



# Allied Health Professions Framework for Wales

Looking Forward Together





#### Foreword



Vaughan Gething, Minister for Health and Social Services

A Healthier Wales (2018) set the vision for transforming health and social care into a system focused on maximising wellness, delaying or preventing ill health and enabling every citizen in Wales to live longer, healthier and happier lives. The vision aligns with the values, expertise and interventions of registered Allied Health Professionals and their skilled support staff.

This is an exciting time to be working as a member of the Allied Health Professions in Wales, Allied Health Professionals are natural leaders of rehabilitation and through their expertise, resourcefulness and solutions-based approach, Wales can develop the very best rehabilitation services in the world. Rehabilitation, reablement and recovery can take place in a variety of settings and will shift from restorative to compensatory and adaptive approaches over time. Allied Health Professionals' expertise is currently under-utilised in prevention, public health and primary care settings, where they can help us deliver the vision of enabling people to live as independently as possible for as long as possible in their own homes.

Allied Health Professionals across Wales are eager to use their skills to the uttermost to help forge the transformation of health and social care as described by A Healthier Wales (2018)¹ and I am keen to support them in doing so. I believe that Allied Health Professionals are ready to step up as individual professions and as a collective group to demonstrate the difference that they can make in improving citizens' lives and in ensuring Value Based Care, wherever they work in Wales.

This framework sets out the change that needs to happen in services and I expect health and care services to develop clear plans for sustainable local Allied Health Professional services that will improve the quality of life for people in Wales.

I want to see these developed and implemented at pace to enable the vision of supporting citizens to achieve their maximum potential – physically, cognitively, socially and psychologically.

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### **Executive Summary**

This framework sets out the strategic response to A Healthier Wales (2018) from the Allied Health Professions. It describes the challenges that need to be addressed, the value that Allied Health Professionals (AHPs) offer and the actions needed to help maximise their value and impact. The purpose of this Allied Health Professions framework is to ensure that:

- Citizens achieve outcomes that matter to them and experience the highest quality of care and treatment at all times.
- Allied Health Professionals collectively and individually embed value based health and care. They apply their skills, experience and professional values to lead and deliver evidence-based care to improve the lives of citizens in Wales.

The Allied Health Professions are 13 individual professions allied by their belief in the importance of enabling citizens to live the lives they want to live. Individually and collectively AHPs work to empower people of all ages, from birth through to the end of life, to manage their own wellbeing and prevent or reduce the impact of psychological and physical ill health and disability.

They deliver strong, practical, solution-focused and life-affirming outcomes through a unique range of bio/psycho/social interventions that are particularly valuable in responding effectively to the complex, multi-dimensional needs of the population. These can:

- prevent unnecessary hospital admissions
- reduce length of stay
- facilitate safe sustainable discharge
- enable people to reduce reliance on long term care services
- allow people to remain as independent as possible for as long as possible.

Allied Health Professions have not always been visible and equal partners in the health and social care workforce. This has restricted their ability to improve the health outcomes for citizens and to reduce the impact that health and social inequalities have on wellbeing. In order to maximise their value, the Allied Health Professions must be utilised more effectively to inspire and enable people to lead healthier lives, be more easily and directly accessible, and work at the top of their ability with visible and transformational leadership. AHPs have collaboratively developed and agreed six core principles to describe this transformation:



1. Inspiring and enabling people to lead healthier lives



2. Building resilience in the population



3. Accessibility and responsiveness



4. Strong identity and presence



5. Visible and transformational leadership



6. Working at the top of their professional licence

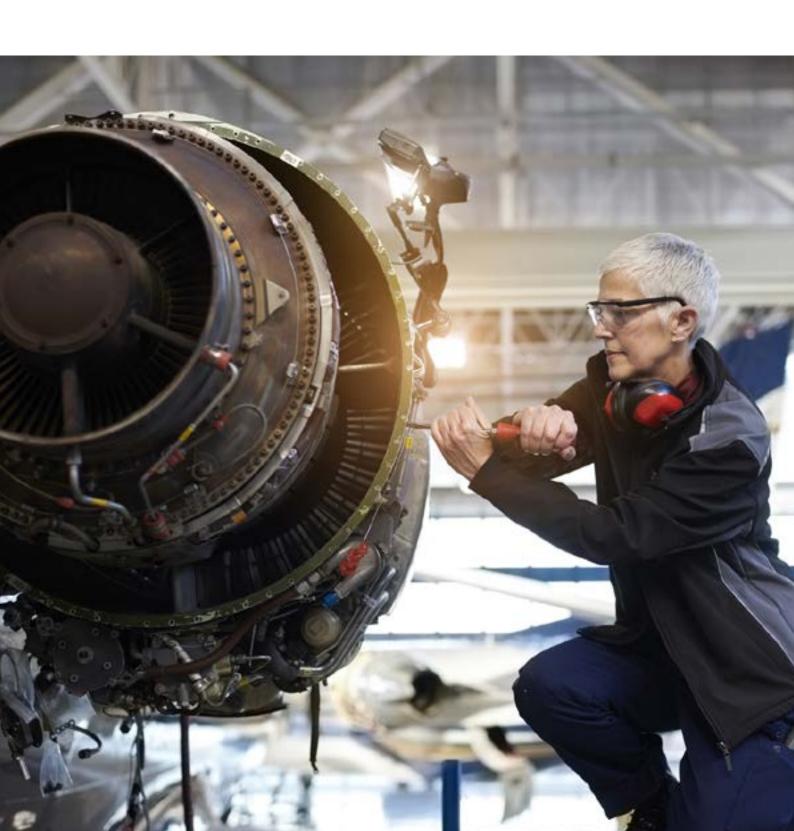
AHPs' person-directed, enabling and recoveryfocused interventions will need to be more widely
available in public health, primary and community
care. Direct access, self-referral and First Contact
Practitioner models require development to meet
demand. Currently, too few AHP services are
available outside of the traditional working week.
There is insufficient provision of rehabilitation,
reablement and recovery interventions,
intermediate care and community rehabilitation
to maximise people's ability to live as well as
possible for as long as possible.

This AHP framework mirrors A Healthier Wales (2018) and uses the internationally recognised Quadruple Aim as an organising concept to describe the changes required based on these principles. This will result in AHPs working in partnership with citizens to achieve longer, healthier and happier lives through:

- 1. Improving population health outcomes
- 2. Enhancing the quality of and access to AHPs

- **3.** Securing higher value from AHPs through transformation
- 4. Inspiring a vibrant AHP workforce

These are described in a diagram at Figure 2 (p16). The framework action plan at Appendix 1 identifies outcomes and actions needed to drive service transformation.



