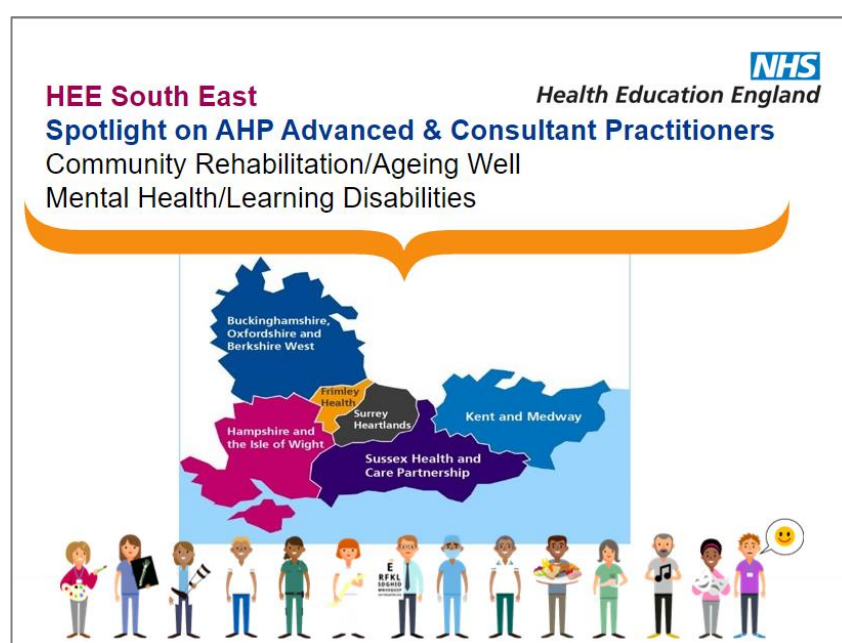


Spotlight on Allied Health Professionals in Advanced and Consultant Practice

Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability services



Outline

This report is developed to support Allied Health Professional (AHP) Leads to articulate the value & impact of AHP Advanced & Consultant Practitioners in the areas of:

- Community Rehab and Ageing Well
- Mental Health and & Learning Disability

Authors

Sarah Paterson and Toni King, HEE south east (SE) Regional AHP Clinical Fellows - November 2020 -April 2021.

Spotlight on AHP Advanced & Consultant Practice. Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability.

Contents

Outline.....	1
Contents.....	2
1. Background	2
2. Spotlight Project	3
2.1 Scoping Exercise.....	3
2.2 Exploring Variety & Impact	7
2.3 Exploring next Steps	9
3. Findings	10
4 Recommendations	15
Dissemination	16
Acknowledgements	16

1. Background

Advanced and Consultant level practice are designed to transform and modernise pathways of care, enabling the safe and effective sharing of skills across traditional professional boundaries. These roles are central to help the workforce to better meet local population health needs within multi-professional teams.

Advanced practice provides opportunity to optimise potential to work across systems and pathways improving both capacity and capability of the workforce as outlined in the NHS Long Term Plan.

The [Multi-Professional Framework for Advanced Clinical Practice](#) and [Multi-Professional Consultant-level Practice Capability and Impact Framework provide descriptors of levels of practice](#). Capabilities for specific clinical areas have been published and more are currently in production. Clarity regarding levels of practice provides confidence in workforce capability and facilitates mobility and flexibility of the workforce without requirement to retrain. It also enables opportunities for career progression whilst remaining in clinical practice and confidence to explore previously unconsidered roles.

As an approximation of potential workforce readiness, a snapshot of the number of AfC Band 7 staff (i.e., those who might be considered to have ‘experience and high degree of complex decision making’) in each Integrated Care System (ICS) in the SE was taken in

Spotlight on AHP Advanced & Consultant Practice. Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability.

Sept 2020 (Figure 1). This indicates a sizeable number of AHPs who may be suitable and / or interested to develop their skills further and deliver innovative change to health and social care.

Although well established in some clinical areas, advanced and consultant roles are less well understood in areas further from a traditional medical model of care. There is need to highlight the different approach and thinking that AHP's bring to roles in less acute settings.

