Allied Healthcare Support Worker Role Development

Building for the Future

October 2004

Report researched, compiled and written by

Gloria M Dunlop
School of Health Sciences
Queen Margaret University College
For
Scottish Executive Health Department

Acknowledgements

I would like to sincerely thank all those who attend the consultation workshop events. It was a personal pleasure working with you and thank you for making Janet Garcia, Sonya Lam and myself so welcome. To those who completed and returned a questionnaire, many thanks for your time and invaluable contribution to this work. I would also like to convey a sincere thanks to those who assisted in organising the events and distributed the questionnaires, in particular,

Jean Alexander and Helen Molloy, Greater Glasgow Community and Mental Health Services NHS Trust,

Lynne Douglas and Liz Newcombe, Lothian University Hospital NHS Trust,

Kath Fairgrieve and Morag Nield, Tayside University Hospital NHS Trust,

Hazel Dykes, Dumfries and Galloway NHS Trust,

Peter McCrossan, Lanarkshire Primary Care NHS Trust,

Sandra Pratt, NHS Borders,

Judith Henry, Pat Cruise, Wendy Greenstreet, Margaret Jamieson, Susan Massie, Jane Graham, Maureen Ryles, Graham Mackenzie and Hazel Welbon, Grampian Primary Care NHS Trust,

Steven Moore and Janet Cameron, Western Isles Health Board.

Contents

1. Introduction

This project was commissioned by the Scottish Executive Health Department to identify the requirements necessary to support Allied Healthcare Support Worker (AHCSW) career development within a modernising Scottish NHS. The work was conducted by the School of Health Sciences, Queen Margaret University College over a period of eight months extending from March to October 2004.

2. Definition of AHCSW

Cowie (2002) adopted the definition of Healthcare Support Worker as "one who performs as an assistant to the professional care team". In order to establish consistency throughout this work, the generic title of Allied Healthcare Support Worker (AHCSW) has been adopted.

3. Background

The need to support career and role development of AHCSWs within the NHS had been identified through a number of strategies and proposals.

- Learning Together (SEHD, 1999) promoted a strategy for education and training for all staff within the Scottish NHS to support the modernisation of NHSScotland. The strategy aimed to ensure that all staff within the Scottish NHS would be equipped with the right skills and knowledge to deliver effective patient care and be fit for purpose. In addition, all Scottish NHS staff would be given the opportunity to access new ways of learning to support new skills and career progression.

- Learning Together promotes the development of skilled and semi-skilled staff within the Scottish NHS and highlights the needs to support staff broaden skills to develop generic and multidisciplinary forms of working. The strategy also highlights the need to support, through lifelong learning opportunities, those semi-skilled members of staff who wish to progress and develop a career in the NHS, such as AHCSWs who may wish to progress to professional training.

- Agenda for Change (1999), the new pay scheme for all NHS employees in the UK, except senior managers, Doctors and Dentists, will base pay awards on an evaluation of attained knowledge and skills appropriate for the NHS post held. All NHS employees, including AHCSWs, must be given the opportunity to succeed within Agenda for Change and be assisted in developing appropriate knowledge and skills for the work and responsibilities undertaken and for future career development.

- The regulation of healthcare support staff and social care staff is currently being considered with the release of a consultation document from the Scottish Executive Health Department in May 2004. The document stresses the need to regulate support workers working within health and social care as

they have become more directly involved in patient care. As regulation exists to protect the public and seeks to ensure a safe standard of practice for patients in the NHS, regulation would require an established standard of practice for support workers as well as a recognised protected title.

- Supporting The Development of Healthcare Support Workers (Cowie, 2002) set out to provide a national framework for the role and career development of Healthcare Support Workers throughout Scotland. This study included the professions of Nursing and Midwifery and those Allied Health Professions that use staff to support the delivery of patient care. The study recommended,

  1. A framework for defining core workplace competencies.
  2. Accreditation of existing educational programmes and a need for educational programmes to meet national requirements for support workers.
  3. Educational programmes should be delivered in a number of formats such as, work-based learning and web-based learning and, informal learning should be accredited through portfolio work to facilitate learning flexibility.
  4. Educational programmes should articulate with a national framework for educational accreditation such as the Scottish Credit and Qualifications Framework (SCQF).
  5. Educational programmes should articulate with professional education programmes providing an opportunity for NHS employees with academic awards at HNC and HND level to progress and obtain professional status.
  6. Academic credit should be awarded to those in the NHS who supervise and assess support workers' learning.

- Finally, a need to support career and role development of AHCSWs has already been identified by individual allied health disciplines with work being carried out to identify competencies for Physiotherapy Support Workers by The Chartered Society of Physiotherapy, for Occupational Therapy Support Workers by the College of Occupational Therapy, for Speech and Language Therapy Support Workers by the Royal College of Speech and Language Therapist and for Dietetic Support Workers by the British Dietetic Association. Extensive work to identify competencies in association with occupational standards has also been conducted in a number of NHS Trusts throughout Scotland however much of this work has remained localised and has not been shared throughout Scotland.

4. Project Method

Scottish Executive Health Department (SEHD) invited Allied Healthcare Support Workers (AHCSW) and Allied Health Professions (AHP) managers throughout Scotland to attend a consultation workshop to explore the needs for role development of AHCSWs employed in the Scottish NHS. The consultation workshops were facilitated by Queen Margaret University College, Edinburgh and were structured as one day sessions, with the morning given to AHCSWs and the afternoon to AHP managers. A presentation by Janet Garcia from SEHD in the morning informed AHCSWs of the current issues associated with developing roles within a modernising NHS, followed by an opportunity to discuss questions on future role development. The afternoon consultation with AHP mangers followed a similar format with the same presentation given by Janet Garcia however, the questions posed to stimulate the discussion focused on proposed mechanism to reconfigure the AHP workforce. Sonya Lam, NHS Education for Scotland, presented an additional presentation on Maximising the Allied Health Professions (AHP) Workforce.

The consultation workshops were arranged as follows,

Glasgow Venue.
The Glasgow venue included the following Scottish NHS Health Boards, Greater Glasgow, Argyll and Clyde, Aryshire and Arran, Lanarkshire and Dumfries and Galloway. Thirty-eight AHCSWs attended the morning session and 12 managers attended the afternoon session.

Edinburgh Venue.
The Edinburgh venue included the following Scottish NHS Health Boards, Lothian, Borders and Fife. Thirty-four AHCSWs attended the morning session and 17 managers attended the afternoon session.

Dundee Venue.
The Dundee venue included Tayside, Forth Valley and Perth and Kinross Health Boards. Sixty AHCSWs attended and 17 Managers.

Aberdeen Venue.
The Aberdeen venue involved Grampian Health Board alone. Thirty AHCSWs attended with 18 managers.

Western Isles Venue.
The Western Isles venue involved Western Isles Health Board alone with the Isle of Lewis and the Isle of North Uist consulting through a video conference with Queen Margaret University College, Edinburgh. Nine AHCSWs attended, two in Uist and seven in Stornoway. Five managers attended, one in Uist and four in Stornoway.

Highland Venue.
NHS Highland declined the invitation to take part in a consultation therefore no event was held in the Highlands. However, opportunity was provided for the AHCSWs in NHS Highland to complete and return a questionnaire.

The information obtained from the consultation workshops can be found in 5.2 Consultation Outcome.
The questions used for the discussions can be seen in Appendix ii.

AHP managers were asked to provide all AHCSWs with a questionnaire. The questionnaire focused on current and future education and training needs for AHCSWs, and was returned to the project facilitator at QMUC.

Result from the questionnaire can also be found in 5.1Questionnaire Results.
The questionnaire can be found in appendix iii.

5. Consultation Outcome and Questionnaire Results

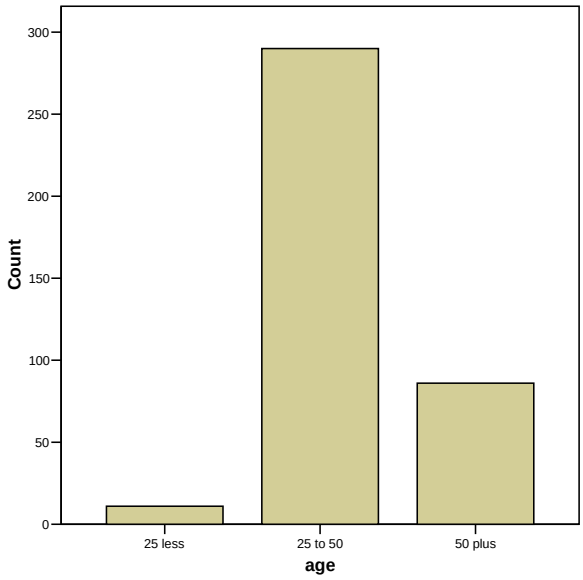
5.1 Questionnaire Results

Managers were asked to distribute the questionnaires to all AHCSWs in their respective locality. Three hundred and eighty-seven questionnaires were returned. This accounts for 21% of the total number of Support Workers/Assistant Practitioners employed in the Scottish NHS. (ISD Scotland, 2004)
The data extracted from the questionnaire can be found in appendix iv.

