



*Improving Working Lives
for the Allied Health Professions
and Healthcare Scientists*



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Talking points

Preface

From the Director of Human Resources

The allied health professions and healthcare scientists play vital roles in the treatment and care of millions of NHS patients every year. They are essential to the effective functioning of a modern, dependable health service.

Recruiting and retaining well-qualified and motivated staff in both these groups is a very high priority. Improvements in pay and conditions, and broad-based national recruitment advertising to encourage new applicants and returners, are “macro” measures that are helping with staffing numbers. The extra resources provided by the 2002 budget will enable us to recruit and retain increasing numbers of key staff, including 30,000 therapists and scientists. But there is scope also for “micro” measures — developed often at a very local level — which make it easier and more attractive for people to work in the NHS, and increase the levels of job satisfaction among staff.

There are staffing pressures in many areas in both the allied health professions and healthcare sciences. There is competition for qualified staff from outside the NHS — from sports and leisure businesses, for example, and from biochemical industries. And there are wide variations in levels of staffing and morale. We need to make the NHS an attractive place to work, and retain and develop the staff who already work in the service.

A Trust that is struggling to recruit sufficient healthcare scientists for its cytopathology department may have a neighbouring Trust for whom laboratory staffing is not a major problem. Yet in the physiotherapy services, the situation may be reversed.

Pay and overall availability of qualified staff do not explain these differences. Other factors come into play as people decide where they want to work. “How good is this as a place to work?” “How am I treated?” “Can I balance my job with my other commitments and interests?” “How much do I enjoy my job?” “What personal and professional development prospects does it offer?”

What we need to do is to make the NHS the employer of choice. By offering good working conditions, by treating staff fairly and with respect, by providing job security, lifelong learning and the ability to balance work with outside commitments – in summary, by being a good employer. This is the stuff of Improving Working Lives: to increase the number of positive answers to these questions.

Gathered together in the following pages are examples of good practice which, at a local level, have made a difference to how people feel about their work — and whether they're at work in the NHS at all. These examples are just a few of many. I hope that for managers and staff they may generate ideas about how the working lives may be improved for everyone associated with the allied health professions and healthcare science teams.

It is important to ensure that the achievements of IWL to date are spread right across the NHS and apply equally to all staff groups, and that we really begin to embed a culture of the NHS as a model employer.



Andrew Foster Director of HR

The allied health professions and healthcare scientists are listed at the end of this document, which is intended for all these staff, their managers, and those who work alongside them in supporting roles.

1.

Introduction

Improving Working Lives: a policy standard...

The Improving Working Lives (IWL) programme is an important element in the drive towards ensuring that enough well-qualified, motivated people are in place to deliver the quality of healthcare envisaged in the NHS Plan. It seeks to promote more successful recruitment and retention by making the NHS a more accessible, fulfilling and enjoyable place to work.

The IWL Standard summarises the expectations placed on employers to support staff, promote their welfare and development, and respect their desire to have a healthy balance between work and life outside work. The Standard requires all NHS employers to achieve Practice status by April 2003, and to provide evidence that they are improving the working lives of their staff.

This pack discusses some of the principal issues involved in Improving Working Lives among the Allied Health Professions and Healthcare Scientists, and accompanies them with illustrations of good practice. It is one of a series of publications covering specific professional groups, and NHS staff in general.

... and an attitude of mind

Improving Working Lives is as much an attitude of mind about relationships between staff and managers as it is about specific work practices. It's not easy to tell people what will improve their working lives; many of the best ideas and initiatives come from staff themselves. The role of the manager is to enable the idea to go forward in a way that protects or improves the quality of care given to patients.

The examples in this pack are intended to stimulate ideas and discussion among staff, at every level, about how people can work together better for the benefit of all.