## Contents

| Foreword   | 2  |
|--|----|
| Executive Summary  | 3  |
| Section 1   Introduction   | 7  |
| Section 2   Maximising the Value of AHPs   | 10 |
| Section 3   Looking Forward Together   | 12 |
| <ol> <li>Inspiring and enabling people to lead healthier lives:<br/>building resilience in the population</li> </ol>                     | 12 |
| 2. Accessibility and responsiveness for citizens   | 12 |
| 3. Developing a collective identity and presence: AHPs working at the top of their licences with visible and transformational leadership | 13 |
| Section 4   An AHP framework for Wales   | 16 |
| 1. Improving population health outcomes  | 17 |
| 2. Enhancing the quality of and access to AHPs   | 18 |
| 3. Securing higher value from AHPs through transformation  | 18 |
| 4. Inspiring a vibrant allied Allied Health<br>Professions workforce   | 19 |
| Section 5   Appendices   | 22 |
| Appendix 1: Framework action plan  | 22 |
| Appendix 2: Included professions   | 31 |
| Appendix 3: Methodology  | 32 |
| Figure 1   Allied Health Professionals' six core principles  | 10 |
| for transformation .   |    |
| Figure 2   The AHP Framework for Wales: the Quadruple Aim  | 16 |



### Section 1 | Introduction

This framework sets out the strategic response to *A Healthier Wales (2018)* from the Allied Health Professions. It describes the challenges that need to be addressed, the value that Allied Health Professionals (AHPs) offer and the actions needed to help maximise that value. This framework relates to a specific group of AHPs who are listed in Appendix 2 and embraces their work with all citizens from birth through to the end of life, who are living with psychological, social and/or physical needs. It articulates the collective and individual aspirations for the future direction of the AHPs in Wales across the whole workforce.

Throughout the framework the Allied Health Professions will be named in full while the Allied Health Professionals workforce (whether registered or support staff) are referred to as AHPs. 'Therapies' is a collective term used in Wales which 'fits' some of the professions better than others and does not fully represent the whole group. The terms Allied Health Professionals or Allied Health Professions are more commonly used around the world. Most published documents in Wales also use these terms. This framework has adopted international terminology in order to support the development of a collective identity and recognition of this important workforce, which makes up around one third of the registered NHS workforce.

A Healthier Wales (2018) sets out the long-term future vision of a 'whole system approach to Health and Social Care' focused on wellbeing and preventing illness which enables everyone in Wales to live longer, healthier and happier lives, remaining active in their own homes for as long as is practical. The professional skills and interventions of the Allied Health Professions will support the move to a 'wellness' system focused on anticipating health needs. Their expertise is an essential component of intervening early to prevent illness and reducing the impact of poor health, enabling citizens throughout Wales to live as independently as possible for as long as possible.

The Primary Care Model for Wales (2018)¹ is the nationally agreed approach to health and wellbeing in Wales. The model describes how local services collaborate through the primary care clusters to provide direct access to a wider range of multi-professional practitioners, including AHPs, as a first point of contact. The National Director and Strategic Programme Lead for Primary Care has established a Strategic Programme for Primary Care in Wales (2018)² with six work streams to progress this and the adoption of the whole Primary Care Model.

AHPs are experienced and comfortable working in the social model of health, which recognises that health is influenced by a wide range of individual, interpersonal, organisational, social, environmental, political and economic factors. Their interventions take these factors into account and reduce their impact, along with the long term impacts of ill health, on daily life. AHP interventions can prevent avoidable hospital admissions, speed up discharge from hospital and reduce the need for long term health and care services. AHPs work with people of all ages needing mental and physical health and social care. They are employed throughout the health and social care system, in prisons, schools, hospitals, care homes and a wide range of community environments.

The Parliamentary Review of Health and Social Care in Wales (2018)<sup>3</sup> articulated the need for a new approach to maintain and improve health and wellbeing. As in the rest of the world, Wales faces significant changes in demand, increasing complexity and public expectations of health and social care services. Both the Parliamentary Review and A Healthier Wales (2018) identified the need to maximise the value of health and care services. Lewis (2018)<sup>4</sup> describes Value Based Care as:

<sup>1</sup> www.primarycareone.wales.nhs.uk/sitesplus/documents/1191/Primary%20Care%20Model%20for%20Wales%20written%20de-scription%20\_%20April%202019%20(Eng).pdf

 $<sup>2\</sup> www.primary care one. wales.nhs. uk/sitesplus/documents/1191/Strategic \% 20 Programme \% 20 for \% 20 Primary \% 20 Care.pdf$ 

 $<sup>{\</sup>tt 3\,https://gweddill.gov.wales/topics/health/nhswales/review/?lang=en}\\$ 

<sup>4</sup> www.nhsconfed.org/blog/2018/01/is-value-based-healthcare-the-only-game-in-town-for-a-sustainable-nhs

"A function of outcomes and costs...to achieve high value we must deliver the best possible outcomes in the most efficient way – outcomes which matter from the perspective of the individual receiving healthcare and not provider process measures or targets.

This encourages us to focus also on individual preferences for care and ensure that resources are allocated for maximum value."

The purpose of this AHP Framework is to ensure that:

- Citizens achieve outcomes that matter to them and experience the highest quality of care and treatment at all times
- Allied Health Professionals collectively and individually embed value based health and care. They apply their skills, experience and professional values to lead and deliver evidence-based care to improve the lives of citizens in Wales



## Section 2 | Maximising the value of AHPs

Increasing co-morbidities, frailty and survival with complex life changing conditions or injuries have changed the nature and level of care citizens require. The practical, solution-focused and life-affirming expertise of AHPs is particularly valuable in responding effectively to these changes and addressing the complex, multi-dimensional needs of the population. Yet AHPs have not always been visible and equal partners in the health and social care workforce. This has restricted their ability to improve the health outcomes for citizens and to reduce the impact that health and social inequalities have on their wellbeing.

In order to achieve the purpose of the framework and maximise the value they offer, the Allied Health Professions have recognised



the importance of articulating their value. They must be utilised more effectively to inspire and enable people to lead healthier lives, be more easily and directly accessible, and work at the top of their ability with visible and transformational leadership. AHPs have collaboratively developed and agreed six core principles to describe this transformation (fig 1).

#### Fig 1 | Allied Health Professionals' six core principles for transformation



#### 1. Inspiring and enabling people to lead healthier lives

Working collaboratively with them and others to transform their lives; being responsive to, and connected with, people and their communities; supporting and resourcing communities and population health improvement.



#### 2. Building resilience in the population

Rebalancing the work of AHPs to promote wellbeing, prevention and early intervention, maximising abilities; supporting personal responsibility; empowering people to manage their own wellbeing.



