

Modernising Allied Health Professions (AHP) Careers

*A Competence-Based
Career Framework*



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Foreword



In England we have ambitious plans for improvements to the health and wellbeing of the population, and this is nowhere more evident than in Lord Darzi's 'Our NHS, Our Future' NHS Next Stage Review, the final report of which was published recently. The Allied Health Professions (AHP) are critical to delivering the transformation of health and social care that we wish to see for the public, patients, clients and their families.

Our ambitions to 'add years to life' and, perhaps more crucially, 'add life to years' can only be achieved by a flexible and responsive AHP workforce which has patient-centred and professionally validated career pathways.

A competence-based approach to designing that workforce is required, and this framework is a major contribution to achieving that goal. The competences themselves have been built by starting with the patient/client need, and have been field-tested with professionals across the country.

The Skills for Health web-based tools introduced in this document provide the health and social care system with the means to maximise allied health professionals' potential to transform the health and care system, by highlighting their potential to perform a variety of new and extended roles – roles that will enable service redesign.

Clinicians will find these tools useful in planning their continuous professional development and career progression, and those involved in commissioning education will be able to use the tools and the learning design principles to inform education programmes.

The Modernising AHP Careers work is ongoing, but these tools provide the solid foundation for progress.

I want to pay tribute to all those clinicians, support staff and professional and regulatory bodies that have worked in partnership to develop these tools, and to Skills for Health for its expertise in managing the work.

I commend the career framework and web-based tools to you.

A handwritten signature in black ink that reads "Ann Keen".

Ann Keen MP
Parliamentary Under-Secretary of State for Health
July 2008

1 Vision

Allied health professionals work across all healthcare settings, supporting people of all ages in their recovery from illness or in coping with disability. They enable children and adults to make the most of their skills and abilities, and to develop and maintain healthy lifestyles. They provide specialist diagnostic and treatment services and are often the critical link in the management of lifelong conditions and rehabilitation support.

Leaders of the AHP across England, Northern Ireland, Scotland and Wales have been working together to develop a shared vision for the future.

1.1 Improving the health of the population

Improving the health and wellbeing of the population is, of course, the aspiration and vision for every country across the UK. Bringing about sustainable improvements in healthcare, particularly in disadvantaged communities, requires a coordinated effort across health, education, housing and social care agencies.

Allied health professionals are already providing faster access and reducing waiting times through new ways of working. They also provide early interventions which help avoid unnecessary admission; enable individuals to live independently; reduce dependence on care services; and support individuals' return to employment.

Working in partnership with patients, the public and other health professionals will enable us to further translate policy aspirations into reality, and to transform and build services that are fit for the future.

Enthusiastic and committed to excellence, allied health professionals are delivering patient-centred care that is highly valued by the people who use their services. Their skills, knowledge and expertise are valuable resources for patients and the wider healthcare team. They will be essential for the delivery of effective integrated health and social care services and the development of sustainable clinical teams. It is therefore vital that we maximise the contribution of these professionals, and their support staff, and empower them in leading change and improving health and health services to the communities they serve.

1.2 Responding to changing needs and demographics

In the light of demographic changes, the drive to support and enable individuals to self-manage and avoid repeated admission, or dependency on care services, will become paramount. AHP expertise will become even more valuable in meeting the needs of older people with multiple long-term conditions and disabilities, often combined with complex social care needs.

A workforce that secures these talents and ensures that the right skills are available at the right time and delivered in the right place will be a central theme of future planning and workforce development.

1.3 A skilled and flexible workforce for the future

Patient experience and patient safety are central parts of clinical practice. Government policy from all four countries has identified the need to provide improved services and examine how some outmoded bureaucratic, traditional and inflexible processes might be reduced. It has identified multi-professional working, new roles and more flexibility as essential for high-quality and patient-centred services.

Within this rapidly changing environment, it is vitally important that professions remain flexible and adaptable and are able to demonstrate not only their unique clinical contribution but their overall contribution to effective integrated teams.