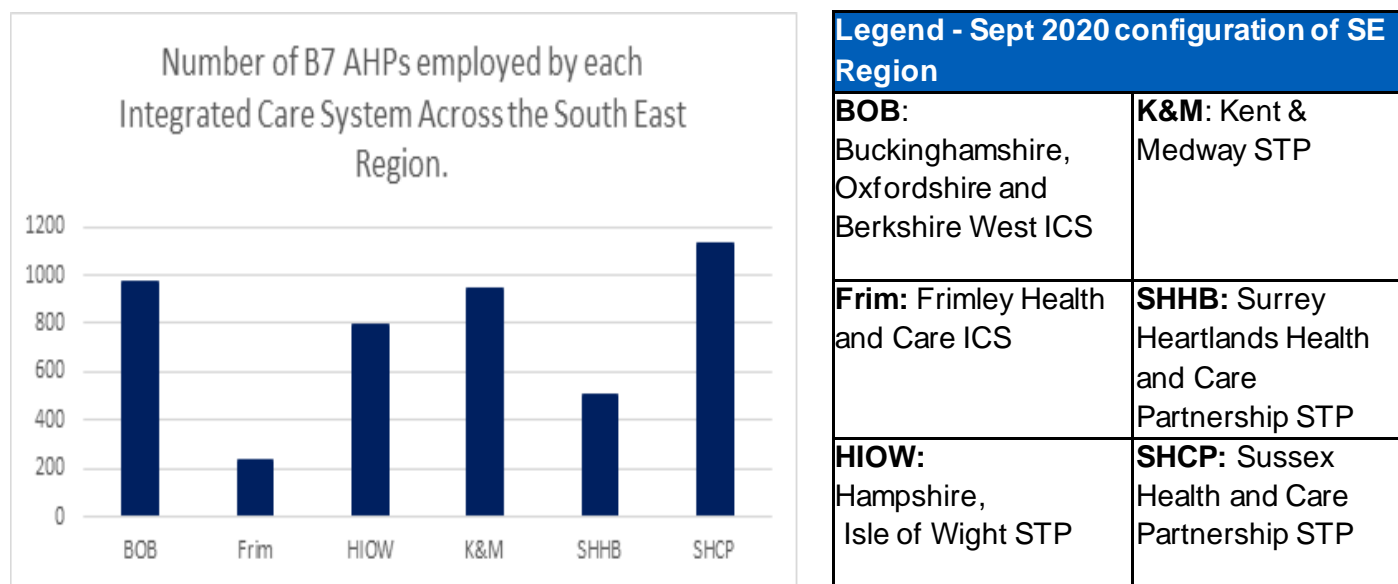


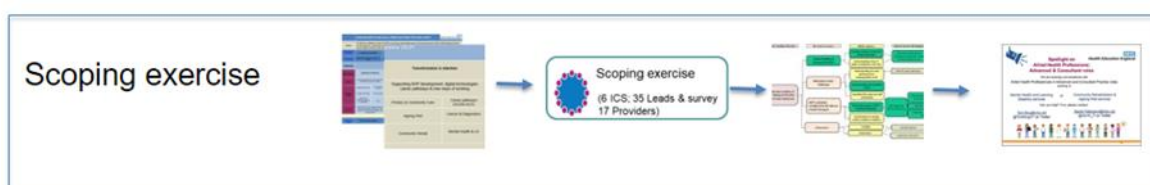
Figure 1: B7 AHP Employment across SE Region

2. Spotlight Project

A large-scale Plan-Do-Study-Act approach was taken to further understand AHP Advanced and Consultant practice roles in Community Rehabilitation & Ageing Well, and Mental Health & Learning Disabilities.

There were three main stages to the spotlight approach:

2.1 Scoping Exercise



Focussed in the South East, discussions were undertaken with AHP leads (n=35) across six ICSs. The fishbone diagram (Figure 2) illustrates the challenges discussed and reasons why AHP advanced practice roles are underutilised in six main categories. Presented as a Pareto chart (Figure 3) it was found that impact and understanding of AHP roles were the most

Spotlight on AHP Advanced & Consultant Practice. Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability.

commonly expressed challenges. Leads reported it was harder to create a business case for roles which did not involve prescribing or were more rehabilitation focussed.

