

# Dietetic Practice Placement Project Final Project Report

January 2007



## Acknowledgements

The NHS Education for Scotland (NES) project steering group gratefully acknowledge the support and commitment of all those who have contributed to the project.

Special thanks go to Sonya Lam, Director of Allied Health Professionals, Susan Shandley, Project Officer; Sara Smith, Chair of Scottish Stakeholder Partnership; Christine Monaghan, Placement Facilitator Glasgow Caledonian University; Sarah Ward, Programme Manager; Kate Lyons, Project Officer and the NES project management staff.

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## Foreword

From the 1<sup>st</sup> October 2005, a new partnership arrangement between the Transition Team and eleven local stakeholder partnerships took over responsibility for allocation of dietetic practice placements from the British Dietetic Association (BDA).

This ensures that all stakeholders in dietetic practice education work together to achieve local self-sufficiency in placement allocation by February 2008 and that in the interim no students are put at risk through not being able to access appropriate placement experience.

For the Scottish Stakeholder Partnership (SSP), this represents a significant challenge but one which is understood as an outcome of the Dietetic Practice Placement Project funded by NHS Education for Scotland. This final project report sets out the full scale of the position faced in Scotland and recommendations for the way ahead, clearly and comprehensively.

The project has raised awareness of the level of training required to meet the needs of students currently undertaking pre-registration dietetic education at Universities in Scotland. In doing so it has highlighted the urgent need to develop more effective workforce planning mechanisms to inform decision-making on Scotland's dietetic workforce needs.

The development of the skills and competencies required by practice educators to facilitate learning has been a key strength of the project, which has led to innovative Health Board wide partnerships to produce increased training capacity with greater flexibility to sustain NHS pressures.

In my view, the greatest achievement of the project has been a shift in culture towards greater ownership and responsibility for local placement allocation and extensive partnership working. This enhances both the quantity and quality of dietetic practice learning, and I am sure that this will support the successful implementation of the project's recommendations.

Finally I would like to commend Susan Shandley, project officer for her hard work and would wish all stakeholders every success in taking this important work forward.

*Katie Peck*

Manager, Transition Team Implementation Programme (TTIP)

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## Executive Summary

The successful delivery of high quality healthcare services by NHSScotland and achievement of the best outcomes for service users is dependent on our workforce.

*Delivering for Health* (Scottish Executive Health Department 2005) clearly identifies the need to shift the balance of service delivery between primary and secondary care to enable better provision of higher quality and accessible services within the community.

Provision of appropriate and accessible education and training is the key to developing our existing and future workforce in order that all staff are equipped with the right knowledge, skills and attitudes to respond to the changing healthcare needs of the population and also to the ways future healthcare will be delivered.

Registered dietitians as experts in diet and nutrition are important members of the healthcare team. Their skills and expertise equip them to provide clinical and health improvement services across a broad variety of settings and specialities to a wide range of people.

NHSScotland requires to maintain and develop a sustainable and fit for purpose dietetic workforce, to deliver the nutritional care required now and in the future.

The support provided by NHSScotland to the education of pre-registration students in the workplace is essential to develop the future dietetic workforce. Practice placements are a key component of pre-registration training and sufficient supply of practice placements is therefore essential to enable students to complete a dietetic course. The evidence points to the provision of clinical education also having equal benefits for clinical teams both in terms of professional development and the impact on the quality of services provided.

There is an increasing recognition of the importance of aligning the supply of new graduates and practice placement provision with service demand as part of the workforce planning process for NHSScotland.

## The Project: Dietetic Practice Placement Project

NHS Education for Scotland was commissioned to undertake a project to specifically address the requirement to increase capacity of practice placements in NHSScotland.

The **key drivers** identified for the Dietetic Practice Placement Project were:

- Implementation of a new practice placement allocation model, which required the three Scottish Higher Education Institutions (HEI's) to secure practice placements from placement providers in Scotland by February 2008.

- Insufficient numbers of Scottish placements, with 70% of Scottish students undertaking placements out with Scotland.

The **key challenges** identified to increasing capacity within dietetics were:

- The number of practice placement educators.
- Training for practice placement educators.
- Time available for supervision.
- Resource/staff available to co-ordinate provision.

The **project objectives** were to:

- Complete, maintain and monitor analysis of current status of dietetic practice placements in Scotland.
- Increase capacity for dietetic practice placements in Scotland, working towards self-sufficiency within the Scottish cluster by 2008.
- Ensure the Scottish dietetic model of practice placement provision linked with the NES AHP Practice Placements Project and the UK-wide Dietetics model.
- Ensure a sustainable process was in place to provide ongoing support for practice -based educators to meet placement demand in Scotland.
- Ensure the Dietetic project was integrated with future AHP Practice Education Facilitation Programmes of work and with the UK wide Transitional Team Implementation Programme.

The **project work streams** were:

- Awareness raising and engagement of the profession.
- Analysis and monitoring of demand and capacity.
- Provision of education for practice placement educators.

The **achievements** of the Dietetic Practice Placement are:

- An increased awareness by the dietetic community of the practice placement issues faced in Scotland
- Training of 286 practice placement educators
- Provision of an additional 364 weeks of practice placements across Scotland
- A decrease in inequity of placement provision within and across Health Boards
- Development of Health Board wide models for placement provision
- Implementation of the Peer Assisted Learning 2:1 model (PAL) for A placement provision
- Development of a wide range of resources for access by all practice placement educators.
- Raised awareness of inter-professional learning opportunities.

The **emerging themes and recommendations** from the project have identified the ongoing work required in order for the Scottish cluster to achieve self-sufficiency by February 2008, ensuring a sustainable solution to adequate provision of dietetic practice placements for the future.

The work will continue to be progressed by the Scottish Stakeholder Partnership (SSP) in collaboration with NES through the AHP practice based education programme, the Dietetic Education and Training Group Scotland (EATS), the HEI's providing Dietetic courses in Scotland and NHS Boards.

## **Emerging themes and recommendations**

The following three emerging themes were collated from all the workstreams in the project and are summarised below with associated recommendations.

### **Emerging Theme 1: Building practice placement capacity**

The co-ordination and collaboration within Health Boards demonstrated a positive impact on the capacity of dietetic practice placements. There is now a more equitable provision of placements across dietetic services within Health Boards and across territorial Health Boards.

Key factors contributing to the growth in capacity include the increased contribution of part-time staff, (particularly in small departments) and the sharing of practice placement documentation between dietetic services and across Health Boards.

#### **Recommendations**

**1a Higher Education Institutions and NHS Boards** should consider developing memoranda of understanding for dietetic practice placement provision with support from the **Scottish Stakeholder Partnership**, based on the guidance identified in the project:

**A minimum of four whole time equivalent (wte) Dietitians to provide twenty four placement weeks annually. Grade, skill mix, leave, staffing establishment, vacancies and leave should be taken into account by each Health Board when assessing placement provision at any given time.**

**1b NHS Boards** should have a named dietetic practice placement coordinator and establish a Dietetic Practice Placement Group with representatives from departments and specialities as appropriate and from Higher Education Institutions, to develop and implement an action plan to:

- meet agreed placement capacity
- agree number of placement weeks to be provided within each placement cycle ensuring equitable input from each department and speciality.
- standardise resources for dietetic practice placement provision

**1c The Higher Education Institutions** in partnership with **NHS Boards** should facilitate shared access to and development of resources e.g. assessment tools and induction material, across dietetic services in Scotland.