1.4 Developing and maintaining knowledge and skills

It is the responsibility of every allied health professional to ensure that they maintain and update their knowledge and skills as part of their continuing professional development.

There are many obvious role development opportunities at the advanced and consultant practitioner level, but it is also vital that we create flexible AHP teams and explore the need for a spectrum of skilled professionals and support staff that allows AHP expertise to be used to best effect.



Karen Middleton
Chief Health Professional Officer for England

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A competence-based career framework

2.1 The purpose of the competence-based career framework

This framework is designed to maximise the contribution that the AHP can make to transforming healthcare for the benefit of patients, by providing a patient-centred approach to:

- role and service development
- career development
- education planning, commissioning and delivery.

The Skills for Health web-based tools can be used by:

- **service managers and planners** to define the competences that services, teams and individuals must have in order to meet patient needs, and to develop roles, teams and services that reflect these needs;
- **clinicians and support staff** to define their current competences and skills, and to identify areas for development and potential career pathways; and
- **education planners and education commissioners** to identify the development needs of allied health professionals, and to plan and provide training and development that meet these needs.

The framework is based on a substantial database of competences that were extensively field-tested over a 2½-year project.

2.2 Professions and organisations covered by the framework

Allied health professionals

The term 'allied health professional' covers a number of different professional groups regulated by the Health Professions Council. The career framework project also included operating department practitioners.

Allied health professionals come from a wide range of scientific and other backgrounds, and their diversity offers enormous potential for new and flexible roles to improve patient care.

The career framework covers:

- art, drama and music therapists
- dietitians
- occupational therapists
- operating department practitioners*
- orthoptists
- orthotists/prosthetists
- physiotherapists
- podiatrists/chiropractors
- diagnostic and therapeutic radiographers
- speech and language therapists.

Paramedics were not included in the project because of their inclusion in the emergency and unscheduled care competence framework.

**Although operating department practitioners are not usually included in the AHP grouping, they formed part of the competence-based career framework project and are covered by the web-based tools.*

Recognising specific competences within different professional groups

The framework does not suggest that these diverse groups can be brought together into a common career pathway. It acknowledges specific competences for different professional groups, but also highlights areas of common competences and shared competences. These provide a common currency and offer a solid foundation on which allied health professionals can build in the instigation of new roles and in support of service transformation.

Use within the NHS and other healthcare providers

The largest employer of allied health professionals in the UK is the NHS, and there are indicative links between competences and the NHS Knowledge and Skills Framework. However, the career framework has been specifically designed to apply across the wider contexts within which allied health professionals work;

these include education, social services and independent healthcare providers and other organisations involved in health and social care.

2.3 Key elements of the framework

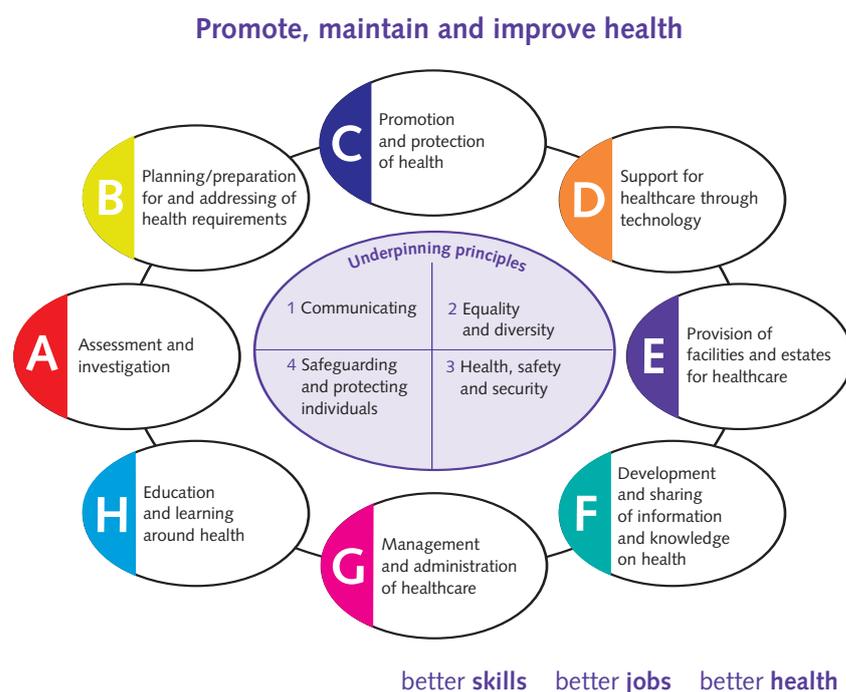
The key elements of the framework are:

- competences aligned to the Health Functional Map
- the career framework itself
- learning design principles.

These are supported by a series of interlinked tools and approaches that enable them to be used in different ways.

Health Functional Map

Skills for Health's Health Functional Map identifies the eight key functions performed by health professionals. Within each function the key roles, functions and competences that an individual health professional needs are described.





Competences

A competence describes what individuals need to do and know in order to carry out specific work activities. It sets out the performance criteria to be met and the knowledge and understanding required to undertake the activities successfully.

See Appendix A for a more detailed explanation.

Career framework

The career framework describes eight components of a job, and nine different levels at which each component (functional area) might be undertaken, from initial entry-level jobs to consultant practitioners and more senior staff.

The functional areas are:

- knowledge, skills, training and experience
- supervision
- professional and vocational competence
- analytical/clinical skills and patient care
- organisational skills and autonomy/freedom to act
- planning, policy and service development
- financial, administration, physical and human resources
- research and development.

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See Appendix B for a more detailed explanation.

Learning design principles

As demographics change, the way we provide healthcare will also need to change; this will have implications for how we train and develop health professionals. For example, we already know that we need to widen access to careers in health and widen the ways in which people can progress to different or more senior roles. We also need to develop health professionals with transferable competences, able to work in more flexible ways.

To support this, Skills for Health has developed a series of learning design principles that should underpin the development of all future packages of learning. The principles are that learning should be:

- **Fit for purpose**
Packages of learning should be developed in response to identified needs, such as intelligence on skills gaps within the workforce.
- **Linked to national occupational standards (NOS)**
Packages of learning should align with NOS workforce and role design, as a means of providing learners with transferable competences.
- **Designed to be both stand-alone and provided in combination with other packages of learning**
Qualifications and other ways of recognising achievement will increasingly be built on the learner completing a series of modules, which may be provided separately or drawn together. This will enable a more flexible response to learning needs, and individuals will be able to develop their competences in more flexible ways.
- **Part of a cohesive framework of awards, qualifications and other ways of recognising achievement**
Packages of learning should be aligned to recognised credit frameworks, career frameworks and the NHS Knowledge and Skills Framework. This will ensure that they are recognised, supporting transferability and career progression.
- **Promote horizontal and vertical career progression**
Packages of learning should provide a 'skills escalator', and should offer learners the opportunity to increase the breadth and/or depth of their knowledge and skills.
- **Recognise attainment at a variety of levels and from a variety of learning approaches**
Attainment might range from recognition of locally developed and provided learning to the requirements of national statutory regulation and/or professional standards of practice. It should include reward for and recognition of different types of learning, such as formal, work-based, experiential, informal and theoretical.

- **Meet recognised quality standards in academic and vocational education**
Packages of learning should be quality assured, whether through quality assurance of higher education, endorsement of vocational qualifications by Skills for Health, further developments in the 'kite marking' of awards and qualifications, or other work in progress to recognise and quality-assure learning.

2.4 Examples of how the framework can be used

The tools provide exciting opportunities to enable change, and can be used in a number of key areas of transformation:

Service reviews

Service managers and teams can use the framework to describe the full range of competences needed to meet patient need and deliver the service. Starting with patient need, the manager can determine the functions required to meet that need and then the competences required to deliver those functions.

By identifying roles by competences rather than professional groups, service planners and managers can consider new styles of provision and role development for allied health professionals.