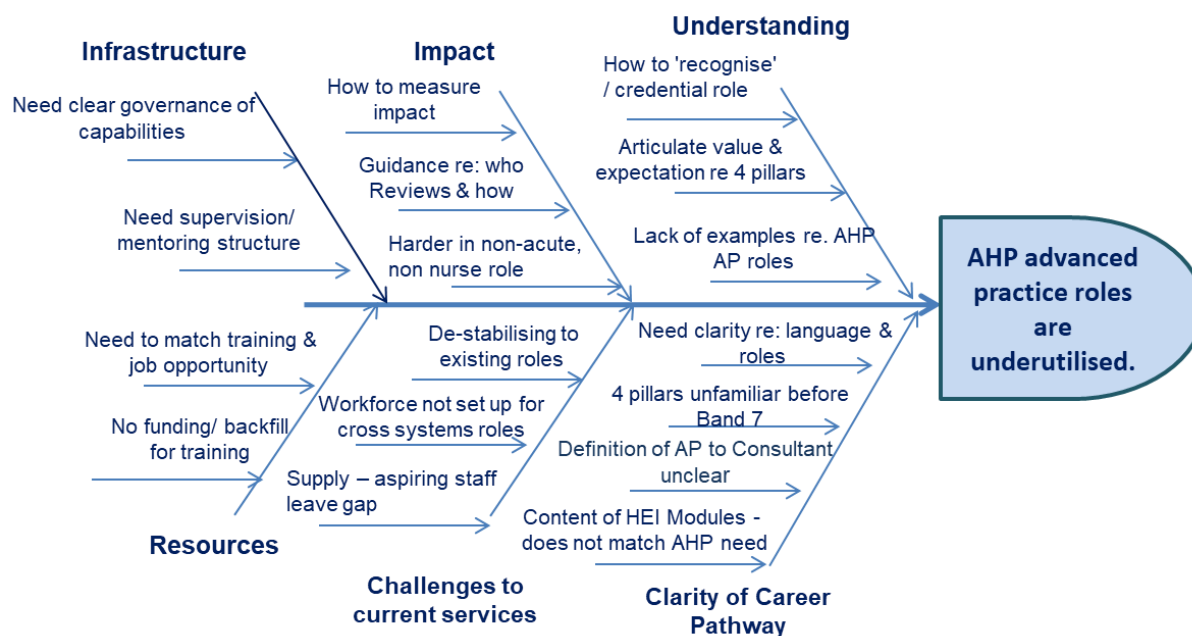


Figure 2: Fishbone analysis of Emerging Problems

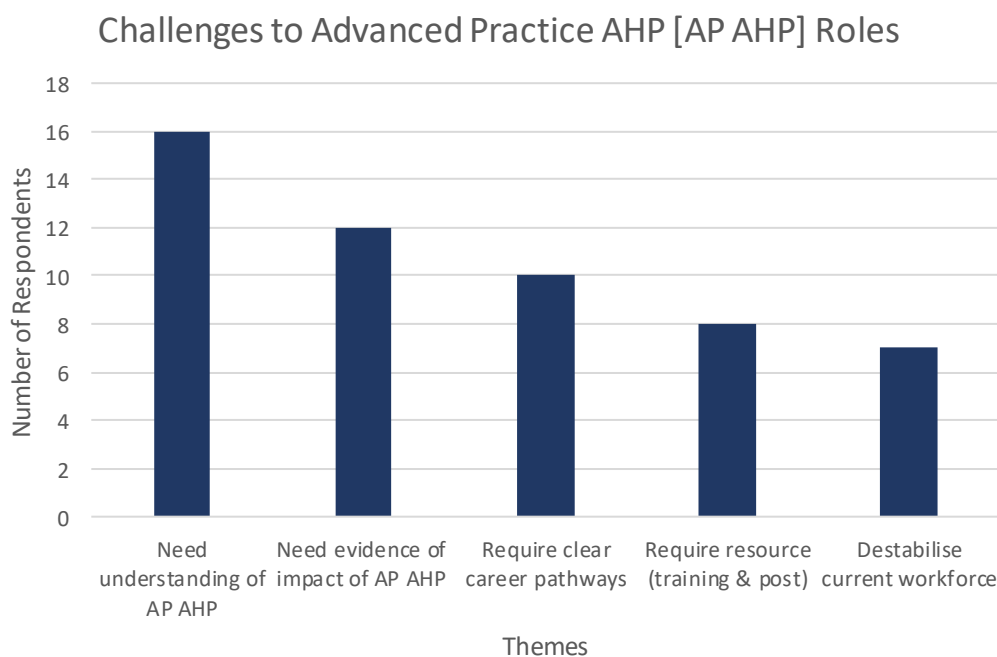


Figure 3: Pareto Chart showing challenges in order of priority.

To gain further data about the advanced and consultant AHP workforce, a survey was completed and returned from 17 different providers in the SE. The majority of organisations employed 0-5 AHPs in advance practice roles (Figure 4). There was high confidence that advanced practice roles would improve outcomes for patients and services (figure 5) but less

Spotlight on AHP Advanced & Consultant Practice. Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability.

confidence in the likelihood of increasing the advanced practice AHP workforce within the next year (Figure 6).