Response to question 1.Please indicate your age group.

Almost three percent on the respondents (n=11) were less than twenty-five years of age, almost seventy five percent (n= 290) were aged between twenty-five and fifty and a little over twenty-two percent (n=86) were aged fifty years or more.

Question 1. Graph AGE

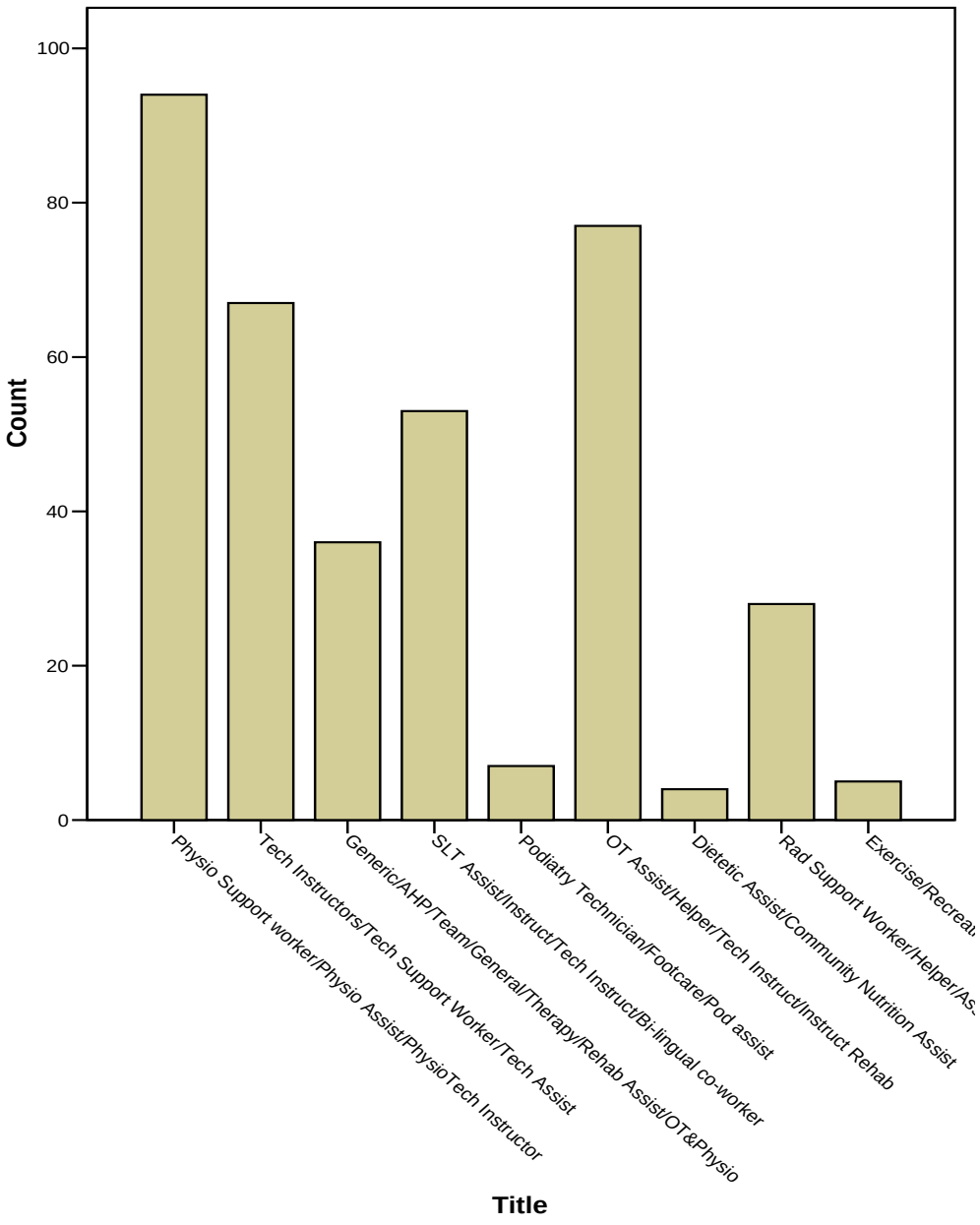


Response to question 2. Please state the title of you role.

A total of fifty-nine titles were reported for AHCSW roles. A definitive list of the titles is provided in Appendix v.
A little over twenty-four percent (n=94) reported titles related to assisting Physiotherapy practice and almost twenty percent (n=77) reported titles related to assisting Occupational Therapy practice.
Just over seventeen percent (n=67) reported titles related to Technical Instructors or Support Workers or Assistants and a little over thirteen percent (n=53) reported titles related to assisting Speech and Language Therapy practice.
Just over nine percent (n=36) reported titles relating to Generic Assistant, AHP Assistant, Team Assistant and just over seven percent (n=28) reported titles relating to assisting Diagnostic and Therapeutic Radiography practice.
Almost two percent (n= 7) reported titles relating to assisting Podiatry practice and just over one percent (n= 5) reported titles related to a Nursing or a specific condition

such as Stroke or Diabetes. One percent (n=4) reported titles related to assisting Dietetic practice.
Just over four percent (n=16) did not respond to this question.

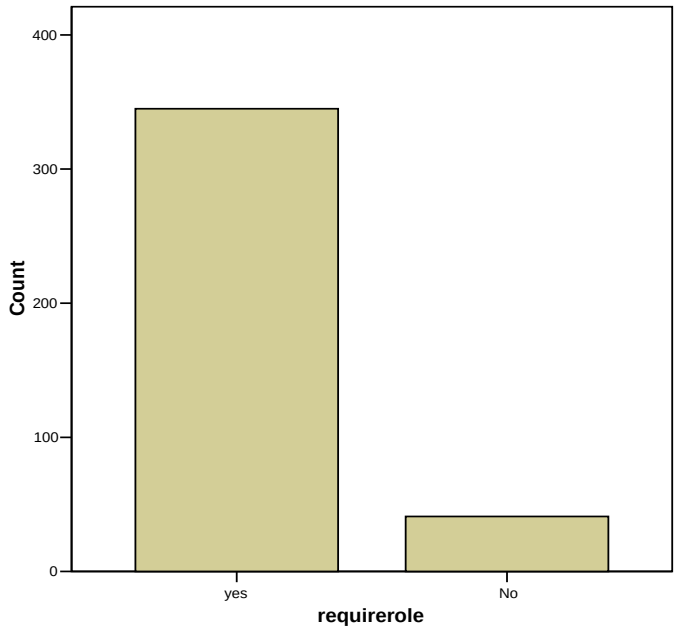
Question 2. Graph TITLES



Question 3. Are you clear about the requirements of your current role?

Just over eighty-nine percent (n=345) responded yes to this question with a little over ten percent (n=41) selecting no as their answer. Only one respondent (0.3%) did not answer this question.

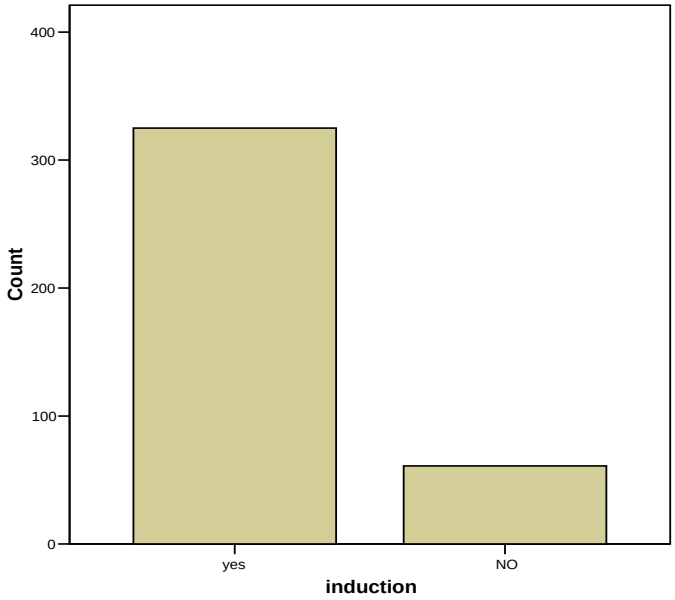
Question 3. Graph CLEAR ON ROLE REQUIREMENTS



Question 4. Did you receive any form of induction when you first began working as a support worker/assistant practitioner?

Eighty-four percent (n=325) of the respondents replied yes to this question with just over fifteen percent (n=61) selecting no. One respondent (0.3%) did not reply.