Skill mix reviews

Once the range of competences needed for the service has been identified, this can be mapped to competences held by each staff member, enabling the service to identify how the competences of the team might best be utilised and to identify any gaps in competence.

Workforce planning and development

By analysing existing competences within a team against those needed, service managers and individual allied health professionals can identify where education and training may be needed to deliver the services more effectively, and to consider future recruitment needs.

Role description and redesign

The competences can be used by allied health professionals, support staff and service planners and managers to analyse and describe a role in much more detail than has been possible in the past. The role description can then be used by service planners and managers in job specifications, person specifications, recruitment and selection.

Appraisal, self-appraisal and personal development planning

Both the NHS and other employers have systems of appraisal, and it is usual for all staff to have an annual appraisal. In the NHS, this is based on the Knowledge and Skills Framework (KSF). The competences are linked indicatively to the KSF, for use in the NHS. Other employers will be able to use them to link to their specific models for appraisal.

Using the competence-based role description, individual practitioners can undertake a self-assessment to identify how well their skills and knowledge meet the requirements of their current job or any potential new job.

The competence-based role description can be used by service managers to appraise individuals' performance.

It can also be used to highlight potential gaps in knowledge and skills within each competence, and then to develop a detailed personal development plan, which the individual or manager may use for role development or career progression.

Commissioning and providing training programmes and qualifications

Commissioners of education and training can use the competences required for a particular role or service, and the associated knowledge and skills, to develop specifications for the outcomes of training programmes and qualifications, and to help education planners design their programmes.

Commissioning services

Commissioners can use information from the career framework to inform the service specification against which they will commission and performance-manage services.

3 Using the framework tools

3.1 Service managers, planners and clinical leaders

Service managers, planners and clinical leaders strive to develop and deliver high-quality services that meet patients' and clients' needs. Ultimately, however, improvements in services are only possible when practitioners have the competences to meet those needs.

Service managers, planners and clinical leaders need to:

- ensure that the overall staffing profile efficiently matches the skills and competences within the team to roles and service needs;
- create a staffing profile that provides career development opportunities to aid recruitment and retention;
- meet governance requirements; and
- address recruitment issues in the long term.

The web-based tools offer a competence-based option to managers and clinical leaders when they are determining the roles required to meet specific service needs and develop their team. The illustration on page 15 shows the web-based team profiling tool. To use the tools, log on to www.skillsforhealth.org.uk

Home > Tools > Team Assessment

Team Assessment

Astrode | Log out | Tools home | My Lists | Feedback | Quick guide | Step By Step

To create a team assessment you need a team profile (a list of competences required for the team to perform effectively) and also a role profile (a list of competences mapped to a role) for each member of the team. If you have not already created these lists please view the My Lists guide to assist you.

Select a team profile:

----- Diabetes Team Profile

Select role profiles:

Please select the Role Profiles of the people in your team:

- ▶ Competence Clusters
- ▶ Role Profiles
 - Orthotist
 - Diabetes Specialist Podiatrist
 - Dietitian
 - Occupational Therapist
 - Therapy Support worker
- ▶ Team Profiles

View Team Assessment as a Matrix | View Team Assessment as a List (suitable for printing)

3.2 Practitioners

Registered practitioners and support staff have a range of competences that they use in their roles. Practitioners will periodically wish to review their own competences, both to improve the service they offer to patients and to develop their career or change direction.

By using the range of tools available, individual practitioners can plan their career route on the basis of answering such questions as:

- What kind of work do I want to do?
- What can I do competently?
- What does my organisation need?

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- What does the wider health sector need?
- What choices do I have?
- What new skills should I develop?
- How do I develop these new skills?

Practitioners may wish to start by browsing the range of levels of posts available within the career framework tool. This is particularly useful in helping practitioners to decide whether they want to seek vertical, horizontal or diagonal career development. The illustration below shows the web-based career framework tool.

To use the framework, go to www.skillsforhealth.org.uk and browse the roles available.