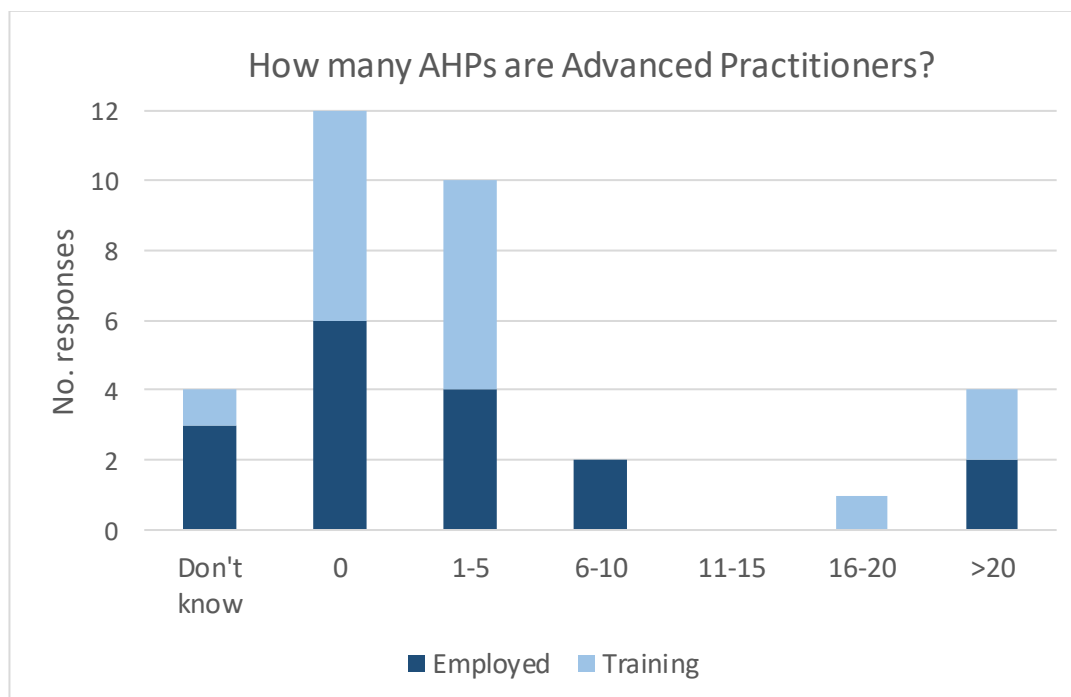


Figure 4: Number of organisations employing AHPs in Advanced Practice roles

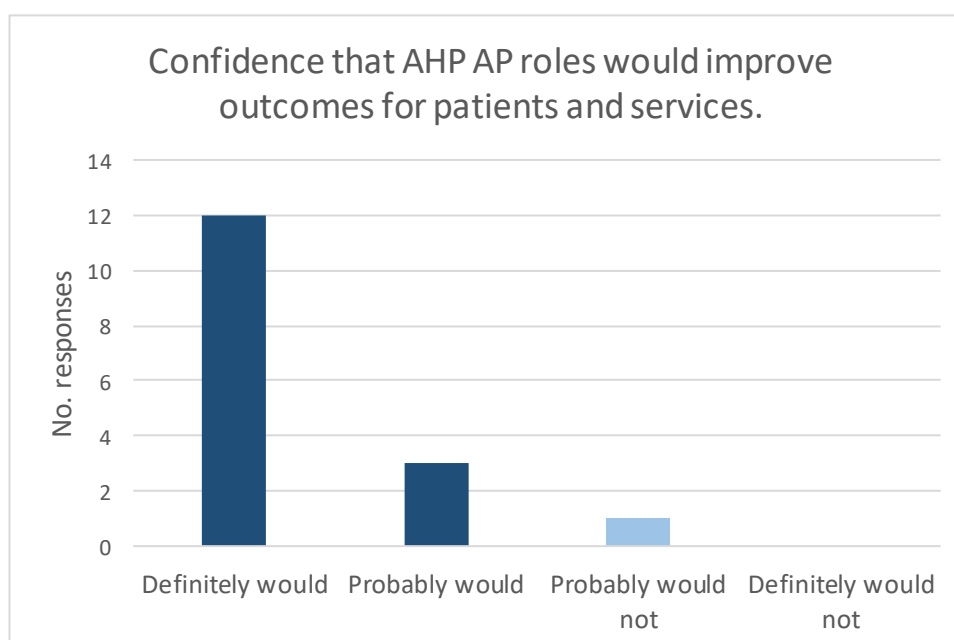


Figure 5: Confidence in the benefit of advanced practice roles for improving patient and service outcomes.

Spotlight on AHP Advanced & Consultant Practice. Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability.

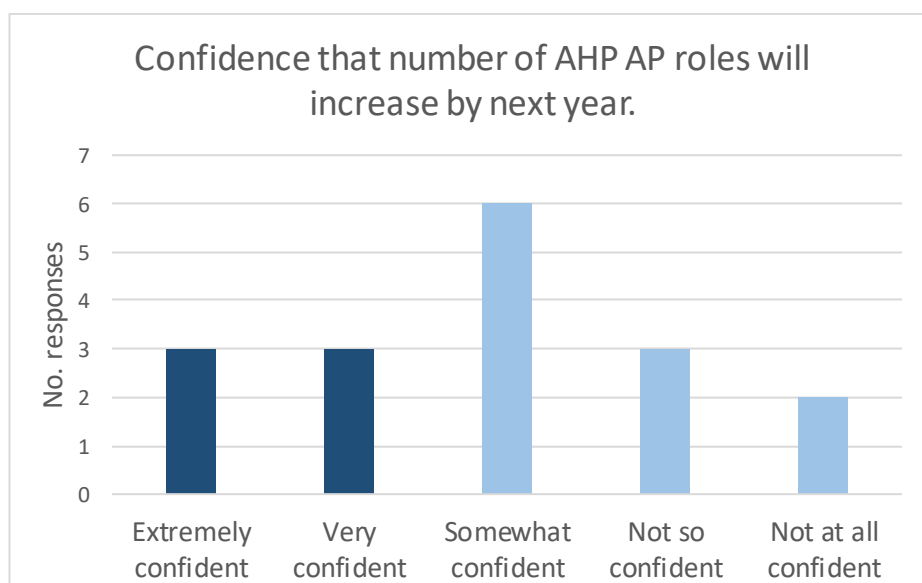


Figure 6: Confidence in increasing the number of AHP advanced practice roles in the next year.

The driver diagram (Figure 7) illustrates suggested requirements to support an increase in implementation of AHP advanced practice roles. The boxes in grey highlight areas that the Spotlight project has explored to start to consider solutions for implementation of AHP advanced and consultant practice roles.