## **Emerging Theme 2 : Education for practice placement educators**

Educational support for new and experienced practice placement educators is essential for developing and enhancing skills to effectively support students.

The pilot of Peer Assisted Learning demonstrated an increase in capacity for A Placements and was well supported by departments that received training.

### **Recommendations**

**2a** The **Higher Education Institutions** with support from the **Dietetic Education and Training Group Scotland** should ensure continued access to courses for all Health Board practice placement educators who require training.

**2b** The **NHS Education for Scotland AHP Practice Placement Education Facilitation Programme** should scope the current provision of practice placement educator courses and identify future demand for training across all skill levels, ensuring inclusion of the Peer Assisted Learning model.

**2c** The **Health Board Dietetic Practice Placement Groups** should consider other models of placements to maximise placement supply and enhance the quality of learning for the student e.g. 2:1 model for B and C placements, split placements across acute and primary care and across Health Boards.

## **Emerging Theme 3: Mitigation of Risk**

There has been increased awareness in the dietetic community of the challenges of practice placement provision in Scotland, and as a consequence a demonstrable increase achieved with continued commitment to support additional placements in the future.

There is heightened concern regarding the ability to achieve self-sufficiency after February 2008, when the Transition Team Implementation Programme will no longer exist to support the allocation of unmet placements.

## Recommendations

**3a** The **Scottish Stakeholder Partnership** should develop a communication strategy to ensure all stakeholders remain well informed of progress with self-sufficiency in Scotland and maximise sharing of best practice and innovation.

**3b** The **Scottish Stakeholder Partnership** with support from **Transition Team Implementation Programme** should review its remit and function in preparation for post-February 2008 to ensure there is continued co-ordination and development of the supply and demand of practice placements.

**3c** The **Scottish Stakeholder Partnership** should undertake a risk analysis on achievement of self-sufficiency to enable mitigating actions to be agreed and implemented.

**3d** **NHS Workforce Planning** and **Higher Education Institutions** should work closely together to review the supply of the future dietetic workforce in relation to service demand and in particular the number of student admission figures for the 2007/8 academic year.

## **1.0 Background**

### **1.1 Strategic Context**

In 2002 the Scottish Executive Health Department (SEHD) published *'Building on Success: Future Directions for the Allied Health Professions in Scotland'*. This report outlined a strategic plan for the future development of Allied Health Professions (AHPs) under eight broad categories.

Within the Recruitment and Retention category a key action was that :

*"A national working group should be established in 2002 to review and develop clinical placement arrangements for the Allied Health Professions as a partnership between the key stakeholders"*

In February 2003, the AHP practice placement working group was established reporting directly into the AHP ministerial implementation group (See Appendix 1).

### **1.2 AHP Practice Placement Project**

In October 2003, following the appointment within NES of the AHP programme director (secondment) NES was commissioned by SEHD to lead the AHP Practice Placements Project using the AHP practice placement working group as the project steering group.

The practice placements project included three strands. All three strands focused on aspects relating to the clinical education of undergraduate student AHPs whilst on placement (one aspect of practice education) with a supervising clinician (practice placement educator):

- AHP Practice Placement Scoping Exercise
- Practice Education Pilot Sites Project
- **Dietetic Practice Placement Project**

#### **1.2.1 AHP Practice Placement – scoping exercise**

NES carried out a scoping exercise to ascertain key information and opinions regarding quality and capacity of AHP practice placements.

*The report is available on the NES website.*

[www.nes.scot.nhs.uk/allied/Practice\\_placements/](http://www.nes.scot.nhs.uk/allied/Practice_placements/)

#### **1.2.2 Practice Education Pilot Sites Project**

Three Health Board pilot site projects were tasked to investigate the common issues regarding practice placement provision for all AHP professions within their Health Boards.

### 1.2.3 Dietetic Practice Placement Project

A uni-professional dietetic project was tasked with increasing availability of Dietetic pre-registration practice placements within Scotland. This was in response to significant changes to commissioning of dietetic students in England and the system of allocation of student dietitians moving away from being nationally (UK) coordinated by the British Dietetic Association (BDA) in October 2005.

A project commissioned in England developed a new UK model of placement allocation. This model involved commissioning within local regions (clusters) with Scotland being one of the 11 clusters formed.

A transition period from October 2005 – February 2008 was identified for clusters to achieve self-sufficiency of practice placements through matching supply and demand. A Transition Team Implementation Programme (TTIP) was established to facilitate this transition for the 11 clusters, and undertake the UK wide allocation of all unplaced students during the transition phase. TTIP was endorsed by Strategic Health Authorities (SHAs) in England, the Department of Health (DOH), the SHA workforce groups, SEHD and NES.

Each cluster was also charged with establishing a stakeholder partnership to monitor national (UK) and local developments in dietetic practice placements with a view to increasing cluster capacity and achieving self sufficiency by February 2008.

The model for dietetic practice placements is standardised across the UK with each pre-registration student undertaking 28 weeks of placement split into 3 separate placements across the entire course.

- **Placement A** is a 4-week placement completed early on in the course. The aim of this placement is to introduce students to the working environment and the role and work of a Dietitian, through observation and practical exercises focusing on knowledge, communication and professional practice.
- **Placement B** is a 12-week placement completed after placement A towards the end of the course. The aim of this placement is to begin to apply theoretical knowledge and develop the range of skills needed to work as a Dietitian, with specified clients/care groups and in a range of work settings. Students require to demonstrate acquisition of knowledge, communication and professional practice skills through achievement of 16 core learning outcomes.
- **Placement C** is also a 12-week placement and can only be undertaken after successful completion of placement B. The aim of this placement is to become competent in translating theory into practice with specified clients/care groups and in a range of work settings. Students require to demonstrate the range of skills needed to work as a newly qualified registered Dietitian through achievement of 17 core learning outcomes.

### **1.2.4 AHP Practice Placement Project Recommendations**

Key stakeholders were informed of the findings from all three strands of the AHP Practice Placement Project and consensus was gained on key priorities for future AHP Practice Education in Scotland.

*The full report of the AHP Practice Placement Project is available on the NES website.*

[www.nes.scot.nhs.uk/allied/Practice\\_placements/](http://www.nes.scot.nhs.uk/allied/Practice_placements/)

## **2.0 Dietetic Practice Placement Project**

### **2.1 Strategic Drivers**

The key drivers identified for the Dietetic Practice Placement Project were:

- Implementation of a new practice placement allocation model, which required the three Scottish HEI's to secure practice placements from placement providers in Scotland by February 2008.
- Insufficient numbers of Scottish placements, with 70% of Scottish students undertaking placements out with Scotland.

From the Practice Placement Scoping Exercise, the key challenges identified to increasing capacity within dietetics were

- The number of practice placement educators.
- Training for practice placement educators.
- Time available for supervision.
- Resource/staff available to co-ordinate provision.

### **2.2 Project methodology**

In April 2004 a Dietetic Practice Placement Project officer was appointed for two years. A Dietetic Project Implementation Group (DPIG) was established with representation from all key stakeholders (see Appendix 1). The AHP practice placement working group became the steering group in the first year with the newly formed SSP taking over this role in year 2 (see Appendix 1).

### **2.3 Project Objectives**

From the findings of the AHP practice placement scoping exercise, project objectives were developed and ratified by DPIG:

- Complete, maintain and monitor analysis of current status of dietetic practice placements in Scotland.
- Increase capacity for dietetic practice placements in Scotland, working towards self-sufficiency within the Scottish cluster by 2008.
- Ensure the Scottish dietetic model of practice placement provision linked with the AHP Practice Placements Project and the UK-wide Dietetics model.