The Improving Working Lives Standard

Employers committed to Improving Working Lives:

- ◆ Recognise that modern health services require modern employment services
- ◆ Understand that staff work best for patients when they can strike a healthy balance between work and other aspects of their life outside work
- ◆ Accept joint responsibility with staff to develop a range of working arrangements that balance the needs of patients and service with the needs of staff
- ◆ Value and support staff according to the contribution they make to patient care and meeting service needs
- ◆ Provide personal and professional development and training opportunities that are accessible and open to all staff irrespective of their working patterns
- ◆ Have a range of policies and practices in place that enable staff to manage a healthy balance between work and their commitments outside work



Childcare Strategy

Good childcare provision can be crucial in enabling parents to work. A service-wide strategy is already in place and the Childcare Toolkit provides information and advice for employers and staff (see Bibliography). The strategy centres on providing good quality, accessible and affordable childcare for staff working in the NHS. Over £70m has been allocated to provide around 150 more subsidised on-site nurseries. The nurseries will have extended opening hours, provide emergency cover, and offer care at weekends and bank holidays where there is demand. Parents will also be able to consult their childcare co-ordinator for support and advice on all issues to do with childcare.

More funding, building up to £100m a year, is being made available to provide other forms of childcare too; after school clubs, holiday play schemes and childminding networks. The vision of the NHS Childcare Strategy is to provide the patterns of care that parents actually need, covering the traditional working day and “wrap around care” at the beginning and end of the day as well.



Improving provision

Royal Hallamshire Hospital, Sheffield

Colleen Cherry is an occupational therapist at the Royal Hallamshire Hospital in Sheffield who has benefited from new support arrangements for childcare. She and her husband have no immediate family nearby who could help with looking after their daughter Isobel, so although Colleen wanted to resume her career the cost and quality of childcare was a potential obstacle.

The newly-appointed Childcare Co-ordinator at the Hallamshire had already introduced the Busy Bee Voucher Scheme which helps reduce the overall cost of childcare. The next stage was to have subsidised places for children of hospital staff at local nurseries. Colleen was offered one of these places for Isobel and is very happy with the nursery.

“It has a sense of space, inside and outside, which I like. There’s plenty of room for Isobel to run around and play in. The staff are very pleasant: Isobel is pleased to see them every day and they seem to really connect with the children. They do a lot of creative stuff; Isobel is always coming home with things to show that she’s been doing. And it’s just 8 minutes walk from the hospital which is great. I can drop Isobel off and collect her on my way to and from work, and if Isobel were to get ill at the nursery, I’m in easy reach.”

To increase childcare provision further, Sheffield Teaching Hospitals NHS Trust is now constructing its own on-site nursery at the Hallamshire, which will offer subsidised places to children of staff. It will bring the total number of nursery places available across the Trust’s hospitals to over 200.

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The Allied Health Professions (AHPs) and Healthcare Scientists (HCS)

While they share with all NHS staff the same aspirations of delivering good treatment and care, AHPs and HCSs have working lives which are distinct in several ways. As professional groups they are diverse and often work in relatively small teams, and on their own.

AHPs spend much of their working time in direct clinical contact with patients, often in one-to-one situations. Therefore, professional support and development acquire extra significance. Moreover, in what is a largely female workforce, retaining experienced staff to train and mentor younger staff is an important issue — especially at the stage when experienced staff start a family.

With the exception of groups like audiologists and cardiologists, many HCSs have little direct patient contact — although this is changing with wider use of point-of-care testing and other innovations. The highly specialised nature of much of their work means they are organised professionally in small groups. This can restrict scope for working flexibly while ensuring appropriate cover is in place. There may also be correspondingly limited career progression opportunities.

For these reasons, AHPs and HCSs merit specific IWL attention. This pack includes examples of good practice which have helped improve people's working lives in different ways. The examples are not necessarily unique and are not presented as prescriptive models for others to follow without question. But they do illustrate that it is possible to introduce improvements in working lives which align with service needs — and will sustain or enhance the quality of care for patients.

Bullying, harassment, whistle-blowing

Working in small groups, or alone under occasional supervision, can create conditions for bullying and harassment, both real and perceived. It can also intensify the reluctance that staff naturally have about reporting what they see as bad or incompetent clinical practice from a colleague. Wherever staff feel that they are victims of unfair treatment from other staff or managers — or when they have real concerns about the clinical competence or behaviour of colleagues — it is important that they feel able to report their anxieties to someone. In most instances, their Human Resources or Personnel Department should fulfil this role: a professional outside the immediate team and with an organisation-wide brief to address these issues. It is essential that staff are aware of who in their organisation they should approach to discuss these kinds of problems.