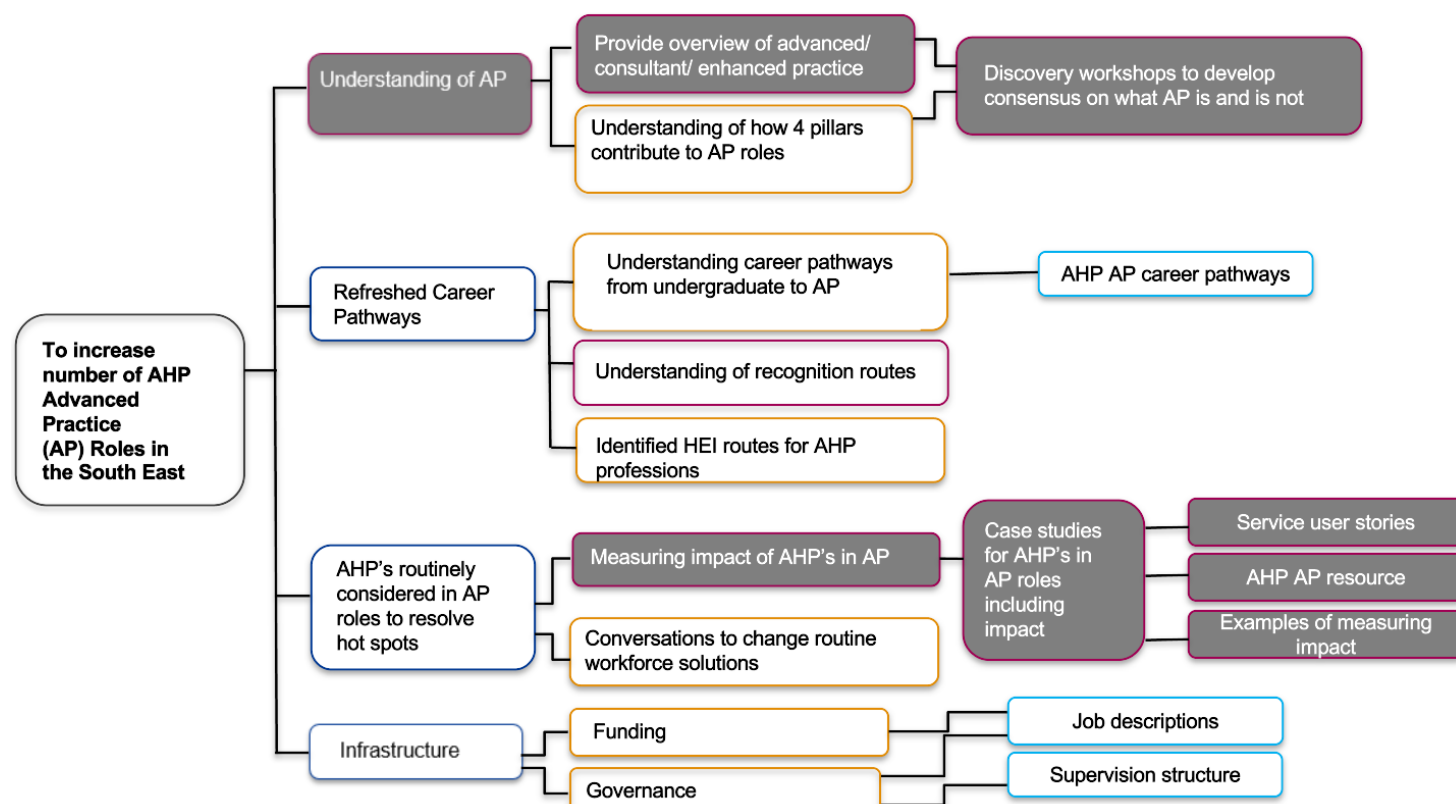
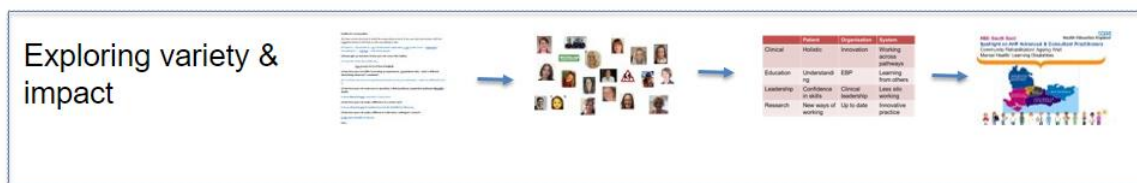


Figure 7: Driver Diagram exploring how to increase AHP Advanced Practice Roles

Spotlight on AHP Advanced & Consultant Practice. Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability.

2.2 Exploring Variety & Impact



From across England 40 AHPs responded to a twitter invite to participate in a conversation about their role. These were aspiring, training or in post clinicians in advanced or consultant practice within clinical settings of community rehabilitation, ageing well, mental health and learning disabilities. Analysis of emerging themes demonstrated common threads which have been highlighted in the literature ([Stewart-Lord et al., 2020](#))¹. The conversations were used to develop two templates which were effective in capturing the key aspects of the 40 case studies. They can be accessed using the links in Table 1.

Table 1: Case studies

Community Rehabilitation [CR] & Ageing Well [AW]

	Advanced Practice	Consultant Practice
Art Therapist	1 [AW]	
Dietitian	2 [CR]	
Occupational Therapist	3 [AW] 4[CR]	5[AW] 6[CR]
Physiotherapist	7 [CR (MSK)] 8 [CR (MSK)] 9 [CR] 10 [AW] 11[AW]	12 [CR] 13 [CR] 14 [CR]
Podiatrist		15 [CR] 16 [AW] 17 (aspiring)
Radiographer		18 [AW] 19 [CR]
Speech & Language Therapist	20 [AW]	

¹ Stewart-Lord A *et al.* (2020). The Role and Development of Advanced Clinical Practice Within Allied Health Professions: A Mixed Method Study. *Journal of Multidisciplinary Healthcare* **13**: 1705-1715.