#### 3. Accessiblity and responsiveness

Being first contact practitioners with a strong presence in health and social care, the independent and third sector; easily accessible 24/7 where appropriate and working outside traditional professional boundaries; being flexible, responsive and collaborative responding to people's needs over the whole life course.



#### 4. Strong identity and presence

Recognised as invaluable, essential members of the health and social care workforce; at the forefront of high quality, high impact innovation in existing and emerging services; a credible, strong collective voice for change that promotes evidence-based services for the citizens that need them.



#### 5. Visible and transformational leadership

AHP leaders at all levels of the system who can influence and inform strategic and political direction; autonomous AHP leaders who foster excellence in the workforce of the future through retaining, nurturing and growing talent.



#### 6. Working at the top of their professional licence

Articulating value, leading and effecting improvement; continually learning, trail blazing, demonstrating and sharing best practice; adopting technology to improve service provision; reflecting and challenging themselves and others to be autonomous practitioners who deliver high quality and value based services.



## Section 3 | Looking Forward Together

# 1. Inspiring and enabling people to lead healthier lives: building resilience in the population

Individually and collectively, AHPs work coproductively with citizens to empower them to manage their own health and wellbeing and prevent or reduce the impact of ill health and disability. AHPs have a responsibility to ensure they articulate what they do, the evidence that underpins their practice and the value of their work in terms of outcomes for citizens. Embedding a culture of collaboration and partnership with citizens, colleagues in the health and care workforce and other sectors will invariably maximise AHPs' impact and value, empowering citizens to secure effective, seamless and well integrated support when they need it. In order to inspire and enable people to lead healthier lives, AHPs will continue to increase their connection with citizens in their communities. An increased focus on supporting wellbeing, prevention and early intervention will empower people and communities to manage their own wellbeing and build resilience. AHPs already work in ways that align with the five ways of working identified in the Wellbeing of Future Generations Act (2015)5.

Continuous improvement must be at the heart of transforming the skills and scope of practice of AHPs to enable people to lead healthier lives. Greater attention will be required in pre- and post-registration education to develop a workforce skilled at leading transformational change and identifying high value interventions through evidence, data and intelligence. Evidence must be used to underpin effective clinical decisionmaking and judgement in a person-directed and appropriate way that suits a citizen's individual circumstances and priorities. Modernising Allied Health Professions' Careers in Wales (2016)<sup>6</sup> outlines four pillars of practice to guide expectations of AHPs' personal and professional career development: Education, Clinical Practice, Management and Leadership, and Research and Development. An increase in the number of research active AHPs, particularly those in Consultant and Advanced Clinical Practice

roles, will be needed to achieve this ambition. In addition, there needs to be a career structure evident within each of the professions that includes academic and research posts.

# 2. Accessibility and responsiveness for citizens

AHPs cannot always be accessed directly or early enough through the current pathways and processes. It is essential that citizens can access AHPs wherever and whenever they need to, providing a rapid solution to their problems without creating extra referral and transfer routes in services.

Routes to directly access AHPs need to be easy and consistent across Wales to ensure citizens are able to



navigate services and 'choose well'. A greater proportion of AHP services need to be accessible 24/7 in order to respond effectively in emergency, crisis resolution and out-of-hours primary care situations. AHPs will also develop capacity and capability to deliver the 'Active Offer' and provide services in Welsh, recognising the importance of providing care in people's first language, especially for vulnerable groups such as citizens suffering from dementia, young children or citizens with communication needs.

The workforce will need to be rebalanced to provide more care closer to home with a greater focus on public health and health promotion.

As described by the UK Allied Health Professions Public Health Strategic Framework (2019)<sup>8</sup>, a greater proportion of the workforce will be extended into public health, primary and community care and located in environments such as schools, citizens' workplaces, community environments and people's own homes.

<sup>5</sup> https://gov.wales/sites/default/files/publications/2019-02/spsf-1-core-guidance.PDF

<sup>6</sup> www.networks.nhs.uk/nhs-networks/dhp-networks/documents/Modernising\_AHP\_Careers.pdf

<sup>7</sup> www.wales.nhs.uk/sites3/Documents/415/A%20active%20offer%20information%20pack%20-%20Health%20-%20FINAL1.pdf

The Primary Care Model for Wales sets the agenda for deploying the AHP workforce in multi-professional teams that integrate health and social care services. It also provides the structure for AHPs to be accessible via direct self-referral or as First Contact Practitioners and to act as Advanced Practitioners. This helps to ensure citizens have prompt access to the right professional and reduces the demand on GPs. Advanced Clinical Practice AHPs working in primary or community care will change the traditional flow from primary into secondary care pathways and reduce unnecessary hospital admissions. AHPs' ability to address physical, psychological or social needs is ideally suited to the complex work of generalist practice, enabling people to remain in their own homes and communities for as long as possible.

Flexible, responsive and collaborative practice that responds to people's needs over the whole life course and crosses traditional professional and organisational boundaries will improve citizens' experiences and outcomes. Investment in adequate hospital and community-based rehabilitation and mental health recovery, and in intermediate care and reablement, will remain essential to maintain hospital flow and reduce length of stay. High quality rehabilitation, recovery and integrated reablement ensures citizens can return home from hospital without unnecessary reliance on long-term services and minimises the risk of inappropriate admission into long-term institutional care.

Too often, short-term innovations in the Allied Health Professions services have been established as pilots without long-term sustainable funding plans in place. This has limited the opportunity to scale up and support wider adoption across Wales when innovations are proven to be effective. A value based approach to service innovation that includes sound data collection, rigorous evaluation of the right evidence and addresses the inappropriate variation of services is key. AHPs and those who lead these services must ensure that those interventions that deliver high value outcomes are identified and adopted across Wales.

# **3. Developing a collective identity and presence.** AHPs working at the top of their ability with visible and transformational leadership

AHPs have the opportunity to develop a more robust collective presence that will enable them to flourish and



maximise their potential through well-integrated working, whilst retaining and valuing the distinct contribution of the knowledge, skills and abilities of each individual profession. Promoting understanding of the specific skills of individual professions as well as the collective skills of the AHP group ensures the whole workforce will work together to reduce the barriers and gaps which hinder effective outcomes and reduce the quality of experience for citizens. This will encourage innovative ways of working with a workforce able to adapt to the fast pace of change, forge alliances, and challenge the established models of working to promote ground-breaking service development and delivery for the benefit of the citizens of Wales.

The AHP workforce and their leaders will have to ensure the correct balance is established to create an effective, well-integrated and seamless experience for citizens alongside the optimal use of the expertise of each profession.

The best outcomes, value, quality and safety will only be secured through correct use of individual professions, ensuring skilled staff work at the very top of their ability to make effective specific contributions as multi-professional team members.