Question 4. Graph RECEIVE INDUCTION

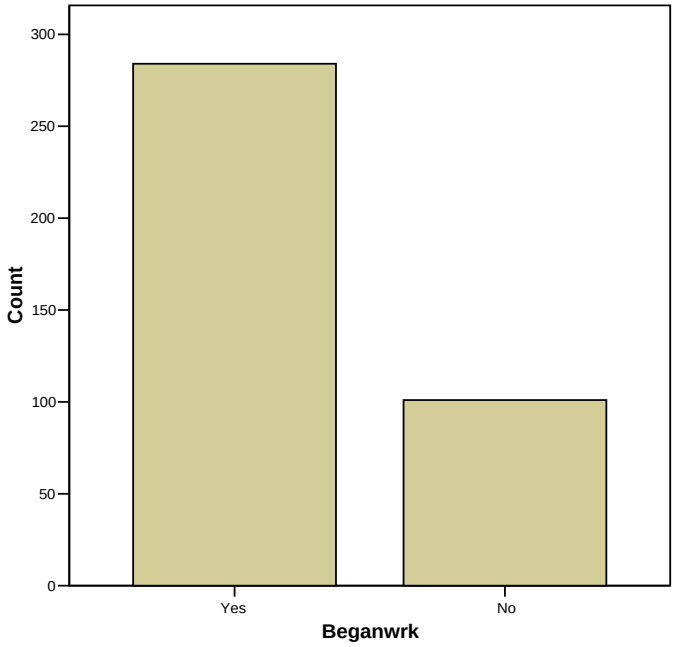


Question 5. Did you receive any training to support the development of your role

when you first began working as a support worker/assistant practitioner?

A little over seventy-three percent (n=284) of the respondents did receive training when beginning work as an AHCSW and just over twenty-six percent (n=101) did not. Only two respondents (0.5%) did not reply to this question.

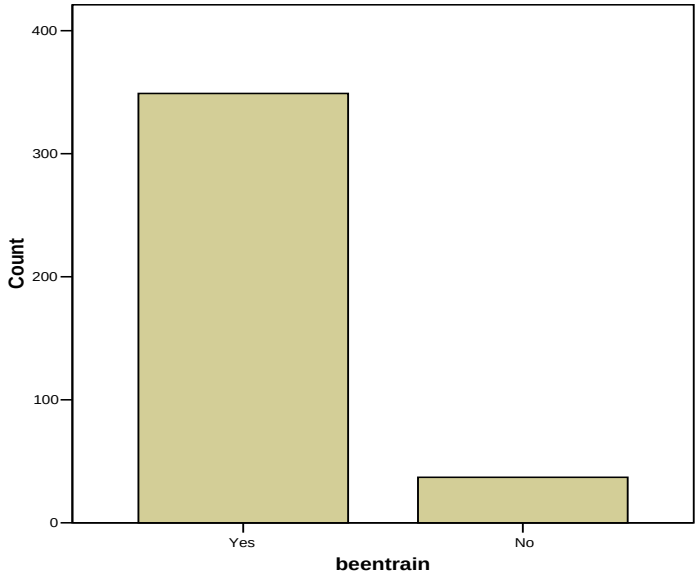
Question 5. Graph TRAINING WHEN FIRST BEGAN WORK



Question 6.a. Have you received any training to support the development of your role since you began working as a support worker/assistant practitioner?

Just over ninety percent (n=349) replied yes to this question with a little over nine percent (n=37) selecting no as their answer. One respondent (0.3%) did not reply.

Question 6. Graph TRAINING SINCE BEGAN WORK



Question 6. contd. If yes please indicate the type of training you have received. More than one option may be selected.

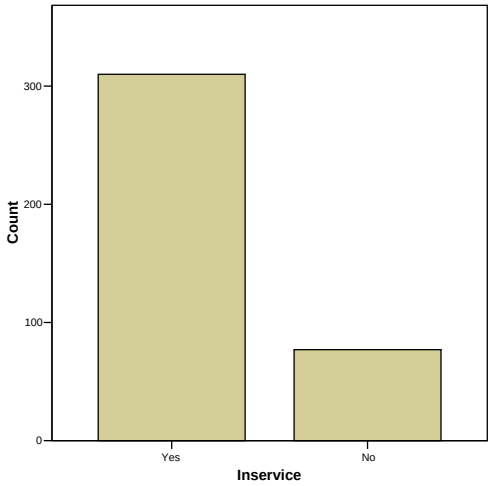
The respondent were asked to select from, In-Service Training, Scottish Vocational Qualifications (SVQ), Higher National Certificate (HNC) and Other as the response to this question.

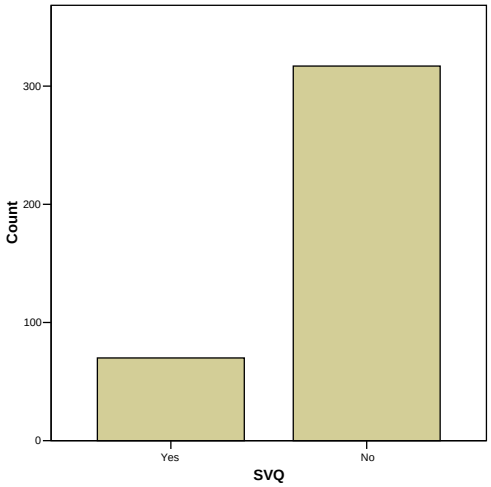
Just over eighty percent (n=310) received In-Service training and just over eighteen percent (n=70) received SVQ training. Nine percent (n=35) received training in the form of an HNC and a little over twenty-nine percent (n=115) received some other form of training.

Question 6 continued. Graphs

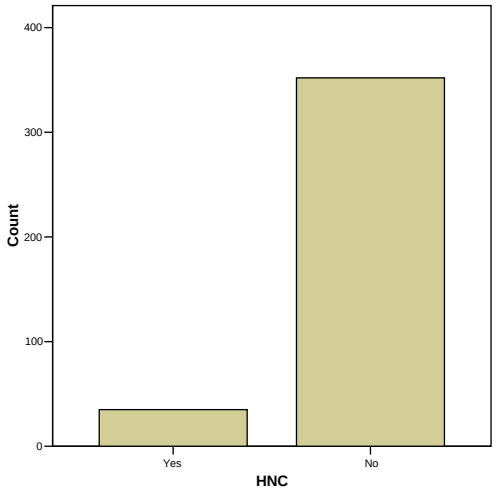
PLEASE INDICATE TYPE OF TRAINING INSERVICE

PLEASE INDICATE TYPE OF TRAINING SVQ

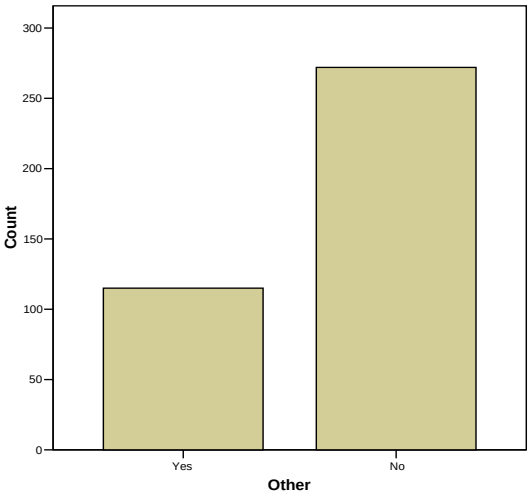




PLEASE INDICATE TYPE OF TRAINING HNC



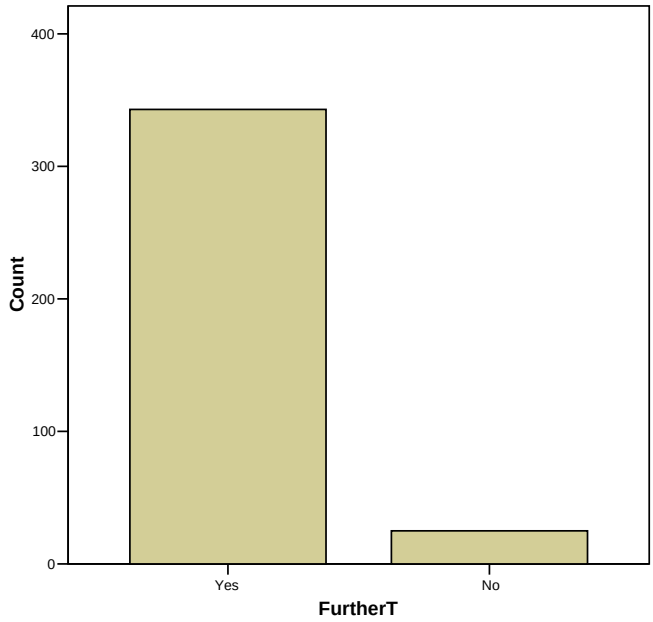
PLEASE INDICATE TYPE OF TRAINING OTHER



Question 7. If you have already received training, would you like further training?

A little over eighty-eight percent (n=343) replied that they would like some further training with six and a half percent (n=25) indicating that they would not like further training. Almost five percent (n=19) of the respondents did not reply.