- Ensure a sustainable process was in place to provide ongoing support for practice placement educators to meet placement demand in Scotland.
- Ensure the Dietetic project was integrated with future AHP Practice Education Facilitation Programmes of work and with the UK wide Transitional Team Implementation Programme (TTIP).

## **2.4 Project Work Streams**

A project plan was developed which incorporated 3 work streams:

- Awareness raising and engagement of the profession.
- Analysis and monitoring of demand and capacity.
- Provision of education for practice placement educators.

## **3.0 Project findings and results from the three work streams**

### **3.1 Awareness raising and engagement of the profession**

The historical allocation and coordination of dietetic practice placements on a UK basis by the BDA resulted in a general lack of awareness by the profession in Scotland of the supply and demand crisis existing within Scotland. Engagement by the profession was therefore crucial to maximising practice placement capacity and working towards self-sufficiency in Scotland by February 2008.

Two approaches were taken to address this.

- **Development of a communication strategy**
- **Scottish practice placement conference**

#### **3.1.1 Communication strategy**

A key stakeholder analysis was completed and a communication plan drawn up.

Bi-monthly project reports were produced and widely disseminated to all key stakeholders for the duration of the project.

#### **3.1.2 Scottish practice placement conferences**

##### **Dietetic practice placement conference: September 2004**

This conference was aimed at both new and existing trainers and attracted 54 delegates from across Scotland.

The overall aim of the conference was to inform the profession of the current supply and demand of placements in Scotland and provide a forum to share good practice around innovative models and programmes already being used by placement providers.

Evaluation from delegates identified an overall commitment across Scotland to participate in delivery of practice placements in the future.

### **Dietetic practice placement conference: March 2006**

This event targeted dietetic representation from each Health Board in Scotland and each HEI delivering a Dietetic course in order to share the findings and achievements of the Dietetic Practice Placement Project and to consult with key stakeholders on future actions required. This event attracted 55 delegates from nine Health Boards and all three HEI's.

In addition to a variety of presentations two workshop sessions were held for all delegates to explore how the profession could work together to address the shortfall of A, B and C placements.

#### **Workshop 1**

The aim of this workshop was to explore implementation of the Peer Assisted Learning (PAL) 2:1 model for A placements.

Delegates identified a number of benefits for both students and placement providers.

- A more student centred approach to learning could be provided. Peer support would also be accessible for students who previously would have undertaken a placement on their own.
- There was potential to reduce time normally required by placement providers when using the 1:1 model and enable an increase in placement capacity through addition of one extra student per placement whilst maintaining or enhancing the quality of learning and assessment.

#### **Workshop 2**

The aim of this workshop was to:

1. Discuss the potential benefits of planning placement programmes and standardising documentation (including assessment tools) at Health Board, Regional and National levels.
2. Explore the impact on placement supply if placements were coordinated at Health Board and/or Regional level.
3. Explore what inter-professional opportunities there were for practice placements in the future.
4. Identify specific actions which could be implemented at the end of the project to enable placement capacity to continue to increase.

Delegates agreed that:

- Co-ordination of practice placements, particularly across a Health Board area, would provide a more consistent approach and increase flexibility with programme planning.
- A wider range of client groups and locations could be utilised with part-time staff being able to contribute to the programme. This would also reduce the pressure on departments and full time staff who currently deliver the majority of placements. It would also open up opportunities to share placements across Health Boards.
- Standardisation of documentation would ensure consistency for all students and staff and improve communication between placement providers. Standardisation of documentation nationally would be welcomed and considerably reduce time spent on development within each Health Board.
- Inter-professional opportunities around shared office accommodation, mentoring and peer support for students should be explored. There was partial agreement that this should not be confined to the AHP professions but be extended to involve nursing and medicine.

Recommendations for future actions were:

- For all documentation currently in use to be accessible to all Dietitians, and work towards nationally agreed documentation to increase flexibility of practice placements.
- To establish a formal network for placement providers to enable placement co-ordination across larger geographical areas.
- To address accommodation and travel issues, which may arise if placements were provided across a larger geographical area.
- To ensure continued access to training for placement providers.
- For HEI's to provide support and development for placement providers e.g. documentation development and placement approval
- To have an annual practice placement event to enable dissemination of information and share practice.

*The Community dietetic department within NHS Lanarkshire had been training B placement students since 2004. In light of the problems around student placement capacity it was considered that involving the acute hospitals as well as colleagues in mental health and learning disabilities would go some way to alleviate this.*

*The Dietetic practice placement project officer facilitated meetings amongst the heads of service, delivered training for 42 Lanarkshire staff and provided support in documentation, programme and assessment tool development, which enabled NHS Lanarkshire to successfully achieve Health Board wide approval in November 2005.*

*This has resulted in an increase in provision of placement weeks from 48 weeks in 2004/2005 to 100 weeks in 2005/2006, with a projected further increase to 136 weeks in 2006/2007.*

*There is no doubt this would not have been possible without the facilitation and support of the dietetic practice placement project officer.*

*Maureen Lees  
Chief Dietitian  
NHS Lanarkshire primary care division*

## **3.2 Analysis and monitoring of demand, supply and capacity**

### **3.2.1 Participating departments**

Thirty-seven departments (see Appendix 3) within 15 Health Boards were analysed at commencement and completion of the project to identify those which were:

- not offering any practice placements
- not offering any practice placements but working towards provision of practice placements
- providing practice placements but not up to full capacity
- providing practice placements up to full capacity

The project demonstrated an increase in the total number of departments providing all three placement types between the two dietetic placement cycles analysed within the timescale of the project.

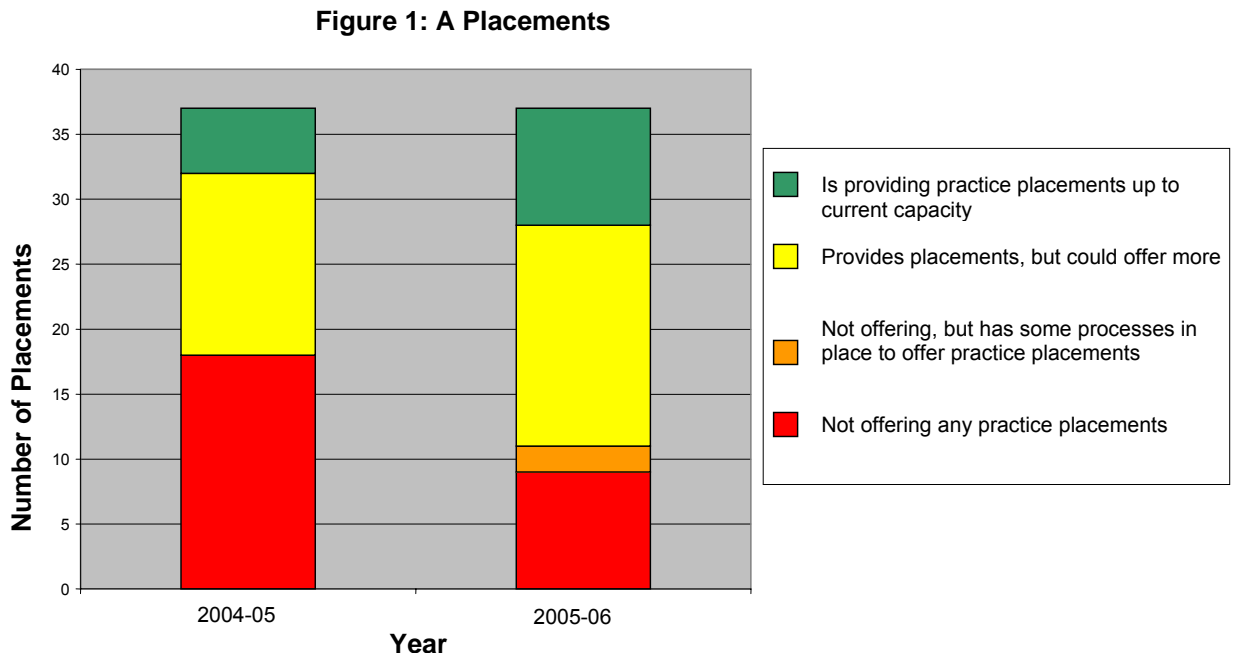
Placement cycle 2004-2005 covered December 2004 to November 2005.