It is essential to create strong, visible, transformational AHP leadership at all levels of the system to influence and inform strategic and political direction, effect change and foster excellence in the workforce of the future through retaining, nurturing and growing talent.

AHPs will work closely with Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) to ensure AHPs have the right support for clinical, professional, inter-personal, leadership and research development. The workforce will be highly effective, evidencing and implementing best practice, adopting digital technology and continually challenging themselves to improve.

In Wales, Allied Health Professions regulated by the Health and Care Professions Council (HCPC) are under the professional leadership of the Chief Allied Health Professions Advisor. The Executive Directors of Therapies and Health Sciences (EDoTHS) have responsibility for the professional oversight, governance and leadership of HCPC-registered staff and non-registered support staff in every health board in Wales. Different governance systems apply in NHS trusts, primary care, community localities/clusters, local authorities (social care, housing and education), schools and other employers. Strong professional leadership and governance in each organisation is essential for securing high quality, safe, professional practice. In addition, professional supervision, self-reflection and adherence to regulatory and professional body codes provide further essential safety mechanisms for citizens and need to be embraced and supported by employers throughout the system.



### Section 4 | An AHP framework for Wales

A Healthier Wales (2018) uses the internationally recognised Quadruple Aim to develop a shared understanding of how the health and social care system should transform. This framework also uses the Quadruple Aim as an organising concept to describe the changes required based on the six core principles (see Figure 2 below).

The framework action plan at Appendix 1 is a starting point for the outcomes and actions required to drive service transformation. It will be developed further by stakeholders as an iterative and ongoing process so that it continues to reflect the ever-changing landscape of AHP roles within health, social care and beyond.

Fig 2 | The AHP Framework for Wales: the Quadruple Aim

#### **Happier**

- 1. Improving population health outcomes
- Making a difference to the health and wellbeing of citizens through early action, co-produced intervention, person centred and integrated care
- Reducing the impact of ill health and other social determinants to maximise the wellbeing of the population
- Using AHPs' skills improve citizens' ability to self-care
- Focusing on prevention of avoidable diseases, tackling the causes of long-term conditions and the promotion of public health





- 2. Enhancing the quality of and access to AHPs
- Ensuring the highest quality, safety and accountability of services
  Providing direct, timely access to
- AHPs who work as early and preventatively as possible within communities and integrated services
- Promoting use of Evidence Based Practice to reduce variation and risk of harm; holding themselves to account to improve quality and outcomes for citizens
- Engaging with increased generation and use of research data, patient experiences and intelligence to inform improved outcomes

# \_ives

#### AHPs working in partnership with citizens

- 3. Securing higher value from AHPs through transformation
- Deploying the AHP workforce where they make most impact
- Acting as First Contact
   Practitioners where this is
   most appropriate
- Providing rehabilitation, recovery and reablement to ensure care closer to home and reduce dependence on long-term services
- Promoting personalised care and treatment in primary and community services and the third sector



- 4. Inspiring a vibrant AHP workforce
- Promoting a sustainable, well-motivated and engaged workforce who are aligned to new models of service delivery
- Facilitating career progression and promoting strong, identifiable career paths that are evident for all
- Maximising opportunities for leadership and influencing activities at all levels to inform service transformation
- Having a strong and credible shared identity as AHPs who have a collective voice

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### Longer

1. Improving population
health outcomes. AHPs work
collaboratively with citizens,
colleagues and communities
on a local and national level to
improve population health and
wellbeing outcomes

AHPs deliver strong outcomes with a unique range of bio/psycho/social interventions that can prevent unnecessary hospital admissions, reduce length of stay and facilitate safe sustainable discharge. In doing so, they deliver improved health outcomes for the population and support the transformed health and social care system. Expert practitioners with additional skills such as independent prescribing, injection therapy, surgery, or roles such as approved clinician and approved mental health practitioner offer even greater flexibility to deliver positive outcomes. AHPs have a long history of empowering citizens to take control of their care by working in a person-centred manner, co-producing care plans with citizens wherever possible and giving a voice and choice to citizens who might otherwise be passive recipients of care. AHPs must be bold and creative in their practice to reduce riskaverse behaviours and processes that impede citizens' ability to do what matters to them.

Improving the health outcomes of the population will require increased preventative and early intervention.

AHPs' personalised approach and focus on what matters to citizens enables them to improve health literacy and support sustainable behaviour



change toward healthy, active lifestyle choices. AHPs will implement the goals of the UK AHP Public Health Strategic Framework (2019) to increase population and public health interventions that improve health and wellbeing outcomes, including initiatives such as

Making Every Contact Count. AHPs are already experienced and comfortable working in multiprofessional and multi-agency teams to maximise outcomes. AHPs need to be embedded in primary and community services to improve citizen health outcomes. Their skills are identified as essential in the Primary Care Model for Wales and need to be fully embedded in the six work streams of the Strategic Programme for Primary Care.

Finally, AHPs provide vital rehabilitation, reablement and recovery interventions that enable citizens to return to maximum independence after unavoidable physical or mental ill health or injury. Intermediate care services, with rehabilitation and recovery at the core, are essential if the aim of citizens living longer healthier and happier lives is to be achieved. Reablement and therapy for people with long-term conditions allows them to retain their abilities longer, enabling them to stay living at home, return to work or undertake the roles and activities that matter to them. For example, the AHP Consultant identified in the Dementia Action Plan (2018)9 will provide strategic improvement in enabling people with dementia to live as well as possible for as long as possible.

AHPs in Wales are committed to working in partnership with citizens to secure the best outcomes in their health and wellbeing. This includes:

- Making a difference to the health and wellbeing of citizens through early action, co-produced intervention, person centred and integrated care
- Reducing the impact of ill health and other social determinants to maximise the wellbeing of the population
- Using AHPs' skills to improve citizens' ability to self-care
- Focusing on prevention of avoidable diseases, tackling the causes of long-term conditions and the promotion of public health

2. Enhancing the quality of and access to AHPs. AHPs work to ensure the accessibility, quality and safety of services on a local, national and international basis

Quality, safety, dignity and control are critical elements for citizens to have a good experience of services. New modes of flexible working, which ensure AHPs are available and accessible at the right time, will improve outcomes and experiences for citizens. A greater proportion of services need to be available 24/7 to deliver timely, effective and high quality interventions that reduce the need for citizens to be transferred to secondary care services or be admitted to hospital.

AHPs already have experience of and NEED TO DELIVER expertise in working IGH IMPACT in a seamless, inter-HIGH QUAUT professional and interagency way. They must recognise and articulate their collective value more clearly, UNDERSTAND promoting and sharing innovations widely through

dissemination of best practice, and working collaboratively with colleagues and citizens. Benchmarking for the collective group of AHPs is challenging when services are delivered through very different models and are not consistent across localities.