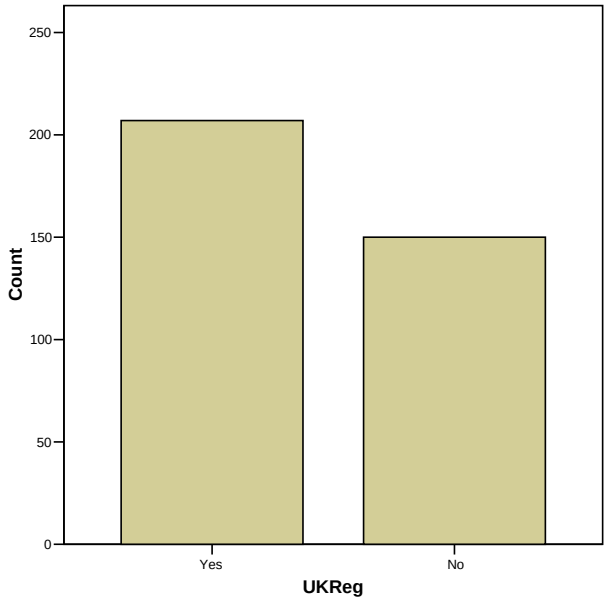
Question 7. Graph FURTHER TRAINING



Question 8. Would you like to train as a qualified Allied Health Professional?

Fifty-three and a half percent (n=207) of the respondents selected yes to this question with almost thirty-nine percent (n=150) selecting no as the answer. Almost seven percent (n=30) did not respond.

Question 8. Graph UK REGISTRATION



Question 9. Indicate how significant each of the following would be a barrier to your further training.

Respondents were asked to indicate how significant, lack of confidence, lack of support from line managers, lack of support from family or partner, lack of funding and lack of time would be a barrier to further training.

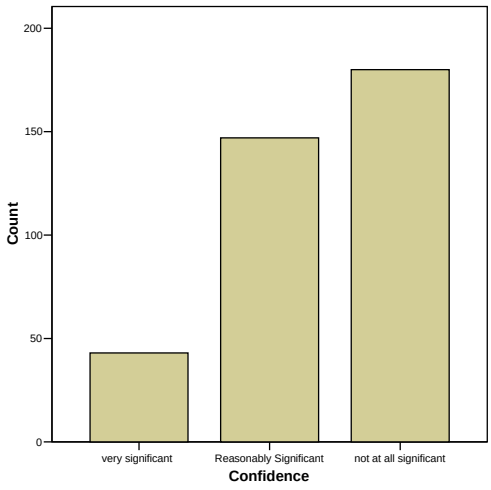
Just over fifty-seven percent (n=222) of the respondents felt that lack of funds would be a very significant barrier to further training with just over forty-two percent (n=164) reporting that lack of time would be a very significant barrier. A little over sixteen percent (n=64) felt that lack of support from managers would be a very significant barrier to learning with just over eleven percent (n=43) indicating that a lack of confidence would be very significant and finally, a little over three percent (n=14) indicated that a lack of family support would a very significant barrier.

A little over forty percent (n=156) reported that a lack of time would be a reasonable barrier to learning with 31 percent (n=122) reporting that a lack of funds would be a reasonable barrier. Thirty-eight percent of the respondents (n=147) reported that a lack of confidence would be a reasonable barrier to learning.

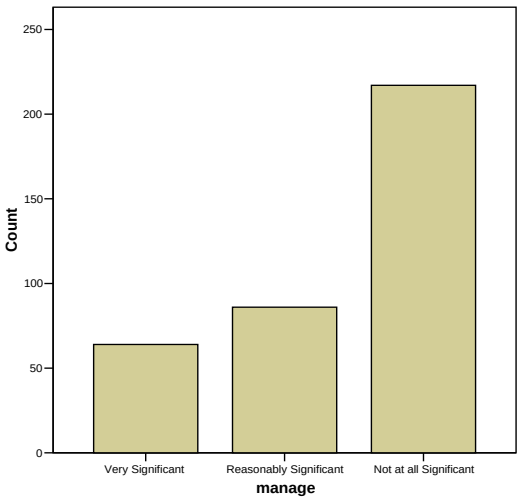
Overall, lack of time and lack of funds were considered to be both very significant and reasonably significant barriers to further learning with lack of confidence being considered as a reasonable barrier.

Question 9. Graphs

HOW SIGNIFICANT CONFIDENCE

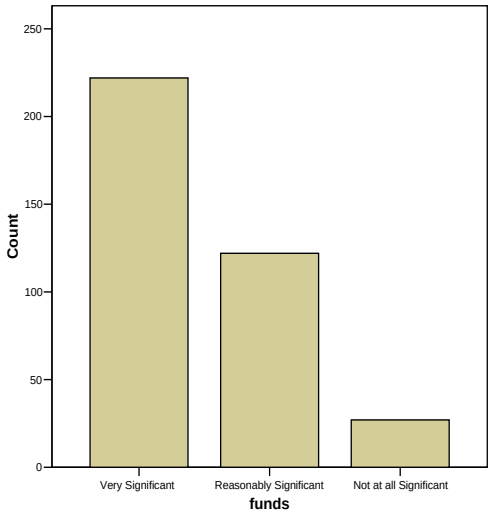


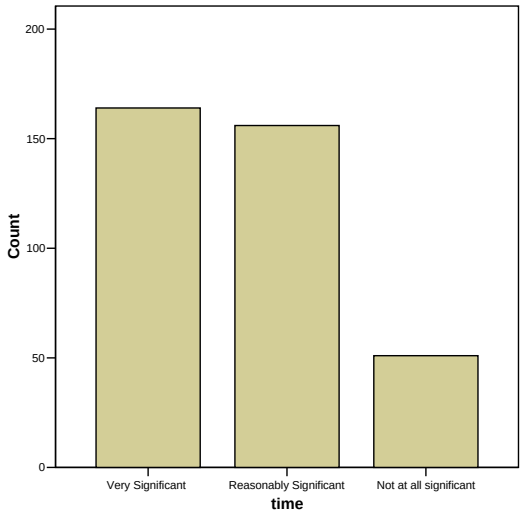
HOW SIGNIFICANT LINE MANAGER



HOW SIGNIFICANT FUNDS

HOW SIGNIFICANT TIME


250
200
150
100
50
0
Count
Very Significant
Reasonably Significant
Not at all Significant
funds


200
150
100
50
0
Count
Very Significant
Reasonably Significant
Not at all significant
time

5.2 Consultation Outcome

Morning Session – Allied Healthcare Support Workers

5.2.1. Outcome of Allied Healthcare Support Workers' Workshop

The topics for discussion

Question asked - What does your current role as an Allied Healthcare Support Worker/Assistant Practitioner require you do?

The following is a breakdown of responses from the AHCSWs who attended the consultation workshops in **Glasgow (G), Edinburgh (E), Dundee (D), Aberdeen (A) and The Western Isles (WI).**

Responses are letter coded to indicate locus of response.

5.2.1.1. Assess and screen patients. G E D A WI

A number of AHCSWs have been trained to carry out patient assessment and to screen patients for care needs. Others will not carry out the initial assessment but will be expected to implement a treatment plan on his/her own.

5.2.1.2. Plan and implement a care plan. G E D A WI

An AHCSW may work as part of a team where he/she is working under the guidance of a professional therapist but in other situations an AHCSW may be working alone such as, in the community or on domiciliary visits. Some AHCSWs also work alone in the clinical setting. A number of AHCSWs are required to recognise changes in patients and to report back to the therapist however, in some instances an AHCSW will modify a care plan without prior consultation with a professional therapist, before providing feedback on the care outcome.

5.2.1.3. Monitor and evaluate patient progress. G E D A WI

An AHCSW may be part of a team or may be expected to report a patient's progress to the professional therapist. In practice the AHCSWs have to make judgements/decisions about patient care especially when left alone.
An AHCSW may report back at a patient review meeting.

5.2.1.4. Pass on knowledge and skills. G E D A WI

AHCSWs instruct professional therapists, basic grade therapists and undergraduate AHPs. An AHCSW may be asked to share his/her own specialist knowledge and skills that may have been acquired before being appointed as an NHS support worker role. AHCSWs have contributed to in-service training days.

In some instances AHPs consult with AHCSWs on clinical issues. AHCSWs have been asked to support the induction of new professional staff, introducing protocols and systems of working. AHCSWs have been asked to present at case conferences.

5.2.1.5. Keep patient records. G D A WI

AHCSWs will maintain patient records and will record treatment and discharge summaries.

5.2.1.6. Prioritise and manage own patient caseload. E D A WI

5.2.1.7. Interact with patients. E D A WI
Work directly with patients to inform, advise, explain, enable, educate and reassure - to put patient at ease.

5.2.1.8. Conduct a range of administration duties. E D A WI

Administration duties were reported in general however, the range of administration duties reported during the Aberdeen and Western Isles consultations was noticeable. These duties included,

answer phone calls for professionals,
write letters,
gather, key in and maintain statistics for Health and Social Care services,
check goods received and make a note of payments,
process salaries for locums,
write letters to General Practitioners,
write letters of referral and process referral,
file documents,
write to contractors to shop around for best prices,
organise and arrange for adaptations with contractor,
make decisions on spending for equipment,
provide IT support,
communicate with charities for aid.