Placement cycle 2005-2006 covered December 2005 to November 2006.

## Placement A

There was an increase from 51% (n=19) to 70% (n=26) of departments providing A placement training between the two placement cycles (Refer to Figure 1)

Figure 1: Comparison of number of departments providing A placements within the 2004-05 and 2005-6 placement cycles.

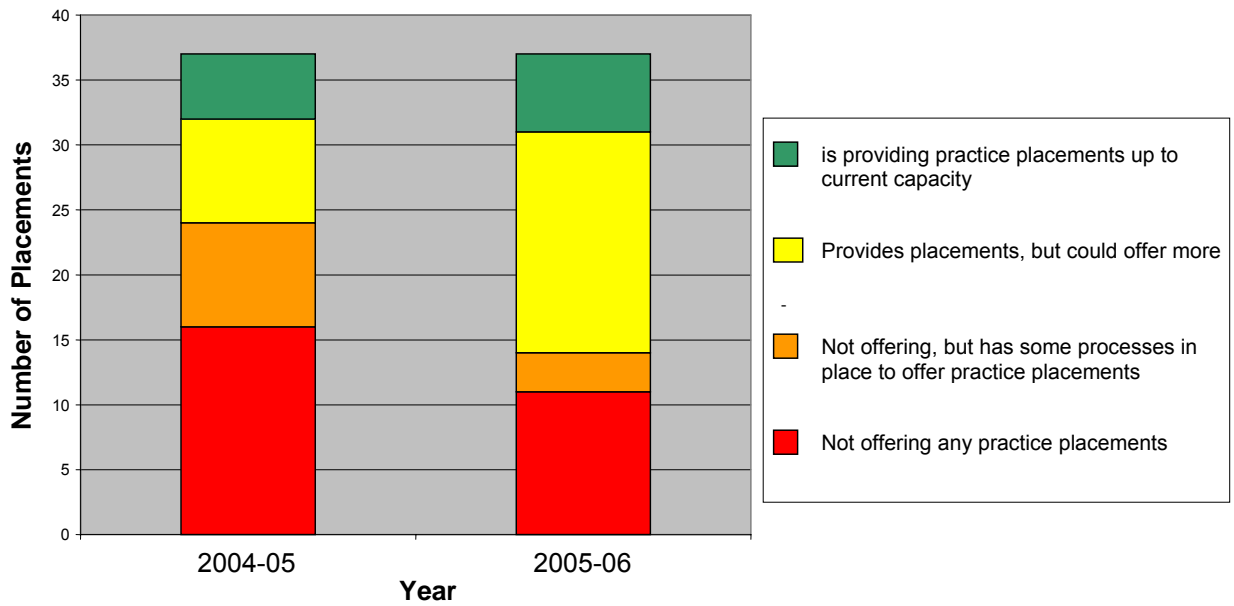


## Placement B

There was an increase from 35% (n=13) to 62% (n=23) of departments providing B placements between the two placement cycles. (Refer to Figure 2)

Figure 2: Comparison of number of departments providing B placements within the 2004-05 and 2005-6 placement cycles.

**Figure 2: B Placements**

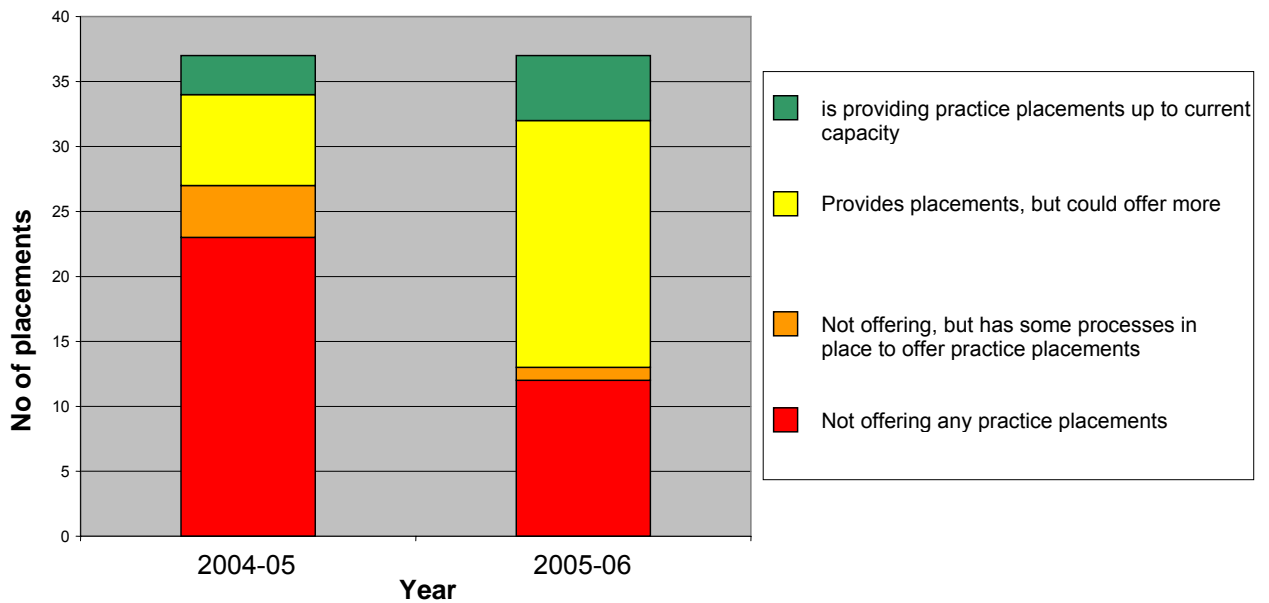


**Placement C**

There was an increase from 27% (n=10) to 65% (n=24) of departments providing C placements between the two placement cycles (Refer to figure 3)

Figure 3: Comparison of number of departments providing C placements within the 2004-05 and 2005-6 placement cycles.