However, implementation of proven models at scale and pace across Wales will reduce variation, secure increased quality and enable citizens to navigate the complex health and care system. AHPs need to develop well defined models of care and benchmark themselves against others to drive improved quality and value. Senior leaders and managers must implement the most robust models to embed AHPs in community facilities and environments

such as housing, education and employment services.

AHPs need to have balanced job plans to reflect all four pillars of learning in 'Modernising Allied Health Professions' Careers in Wales' (2016) and the Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales (2011)<sup>10</sup>. Consultant and Advanced Clinical Practice roles for AHPs will promote more robust engagement with all four pillars through the emphasis on evidence-based practice and research and education activity in the workplace, leading to increased quality, safety and accessibility to AHPs.

AHPs in Wales are committed to providing the best experience for citizens who use their services. This includes:

- Ensuring the highest quality, safety and accountability of services
- Providing direct, timely access to AHPs who work as early and preventatively as possible within community and integrated services
- Promoting use of Evidence Based Practice to reduce variation and risk of harm: holding themselves to account to improve quality and outcomes for citizens
- Engaging with increased generation and use of research data, patient experiences and intelligence to inform improved outcomes

# 3. Securing higher value from AHPs through transformation.

Citizens experience effective advice, intervention and services based on their own goals and wishes informed by robust data, high quality evidence and expert practice.

Many interventions and interactions used by AHPs are difficult to measure and evidence using traditional approaches that focus on processes or outputs. AHPs should increase their use of outcome measures including Patient Reported Outcome Measures (PROMS) and Patient

<sup>10</sup> www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=2ahUKEwjQh8be2qXkAhWDRxUIHY-wrB8EQFjABegQIABAC&url=https%3A%2F%2Fwww.wales.nhs.uk%2Fsitesplus%2Fdocuments%2F829%2FNLIAH%2520Ad-vanced%2520Practice%2520Framework.pdf&usg=AOvVaw1SkJfZQckYuB47b\_TMLXVY

Reported Experience Measures (PREMS) and health improvement approaches to evaluate effectiveness and to measure and articulate Value Based Care.

Transformation in many AHP services has been limited by a lack of active researchers, strong leadership and organisational support for change.



In order to secure the best population outcomes, AHPs' person-directed, enabling and recovery-focused interventions need to be more widely available in public health and community and primary care, as well as in secondary care and other care settings. Direct access, self-referral and first contact practitioner models require development to meet demand. There is insufficient provision of rehabilitation, reablement and recovery interventions, intermediate care and community rehabilitation to maximise people's ability to live as well as possible for as long as possible. Currently, too few of these AHP services are available outside of the traditional working week.

AHPs must be partners and leaders in research and innovation, as well as consistent users of research to extend practice beyond established ways of working and implement necessary service improvements. Further development of dynamic national local and executive leadership will be needed to drive innovative system improvements for the whole population. AHPs will become more active partners with primary care clusters and Regional Partnership Boards in order to secure the person centred, enabling and rehabilitative approaches needed to improve outcomes for citizens with complex health and care needs. AHPs must be confident to utilise digital skills to deliver what is needed, use technology creatively to improve effectiveness and ensure sustainability by focusing on reducing the environmental impacts of the workplace.

AHPs in Wales are committed to delivering value based health and care to citizens, and ensuring that they continually develop and work to the top of their personal professional license. This includes:

- Deploying the AHP workforce where they make most impact
- Acting as First Contact Practitioners where this is most appropriate
- Providing rehabilitation, recovery and reablement to ensure care closer to home and reduce dependence on long term services
- Promoting personalised care and treatment in primary and community services and the third sector

4. Inspiring a vibrant Allied Health Professions workforce. Citizens will experience a confident, skilled workforce able to influence, lead and drive change in their work.

The current challenges of increasing demand, the need to increase capacity and expertise, the fragile or small AHP workforces found in some services or professional groups, alongside the difficulty of implementing transformation can all place pressure on the workforce. The previous three sections of this framework have outlined some of the barriers that reduce the impact and value of AHPs. These affect staff wellbeing, commitment and the ability to innovate. Promoting workforce wellbeing is a cornerstone in achieving a vibrant AHP workforce. AHPs at all levels need to be comfortable at the forefront of innovation, cognisant of and engaged with policies and legislation in order to promote excellence in practice and eliminate outdated practices. Career development and Continued Professional Development opportunities that develop skills in leadership, clinical practice, practice support, supervision and reflective practice need to be available to the whole workforce equitably. These contribute to a sense of worth and job satisfaction that is so essential to securing a motivated workforce.

Transformational and compassionate leadership is not a role assigned only to those in management or senior positions; it is a behaviour required of every member of the

Allied Health Professions workforce. Senior leaders and executives have a key role in leading strategic change. Leadership development and a route to identify and develop talent in clinical, professional, managerial, educational, research and corporate roles is essential. Health and Education Improvement Wales (HEIW) and Social Care Wales (SCW) will be key partners in supporting the AHP workforce to transform. It is vital to continue to strengthen the current relationships with Higher Education Institutions in educating new and existing members of the workforce, as well as supporting the research and innovation necessary to drive improvement in outcomes.

There are significantly fewer Research Academic, Consultant and Advanced Clinical Practice AHP roles compared to other professional groups in Wales. These roles are important in extending and enhancing profession specific practice to improve health outcomes rather than substituting for other professions. There needs to be increased opportunity and support for professionals at all stages of their career to engage in active research and embed robust evidence in everyday practice and service improvement.

AHPs have a long history of working effectively with non-registered support staff who have high levels of responsibility. The contribution made by these essential colleagues is often unrecognised and undervalued. Development and qualification opportunities for these staff to pursue a future career in health and social care should be available in the same way as for registered staff. Some of the Allied Health Professions already have qualifications available to non-registered support staff to enable them to achieve

professional registration if they wish. AHPs will need to work with HEIW and SCW to ensure that this is expanded for all, creating the multi professional, flexible working approach that will most benefit health and social care. Development of multi-professional rehabilitation workers will offer new opportunities to maximise recovery and citizens' ability to live longer, healthier and happier lives.

Transforming how and where AHPs work and maximising the value of their resources will motivate and empower the workforce to achieve its full potential. AHPs in Wales should scale up existing service improvements to ensure that systemic changes enable them to work as effectively as possible, retaining the very best of existing practice where they are already working in a prudent and value based way.