Spotlight on AHP Advanced & Consultant Practice. Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability.

Mental Health [MH] & Learning Disability [LD]

	Advanced Practice	Consultant Practice
Art Therapist		A [MH]
Drama Therapist	B [LD]	
Dietitian		C [LD]
Occupational Therapist	D [MH] E [LD] F [LD] G [MH]	H [MH] I [MH/LD] J [MH]
Physiotherapist	K [MH] L [LD] M [LD]	
Speech & Language Therapist	N [LD] O [LD]	P [MH] Q [not in post] R [LD]
Social Worker	S [MH]	

The [Spotlight webinar](#) in March 2021 was attended by 156 people, predominantly from the SE (the area of focus) and with representation from all ICSs within the region. Updates on credentialing and HEE aspirations in the four fields were provided by subject experts. The variety of roles and themes from the conversations were presented. Comparisons with the developing published evidence base were drawn and are summarised in Table 2.

Table 2: Comparison with Stewart-Lord *et al.* (2020) findings

Theme	Spotlight Conversations		Stewart-Lord <i>et al.</i> (2020)
Title includes 'advanced'	AP 86% (n=21)	CP 100% (n=14)	26%
'Weakest' Pillars	Education & Research		Education
Challenge for Art Therapies	Identified		√
Impact of AP role	Important to measure & challenging to demonstrate		√
Role Development	Internal promotion 44%	External application 57%	32% 44%
MSc ACP	"heavily nursing – not ready for AHP" Physical health: "Learn to pass test – not likely to use it" AND "thought I wouldn't but I do use them"		"training needs to be relevant"
Isolation & support	"pioneer", "isolated"; seek peer support, challenges with finding appropriate mentor		

Spotlight on AHP Advanced & Consultant Practice. Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability.

2.3 Exploring next steps



Using the forty conversations, three potential approaches to measuring impact were developed and shared at the webinar. These and four other groups of resources shared by those who participated in the Advanced Practice Conversations were introduced as potential 'next steps' for the audience. Attendees were invited to participate in the next Plan-Do-Study-Act cycle of the Spotlight project by choosing one of these five 'Pledge Bundles'. These are hyperlinked in Table 3.

Table 3: Pledge Bundles

Bundle	Contents	Number of people requesting
1 What Does it Look Like?	Table & lego templates to describe advanced and consultant practice roles & 2 examples.	17
2 Job Descriptions & Job Plan	5x Advanced practice & 4 x consultant practice JDs & 1x associated Job Plan	12
3 Workforce Strategies	4x Workforce strategies & 1x workforce planning database	12
4 Measuring Impact	3x templates with examples and optional Q&A support session	7
5 Reduce Isolation	1x Development of Advancing Practice Forum	

Attendees were invited to sign up for a pledge bundle, try it out and feedback using a [Pledge to Action](#) format. In line with the ethos of the project, this process enabled wider learning to be collated into the final stage of the report. Workforce strategies were the most popular request.

Feedback about these resources has been limited within the time frame. To date the table & Lego blocks gave a structure to prepare for appraisal & planning future aspirations (two aspirant advanced practitioners). The workforce strategies were felt to be useful to structure meetings, for example in considering future ageing well work stream priorities. They also served to demonstrate that experience and approach was similar across areas.

A final stage of testing is currently underway prior to refining these tool and inclusion in the [Advanced Practice webpage](#).

Spotlight on AHP Advanced & Consultant Practice. Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability.

3. Findings

1. Difficulty articulating and envisioning the roles

Advanced & Consultant Practice AHPs are felt to be a valuable addition to the evolving workforce. The variety of the settings, roles, and further-from-medical approaches which AHPs offer has acted as a barrier to articulating them. This has hindered workforce development. Gathering examples is considered to be helpful.

2. Challenges with infrastructure

AHP Leads consistently identified the need to develop career pathways, support with infrastructure barriers (e.g., funding, service need and clinicians in different silos) and workforce challenges (ensuring equitable banding, opportunity, meeting of service need). These issues are not addressed within the Spotlight Project.

3. Consultant and Advanced roles can be described using the “Lego block” model.

Advanced practice can be envisaged as a triangle with a Broad bottom (Figure 8).

In this project, this template enabled description of advanced practice skills for all practitioners across profession and clinical setting.

The addition of the Biopsychosocial layer of Lego blocks has enabled clearer articulation of the focus of the advanced practice role. This supports the employer to identify if the service / population requires a more psychologically, biologically, or socially informed service (examples might include self-management / positive behaviour support / social justice). It also allows the complexity of approaches essential in less urgent / emergency settings to be recognised as advanced level capabilities. The Lego approach enables aspiring and current advanced practitioners to identify learning needs and describe their role (confirmed in feedback from Pledge Bundles).

Consultant practice can be envisaged as a triangle with a Broad top (Figure 9).