**Figure 3: C Placements**



### 3.2.2 Practice Placement Demand and Supply

There are three undergraduate and two postgraduate Dietetic courses provided within Scotland. (Refer table 1)

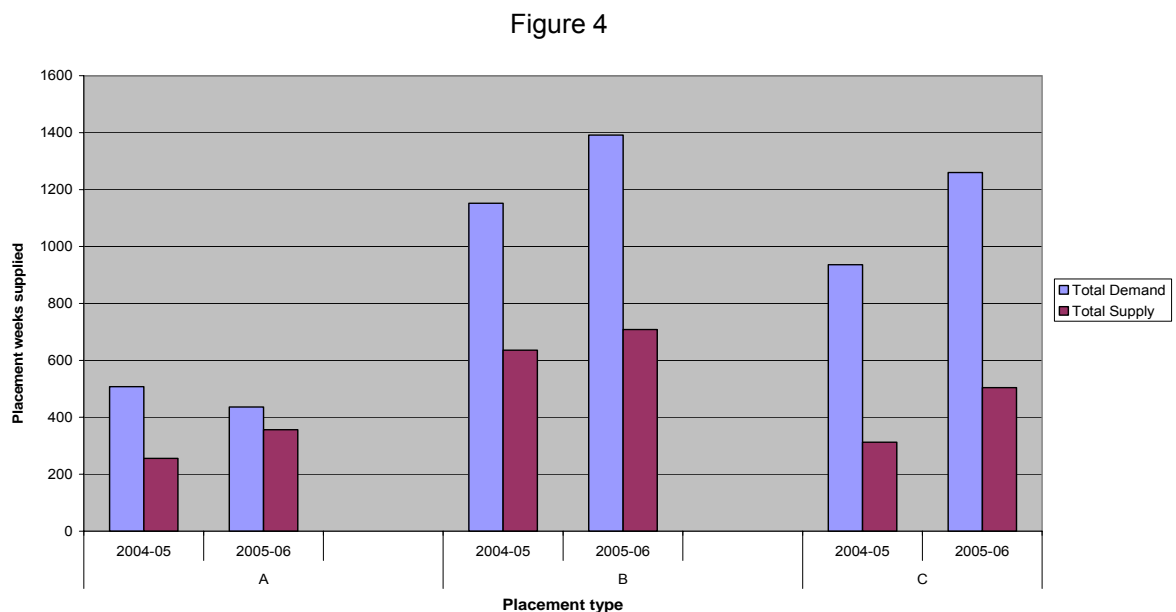
Table 1

Higher Education Institution	Undergraduate programme	Post graduate programme
Glasgow Caledonian University	√	√
Queen Margaret University College	√	√
The Robert Gordon University	√	

Total admissions into each course did not change over the two years; however the demand for B and C placements did increase. (Refer figure 4)

The variation in demand occurred as a result of delayed progression of students due to re-sits and the requirement for extended or repeat placements.

Figure 4: Total practice placement demand in weeks compared with total practice placement supply in weeks within the 2004-05 and 2005-6 placement cycles



The increase in demand for B placements in the 2005/6 placement cycle resulted in a reduction in the proportion of B placements that were able to be supplied within this placement cycle. (Refer table 2). However the overall total number of placement weeks supplied within all three placement types increased between the two placement cycles. (Refer Figure 4)

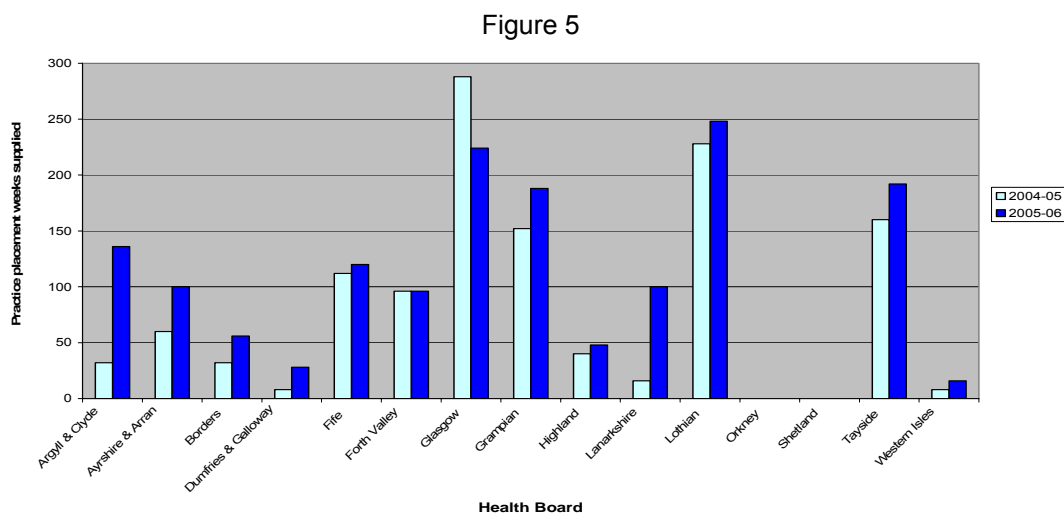
**Table 2:** Comparison of % of placements able to be met by Scottish placement providers over the two placement cycles.

Placement	Placement Cycle	Demand (weeks)	Supply (weeks)	% of demand met
A	2004/5	508	256	50%
A	2005/6	436	356	81%
B	2004/5	1152	636	55%
B	2005/6	1392	708	50%
C	2004/5	936	312	33%
C	2005/6	1260	504	40%

### 3.2.3 Practice placement supply within each Health Board in Scotland.

The total number of weeks of practice placement increased by 364 across Scotland between 2004/5 and 2005/6 with eleven Health Boards contributing to this increase. (Refer to figure 5)

**Figure 5:** Comparison of practice placement weeks supplied within each Health Board in Scotland between the two placement cycles.



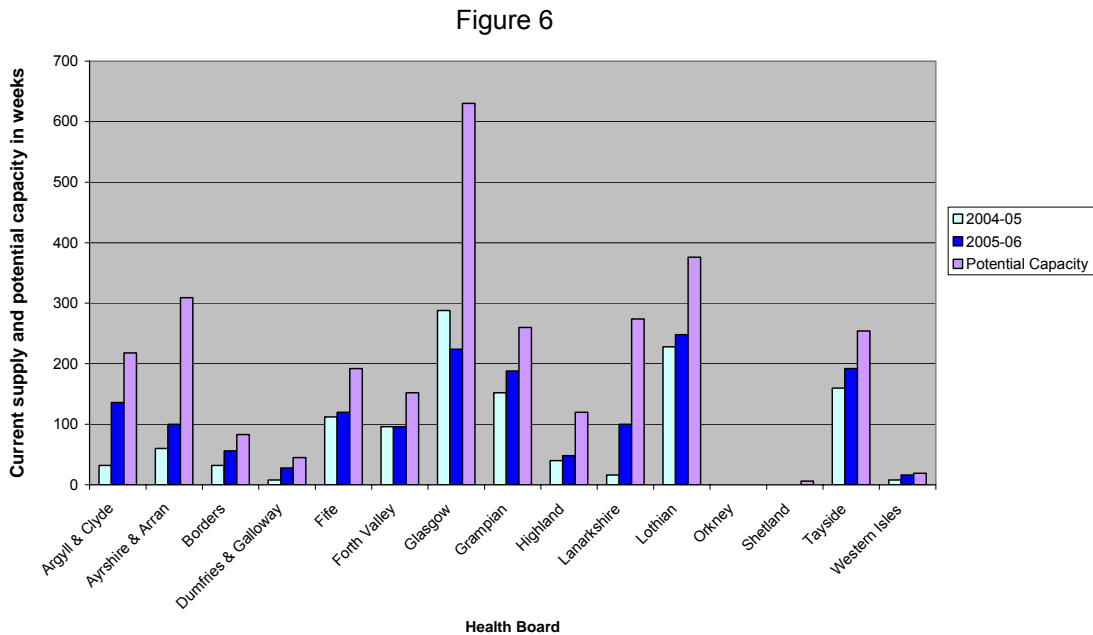
### 3.2.4 Potential practice placement capacity within each Health Board in Scotland.