5.2.1.9. Take account of stock and supplies. D A WI

5.2.1.10. Clean department. D A WI

5.2.1.11 Report to Multidisciplinary Team. D A
Act as integrated member of the multidisciplinary team

5.2.1.12. Maintain, clean, move and deliver equipment.
Work with heavy equipment. A WI

5.2.1.13. Act as an Interface between Health Service and external agencies such as Schools, Age Concern. A WI

5.2.1.14. Act as Health and Safety representative, First Aider. D

5.2.1.15. Plan patient discharge. D

5.2.1.16. Act as an interface between Health Service and intra-agencies. A

5.2.1.17. Provide treatment advice to Nurses, Carers and School Teachers. WI

5.2.1.18. Train Carers and patient's family members how to use equipment. WI

5.2.1.19. Carry out assessment for adaptations to patient's home. WI

5.2.1.20. Deal with difficult patients, abusive patients, terminally ill patients and families of terminally ill patients. WI

5.2.1.21. Plan and run therapy sessions. WI

5.2.1.22. Supervise undergraduates on practice placement. A WI

5.2.1.23. Work with work experience visitors. WI

5.2.1.24. Adapt equipment for patients. WI

5.2.2. Question Asked - What is required to enhance your role as a support worker/assistant practitioner in order to improve patient services and to make your work more satisfying?

5.2.2.1. Clear information on training opportunities. G E D A WI
How to access training opportunities, what options are available for training, more access to training, more access to IT courses and IT facilities. E
Induction training needs to be improved, induction needs to better prepare for the role. D
Access to funding should be equal between AHCSWs and professional staff. A
More opportunities for local access to training. A WI
Training must meet the needs of the work and role of the AHCSW. A

5.2.2.2 Recognition of AHCSW achievements/skills/knowledge/competencies. G E A WI

5.2.2.3. Protected time for training and learning. G E D WI

5.2.2.4 Recognition by managers, professional staff and undergraduates of AHCSW roles and abilities. G D A WI

5.2.2.5. Implementation of a universal/national framework to support role and career development and provide equity and clarity of role boundaries. G E D

5.2.2.6. Funding for training. G E D

5.2.2.7. HNC should be recognised throughout all areas of healthcare including Social Services. G E D

5.2.2.8. Clarity on career developments, career pathways, grades and roles. G D E

5.2.2.9. Clearer guidelines on role responsibilities for AHCSWs. G D E

5.2.2.10. Appropriate use of Personal Development Plan to assist career and learning development. E D

5.2.2.11. Healthcare Professionals need to be made aware of and be better educated on the role of the AHCSWs.
Suggestion was made to include the role of AHCSWs in the undergraduate curriculum. D E

5.2.2.12. Management and guidance in career and role development. D G

5.2.2.13. Agreed competencies on profession specific and multidisciplinary roles.
Competencies should be linked to Agenda for Change and the Knowledge Skills Framework. E D

5.2.2.14. Appropriate support of AHCSWs in the work-place. G A

5.2.2.15. More training opportunities available for all AHCSWs. E WI

5.2.2.16. Training should be more relevant to the role of AHCSWs and should assist practice. E A

5.2.2.17. Recognition of experiential learning and life skills e.g. ability to communicate D
Prior learning needs to be valued – maybe through accreditation. E

5.2.2.18. More support and feedback in the workplace. E

5.2.2.19. Clearer job descriptions. D

5.2.2.20. Clearer pathway for the progression from Technical Instructor 3 to Technical Instructor 1. D

5.2.2.21. Consistent use of Personal Development Plans for all AHCSWs. G
Code of Practice is required. G

5.2.2.22. Autonomy G

5.2.2.23. New role development must be underpinned by appropriate and relevant training. G

5.2.2.24. Remuneration and fair pay – individual should be upgraded rather than the post. E

5.2.2.25. Standardise grades for AHCSWs. E

5.2.2.26. Current roles need to be reflected in the appropriate grading. D

5.2.2.27. Clarity on the transferability of a generic HNC, profession specific HNC and the HNC currently being developed. D

5.2.2.28. More Scottish Vocational Qualifications (SVQ) assessors required – would be beneficial if AHCSWs could be involved in assessing SVQs. D

5.2.2.29. Better resources for patient care. D

5.2.2.30. Acceptance of AHCSWs as integrated member of team.
More involvement in whole patient care process i.e. background info on patient. A

5.2.2.31. More recognition from professional staff on the need for AHCSWs training. A

5.2.2.32. More time to prepare before contacting patient. A

5.2.2.33. Less administrative duties. WI

5.2.2.34. More AHCSWs to spread work load. WI

5.2.3. Summary of What is required to Enhance Role Development – top 3 Priorities

5.2.3.1. Recognition for achievements/skills/knowledge/competencies by managers, professional staff and undergraduates. G E D A WI

5.2.3.2. Funding for training. G E D A WI

5.2.3.3. Clarity on career pathways, grades, roles and responsibilities. G E D A
Information on how career development and grades can be achieved. D

5.2.3.4. Funding and protected time for training. D A WI

5.2.3.5. Remuneration and fair pay – individual should be upgraded rather than the post. E

5.2.3.6. More support staff to spread work load. WI

5.2.4. Question Asked – What Needs to happen to Support such Developments?

5.2.4.1. Implementation of a universal/national framework for role and career development of AHCSWs.
A universal/national framework that will provide equity and clarity of role boundaries and make training requirements clearer. The national framework should encompass Occupational Standards and the Knowledge Skill Framework. E G D A

5.2.4.2. More appropriate training in general for AHCSWs, more suitable for the level of work he/she is required to do. E G

5.2.4.3. More in-service training that is validated and certificated. WI

5.2.4.4. More funding for training E A

5.2.4.5. More protected time for training. A WI

5.2.4.6. More support from NHS Boards, mangers and professional staff. D WI

5.2.4.7. More training is required with more time for reflection. More inclusion of AHCSWs in care groups. E

5.2.4.8. Incentives/pay increases linked to the attainment of HNC and SVQs. A

5.2.4.9. Management and guidance in career and role development. G

5.2.4.10. Better information on what is available for career development. D

5.2.4.11. Re-grading of posts to link with career progression and career development. A

5.2.4.12. More courses provided locally. A

5.2.4.13. More SVQ assessors in the workplace. A
5.2.4.14. Access to regular and consistent supervision in the workplace. A

5.2.4.15. Managers more aware of AHCSW roles and work load better managed. WI

5.2.4.16. Training budgets need to be equally accessible to AHCSWs as professional staff. WI

5.2.4.17. More AHCSWs needed to backfill and spread/share work load. WI

5.2.5. Summary of What Needs to happen to Support such Developments? – 3 Priorities

5.2.5.1. A universal framework should be implemented to clarify AHCSW roles, and competencies, provide equity in roles and work demands and make training requirements and mechanisms for career development clearer. A consistent approach to developing the role of AHCSWs is required. Grading system should be clear. G E D A

5.2.5.2. More support from NHS Boards, managers and professional staff. D A WI Suggestion was made that managers should be more aware of AHCSW's workload.

5.2.5.3 Appropriate training for AHCSWs with better guidance and management provided on career and role development. G E Suggestion was made that training needs to be appropriate to the work AHCSWs do and needs to be more readily available.

5.2.5.4. More time for study. E A

5.2.5.5. Equity of access to CPD funding. Funding should not always be given to the professional staff as first priority. WI A

5.2.5.6. Better information on what opportunities are available for AHCSWs. D

5.2.5.7. Healthcare professionals need to be made aware of the role of AHCSWs. Consideration should be given to educating about AHCSW roles in undergraduate programmes. G

5.2.5.8. More staff to support back fill. WI

5.3. Afternoon session – Allied Healthcare Profession Managers

5.3.1. Outcome of Allied Healthcare Professional Managers Workshop

The topics for discussion

Question asked - What is the current role requirement of Allied Health Care Support Worker/Assistant Practitioners?

5.3.2. Managers at the Glasgow venue felt there was no advantage in discussing the role of the AHCSWs as they were already aware of the diversity of responsibilities. Instead the mangers discussed how AHCSWs could be

better supported. (5.3.3 to 5.3.7 are comments from the managers at the Glasgow venue).

5.3.3. Mangers already support by giving time and funding for training but many SVQs do not fit the requirements for the current AHCSW roles.

5.3.4. Many mangers have written competencies for AHCSW which need to be shared, further progressed and mapped across Scotland.

5.3.5. Minimum Standards need to be set which could be suitable for a generic or foundation level of AHCSW practice developing to a more specialised role or multi-professional and /or profession specific role.

5.3.6. There may be a need to identify AHCSW generic competencies which will be a requirement before SVQ training. Such competencies may need to be pre-requisites for a post as an AHCSW or may need to be provided as training when newly appointed.

5.3.7. Mangers need to be clear on job descriptions and in particular on the personal specifications for an AHCSW post. This should link to the Knowledge Skill Framework and the Personal Development Plan in order to identify appropriate training needs.