2.

Working flexibly

Working flexibly takes many forms: part-time, job sharing, term time working, annualised hours, self-rostering... Within AHP and HCS departments across the country there are countless examples of informal flexible arrangements made to suit the circumstances of individual staff. Probably the most common is the slightly-late start or end-of-school day finish for mothers with young school-age children.

However, these informal arrangements have their difficulties. Other members of staff may feel that they are put under extra pressure by the “privilege” extended to the late-starter or early-leaver. The norm remains that of a conventional “9 to 5” day: a few people working flexibly is seen more as a necessary evil than something to be endorsed within the organisational culture. The perception may also be shared among all staff that moving into part-time or flexible working will restrict access to professional development, and means putting their careers on hold.

It can be different. The examples in this section show that it is possible — and desirable — to construct viable and robust AHP and HCS services in which significant numbers of staff have flexible working patterns. In many of these cases there is a patient gain as well, with an extension of opening times and accessibility of services created by people who want to work outside the conventional 9 to 5 day.

In some of these examples, flexible working reflects a wider change in the team culture. Staff are actively involved in how their working patterns are shaped, and take responsibility for ensuring among themselves that the appropriate coverage and skill mix are in place. People working flexibly are not deprived of professional and career development opportunities.

Parenthood is not the only reason for working flexibly. At different stages in their lives people have different balances to strike between work and other commitments or interests. Their contribution within AHP and HCS teams may be lost altogether if these changing work/life needs can not be accommodated within flexible working patterns.

Flexible gain for podiatry team

Podiatry & Operational Services, Knowsley PCT

Leading a mainly young staff group, most of whom are female, in an area where recruitment has traditionally been a problem, prompted Wendy Pickard to examine the potential for allowing staff greater flexibility in arranging their working patterns. She felt that the investment made in developing staff needed to be protected by making it easier for them to carry on working when domestic circumstances changed. She also foresaw benefits to patients by extending the working day beyond the existing clinic hours, and adding Saturday mornings.

The Podiatry team at Knowsley comprises 49 staff. All were involved in pilot discussions about the form a new system might take, and a staff-side representative was actively involved. The system offers modified contracts based on Whitley pay rates, but outside the normal Whitley hours framework. Staff are invited to draft out the working pattern they would like to have (compressed weeks, annualised hours, etc) and then a personal quotation is prepared for each member, setting out the financial and other consequences.

“There is an administrative on-cost, especially at the start,” says Wendy. “But it’s marginal when set against the savings on recruitment and retention. The interface between patients and staff has to be tightly managed in terms of continuity of care and skill mix, which would be easier if we could link up our computer programme for working patterns with the main patient care records, but we can’t do that yet.”

Participation in the scheme is voluntary; people can opt in or opt out. “I was worried that not enough people would opt in to give us real flexibility,” says Wendy, “but half the Podiatrists have joined the scheme. Motives for working flexibly vary: childcare arrangements, the opportunity to play golf mid-week, study time for a Master’s degree, and being married to a merchant seaman, so wanting more time off when he is home from sea. As a result, the group is now able to offer services from 8.00 am to 8.00 pm during the week, and Saturday mornings. Saturday morning visits are especially well liked by nursing and residential homes because it’s a time that doesn’t clash with other visits.

The initiative won start-up funds from the NHS Modernisation Agency, some of which was used to buy mobile phones for staff members to improve communication and help staff safety. These are linked to a security system which sends an alert when staff don’t report in at expected times.

The department used the reward component of the funding to buy new clinical equipment so that both staff and patients would benefit from the investment.

“We’re seeing more patients outside traditional hours and are able to give them more choices for access,” says Wendy. “Our sickness and absence rates have dropped and we are attracting back returners who see that they can now work with the flexibility we offer. Also, this year we have had the luxury of being able to select from among a number of new graduate applicants who spent time with us in training and liked what they saw here.”