In November 2000, a placement supply ratio of twenty four placement weeks (equivalent to two B or C students) per four whole time equivalent (wte) Dietitians for each **cohort** of students was recommended within the Dietitians Board pre-registration and training manual (Nov 2000), and subsequently in April 2005 by the UK university tutors dietetic education group (UDEG). This ratio was based on each placement provider providing, on average, placements for two cohorts of students per year.

In order to assess whether self-sufficiency could be achieved within the Scottish cluster by February 2008, potential capacity within each Health Board was calculated based on twenty four placement weeks per four wte Dietitians **annually** (i.e. half the previous UK recommended ratio).

No Health Board is currently meeting potential capacity. (Refer to figure 6)

**Figure 6:** Comparison of current supply and potential capacity within each Health Board.



These figures are purely a quantitative analysis of potential placement capacity within each Health Board. To ensure the quality of placements is not compromised it is essential that grade, skill mix, vacancies, special leave, rurality and staffing establishment is taken into account by each Health Board when assessing placement capacity. It is recognised this will impact on individual Health Boards ability to meet potential capacity at any given time.

Within placement cycle 2005-06 there was a supply deficit of 1536 weeks. If potential capacity had been met within each Health Board an additional 1402 weeks would have been provided resulting in the Scottish cluster still falling 134 weeks short of self-sufficiency.

### **3.3 Provision of education for practice-based educators**

#### **3.3.1. Course development**

From the AHP Practice Placement Scoping Exercise two of the key challenges to increasing capacity within Dietetics were:

- The number of practice placement educators.
- Access to training for practice placement educators.

In response to these challenges, a specific workstream was established to develop and deliver a practice placement educators course for potential and current dietetic practice placement educators.

The project officer in partnership with HEI's and experienced practice placement educators developed a three-day course adapting and modifying existing resources from practice placement facilitators in England and Wales. The target audience for this course were Dietitians of all grades including new graduates, but with particular focus on Dietitians considering or in the process of providing practice placements and current practice educators who had not undergone training for a number of years.

Initially a three-day practice placement educator's course was delivered within Health Board areas that were not providing training.

The course was then modified to become a two-day course offered within other Health Board areas for current practice placement educators.

#### **3.3.2. Course Content**

The main areas covered in both the three day and two day courses were:

- The structure and philosophy of Dietetic practice placements.
- The theory and practical application of learning, assessment and reflection.
- Resource development (assessment tools and programmes).

In addition to the above, each course included topics specific to the needs of each individual Health Board. Additional topics included portfolio development, mentoring and management of challenging students. The additional day provided within the three day course was delivered one month after the first two days and enabled course participants to complete a piece of work which contributed to the development of their local training programme.

On completion of the course each Health Board area was encouraged to develop a local action plan with timescales. The action plan focused on

establishment of a practice placement working group with department and speciality representation, to work towards:

- Health board wide documentation.
- Health Board wide co-ordination of placement programmes.
- Health Board wide approval. \*

\* A UK wide standard for approval and monitoring of dietetic practice placements is in place. Approval visits are undertaken jointly by HEI's and experienced practice placement educators. Prior to approval, departments require to provide evidence to demonstrate they are able to meet the standards of practice set out by the UK university dietetic education group (UDEG). Review visits are undertaken every 5 years.

### 3.3.3. Courses delivered

Eleven of the fifteen Health Boards accessed the course within the duration of the project (Refer table 3), Orkney, Shetland and the Western Isles were not in a position to provide twelve week placements due to smaller staffing establishments. Forth Valley, although providing practice placements, were undergoing a period of significant restructuring of their service.

Table 3

<b>HEALTH BOARD</b>	<b>No of COURSES</b>	<b>No of DIETITIANS TRAINED</b>
Ayrshire and Arran	3	53
Argyll and Clyde	2	33
Borders	1	11
Dumfries & Galloway	1	13
Fife	2	35
Glasgow	1	17
Grampian	2	38
Grampian & Tayside	1	13
Highland	1	16
Lanarkshire	3	42
Lothian & West Lothian	1	15
11 Health Boards	18 Courses	286 Dietitians

### 3.3.4. Evaluation

In addition to increasing the number of trained practice placement educators, provision of a practice placement educators course facilitated

- Improved communication and networking within each Health Board area.
- Improved communication and networking between placement providers and HEI's.
- Development of a Health Board wide approach to practice placement provision, enabling greater flexibility in programme planning, a potential increase in capacity and an increase in Dietitians (particularly part time staff) contributing to the programme.
- Streamlining of all documentation and assessment tools within most of the Health Boards.
- Transition from departmental to Health Board wide approval for provision of practice placements.

On completion of the project:

- Five Health Boards held Health Board wide approval
- Five Health Boards were working towards Health Board wide approval
- Two Health Boards were considering Health Board wide approval
- Provision of a forum to share experiences and resources, and discuss solutions to local challenges to increasing placement capacity.

*'The project served as a profitable opportunity for the three HEI's to develop and cement partnership working with practice placement providers in Scotland'*

*Sara Smith*

*Chair of the Scottish Stakeholder Partnership*

*Undergraduate Programme Leader, Queen Margaret University College*

### 3.3.5. Peer Assisted Learning 2:1 Placement Model (PAL)

A specific workstream incorporated within year 2 of the project was the development of a PAL framework to facilitate an increase in capacity, whilst maintaining or enhancing the students quality of learning and assessment.

To support departments in implementing this model a toolkit based on a pilot PAL project facilitated by the dietetic practice facilitator in London, was developed.

As a result of PAL training being incorporated into the practice based education courses and discussion within the conference workshop, six Health Boards agreed to trial the 2:1 model which enabled an additional 64 A placement weeks to be commissioned within the 2005-06 placement cycle.

## 4.0 Emerging themes and recommendations

The following three emerging themes were collated from all the workstreams in the project and are summarised below with associated recommendations.

### Emerging Theme 1: Building practice placement capacity

The co-ordination and collaboration within Health Boards demonstrated a positive impact on the capacity of dietetic practice placements. There is now a more equitable provision of placements across dietetic services within Health Boards and across territorial Health Boards.

Key factors contributing to the growth in capacity include the increased contribution of part-time staff, (particularly in small departments) and the sharing of practice placement documentation between dietetic services and across Health Boards.

#### Recommendations

**1a Higher Education Institutions and NHS Boards** should consider developing memoranda of understanding for dietetic practice placement provision with support from the **Scottish Stakeholder Partnership**, based on the guidance identified in the project:

**A minimum of four whole time equivalent (wte) Dietitians to provide twenty four placement weeks annually. Grade, skill mix, leave, staffing establishment and vacancies and leave should be taken into account by each Health Board when assessing placement provision at any given time.**

**1b NHS Boards** should have a named dietetic practice placement coordinator and establish a Dietetic Practice Placement Group with representatives from departments and specialities as appropriate, and Higher Education Institutions, to develop and implement an action plan to:

- meet agreed placement capacity
- agree number of placement weeks to be provided within each placement cycle ensuring equitable input from each department and speciality.
- standardise resources for dietetic practice placement provision

**1c The Higher Education Institutions** in partnership with **NHS Boards** should facilitate shared access to and development of resources e.g. assessment tools and induction material, across dietetic services in Scotland.

## **Emerging Theme 2 : Education for practice placement educators**

Educational support for new and experienced practice educators is essential for developing and enhancing skills to effectively support students.

The pilot of Peer Assisted Learning demonstrated an increase in capacity for A Placements and was well supported by departments that received training.