5.3.8. Work generically across professional groups. D E A

5.3.9. Indirect work related to patient care – technical support, administration, IT work. E A WI

5.3.10. Assist the practitioner in developing and implementing therapy programmes, assist in setting goals and assist by reviewing and providing feeding back. Invaluable asset to the care team. A WI

5.3.11. Provide training for carers, other staff, students and carry out inductions for new staff. A WI

5.3.12. Report on patient's progress to practitioner. D E

5.3.13. Work single-handed. D

5.3.15. Work in the Community. D

5.3.16. Functions and roles will differ depending on the clinical area and the remit within the team. E

5.3.17. Liaison between care team and patient. E

5.3.18. Carry out care under instruction. A

5.3.19. Carry out treatment interventions under supervision. WI

5.3.20. Facilitate continuity of care. A

5.3.21. Some AHCSWs are qualified to take exercise groups. A

5.3.22. Responsible for own case load. WI

5.3.23. Mentoring students and professional staff. WI

5.3.24. Prepare environment for professional staff. WI

5.3.25. Liase between AHP partners, schools and other partners. WI

5.3.26. Develop material to help implement treatment plans (e.g. Speech and Language Therapy). WI

5.3.27. Contribute to service delivery and service development. WI

5.3.28. Advocacy role. WI

5.3.2. Question Asked – What action should be taken to reconfigure Healthcare Practitioner Roles

5.3.2.1. Define and make roles clearer – clarity on AHCSW title, grades and competencies. D E A

Clarity on levels of responsibility and skills required of AHCSWs. E A
Minimum standards set for AHCSW practice. G
Current practice needs to be reviewed. G
Job descriptions need to be revisited and reviewed as roles for AHCSWs evolve. The job description must stay aligned with duties preformed. A

5.3.2.2. Identify competencies for AHCSW practice in relation to patient care and map with Knowledge and Skills Framework. D E

5.3.2.2. Establish a national recognised programme of learning/training for AHCSWs with elements of generic and profession specific content. Such training should be acquired before being employed in the AHCSW role. D A

5.3.2.3. Setting minimum standards for generic/multi-professional/interdisciplinary and

profession specific work with an aim to developing a progressive framework. Establish a foundation generic level for practice progressing to more specialised multi-professional or profession specific practice. G

Skill mix must be defined particularly when new vacancies arise in response to Duty of Care. A

5.3.2.4. Mangers need to be clearer on the job description for AHCSWs and on the personal specifications for applicants to AHCSW posts. This should link to the Personal Development Plan and the KSF leading to appropriate training. G

5.3.2.5. Better training as SVQs do not always fit the purpose. A number of managers have to write their own competencies which are not always shared. G

5.3.2.6. Openness to allow sharing, mapping and further development of competencies that have already been developed within NHS Trust/departments. G

5.3.2.7. Funding for training/learning should be identified and protected. D

5.3.2.8. Mechanisms to support the release of staff are required. D

5.3.2.9. Competencies should relate to qualifications and should include experiential learning. E

5.3.2.10. Need to identify core generic competencies. E
There may be a need to identify core generic competencies before SVQ Level – this could be a requirement of those applying for an AHCSW post. G

5.3.2.11. Need to identify and be clearer on the role of AHSCWs in a multidisciplinary team. E

5.3.2.12. Need to monitor local and national use of AHCSWs. E

5.3.2.13. In house training needs to be formally recognised and be included as part of professional development. G

5.3.2.14. Need to share information on elements of uniqueness that develop as a consequence of including AHCSWs as part of healthcare team. G

5.3.2.15. Assess and review service needs. A

5.3.2.16. Identify unique aspects of all staff roles – identify unique skills of professional staff. A

5.3.2.17. Identify who should undertake non-unique roles. A

5.3.2.18. Aim for consistency and equity nationally. A

5.3.2.19. Role development of AHCSWs should be determined by service need and service users. A

5.3.2.20. Pre-planning for AHCSW posts should include budget for training and development. WI

5.3.2.21. Appoint other professionals to support AHCSW roles– use secondments. WI

5.3.2.22. Encourage people to come and work as an AHCSW e.g. school work-experience, especially appropriate for those who may not wish to leave home area. WI

5.3.3. Question Asked – Who Should Lead these Developments?

5.3.3.1. Joint Partnership- Scottish Executive, Professional Bodies, NHS Boards and individual departments. D E A WI

5.3.3.2. NHS Education for Scotland. E A

5.3.3.3. Professional Leads should become involved in role development of AHCSWs particularly if reviewing current practice. G A

5.3.3.4. Health Professions Council. WI

5.3.3.5. Higher Education WI

6. Discussion

The number of AHCSWs responding to the postal questionnaire was larger than the number attending the discussion at the consultation events. This may have been due to work commitments nevertheless much of the information retrieved from the consultation events showed a number of consistencies throughout the various areas visited in Scotland. The afternoon consultations were the only means of retrieving information from the managers. The number of managers attending was understandable fewer than the AHCSWs and once again, information retrieved was consistent throughout. It is important to remember throughout this discussion that a number of other Health Board areas attended the Glasgow, Edinburgh and Dundee venues, as detailed in the introduction.

6.1. Roles, Responsibilities and Career Development

All five areas visited, which accounted for thirteen Scottish Health Boards, reported being involved in patient assessments. This involved, for some, conducting a patient assessment alone, for others this involved implementing a treatment plan which had already been developed by a professional member of staff. However, many of the AHCSWs, explained that implementing an assessment plan often lead to a need for a re-assessment or re-screening as the health status of the patient changed. In a number of cases, AHCSWs reported a need to modify or change parts of the treatment plan in order to respond immediately to the needs of the patient. Where the expectation may be to re-consult with the healthcare professional before modifying or changing treatment plans, this was not always practical, particularly when working alone with patients. All areas reported working alone with patients even when working as part of a therapy team which included prioritising patient case

loads. AHCSWs in all areas visited were engaged in direct contact with patients and maintained responsibility for aspects of patient care.

All areas visited but one, placed a need for clarity on career pathways, grades, roles and responsibilities as a priority to enhance role development for AHCSWs. All areas but one, placed a need for a consistent approach to support the development of AHCSW roles as a high priority. Request was made for the development of, and for the implementation of, a universal framework that would, provide equity in role development, would clarify competencies and boundaries of roles and responsibilities and would make training requirements and training opportunities clear. Two of the areas requested guidance and help to manage career development with two sites requesting appropriate support for AHCSWs in the work-place.

In general, managers were knowledgeable about the role of the AHCSWs in their areas but some discomfort did exist about AHCSWs making decisions alone without the full approval and knowledge of the professional. Concerns were raised in relation to duty of care to patients and the responsibilities that rested with the Allied Health Professional in relation to AHCSW practice. Nevertheless, for the main part, the Scottish mangers, who attended the events, supported the role of the AHCSWs and were in agreement that roles, responsibilities, competencies and grades need to be clarified before roles of AHCSWs and professional staff can be reconfigured. A number of the managers within the various health board areas have felt it necessary to standardise AHCSW practice and have created their own competencies, work that has been both time consuming and resource intensive. Sharing and mapping these useful pieces of work across Scotland would facilitate the reconfiguration of staff roles particularly in relation to identifying multi-professional, interdisciplinary and

profession specific practice and would go some way to allowing AHCSWs to transfer knowledge and skills across areas of Scotland.

Recommendation 1.

1. **Implementation of framework that will clarify AHCSW roles, responsibilities, competencies and grades and align these with training and educational requirements that will be linked to NHS Agenda for Change and the Knowledge Skills Framework.**

Recommendation 2.

2. Competencies, roles, responsibilities already identified within NHS Boards should be shared and mapped across Scotland.

6.2. Education and Training

All areas reported that AHCSWs support the training of other NHS staff at all levels and from various professional disciplines. Where AHCSWs have been happy and comfortable to be involved in such a role, frustration at the lack of recognition and training to support this work was evident and consistent in all areas visited. A need to educate or to make professionals more aware of the role of AHCSWs was seen to be a factor that would enhance the role with the suggestion made at two events that the role and responsibilities of AHCSWs should be included in undergraduate education and training.

Training opportunities to enhance the AHCSW role was requested at each consultation with each area highlighting a need for more clear information on training opportunities. Some areas were more specific about the type of training required, in that training should meet the needs of the AHCSW role and should be more accessible with internet access or local access. Others felt that better access to

funding was an issue. Four of the areas visited felt that lack of protected time was an issue associated with training. Funding and protected time were both prioritised as issues that would enhance role development by all areas visited and was again repeated when asked what needs to happen to support role development. More time for study and fairness in access to funding was also placed as a high priority.

Responses from the questionnaire highlights that training and induction in relation to work is provided however a large proportion of this would seem to take the form of In-service training which currently may not always contribute to career development nor be recognised by the Knowledge Skills Framework as part of Agenda for Change. Enthusiasm for further training is evident within the AHCSWs however, if training and education are to be valued the outcome must enable fitness for purpose and must account towards career development and career progression.