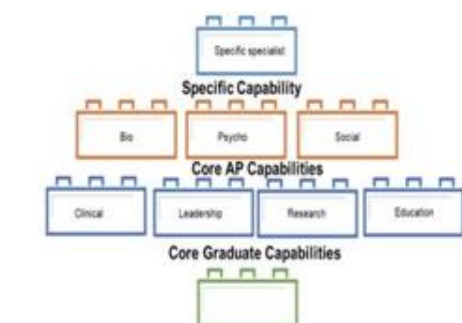
Four pillars are more integrated than in advanced roles although some have greater emphasis in one or two areas. Consultants retained clinical work and discussed how clinical credibility enabled them to offer consultancy and demonstrate wider strategic influence across systems, and professions.

In future this format may be helpful so that:

- **Aspiring clinicians** can identify learning needs,
- **Employed clinicians** can define their role,
- **Employers** can describe advanced/ consultant attributes required for potential new posts.

Spotlight on AHP Advanced & Consultant Practice. Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability.

Case Study 2



Advanced Occupational Therapy Practitioner
Child & Adolescent Mental Health.
Secure Services.

Employer: Our service / population needs bio / psycho / social focus:

Sensory Integration, Dialectical Behaviour Therapy

Bio	Sensory Integration
Psycho	Behavioural reinforcement, occupational performance
Social	Secure setting: Social & Occupational Justice

Clinical	3 specialist units, lead mdt approach complex cases
Education	Staff inductions, teach at Uni, in-service training; career navigator
Leadership	Raise clinical standard, input new service model;
Research	Published poster; OT Research Group; Quality Improvement; audit

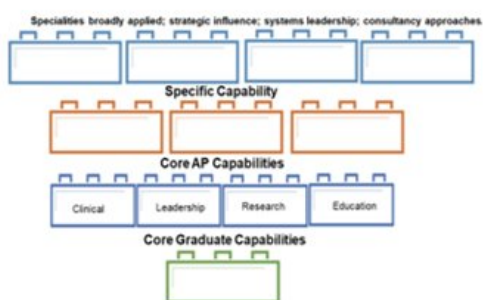
Occupational Therapist

Clinician: What I have / need to develop
Level 7 capability in is:

Figure 8: Advanced Practice – a triangle with a broad bottom

Consultant Therapist (Rehabilitation)

NHS
Health Education England



Strategic influence across multiple rehabilitation pathways at systems and regional level.

Clinical	Use of rehabilitation processes across pathways ensuring parity of access irrespective of condition.
Education	Teaching at HEI's and mentorship across the region.
Leadership	Rehabilitation leadership across ICS Chairs regional networks across multiple rehabilitation pathways
Research	Evaluation of services to demonstrate need, less tangible links with research

Physiotherapist

Adapted with permission from: @gbg1954
@NHS_HealthEdEng 'The Building Blocks of Practice'

Figure 9: Consultant Practice - a triangle with a broad top

Spotlight on AHP Advanced & Consultant Practice. Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability.

4. Progression from advanced to consultant is not linear

The differences in triangle orientation (broad top or broad bottom) in the Lego block model identifies that there is not currently a linear progression between advanced and consultant roles. This may be due to the timing of role development which occurred before the multi-professional framework for advanced practice. The recent advanced/consultant practice consultation will shed further light on the transition and definition of advanced and consultant roles.

5. Demonstration of impact

All practitioners could describe examples of the value of their role to patient, service, and organisation with consultant practitioners describing value at systems level. Few could evidence impact. This will affect evaluation and therefore uptake of future AHP Advanced Practice roles.

In reviewing the forty conversations, three themes were identified. Process maps were developed as a means to measure impact and are applicable in these three areas:

- one-off intervention (i.e., delivery of an advanced intervention / assessment)
- change to destination (i.e., service user's pathway is altered as a result of an advanced clinician)
- whole care approach (i.e., a team / service approach is altered as a result of an advanced assessment / intervention).

Use of process mapping at patient (Figure 10), pathway or service level may be useful to evidence impact. Examples are found within the resource [4. Measuring Impact](#).

Ideas for measuring impact

NHS
Health Education England

One-Off Intervention

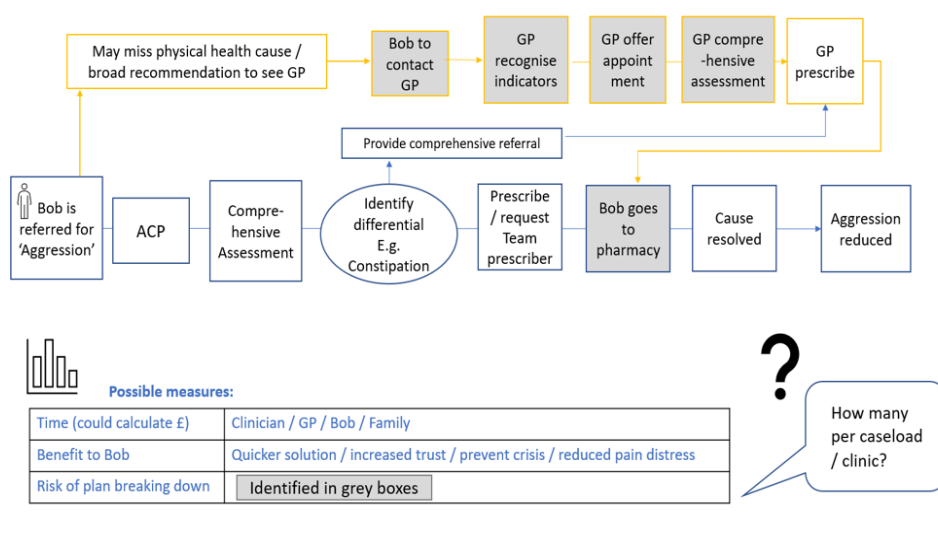


Figure 10: Process mapping to demonstrate impact

Spotlight on AHP Advanced & Consultant Practice. Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability.