Skills for Health
Tools home
Register

skills FOR HEALTH

Competence Application Tools

Home > Tools > Career Framework Tool > Browse roles
Browse Career Framework roles

[Click here to login](#) | For new users, [Click here to register](#)

Please browse the 35 roles we have at present. Click on the icon on the left to view the role summary then click on the title to view the actual role.

Summary	Role title	Career Framework Level
	Occupational Therapist (25)	5
	Physiotherapist (28)	6
	Dietitian (24)	5
	Arts Therapist (18)	7
	Pediatrician (22)	5
	Physiotherapist (18)	5
	Physiotherapist (28)	6
	Physiotherapist (34)	7
	Physiotherapist (27)	6
	Pediatrician (26)	7
	Speech and Language Therapist (31)	7
	Radiographer (19)	6
	Operating Department Practitioner (42)	5
	Orthoptist (41)	5
	Orthoptist (56)	6
	Diagnostic Radiography (26)	4
	Radiographer (37)	6
	Radiographer (38)	7
	Radiographer (30)	5
	Radiographer (39)	7
	Pediatrician (31)	7
	Assistant Practitioner Falls Prevention (30)	4
	Orthoptist (47)	7

When considering options, practitioners can use the competence search tool to analyse their current role by drawing together competences into clusters and a role profile.

For NHS staff, the role profile produced from the competences can also be indicatively linked to a Knowledge and Skills Framework (KSF) outline using the competence application tools.

Code	Dimensions	N/A	Level 1	Level 2	Level 3	Level 4
1	Core: Communication		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Core: Personal and people development		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Core: Health, safety and security		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Core: Service improvement		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Core: Quality		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Core: Equality and diversity		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HWB1	Health and wellbeing: Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HWB2	Health and wellbeing: Assessment and care planning to meet people's health and wellbeing needs	<input checked="" type="radio"/>	<input type="radio"/>	<div style="border: 1px solid black; padding: 2px;"> Health and wellbeing HWB3: Protection of health and wellbeing Level 1: Recognise and report situations where there might be a need for protection </div>		
HWB3	Health and wellbeing: Protection of health and wellbeing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HWB4	Health and wellbeing: Enablement to address health and wellbeing needs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HWB5	Health and wellbeing: Provision of care to meet health and wellbeing needs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HWB6	Health and wellbeing: Assessment and treatment planning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Alternatively, a practitioner can enter the KSF outline for a particular post into the competence search tool to find the competences for that post and assess how these match their current skill base.

The web-based tools offer a substantial range of competence-based options that will be valuable to practitioners considering their career development or the development of their team. To use the tools, log on to www.skillsforhealth.org.uk

3.3 **Education planners and education commissioners**

Education planners and commissioners can use the competence search tool to identify the detailed competences expected to be covered in training and development curricula.

Education commissioners can use the tools as a checklist when assessing the robustness of educational planning in the programmes and modules offered to healthcare staff.

Internal organisational development planners can use the same checklist process to plan development opportunities that will be provided in-house.

Additionally, education planners and commissioners can use the Skills for Health learning design principles (see Section 2.3) as a benchmark for the provision or in the commissioning of education, training and development activity.

All education and learning should be planned, commissioned and provided in line with the learning design principles.

4 Next steps

The competence-based career framework is now live on the Skills for Health website. It is there to be used and developed by service managers, clinicians and those involved in commissioning or providing education.

The framework represents a major step forward in competence-based role development, and offers exciting opportunities for future planning and individual career development. Although it is not mandatory, it embodies the principles of best practice in competence-based approaches to workforce development; it therefore meets a need highlighted in Lord Darzi's Next Stage Review, making it attractive to both clinicians and managers.

In England, we will be working to ensure that we learn from those who use the career framework tools. We already have five strategic health authorities and one independent sector organisation taking forward this work, with each choosing to focus on a different aspect of service delivery.

The career framework is a dynamic concept which will develop over time, and the roles and competences will continue to be updated. Partners in the project from each of the four countries of the UK will be developing their own specific focus for the next steps of modernising AHP careers.