AHPs in Wales are committed to developing and nurturing the Allied Health Professions workforce as leaders, skilled specialist and Advanced Clinical Practitioners, researchers and educators in order to revolutionise the practice of all registered and non-registered AHPs. This includes:

- Promoting a sustainable, well-motivated and engaged workforce who are aligned to new models of service delivery
- Facilitating career progression and promoting strong, identifiable career paths that are evident for all
- Maximising opportunities for engaging with leadership and influencing activities at all levels to inform service transformation
- Having a strong and credible shared identity as AHPs who have a collective voice





## Section 5 | Appendix 1: Framework action plan

In order to take this framework forward through a programme of work, good governance and collective working, an AHP Network will be formed to work collaboratively with the Welsh Therapies Advisory Committee and the national posts identified in the action plan below. The Executive Directors of Therapies and Health Science (DoTHS) are a key component of providing leadership for AHPs within NHS Wales and will provide oversight for the programme. However, AHPs work throughout the health and social care system and a clear governance framework that spans

organisational boundaries will be required to facilitate system wide working in the actions of the Network and programme delivery. The Network will work with key stakeholders including the Welsh Government, National NHS Wales Programmes, Health Education and Improvement Wales, Social Care Wales, professional bodies, the health and social care employers, education sector (higher, further, secondary & primary) and the public to oversee the delivery, implementation and evaluation of the AHP framework action plan.

#### 1. Improving population health outcomes

AHPs work collaboratively with citizens, colleagues and communities on a local and national level to improve population health and wellbeing outcomes

| Commitments  | Key partners  | Actions needed:   | Timeframe | Outcomes  |
|--|---|---|-----------|---|
| Making a difference to the health and wellbeing of                                     | ce to ch and g of Directors of Therapies and Health Science (DoTHS) centred | AHPs will work to the top of their skill-set and use evidence-based practice to coproduce services with citizens to improve their health outcomes.  | S-L       | Citizens live<br>longer, healthier,<br>happier lives as<br>independently as<br>possible |
| citizens through early action, co-produced intervention, person centred and integrated |   | Create a fellowship/secondment opportunity to lead a Value Based Care project for securing Rehabilitation, Reablement and Recovery interventions.   | S         |   |
| care/self-<br>management   | Welsh Therapies Advisory Committee (WTAC)                                   | The Allied Health Professions workforce will maximise provision of assistive technology, digital and other technological interventions to enable citizens to live more independently and manage their own care. | S-L       |   |

| Commitments   | Key partners  | Actions needed:   | Timeframe | Outcomes   |
|---|---|---|-----------|--|
| Reducing the impact of ill health and other social determinants to maximise the | Health<br>Education and<br>Improvement<br>Wales (HEIW)  | DoTHS will engage in the National Programmes (Strategic Programme for Primary Care, Planned Care and Unscheduled Care Programmes) to maximise AHP impact on health outcomes.  | S-L       | AHPs are deployed to deliver maximum improvement in health outcomes  |
| wellbeing of the population   | Directors of<br>Primary Care<br>Primary Care  | Create a National Lead AHP for Primary<br>Care in the Strategic Primary Care<br>Programme leadership team.  | S         |  |
| Using AHPs'<br>skills to improve<br>citizens' ability to<br>self-care           | Strategic Programme   | Increase citizens' access to AHPs via self-<br>referral or direct access services including<br>more First Contact Practitioners.  | M-L       |  |
| Focusing on so  | Health and social care planning teams f avoidable iseases, tackling ne causes of long erm conditions nd the promotion | The AHP workforce and service leaders will develop new models of service delivery in collaboration with citizens to ensure people have the best opportunities to live as well as possible for as long as possible.      | M-L       | AHPs maximise<br>wellbeing through<br>Universal, Health<br>Promotion and<br>Public Health<br>based actions |
|   |   | The AHP workforce and service leaders will continue to expand services for workforce colleagues to enhance their wellbeing and enable them to remain in and return to work.   | S-M       |  |
|   |   | The AHP Network and WTAC will promote and monitor Welsh language provision within commissioning of education and service delivery within the AHP workforce to meet the preference and needs of Welsh speaking citizens. | S-L       |  |
| WTAC  | WTAC  | A National Lead for AHPs in Early Years and in Public Health/ Prevention will be appointed.   | S         |  |
|   | AHP Network   | A Task and Finish Group will be established<br>by Welsh Government to develop an<br>implementation plan for the 'AHPs in Public<br>Health UK Strategic Framework' (2019).   | S         |  |
|   |   | The agreed plan to meet the goals for the 'AHPs in Public Health UK Strategic Framework' will be implemented by all Allied Health Professions personnel.  | M-L       |  |

**2. Enhancing the quality of and access to AHPs**AHPs work to ensure the accessibility, quality and safety of services on a local, national and international basis

| Commitments   | Key partners              | Actions needed:  | Timeframe | Outcomes   |
|---|---------------------------|--|-----------|--|
| Ensuring the highest quality, safety and  | DoTHS                     | AHPs will consistently engage with and promote national audit and benchmarking reports and activities.   | S         | Increased evidence of high quality   |
| accountability of services  Providing direct, timely access to AHPs who work                      | AHP Leaders Welsh         | The AHP Network will act as a forum to identify best practice from audits and other activity. This will be reported to DoTHS and other stakeholders to support improved quality of AHP services.                               | S-M       | AHP practice<br>and service<br>improvement   |
| as early and preventatively as possible within community and integrated                           | Government  Health Boards | The AHP Network will identify service improvement champions to promote initiatives such as early intervention for citizens that will ensure timely access to AHP services.   | S         |  |
| Promoting use of Evidence Based Practice to reduce variation and risk of harm; holding themselves | Local<br>Government       | The AHP Network will promote and support developments in Welsh language provision within service delivery by the AHP workforce to meet the local needs of Welsh speaking citizens.   | M-L       | Increased public   |
|   | HEIW                      | AHPs will work strategically with education and informatics providers to support the development of education and training to enable AHPs to use data for service improvement purposes and facilitate evidence-based outcomes. | M         | and employer<br>confidence in<br>regulated AHPs  |
|   |                           | HEIW/SCW workforce strategy will create opportunity for health informatics education and training for AHPs.  | М         |  |
|   |                           | The AHP Network will be responsible for national leadership initiatives and fostering a voice for non-devolved legislative changes (such as Food Regulations, medical devices regulations, independent prescribing).           | S-M       | Increased use of the evidence base for AHP interventions to reduce variation and raise quality |