### **Recommendations**

**2a** The **Higher Education Institutions** with support from the **Dietetic Education and Training Group Scotland** should ensure continued access to courses for all Health Board practice placement educators who require training.

**2b** The **NHS Education for Scotland AHP Practice Placement Education Facilitation Programme** should scope the current provision of practice placement educator courses and identify future demand for training across all skill levels, ensuring inclusion of the Peer Assisted Learning model.

**2c** The **Health Board Dietetic Practice Placement Groups** should consider other models of placements to maximise placement supply and enhance the quality of learning for the student e.g. 2:1 model for B and C placements, split placements across acute and primary care and across Health Boards.

## **Emerging Theme 3: Mitigation of Risk**

There has been increased awareness in the dietetic community of the challenges of practice placement provision in Scotland, and as a consequence a demonstrable increase achieved with continued commitment to support additional placements in the future.

There is heightened concern regarding the ability to achieve self-sufficiency after February 2008, when the Transition Team Implementation Programme will no longer exist to support the allocation of unmet placements.

## Recommendations

**3a** The **Scottish Stakeholder Partnership** should develop a communication strategy to ensure all stakeholders remain well informed of progress with self-sufficiency in Scotland and maximise sharing of best practice and innovation.

**3b** The **Scottish Stakeholder Partnership** with support from **Transition Team Implementation Programme** should review its remit and function in preparation for post-February 2008 to ensure there is continued co-ordination and development of the supply and demand of practice placements.

**3c** The **Scottish Stakeholder Partnership** should undertake a risk analysis on achievement of self-sufficiency to enable mitigating actions to be agreed and implemented.

**3d** **NHS Workforce Planning** and **Higher Education Institutions** should work closely together to review the supply of the future dietetic workforce in relation to service demand and in particular the number of student admission figures for the 2007/8 academic year.

## 5.0 Conclusion

The Dietetic Practice Placement has delivered

- An increased awareness of the practice placement issues faced in Scotland
- Training of 286 practice placement educators
- Provision of an additional 364 weeks of practice placements across Scotland
- Development of Health Board wide models for placement provision
- Implementation of the PAL model for A placement provision
- Development of a wide range of resources for access by all practice placement educators
- Raised awareness of inter-professional learning opportunities
- A decrease in inequity of placement provision within and across Health Boards.

The emerging themes and recommendations from the project have identified the ongoing work required in order for the Scottish Cluster to achieve self-sufficiency by February 2008, and to ensure a sustainable solution to adequate provision of dietetic practice placements for the future.

The work will continue to be progressed by the SSP in partnership with NES, through the AHP practice based education programme, EATS, the HEI's providing Dietetic courses in Scotland and NHS Boards.

# APPENDICES

## Appendix 1 – Members of Project Groups

<b>1.1 AHP PRACTICE PLACEMENT WORKING GROUP (2003)</b>	
Marie Donaghy (Chair)	Associate Dean/Head of School Health Sciences QMUC
Jacqui Lunday	Scottish Executive Health Department
Janet Garcia	Scottish Executive Health Department
Sonya Lam	Professional Officer (AHP), NES
Sarah Ward	Programme Manager, NES
Brian Ellis	Head of Podiatry, QMUC
Carole Watson	Lead Nurse, NES
Maria Murray	Lecturer, Division of Radiography, GCU
Gladys Henderson	Head of Orthoptics, Monklands Hospital, NHS Lanarkshire
Janie Gordon	Head of Dietetics, NHS Fife
Roy Bowers	Clinical Placements Co-ordinator, Strathclyde University
Bernadette Boyle	Speech & Language Therapy Department, Strathclyde University
Jean McLean	Placement Fieldworker, QMUC
Margaret Curr	Head of Division of Physiotherapy, GCU
Jennifer Duthie	Physiotherapy Department, RGU
Anne Galbraith	AHP Forum Representative
Patricia Belebin	HR, Scottish Executive Health Department
Grant Hughes	HR Workforce & Policy, Scottish Executive Health Department
Susan Shandley	Dietetic Practice Placement Project Officer, NES

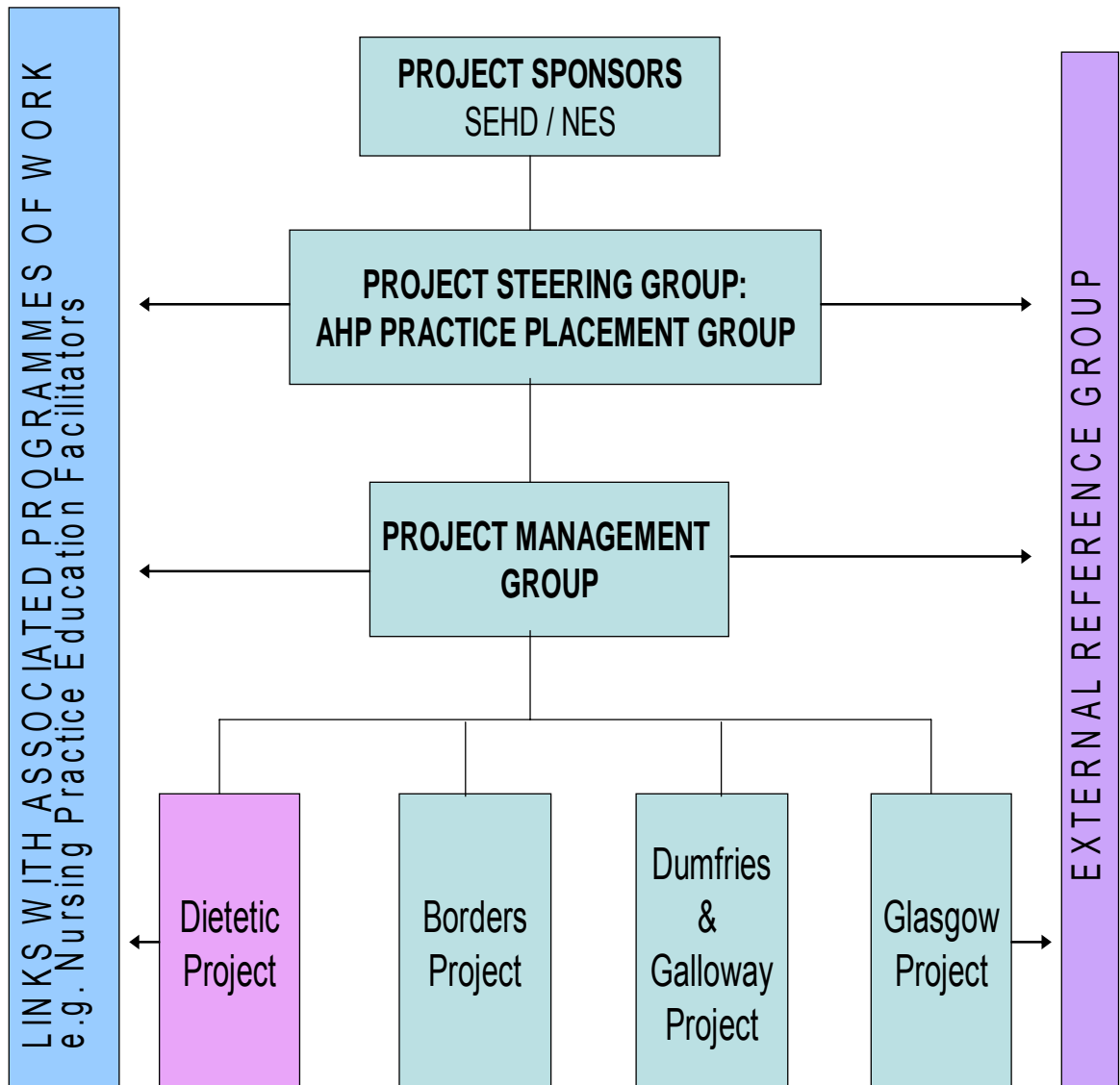
<b>1.2 DIETETIC PROJECT IMPLEMENTATION GROUP (2004)</b>	
Sonya Lam (Chair)	Professional Officer (AHP) NHS Education for Scotland
Susan Shandley	Dietetic Practice Placement Project Officer, NES
Sarah Ward	Programme Manager, NES
Sara Smith	Undergraduate Programme Leader for Dietetics, QMUC
Susan Lennie	Lecturer in Nutrition & Dietetics, RGU
Christine Monaghan	Clinical Placement Tutor, GCU
Janice Fry	Chief Dietitian NHS Forth Valley