In England, we will have a specific focus on pre- and post-registration education to ensure that it supports the development of a flexible workforce.

We will pay particular attention to ensuring that clinicians can progress quickly into advanced practice and/or extended practice roles, and to developing the leadership capabilities required to transform the service.

Whilst a partial equality impact assessment on the competence-based career framework and associated tools has been completed (available at www.dh.gov.uk), a full assessment will be completed by Skills for Health and will be available on their website by 7 November 2008. We need to be assured that not only do the tools reduce existing inequalities but they also actively promote equality of opportunity across all six equality groups.

A About the competences

A1 What is a 'competence'?

The AHP competences address the stages of the patient's journey from presentation through assessment and diagnosis on to treatment and then to referral and discharge.

A competence describes what individuals need to do and know in order to carry out specific work activities. It sets out the performance criteria to be met and the knowledge and understanding required to undertake the activities successfully.

Each individual competence covers:

- the work activities that need to be carried out to achieve a particular purpose;
- the quality standards to which these activities need to be performed; and
- the knowledge and skills that individuals need to carry out the activities.

Each competence is focused on the needs of patients and their carers, and so provides an objective description of what needs to happen and the underpinning knowledge to support that function rather than focusing on where or by whom it is being done.

Put together, the competences in this framework meet the key aims of healthcare services, i.e. to promote, maintain and improve health, with each competence focusing on an individual function needed to deliver that key aim.

A2 Relationship between common competences and individual professions

There is no doubt that allied health professionals share many competences, as they do with other professional groups, but this is not surprising given the nature of their work.

Competences that are **generic** (such as management) are performed by any number of staff across sectors.

Competences that are **common** (such as health and safety) are undertaken by the majority of health staff.

Competences that are **shared** (such as assessment) can be undertaken by a number of AHP staff.

Competences that are **specific** (such as musculoskeletal support for damaged tissues) are performed by specific groups of staff.

No single individual working within the AHP area would be expected to carry out all of the competences.

There is nothing in the competence-based career framework that will lead to the loss of individual professions, and there certainly is not an agenda to do this. There are no plans by the different Departments of Health within the four countries to create a generic AHP role or to abolish individual professions; indeed, the project has identified a range of specific competences for each profession.

A3 **Relationship between these competences, other competences from professional bodies and locally developed competences**

These competences have been developed using a specific model which is consistent across all work sectors in the UK economy. It is the only system that is able to be used across all disciplines. The technical terms for these workforce competences are National Workforce Competences, which are the same as National Occupational Standards.

A4 **How the competences were developed**

The Modernising AHP Careers project began in the summer of 2005, with the initial aim of producing a competence framework that reflected all functions for all levels and grades of staff across the AHP.

The first stage involved the identification of generic competences, by undertaking extensive desk research on each profession to pinpoint key information such as:

- the type, scope and areas of work
- existing job and role structures and titles
- stakeholders
- locations and sites

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- functions
- related projects and reports
- career framework information
- education and training
- standards of proficiency.

When the desk research was completed, an AHP 'functional map' was produced. This was reviewed against Skills for Health's Health Functional Map, which provides an organising structure for the database of competences that have been approved. From this, the project technical team was able to develop a draft framework of functional competences covering all professions in the scope of the project, incorporating relevant existing competences that had been developed in other Skills for Health projects.

Front-line staff at sites that had agreed to participate in the project were then asked to review and comment on the draft framework. In total, 22 sites across the UK were involved, and 163 front-line staff took part in the first stage of the project.

The second stage of competence development consisted of identifying the more specific competences – for example, those that apply in one context or to one group of practitioners only – and creating new competences for any identified gaps. Another 25 front-line sites were involved in this stage, with a total of 356 AHP and support staff taking part.

For further detail on competences, visit the Skills for Health website at www.skillsforhealth.org.uk

B About the career framework

B1 **Why a career framework is needed**

There is a diverse use of current job titles across the AHP. The career framework provides a common language and currency to support workforce planning and career development by offering:

- consistency – because it provides a structure that is easy to understand and follow;
- progression – because it provides individuals with a means to articulate their achievements and identify options available to develop their skills and progress their careers; and
- flexibility – because it balances overarching elements required to ensure national consistency with maximum flexibility for local health organisations.