| Commitments   | Key partners   | Actions needed:  | Timeframe | Outcomes  |
|---|--|--|-----------|---|
| Engaging with increased generation and use of research data, patient experiences and intelligence to inform improved outcomes | AHP Network<br>and WTAC<br>Engagement<br>with UK<br>professional<br>bodies   | AHPs will work collaboratively at UK and Wales level to influence, inform and implement the understanding of professional regulatory and registration requirements.  | S         |   |
|   |  | The AHP Network will link with relevant sub-<br>committees or Specialist Advisory Groups<br>(SAGs) to ensure that coordinated high-level<br>plans are developed relating to quality and<br>safety of AHP services. | S         |   |
|   | AHP Leaders  | DoTHS will support the systematic collection and analysis of data and its use to inform evidence-based decision making.  | S-M       | Health Boards, Trusts and cluster                   |
|   | Welsh Government HEIW/SCW  | Evidence and National Data/Guidance will be used consistently to reduce unwarranted variation and inform service improvement.  | М         | plans will embed<br>AHP Research<br>and Value Based |
|   | NHS Wales<br>Informatics   | The AHP Network will lead multi-disciplinary stakeholder workshops on use of evidence and data in service redesign.  | S         | Care  |
|   | Service (NWIS)   | The AHP Network will develop a set of measures to monitor, evaluate and report on education and learning development opportunities at all levels, AHP participation in research programmes and R&I impact.         | М         |   |
|   | NHS Wales  AHP Network   | The AHP workforce and leaders will work in partnership with R&D Directors and HCRW to develop a Research and Innovation (R&I) strategy for AHPs.   | М         |   |
|   | DoTHS HEIW/SCW   | The R&I strategy will include the development and promotion of the role of Clinical Academic, Consultant and Research posts for AHPs.  | М         |   |
| Universities  Health Care Research Wales (HCRW)  Council for  | AHP Network will develop and provide a research mentoring and development scheme for AHPs throughout their careers and provide support to other professionals who are engaged in health and care research and innovation activities. | М  |           |   |
|   | AHP Research<br>(CAHPR)  | DoTHS will work with HEIW/SCW and address the importance of job planning and explore an agreement on job plans for AHPs in Wales.  | S         |   |
|   |  | The number of AHPs engaged with R&D, national representation and teaching will increase.   | М         |   |

#### 3. Securing higher value from AHPs through transformation

Citizens experience effective advice, intervention and services based on their own goals and wishes informed by robust data, high quality evidence and expert practice.

| Commitments  | Key partners   | Actions needed:   | Timeframe | Outcomes   |
|--|--|---|-----------|--|
| Deploying the AHP<br>workforce where<br>they make most<br>impact                           | AHP Network  | The AHP Network will work with Welsh Government, NHS and local government colleagues to ensure AHPs will be deployed throughout the health and care system to deliver maximum value and impact.   | S-M       | Prudent and value based approaches embedded into all AHP service transformation plans  Employers, stakeholders and the public understand the value and contributions of Allied Health Professions as individual professions as well as the collective workforce  AHP Workforce engaged in Digital Strategy transformation agenda  AHPs will lead transformed and innovative services |
| First Contact  | ntact oners oners DoTHS  Clinic embe interv interv Welsh Government  g ration, r and ent to care care care oners DoTHS  DoTHS  AHP Primary Care Lead  outco of Adv | The AHP Network will work with the National Clinical Lead for Value Based Care to embed prudent and value based AHP interventions in all service delivery plans.  | S-M       |  |
| Providing rehabilitation, recovery and reablement to ensure care closer to home and reduce |  | DoTHS will work with Directors of Primary Care and local authorities, through primary care clusters and Regional Partnership Boards, to optomise AHPs' contribution to enable every citizen to improve their outcomes, including maximising the role of Advanced Practitioners, Consultant and First Contact Practitioners. | M         |  |
| dependence on long-term services  Promoting personalised care and treatment                |  | The proportion of the AHP workforce in preventative/early intervention and universal services (e.g. flying start, early years, long term conditions, weight management, mental wellbeing) will be expanded across Wales.  | M         |  |
| in primary and community services and the third sector                                     | WTAC  Professional bodies  Universities  | The AHP Network and WTAC will seek opportunities to promote the specific value of individual AHP professions as well as the collective workforce in ways that help citizens reach the right professional and promote the added value of multiprofessional working.  | S-M       |  |
|  | Employers  | The AHP Network will work with professional bodies to highlight the roles of the AHPs in Wales and share information, successes and key information about the impact and value of Allied Health Professions via a new Allied Health Professions website for Wales (AHP1).   | S         |  |
|  |  | The AHP Network and DoTHs will ensure Rehabilitation, Recovery and Reablement services, including where part of intermediate care services, are available as close to home as possible to reduce unnecessary dependence on long term services.  | S-M       |  |

| Commitments | Key partners                                  | Actions needed:  | Timeframe | Outcomes |
|-------------|---|--|-----------|----------|
|             | Welsh<br>Government<br>Local<br>government    | The AHP Network will participate in discussions and action planning for digital transformation, including service needs and system specifications, training and implementation.                                      | S         |          |
|             | NWIS  | The Welsh Government will collaborate with health and social care services in Wales in taking forward areas prioritised in the Digital Statement of Intent, e.g. by evaluating informatics training needs for AHPs.  | M         |          |
|             | Professional<br>Bodies<br>WTAC<br>AHP Network | The AHP workforce will collaborate with HCRW and CAHPR, Health Boards, Trusts, HEIW and SCW to ensure they have opportunities to undertake research and job plans that support research, development and innovation. | М         |          |
|             | HCRW<br>CAHPR                                 | The AHP workforce will engage in service improvement and increase the number of AHPs involved in the Bevan Technology Exemplar Programme.  | S-M       |          |
|             | Universities  Bevan Commission                | The AHP Network and AHP workforce will work with HEIW/SCW in the development of the new Advanced Clinical Practice and Consultant frameworks.  | S-M       |          |
|             | Council of Deans                              | There will be an increase in Consultant and Advanced Clinical Practice AHP posts.  | M-L       |          |
|             | Improvement<br>Cymru                          |  |           |          |