Managers reported that training needs to be appropriate before roles can be reconfigured with funding and time for training and education protected. Managers also felt that education and training that takes place in the work-place should be valued and be applicable to AHCSW career development but recognised that releasing staff from the work-place is difficult as there are scarce resources for back fill.

Recommendation 3.

3. Training and education must be applicable to AHCSW roles developing work related competencies and enabling fitness for purpose and be linked to the NHS Knowledge Skills Framework within Agenda for Change.

Recommendation 4.

4. Training and education should be flexible and varied in methods of delivery allowing access at times most suitable to the individual learners, be more accessible to those in remote and rural areas of Scotland, and be able to

accommodate work-based learning, informal learning and learning supported by portfolio development.

The age range of the AHCSWs who responded to the questionnaire falls mainly between twenty-five and fifty years of age, which has significant implications for education and training. This group of mature adult employees is likely to be more constrained when required to attend education and training due to family commitments and responsibilities. This issue is reflected in the high number of respondents who felt that time and funding would be a barrier to further training. Consideration to providing education and training that is work-based, delivered at a distance and accessed in the work-place through electronic resources would better support the learning needs of the AHCSWs, a specific request that was made during some of the consultation events.

Three of the areas felt strongly that an HNC should have the same educational value within social service employment as in healthcare. Lack of recognition of an HNC within Social Care was a cause for concern and was seen to be a significant barrier to career progression and career development. Clarity was sought on the HNC currently being developed with interest on how this new HNC would support generic and profession specific knowledge and skills and would be accepted by both sectors to maintain fairness in career development.

Interest in training for UK Allied Health Professional Registration is strong however, consideration needs to given to how the adult AHCSW with family responsibilities would be able to access and attend professional registration courses which require full time attendance for a period of three years. A number of AHCSWs would be unable to give up current employment to enter full time education and would have difficulty attending courses in Higher Education Institutions that are not close to home.

Recommendation 5.

5. Consideration should be given to the use of e-learning within the workplace, to the use of Virtual Learning Environments with Compute Mediated Conferencing. Training and education should be credit rated in relation to the Scottish Credit Qualifications Framework.

Recommendation 6

6. The credit rate and academic level set by the Scottish Credit and Qualification Framework (SCQF) for the Higher National Certificate (HNC) should be recognised and accepted within the Social Care sector.

Recommendation 7.

7. Higher Education Institution and Allied Health Professional Bodies need to consider the development of professional education delivered with part-time attendance and work-based learning.

6.3 Reconfiguration of roles

The range of titles used for AHCSWs is extensive which is reflected in the broad range of roles and responsibilities. Roles, responsibilities and titles are not standardised which creates inequality in workloads, reduces the opportunity to transfer abilities and skills within NHS employment and is contrary to the requirements for statutory regulation.

Managers felt minimum standards needed to be identified before roles could be reconfigure and generic, multi-professional interdisciplinary and profession specific AHCSW roles needed to be established. These roles need to be aligned with job descriptions and personal specifications.

Recommendation 8.

8. Titles should be clearer and standardised to reflect the grade and level of responsibility and competence.

Recommendation 9.

9. Roles, responsibilities and grades should be clearly stated on job descriptions and in personal specifications.

Some managers felt that identifying and sharing information on uniqueness of all staff roles, professional and support alike, would be useful to reconfigure practice. However, although clear on the mechanisms of how this analysis of unique roles can be done, managers are finding this a daunting task and have suggested that a joint partnership of the Scottish Executive Health Department, NHS Education for Scotland, NHS Boards, the Health Professions Council, Professional Bodies and Higher Education should lead the reconfiguration of staff roles with the involvement of individual NHS departments and NHS professional leads.

Recommendation 10

10. Reconfiguration of Allied Health Professional and AHCSW roles should be carried out by individual NHS Boards and shared across NHS Scotland, lead by a joint partnership of the Scottish Executive Health Department, NHS Education for Scotland, the Health Professions Council and professional bodies.

Conclusion

Allied Healthcare Support workers are clearly a valuable workforce and are currently fully embedded in NHS service delivery. Responsibilities and roles of Allied Healthcare Support Workers have already extended and expanded, albeit with some inconsistency and irregularity but nevertheless due to necessity. Reconfiguration of Allied Healthcare Support Workers roles has begun and extended practice is already happening however, in order to invest in this enthusiastic, conscientious and dedicated workforce, in order to support their future role development a number crucial systematic developments need to be implemented particularly if equal opportunities for Allied Healthcare Support career progression are to materialize.

References

College of Occupational Therapy (2000) The Role and Responsibilities of support Workers in the Delivery of Occupational Therapy Services. College of Occupational Therpy, London.

Cowie, A (2002) Supporting The Development of Healthcare Support Workers in Scotland. Strategic Change Unit, Human Resources Directorate, Scottish Executive Health Department, Scotland.

Department of Health (1999) Agenda for Change – Modernising the NHS Pay System. Department of Health, London.

Royal College of Speech and Language Therapy (2003) Standards for Working with Speech and Language Therapy Support Practitioners. Royal College of Speech and Language Therapists. London.

Royal College of Speech and Language Therapy (2002) Competencies Project: Support Practitioners Framework. Royal College of Speech and Language Therapists. London.

Scottish Executive (1999) Learning Together. Scottish Executive Health Department, Scotland.

Scottish Executive (2004) Regulation of Health Care Support Staff and Social Care Support Staff in Scotland A consultation document. Scottish Executive Health Department and Social Work Services Inspectorate, Scotland.

The British Dietetic Association (1999) Dietetic Assistants Professional Development Committee Briefing Paper No 10. The British Dietetic Association.

The Chartered Society of Physiotherapy (2004) National Framework for Support workers Education and Development. The Chartered Society of Physiotherapy, London.

Appendix i Consultation Programme

Allied Healthcare Care Support Worker Role Development – Building for the Future

Programme for Allied Healthcare Care Support Worker

9:30 – 10:00
Arrival and Coffee

10:00 – 10:05
Welcome
Gloria Dunlop, CPD School for Healthcare, Queen Margaret University College, Edinburgh.

10:05 – 10:25
Keynote Address
Janet Garcia, Project Officer, Scottish Executive Health Department

10:25 – 10:30
Question time
Janet Garcia and Sonya Lam AHP Professional Officer, NHS Education for Scotland

10:30 – 11:00
Discussion 1. Open discussion
Gloria Dunlop

11:00 – 11:30
Discussion 2. Breakout Groups

11:30 – 12:00
Feedback from Breakout Groups and Summary
Gloria Dunlop

12:00
Lunch and close

Allied Healthcare Care Support Worker Role Development – Building for the Future

Programme for Allied Health Professional Managers

12:00 – 13:00
Arrival and Lunch

13:00 – 13:05
Welcome
Gloria Dunlop, CPD School for Healthcare, Queen Margaret University College, Edinburgh.

13:05 – 13:25
Keynote Address
Janet Garcia, Project Officer, Scottish Executive Health Department

13:25 – 13:30
Question time
Janat Garcia Project Officer and Sonya Lam AHP Professional Officer, NHS Education for Scotland

13:30 – 13:40
Feedback of findings from morning session with Allied Healthcare Support Workers
Gloria Dunlop

13:40 - 14:00 Discussion 1.
Open discussion
Gloria Dunlop

14:00 – 14:30
Discussion 2. Breakout Groups

14:30 – 15:00
Feedback from Breakout Groups and Summary
Gloria Dunlop

15:00 – 15:30
Maximising the AHP Workforce.
Sonya Lam, AHP Professional Officer, NHS Education for Scotland

15:30
Close, Gloria Dunlop

Appendix ii Consultation Questions

Allied Health Care Support Worker Role Development – Building for the Future

Discussion for Allied Health Care Support Workers

Discussion 1.

Open Discussion. 30 mins.

Topic of Discussion

What does your current role as an Allied Health Care Support Worker/Assistant Practitioner require you do?

Discussion 2

Group Discussion. 30 mins

There are two main topics for discussion.

We would like you to discuss both issues within the 30 minutes provided.

Select a spokesperson from the group who will present 3 PRIORITY ISSUES from the points discussed in each question.

Topics for discussion

1. What is required to enhance your role as a support worker/assistant practitioner in order to improve patient services and to make your work more satisfying?

2. What needs to happen to support such developments**?**

Allied Health Care Support Worker Role Development – Building for the Future

Discussion for Managers

Discussion 1

Open Discussion. 30mins.

Select a spokesperson from the group who will present a summary of the discussion outcome.

Topic of Discussion

What is the current role requirement of Allied Health Care Support Workers/Assistant Practitioners?

Discussion 2

Group Discussion. 30mins

There are two main topics for discussion.

We would like you to discuss both issues within the 30 minutes provided.

Select a spokesperson from the group who will present 3 PRIORITY ISSUES from the points discussed in each question.