<b>1.3 SCOTTISH STAKEHOLDER PARTNERSHIP (2005)</b>	
Sonya Lam	Director of Allied Health Professions, NES
Susan Shandley	Dietetic Practice Placement Project Officer
Morag McKellar	Head of Nutrition and Dietetics, NHS Forth Valley
Judith Hendry	Professional Lead for Dietetics, NHS Grampian
Katie Peck	Transition Team Manager
Dr Ian Wilkie	Head of Department of Biological & Biomedical Services, GCU
Christine Monaghan	Clinical Placement Tutor, GCU
Professor Maureen Melvin	Head of School of Life Sciences, RGU
Elizabeth Belton	Senior Lecturer School of Life Sciences, RGU
Professor Marie Donaghy	Associate Dean/Head of School of Health Sciences, QMUC
Sara Smith (Chair)	Undergraduate Programme Leader for Dietetics, QMUC
Sandra Hay	Workforce & Planning Officer North of Scotland Planning Group
James Callaghan	Dietetic Services Manager, NHS Dumfries and Galloway
Fiona Clark	Dietetic Services Manager, NHS Greater Glasgow
Fiona Mitchell	Scottish Dietetic Placement Administrator

## Appendix 2 – Programme Infrastructure

### SCOTTISH AHP PRACTICE PLACEMENTS PROJECT

#### PROJECT INFRA-STRUCTURE:



6 MAY 2004

## Appendix 3

### Dietetic departments analysed for practice placement data

<b>NHS BOARD</b>	<b>DEPARTMENTS</b>
<b>Argyll and Clyde</b>	Lomond and Argyll
	Renfrewshire
	Inverclyde
<b>Ayrshire and Arran</b>	Primary Care
	Acute
<b>Borders</b>	Primary Care and Acute
<b>Dumfries and Galloway</b>	Primary Care and Acute
<b>Fife</b>	Primary Care and Acute
<b>Forth Valley</b>	Primary Care
	Acute -Stirling
	Acute -Falkirk
<b>Glasgow</b>	Primary Care
	Acute – North Glasgow
	Acute – South Glasgow
	Acute - Yorkhill
	Learning Disabilities Partnership
	Golden Jubilee Hospital
<b>Grampian</b>	Primary Care
	Acute
	Moray CHP
<b>Highland</b>	Primary Care
	Acute
<b>Lanarkshire</b>	Primary Care
	Acute
	Learning Disabilities
	Mental Health
	State Hospital
<b>Lothian</b>	Primary Care
	Acute – Royal Infirmary
	Acute – Western General
	Acute – Royal Hospital Sick Children
	Acute – West Lothian
<b>Orkney</b>	Primary Care and Acute
<b>Shetland</b>	Primary Care and Acute
<b>Tayside</b>	Primary Care
	Acute
<b>Western Isles</b>	Primary Care and Acute

## **Glossary**

### **Allied Health Professionals (AHP's)**

Refers to a wide range of health care professions and includes: Art therapists, Dietitians, Drama therapists, Music therapists, Occupational therapists, Orthoptists, Physiotherapists, Prosthetists and Orthotists, Podiatrists, Diagnostic radiographers, Therapeutic radiographers and Speech and language therapists.

### **Cluster**

The designated geographical boundary on whose behalf the lead Strategic Health Authority (SHA), (or equivalent in Scotland, Wales and Northern Ireland) undertakes dietetic pre-registration education, commissioning with university provider(s) and incorporates NHS Boards, who deliver dietetic practice based learning.

### **Education and Training Scotland (EATS)**

A sub group of the British Dietetic Association Scottish Board whose remit is to advise on matters concerning post registration education/professional development for Dietitians in Scotland.

The group has representation from Higher Education Institutions, practice placement providers, dietetic managers, NES, British Dietetic Association and service users.

### **Memorandum of understanding**

An agreement between the Stakeholder Partnership and NHS Boards on the number of practice placement weeks which will be supplied by practice placement providers for each placement cycle.

### **Peer assisted learning 2:1 model (PAL)**

A model of practice placement delivery where two students work in collaboration with each other to develop their knowledge and skills. Both students share one practice placement educator.

### **Practice Placement Capacity**

This reflects the balance between practice placement supply and demand. At a minimum, at cluster level, placement supply should match demand plus a safety margin to accommodate students who require extended and/or repeat placements.

### **Practice Placement Demand**

The number of practice placements required. This is informed by the number of students attending dietetic courses in Scotland and workforce planning initiatives.

### **Practice Placement Supply**

The number of practice placements available determined by the number of approved practice placement providers within NHS Boards that can supply them.

### **Practice Placement Educators**

Registered dietitians approved to lead practice placement programmes within nutrition and dietetic departments in the NHS. Practice placement educators are experienced practitioners, engaged in student learning and who have undertaken a practice placement educators course.

### **Practice Placement**

A period of practice based learning which takes place in an approved nutrition and dietetic department, during which the students develop the knowledge, skills and professional practice required to enable successful completion of their course and become eligible for registration. The curriculum incorporates three dietetic practice placements, one of four weeks (A placement) and two each of twelve weeks (B and C placement) interspersed with periods of academic study.

### **NHS Education for Scotland AHP Practice Based Education Facilitation Programme**

This is a 3 year programme to support and facilitate the development of the workplace as a sustainable environment for all AHP staff (qualified and assistant staff, pre-registration students, returners to practice) working across all care settings within the health board area. This programme will support sustainable workforce education solutions for developing the AHP workforce.

### **Self-sufficiency**

This is where placement demand matches placement supply within a cluster. Where this is achieved all students attending a university within a cluster would undertake their practice placements within the local geographical area of that cluster.

### **Scottish Stakeholder Partnership (SSP)**

The forum which oversees practice placement provision in Scotland. The SSP is tasked with working towards self sufficiency of practice placements and ensuring local students access appropriate practice placement experience. Members are those involved within the Scottish cluster in the delivery of dietetic practice based learning in the broadest sense and with a responsibility for local placement allocation. It has representatives from the 3 Higher Education Institutions, practice placement providers, dietetic managers, the practice placement administrator, NES, workforce planning and service users.

### **Transition Team Implementation Programme (TTIP)**

A programme endorsed by the national workforce group , to oversee the move from a national to a local (cluster) system of dietetic practice placement allocation, and to provide central clearing arrangements for those clusters yet to become self-sufficient in placement capacity.

## **REFERENCES**

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5. Approval Process for Dietetic Practice Placements, University Dietetic Education Group (January 2005)