B2 **Components of the career framework**

Using the career framework enables individuals to identify the components (functional areas) of a job and the level at which these need to be undertaken.

The functional areas are:

- knowledge, skills, training and experience
- supervision
- professional and vocational competence
- analytical/clinical skills and patient care
- organisational skills and autonomy/freedom to act
- planning, policy and service development
- financial, administration, physical and human resources
- research and development.

The framework describes nine levels at which each functional area can be performed, from initial entry-level jobs to consultant practitioners and more senior staff.

B3 Use of the framework

The framework has been produced as a tool to support career planning and competence-based workforce planning, with the individual competences it contains describing work activities, their quality standards and the knowledge and skills needed to carry out those activities. It is not compulsory, and decisions on whether or not to use it should be made at local level.

B4 How the framework links to pre- and post-registration education

At higher education levels, the career framework will link to education at pre- and post-registration level by identifying the roles and competences required. Education and training will be expected to include these competences and meet the core design principles outlined in the framework.

At vocational educational levels, the career framework will identify competences for all recognised vocational qualifications in the UK.

B5 How the framework fits with the Health Professions Council's standards of proficiency

The competence-based career framework is separate from the Health Professions Council's standards of proficiency. Nevertheless it has been developed with reference to all key policies, regulatory issues and guidelines. These are not visible within the competences apart from within the 'knowledge and understanding' criteria.

Registered practitioners will be expected to adhere to the standards as laid down by their regulatory body, working within their own sphere of competence (and, in the complex area of delegation of work to other healthcare staff, assuring themselves of the competence of those individuals). The standards are compatible with the competence-based career framework.



B6 How the framework links to the Knowledge and Skills Framework

The Knowledge and Skills Framework (KSF) is a broad generic framework covering the functions that need to be carried out by most NHS staff. It links directly to the more detailed competences within the career framework. Each of the competences shows an indicative link to the relevant KSF dimension, and these links are established on the basis of the most likely relationship according to the content of the competence. This is without specific regard to any role in which that competence might appear – hence the link is indicative only.

B7 How the framework fits with Agenda for Change

There is no automatic read-across from Agenda for Change bands to the career framework levels.

Agenda for Change is the NHS pay system which incorporates three facets: job evaluation, the KSF, and terms and conditions. It describes how staff will work and how much they will be paid.

The career framework is an enabling tool which provides a common language and currency to support career development. It defines the level of the post and the competences held by the post holder. This allows the identification of transferable roles and thereby maximises workforce flexibility and clinical governance.



About the Modernising AHP Careers project

C1 Background and objectives

Since July 2005, Skills for Health (the Sector Skills Council for healthcare) has worked with the Chief Health Professions Officers for England, Northern Ireland and Scotland and the Therapy Advisor for Wales to develop a competence-based career framework for allied health professionals and related staff.

The project has covered three key areas:

- developing National Workforce Competences and ensuring that they are relevant to the work of allied health professionals and their staff, irrespective of grade or location;
- mapping AHP roles onto the career framework; and
- encouraging the use of learning design principles in any development of awards and qualifications for the work of allied health professionals and their staff.

C2 Key areas within the project

National Workforce Competences

These were identified through initial desk research and then a series of visits to front-line sites to:

- introduce and test the draft competence map;
- obtain feedback and data on the competence structure;
- review specific competences selected by individuals from the personal profiles within their profession;
- report on feedback; and
- collate data relevant to the development of new competences, where gaps had been identified.

This feedback was then analysed and tested at a number of National Reference Group meetings over the period of the project (see Appendix C3).

Mapping of AHP roles

This required the identification of:

- the appropriate career framework level, using the Skills for Health career framework methodology and the current job descriptions as a guide; and
- the competences (National Workforce Competences and National Occupational Standards), both clinical and leadership, associated with the roles.