Topics for discussion

Reconfiguration of practitioner roles within healthcare service delivery is required in order to sustain current levels of service.

1. What actions should be taken to reconfigure and identify the healthcare Practitioner's roles?

2. Who should lead these developments?

Appendix iii Postal Questionnaire

Allied Health Care Support Worker Role Development – Building for the Future

Questionnaire for Allied Health Care Support Workers

The questionnaire is anonymous**. Do not add your name to the questionnaire**.
Please answer all 9 questions by placing a tick or cross in the box of your choice. Questionnaire should be returned G Dunlop, details at the end, no later than the 8th October '04.

Questions

1. Please indicate your age group.

   Under 25 years of age ☐

   25 years to 50 years of age ☐

   Over 50 years of age ☐

2. Please state the title of your role (e.g. Rehabilitation Assistant)

   _____

3. Are you clear about the requirements of your current role?

   Yes ☐

   No ☐

4. Did you receive any form of induction when you first began working as a support worker/assistant practitioner?

Yes ☐

No ☐

5. Did you receive any training to support the development of your role when
you first began working as a support worker/assistant practitioner?

Yes ☐

No ☐

6. Have you received any training to support the development of your role since you began working as a support worker/assistant practitioner?

Yes ☐

No ☐

If YES please indicate which type of training you have received.
More than one option may be selected.

In service training ☐

SVQ ☐

HNC ☐

Other ☐

7. If you have already received training, would you like further training?

Yes ☐

No ☐

8. Would you like to train for UK Registration as a qualified Allied Health Professional?

Yes ☐

No ☐

9. Indicate how significant each of the following would be a barrier to your further training?

	Very Significant	Reasonably Significant	Not at all Significant

Lack of confidence in own learning ability	☐	☐	☐
Lack of support from line manager	☐	☐	☐
Lack of support from family/partner	☐	☐	☐
Lack of funding	☐	☐	☐
Lack of time to learn	☐	☐	☐

Thank You.

Please return your completed questionnaire to Gloria Dunlop, Queen Margaret University College, CPD School for Healthcare, Level 4 Room 404, Clerwood Terrace, Edinburgh, EH12 8TS

Appendix iv Questionnaire Statistics

Question 1. Please indicate your age group.

age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	25 less	11	2.8	2.8	2.8
	25 to 50	290	74.9	74.9	77.8
	50 plus	86	22.2	22.2	100.0
	Total	387	100.0	100.0	

Question 2. Please state the title of your role.

Title

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Physio Support worker/Physio Assist/PhysioTech Instructor	94	24.3	25.3	25.3
	Tech Instructors/Tech Support Worker/Tech Assist	67	17.3	18.1	43.4
	Generic/AHP/Team/General/Therapy/Rehab Assist/OT&Physio	36	9.3	9.7	53.1
	SLT Assist/Instruct/Tech Instruct/Bi-lingual co-worker	53	13.7	14.3	67.4
	Podiatry Technician/Footcare/Pod assist	7	1.8	1.9	69.3
	OT Assist/Helper/Tech Instruct/Instruct Rehab	77	19.9	20.8	90.0
	Dietetic Assist/Community Nutrition Assist	4	1.0	1.1	91.1
	Rad Support Worker/Helper/Assist/Image assist/X-ray helper	28	7.2	7.5	98.7
	Exercise/Recreation/Stroke/Diabetes/Nursing/Social Care/Ward	5	1.3	1.3	100.0
	Total	371	95.9	100.0	
Missing	System	16	4.1		
Total		387	100.0		

Question 3. Are you clear about the requirements of your current role?

requirerole

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	345	89.1	89.4	89.4
	No	41	10.6	10.6	100.0
	Total	386	99.7	100.0	
Missing	System	1	.3		
Total		387	100.0		

Question 4. Did you receive any form of induction when you first began working as a support worker/assistant practitioner?

induction

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	325	84.0	84.2	84.2
	NO	61	15.8	15.8	100.0
	Total	386	99.7	100.0	
Missing	System	1	.3		
Total		387	100.0		

Question 5. Did you receive any training to support the development of you role when you first began working as a support worker/assistant practitioner?

Beganwrk

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	284	73.4	73.8	73.8
	No	101	26.1	26.2	100.0
	Total	385	99.5	100.0	
Missing	System	2	.5		
Total		387	100.0		

Question 6. Have you received any training to support the development of your role since you began working as a support worker/assistant practitioner?

beentrain

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	349	90.2	90.4	90.4
	No	37	9.6	9.6	100.0
	Total	386	99.7	100.0	
Missing	System	1	.3		
Total		387	100.0		

Question 6 contd. If yes please indicate which type of training you have received. More than one option may be selected.

Inservice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	310	80.1	80.1	80.1
	No	77	19.9	19.9	100.0
	Total	387	100.0	100.0	

SVQ

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	70	18.1	18.1	18.1
	No	317	81.9	81.9	100.0
	Total	387	100.0	100.0	

HNC

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	35	9.0	9.0	9.0
	No	352	91.0	91.0	100.0
	Total	387	100.0	100.0	

Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	115	29.7	29.7	29.7
	No	272	70.3	70.3	100.0
	Total	387	100.0	100.0	

Question 7. If you have already received training, would you like further training?

FurtherT

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	343	88.6	93.2	93.2
	No	25	6.5	6.8	100.0
	Total	368	95.1	100.0	
Missing	System	19	4.9		
Total		387	100.0		

Question 8. Would you like to train for UK Registration as a qualified Allied Health Professional?

UKReg

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	207	53.5	58.0	58.0
	No	150	38.8	42.0	100.0
	Total	357	92.2	100.0	
Missing	System	30	7.8		
Total		387	100.0		

Question 9. Indicate how significant each of the following would be a barrier to your further training.

Confidence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	very significant	43	11.1	11.6	11.6
	Reasonably Significant	147	38.0	39.7	51.4
	not at all significant	180	46.5	48.6	100.0
	Total	370	95.6	100.0	
Missing	System	17	4.4		
Total		387	100.0		

manage

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Significant	64	16.5	17.4	17.4
	Reasonably Significant	86	22.2	23.4	40.9
	Not at all Significant	217	56.1	59.1	100.0
	Total	367	94.8	100.0	
Missing	System	20	5.2		
Total		387	100.0		

family

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Significant	14	3.6	3.9	3.9
	Reasonably Significant	56	14.5	15.5	19.4
	Not at All Significant	291	75.2	80.6	100.0
	Total	361	93.3	100.0	
Missing	System	26	6.7		
Total		387	100.0		

funds

	Frequency	Percent	Valid Percent	Cumulative Percent

Valid	Very Significant	222	57.4	59.8	59.8
	Reasonably Significant	122	31.5	32.9	92.7
	Not at all Significant	27	7.0	7.3	100.0
	Total	371	95.9	100.0	
Missing	System	16	4.1		
Total		387	100.0		

time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Significant	164	42.4	44.2	44.2
	Reasonably Significant	156	40.3	42.0	86.3
	Not at all significant	51	13.2	13.7	100.0
	Total	371	95.9	100.0	
Missing	System	16	4.1		
Total		387	100.0		

Appendix V. List if Titles

Physiotherapy Support Worker
Physiotherapy Assistant
Physiotherapy Assistant Technical Instructor ii
Physiotherapy Assistant Technical Instructor iii
Physiotherapy Technical Instructor
Physiotherapy Technical Instructor ii
Physiotherapy Technical Instructor iii
Senior Physiotherapy Assistant
Orthopaedic Physiotherapy Assistant

Technical Instructor
Technical Instructor ii
Technical Instructor iii
Technical iii Support Worker
Technical Assistant I
Technical Assistant iii Paediatrics
Assistant
Assistant Technical Officer

Team Assistant
Generic Assistant
General Assistant
AHP Assistant
Therapy Assistant
Therapy Assistant Community Rehabilitation
Rehabilitation Assistant
Rehabilitation Assistant Technical Instructor ii
Rehabilitation Assistant Technical Instructor iii
Young Adult Rehabilitation Assistant
Occupational Therapy and Physiotherapy assistant

Speech and Language Assistant
Speech and Language Instructor
Speech and Language Technical Instructor
Speech and Language Technical Instructor iii
Bi-lingual co-worker Speech and Language

Podiatry Technician
Footcare Assistant
Podiatry Footcare Assistant

Occupational Therapy Assistant
Occupational Therapy Technical Instructor
Occupational Therapy Technical Instructor iii
Occupational Therapy Instructor
Occupational Therapy Helper
Occupational Therapy Technical Instructor Community Rehabilitation
Senior Occupational Therapy Assistant

Community Nutrition Assistant
Dietetic Assistant

Radiography Helper
Radiography Assistant
Radiography Department Assistant
Image Assistant
Image Department Assistant
XRay Helper
Radiography Support Worker

Exercise Physiologist
Recreation Officer Technical iii
Stroke Rehabilitation
Diabetic Helper
Social Care Officer – Occupational Therapy Assistant
Nurse Therapy Assistant
Therapy Ward Assistant