal & Professional Development Strategic Criteria 2012/13 >> Scroll to next page.

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1. Background and Purpose

- Issued by NHS London to all eligible organisations in receipt of non-Medical Continuing Personal and Professional Development (CPPD) funding via the Learning and Development Agreement.
- The purpose of this document is as follows:
  - To set out some key principles regarding the role of CPPD and the responsibilities of NHS London and of eligible organisations as employers regarding the development of staff.
  - To formalise some basic restrictions on how Indirect CPPD funding can be spent.
  - To provide guidance to all eligible organisations and share information in order to support local decision-making with regard to the use of CPPD funding.
- The restrictions and guidance in this document apply specifically to the 2012/13 non-Medical CPPD Funding allocation

2. Summary of Principles, Restrictions and Guidance

Principles

NHS London Role	Employer Role
Competence development to meet **strategic** service **need**	Essential competence maintenance
Provision of education and training	Access and availability to training
Visibility Strategic Focus and Alignment Accountability Assurance Return on Investment	

- The CPPD Indirect funding stream should be used to fund education and training across **all** Agenda for Change Band 1 to 9 non-medical staff within Trusts. This includes (but is not restricted to):
  - Nursing
  - Midwifery
  - AHP
  - Managerial
  - Administrative
  - Scientific
  - Informatic
  - all other non-Medical or Dental workforces on any Agenda for Change pay banding

- CPPD funding may **not** be diverted to help meet overall Organisational savings targets

2.1 Exclusions, Restrictions and Advisory Information

- The CPPD Funding Streams may **not** be used to fund these areas listed in sections 2.1 or 2.2
- CPPD Funding may **not** be used to fund backfill for staff to attend education and training
- CPPD Funding may **not** be used to fund hotels, catering, travel or any other costs outside the delivery of education and training
- CPPD Funding may **only** be used for salary costs if the individual in question spends a minimum of 70% of their time in education and training delivery, and if that education and training does not fall within the exclusions set out in section 2.1 or 2.2.
- CPPD Funding may **not** be used to fund facilities, infrastructure, catering and venue hire.
- NHS London would like to encourage employers to be mindful of the information provided regarding the London NHS priorities later in this document when prioritising spend.
- Organisations should look to make maximum use of any alternative funding streams before using Indirect or Direct CPPD Funding and be aware of funding opportunities for initiatives taking place at Pathway, Cluster, London or National level.

2.2 Statutory and Mandatory Exclusions – Complete Exclusions

Sub-category of spend	Additional details
Manual Handling	All excluded
Fire Safety	All excluded
First Aid	All excluded
Conflict Resolution	All excluded
Corporate Induction	All excluded
Race, Equality and Diversity	All excluded
Food Hygiene	All excluded
Incident Report Training	All excluded
Information Governance/ Confidentiality	All excluded
Health and Safety	All excluded
Medical Equipment Training	All excluded

2.3 Statutory and Mandatory Exclusions – Partial Exclusions

Sub-category of spend	Additional details
Emergency on-call training	Mandatory level training excluded. Funding may still be used for training *beyond* mandatory level where this forms part of an employee's personal development plan.
Safeguarding Adults	Mandatory level training excluded. Funding may still be used for training *beyond* mandatory level where this forms part of an employee's personal development plan.
Safeguarding Children	Mandatory level training excluded. Funding may still be used for training *beyond* mandatory level where this forms part of an employee's personal development plan.
Infection Control	Mandatory level training excluded. Funding may still be used for training *beyond* mandatory level where this forms part of an employee's personal development plan.
Resuscitation Training	Training for non-clinicians and mandatory level training excluded. Funding may still be used for training *beyond* mandatory level where this forms part of an employee's personal development plan.

2.4 Impact of Exclusions and Restrictions

If CPPD Funding is spent in such a way as to contradict any of the Exclusions and Restrictions listed in this document, NHS London reserves the right to re-claim such funding or deduct it from future allocations in subsequent years. NHS London will consider exceptional circumstances where there is a clear value-for-money rationale to fund activities that contravene the Exclusions and Restrictions within this document; eligible organisations must contact NHS London in advance if they feel this is the case.

3. London NHS priorities for the next 18 months

Significant changes are planned to the way the NHS is run. It is anticipated (subject to the passage of the Health Bill through parliament) that Strategic Health Authorities and Primary Care Trusts will be replaced by new arrangements in April 2013.

NHS London and London's PCT Clusters will continue to lead the London health system until then and have identified the following priorities for the next 18 months:

1. Deliver performance and care
2. Manage the transition
3. Strategic change to improve healthcare for Londoners
   - Better and safer hospitals
   - Better care closer to home
   - Stronger specialist care

Employers are requested to consider how NHS London CPPD funding can be used to deliver the workforce element of the London NHS Priorities.

In particular CPPD funding is best placed to support the development of 2 key areas and more details are provided:

–Better care closer to home

–Stronger specialist care

3.1 Better care closer to home – Integrated Care

Nationally, the Future Forum, the NHS Commissioning Board, Monitor, National Voices and others have all set out integrated care as a key priority for the coming years.

NHS London defines integrated care as a system which works across traditional care boundaries. It addresses specific patient needs by offering a case management approach to individuals with long term conditions or high users of services.

Integrated care systems need to be supported by multidisciplinary groups working across health and social care. They focus on population health and use risk stratification to provide evidence-based care on a proactive and planned basis. The aim of integrated care systems is to deliver better patient experience, better clinical outcomes and better productivity at a lower cost.

We suggest that NHS Organisations consider how best to utilise CPPD funding to address the developmental challenge of staff working in an integrated manner, in multi-disciplinary teams and using a case management approach.

3.2 Stronger Specialist Care

- Implement the agreed model of care for cancer services
- Implement agreed pathways for
  - stroke,
  - trauma and
  - cardio-vascular services

More details on all London NHS Priorities are available from:

http://www.london.nhs.uk/webfiles/board/12%20meeting%2025%20Jan/L%20Priorities%20and%20Business%20Planning%20.pdf

4. Additional activity for inclusion in 2012/13
Improving Access to Psychological Therapies (IAPT) – Training in Therapies additional to Cognitive Behavioural Therapy (CBT)

As part of the roll out of IAPT services four additional psychological therapies have been approved by NICE to broaden the range of treatments available. These are:

- Brief Dynamic Psychotherapy (developed as Dynamic Interpersonal Therapy for Depression)
- Counselling for Depression
- Interpersonal Psychotherapy for Depression
- Behavioural Couple Therapy (developed as Couple Therapy for Depression)

In 2012/13 Trusts should use CPPD Direct or Indirect funding to commissions further developmental training in these additional psychological therapies for IAPT practitioners delivering CBT employed at their Trusts. Education and training leads should liaise with their local IAPT service managers to regularly re-assess training requirements during the period of IAPT service expansion as there is likely to be significant local variation in training requirements.