Web-based tools

The final outputs of the project are the web-based tools for competence searching and the career framework. These enable practitioners, service planners, clinical leaders and education planners and commissioners to access the substantial database of competences and the associated links to career development and the NHS Knowledge and Skills Framework.

C3 Project governance

The project governance has ensured the close involvement of the relevant professional groups, including the ten AHP professional bodies, and employer and regulator representatives.

The Skills for Health Programme Delivery Committee played an overarching strategic role across the work programme, reviewing mandates, receiving reports, signing off products and maintaining a strategic view across all aspects of Skills for Health's work on behalf of the main Skills for Health Board.

The structure and quality assurance arrangements for this project include:

- a Project Strategy Group
- a Project Board
- a National Reference Group.

Project Strategy Group

The Project Strategy Group ensured that:

- the requirements of commissioners/sponsors were clear and summarised in writing as a project mandate;
- specific policy considerations relevant to the project were taken into account; and
- the project was consistent with Skills for Health's overall strategy and business plan.

The Project Strategy Group would be advised if, in the view of the programme manager or the Project Board, the project exceeded its mandate for any reason.

A full list of members of the Project Strategy Group is included in the acknowledgements in Appendix D.

Project Board

The Project Board was a small group working with the programme manager to ensure that any risks were identified and assessed and the project was delivered to time and within the financial target set. The Board determined how and when each product was tested. The programme manager was accountable to the chair of the Project Board for successful delivery of the project.

A full list of the core membership of the Project Board is included in the acknowledgements in Appendix D.



National Reference Group

The National Reference Group was a network of product users whose main role was to ensure that:

- the content of the product was right;
- the product had good face validity among relevant stakeholder constituencies;
- the product was fit for purpose; and
- the product was able to be implemented.

The National Reference Group met four times over the progression of the project, with two meetings in Wales and Scotland feeding into the final product.



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Project Strategy Group

- Kay East (Chair, retired Dec 2006), Department of Health England
- Karen Middleton (Chair from Jan 2007), Department of Health England
- Madeline Anderson-Warren, British Association of Drama Therapists
- David Ashcroft, Society of Chiropractors and Podiatrists
- Rose Auld, British and Irish Orthoptic Society
- Barbara Bale, Welsh Assembly
- Paul Blakeman, Skills for Health
- Alison Strobe, Programme Manager
- Helen Booth, Association of Operating Department Practitioners
- Carl Burrows, Institute of Chiropractors and Podiatrists
- Andrew Butcher, Skills for Health
- Joyce Cairns, Workforce Planning Northern Ireland
- Shirley Fletcher, Fletcher Consultancy
- Anne Galbraith, NHS Glasgow
- Janet Garcia, Scottish Executive Health Department
- Jane Glennon, Skills for Health
- Sophie Hill, British Association of Prosthetists and Orthotists
- Rita Hopkins, NHS East Midlands
- Val Huet, British Association of Art Therapists
- Sue Kellie, British Dietetics Association
- Ann Lawson Porter, College of Occupational Therapists

- Andrea Miles, Skills for Health
- Candace Miller, Skills for Health
- Alan Mount, Health Professions Council, Canterbury Christ Church University
- Julia O'Sullivan, Chartered Society of Physiotherapists
- Fiona Ottewell, NHS Employers
- Ann Shaw, Society of Radiographers
- Chris Wintle, Skills for Health
- Sharon Woolf, Royal College of Speech and Language Therapists

Project Board

- Kay East (retired Dec 2006), Department of Health England
- Karen Middleton (Jan 2007 onwards), Department of Health England
- Jacqui Lundy, Scottish Executive
- Jan Smith, Welsh Assembly
- Nuala McArdle, Northern Ireland Executive
- Sonya Lam, NHS Education for Scotland
- Eileen Thornton, University of Liverpool
- Karen Crawford, Scottish Qualifications Authority
- Chris Pearson (Chair), Skills for Health
- Alison Strode, Programme Manager, Skills for Health



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