6. Increased Job Title alignment with role

85% of those in role as an advanced practitioner had the word 'Advanced' in their title. 100% of the Consultants had the word Consultant in their title. This compares to 26% in the Stewart-Lord paper and may indicate a growing awareness and consistency in using these titles.

7. Challenge for Arts Therapies

Arts Therapists reported less awareness amongst their senior staff and more challenge in demonstrating and developing advanced level practice roles. This matches findings from Stewart Lord et al.,(2020). These therapies typically sit between several Professional and Clinical directorates, thus funding silos, dispersed professional support and limited identification of potential was felt to be one aspect of the challenge. This may also be a challenge for other small AHP professions.

8. Research & Education pillars are the weakest

Clinicians were least confident in describing their activities within the research and education pillars. Some identified limited employer support to protect time for this and several highlighted challenges due to competing clinical demands. Research and education were often seen as separate aspects of work activity rather than integrated within the role.

Successful examples shared in the conversations included opportunities within Trusts to link the MSc dissertation module study to the research priorities of the Trust. Initiatives to enable Advanced and Consultant practitioners to provide education through the Trust education department or to deliver within the Advanced Practice course at the Higher Education Institutions may help to integrate these pillars.

9. Training

- To be an Advanced Practitioner

Advanced Practitioners who undertook MSc Advanced Practice modules described a primarily primary care, nursing, and physical health focus. They questioned the transferability and relevance of this in less acute settings and AHP roles. There was a reported lack of choice (for example alternatives to prescribing), and flexibility to map across an equivalent external module of preference & relevance to profession or setting i.e., dysphagia / positive behaviour support / sensory integration.

For some, module content was described as below the skill level they used daily. All participants in the mental health & learning disability cohort highlighted an absence of advanced Mental Health related subjects and highlighted a gap in ensuring a minimum level of skill in assessing mental capacity or communicating with people with a cognitive

Spotlight on AHP Advanced & Consultant Practice. Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability.

or sensory impairment. Once in role, practitioners found they did draw on the MSc learning.

HEI's may wish to increase socialisation of AHPs to the MSc modules in order to recognise relevance of taught materials and review learning and assessment approaches to widen relevance. Advanced Practitioners described offering case studies / film or returning to teach once they had graduated. Learning needs analysis may be appropriate to identify appropriate modules as well as potential to bring in other modules from relevant programmes.

Several Advanced Practitioners were in post or aspiring to be an advanced practitioner and were awaiting the opportunity to submit a Portfolio of evidence to HEE Centre for Advancing Practice.

- To be a Consultant Practitioner

3 of 18 (17%) clinicians had undertaken formal training to become a Consultant. None had developed from an advanced practitioner and all were undertaking or had completed L7 or 8 education.

10. Isolation

Clinicians described isolation, particularly when training to become an ACP. Once in role, several described a need for peer support and mentorship from same-profession or same-field. Several had begun building networks themselves.

A Community of Practice has proved useful in supporting clinicians and could be a recommendation for use across systems but requires resource to set up and sustain. Example documentation is provided within the report/ resource [5. Reduce Isolation](#) Professional Bodies may have a growing role in this area.

Spotlight on AHP Advanced & Consultant Practice. Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability.

4. Recommendations

Recommendation	HEE/Professional Bodies	Employer	Individual
Focused support for challenges in infrastructure to enable potential for AHP advanced & consultant roles across pathways (Finding 2)	√	√	
Trial methods to describe & demonstrate impact of AHP advanced and consultant roles in less acute settings. (Finding 3, 5). Add these & Pledge Bundles to Advanced Practice Toolkit for open access.	√		√
Specific exploration of the challenges for smaller professions & Arts Therapies in developing as Advanced Practitioners is indicated. (Finding 7)	√		
Increased emphasis on the value and expectation of Advanced & Consultant practitioners to span all 4 pillars. To enable increased clinician confidence and employers to value the education and research pillars. (Finding 8)	√	√	√
Collaborative working with HEI's to ensure AHPs recognise relevance of module content and to close gaps from the biological, psychological, and social perspective. (Finding 9)	√		√
Encourage the establishment of networks and communities of practice to reduce "isolation" and increase peer support.		√	√

Spotlight on AHP Advanced & Consultant Practice. Focus on Community Rehab & Ageing Well and Mental Health & Learning Disability.

Dissemination

In addition to this report, this information is summarised in a poster and briefing power point.

Presented at:

- Regional AHP Leads
- SE Strategic AHP Council
- Completed report and resources circulated to webinar attendees, participants, contributors.
- Open resource via Advanced Practice Toolkit.

Acknowledgements

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Paterson S & King T (2021). Spotlight on Advanced & Consultant Practitioners. HEE.