# **4. Inspiring a vibrant allied health professions workforce**Citizens will experience a confident, skilled workforce able to influence, lead and drive change in their work

| Commitments  | Key partners  | Actions needed:  | Timeframe | Outcomes  |
|--|---|--|-----------|---|
| Promoting a sustainable, well-motivated and engaged  | AHP Network HEIW/SCW  | A Workforce Action Plan will be developed by the AHP Network/WTAC that is aligned to A Healthier Wales and the Health and Care Workforce Strategy.   | М         | Stable balanced<br>workforce, more<br>coordinated<br>planning   |
| aligned to new models of service delivery  Facilitating career progression and promoting strong, identifiable career | nodels of service Directors (WODS)  Facilitating career progression and promoting strong, dentifiable career paths that are | The AHP Network will develop an Allied Health Professions website for Wales (AHP1) that will bring together information for workforce development in Wales and act as a focal point for AHPs and those working with them. It will be integrated or connected with other key websites such as Primary Care One and the Royal Society for Public Health. | S-M       | measured by workforce demographics  Education and training programmes will reflect service level needs in   |
| evident for all  |   | DoTHS, WTAC and leaders and managers of AHP services will work with HEIW to monitor and understand the issues facing AHP professions and their support staff in relation to: pre and post registration education, career development and leadership, sustainable education commissioning and education routes.   | S-M       | the transformed Health and Social Care system in Wales  Broadened access routes to the AHP professions  |
|  | Council of Deans  | An AHP workforce post will be created to work with HEIW to support effective commissioning, post registration and support worker development.  | S         | e.g. flexible approaches to learning and enhanced career progression pathways  Increased applications for entering the AHP workforce (registered and support staff) |
| Maximising opportunities for leadership and influencing activities at all levels to inform service transformation    | HEIW/SCW WODS Further and Higher Education AHP Network  | WTAC will work with Higher Education providers and HEIW/SCW in the development of a strong and robust educational framework for AHPs in Wales including: apprenticeships, post graduate entry, recognition of prior learning to support flexible entry into the professions, career progression, retention and return to work of staff.                | M         |   |
| Having a strong and credible shared identity as  | Deans   | The AHP Network will champion broadening access to AHP training and education pathways and career development opportunities for all.   | М         |   |
| AHPs who have a collective voice   | Welsh<br>Government   | The AHP network will scope existing opportunities for travel fellowships and determine the need to develop an AHP travel fellowship programme.   | S-M       |   |
|  |   | Increased take up of travel fellowships will be encouraged by AHP leaders and the AHP Network.   | M-L       |   |

| Commitments | Key partners               | Actions needed:   | Timeframe | Outcomes  |
|-------------|----------------------------|---|-----------|---|
|             | HEIW/SCW<br>Universities   | The AHP workforce will take every opportunity to showcase and provide contextual examples of career pathways for the public, and both current and future AHPs across the health and care system, through publication, awards and conference attendance.                 | S         | AHPs are integrated into multi-professional training and education programmes, (such as   |
|             |                            | The AHP Network will work with HEIW/SCW to provide case studies for AHP careers to be published on AHP1 and in HEIW/SCW career materials to ensure that potential students have a clear understanding of the role and scope of AHP educational and career pathways.     | S         | leadership development) with wider workforce colleagues  AHPs are supported to  |
|             | HEIW/SCW                   | WTAC will collaborate with partners to exploit opportunities to develop multiprofessional programmes in leadership, healthcare, informatics etc.  | S         | aspire to and achieve their maximum potential   |
|             |                            | The AHP workforce will champion the benefits of active co-production and a multi-professional approach in the design, implementation, evaluation and subsequent development of new models of education.   | S-L       | throughout their career  Reduction in AHP workforce gaps  |
|             |                            | The AHP workforce and Higher Education providers will secure practice-based learning opportunities which model new ways of working and skills throughout the transformed health and social care system.   | М         | Increase in regional solutions for service sustainability, including  |
|             | HEIW/SCW DoTHS AHP Network | A national mentoring framework for AHPs will be developed in partnership between WTAC and HEIW/SCW to promote a culture where senior AHPs are responsible for mentoring and supporting junior colleagues and all health and care professionals on their career journey. | S-M       | including provision in the Welsh language  Increase number of senior AHPs and AHPs in leadership positions  Improved recruitment, retention and progression figures.  Greater access and mobility for new and existing AHPs |
|             |                            | The AHP Network will promote engagement with awards, honours, publications and media to promote good practice and the successes of AHPs.  | S         |   |
|             | AHP Network HEIW/SCW       | AHP Network/WTAC will act as a focal point and forum for AHP sustainability intelligence on AHP staffing levels across Health Boards and Trusts, social care and other publicly funded employers, escalating to DoTHS as appropriate                                    | M         |   |
|             |                            | The AHP Network and WTAC will report on prudent and value based practices and proposals submitted to Health Care Research Wales or other programmes.  | M         |   |

| Commitments | Key partners                                     | Actions needed:  | Timeframe | Outcomes |
|-------------|--|--|-----------|----------|
|             |  | AHP leaders and managers will encourage and support the AHP workforce to develop and use their Welsh language skills in the workplace.   | S-M       |          |
|             |  | HEIW will monitor and provide Welsh language provision within commissioning of education and service provision within the AHP workforce.   | S-M       |          |
|             | Executives and<br>Senior leaders<br>in employing | DoTHS and WTAC will monitor the number of senior AHPs in the system, and proactively support recruitment and investments in these positions.   | S-L       |          |
|             | organisations HEIW/SCW                           | The AHP Network will increase AHP access and take-up of leadership development programmes, mentoring and opportunities.  | S-L       |          |
|             | Professional bodies                              | WTAC/DoTHS will work with HEIW/SCW in development and implementation of the Health and Social Care workforce strategy.   | M-L       |          |
|             | HEIW/SCW Professional bodies                     | The AHP Network will inform and support workforce development for the current and future Allied Health Professions workforce, reviewing areas of extending scope of practice and enabling transferability of knowledge and skills.                         | S-M       |          |
|             |  | DoTHS and AHP managers across the system will strengthen the use of the education and training career framework for the AHP workforce to include post registration education, training and clear career pathways from support staff through to Consultant. | S         |          |
|             |  | HEIW/SCW and WTAC will facilitate agreement of the remit and recognition of Advanced Clinical Practice roles in AHP in health, social care and beyond.   | S-M       |          |
|             |  | Increase the number of AHPs working in Advanced Clinical Practice or Consultant roles.   | M-L       |          |

# Appendix 2 | HCPC regulated Allied Health Professions included in this framework

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

# Appendix 3 | Methodology and organisations involved in the construction and consultation for developing the framework

The framework has been developed following significant co-production and collaboration with members of the Allied Health Professions and wider stakeholders in Wales. It reflects these contributions and analysis of key legislation and policies that guide AHP practice in Wales. An AHP consultation day in October 2018 provided members of the professions with the opportunity to set the direction and priorities for the initial development of the framework. This was followed by a series of opportunities to engage with and influence the construction of the framework and action plan. A more formal consultation on the final draft was undertaken via an anonymous online survey and email consultation activity with a wide range of stakeholders throughout May and June 2019.

The Framework was constructed using the principles of *Constructivist Grounded Theory* by Charmaz (2014).<sup>11</sup> For example, initial construction of the draft framework was undertaken through data analysis using informal coding of the outcomes from the consultation day as well as policy and legislation documents. Further data analysis from the formal consultation activities and final framework construction utilised the principles of theoretical sampling. The key drafting and editing authors were Sara Roberts, Ruth Crowder and Dr Rob Orford.