Formal evaluation of the project will commence in September 2002 and it is likely to recommend the continuance of the scheme for Podiatry and possible extension to other groups of staff.

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Flexibility within a wider recruitment and retention policy

Cellular Pathology, Reading

The Cellular Pathology department at the Royal Berkshire and Battle Hospitals in Reading has a team of 34 staff, many of whom have work patterns ranging through reduced hours, compressed hours and annualised hours. Laboratory Manager, Jan Gauntlett, has run the laboratory for the last 6 years, during which time she has seen the throughput and complexity of work rise dramatically. The different working patterns are part of a considered policy to attract and keep staff — including returners — in this hard-to-recruit geographical area.

“We developed a recruitment and retention policy making training and development the priority, against a backdrop of trying to accommodate different working patterns. We tried to ensure training is available for people to be as flexible as possible in the range of tasks that they can undertake. Service coverage and correct skill mix are the main constraints on staffing. Training and rotation through duties in the labs gives us more self-sufficient teams.”

If necessary, Jan will take on agency staff to cover for staff on training courses. “It’s crucial to the way we work here, and valuable for our staff. Where possible, we want our teams to organise their working patterns among themselves, so the skills they can contribute and want to develop become a factor in how they plan their work. The training opportunities are part of that equation.” However, overall use of agency staff has declined in the last two years as the recruitment and retention policy has borne fruit.

Additional elements in this strategy include the decision to convert one vacant BMS post to enable capital expenditure on new equipment. The new microscopes, cryostat and other equipment have transformed the department “into a top-flight lab” which is more attractive to work in and has increased efficiency and throughput of work. The Department has also established contact with careers officers in local schools, with the particular aim of attracting A-level students who may want to start working as trainees and study part-time for a degree. Two were appointed in the first round of recruitment.

As a result of the policies, turnover of staff at the labs has been low and Jan is able to respond positively to approaches from people who want to work but who also have other commitments.

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A diverse career

David Spratt, Laboratory Manager, Cellular Pathology, Epsom General Hospital

Showing that it is possible to move in and out of professional roles, acquire extra skills, and work flexibly at a senior level

"I am currently Laboratory Manager for Cellular Pathology at Epsom General Hospital. Since starting as a trainee 35 years ago I have worked in the NHS, at London Zoo, as a freelance speaker and writer, in the National Blood Service, and as project director for an animal welfare charity. Our home is in Devon. I work my contracted hours in a compressed week that starts at 14.00 on Mondays and finishes at 15.00 on Fridays. It may not be a typical career, but it means I can bring skills and experience to my current job that I couldn't have acquired in any other way.

I started as a technician in the chemistry labs at Exeter University, and became a trainee at the Area Department of Pathology in 1967. In 1976 I qualified as a Fellow of the Institute of Medical Laboratory Science (now the Institute of Biomedical Science) and became a Senior BMS in Histology and Cytology. An ambition had always been to take a degree in Zoology so, after 3 years as a Senior BMS, I decided that now was the time - a mature student at 29 years of age, doing locum work in the vacations.



After my degree, I looked for something that would combine my pathology and zoology qualifications. That's how I came to London Zoo. I spent 9 years there, eventually holding responsibility for histopathology, microbiology and anatomical pathology. I set up and led a giant tortoise conservation project in the Seychelles which lasted for 5 years. Eventually, I left the Zoo because my own views on keeping animals in captivity were changing. By now I was married to Christine - another BMS. For a while I worked for myself: lecturing, speaking, and writing. We moved from London to Devon in 1992 when Christine became Business Manager, Pathology, in Plymouth.

I returned to permanent work as a job share Deputy Laboratory Manager with the National Blood Service. From there I moved to a full-time post in histopathology, but animal welfare was still a passion of mine and I became Project Director for 'Zoo Check' at the Born Free Foundation in Surrey) in 1996. My job was a campaigning role that meant appearing on television and radio, and dealing with journalists and people from other pressure groups and government organisations. When I felt I had done all I could within that role I moved on — into a 6 month job break pursuing a renewed interest in biomedical science.

I re-entered the NHS working at St Thomas' hospital, London. My manager was happy for me to work flexibly: I started at mid-day on Monday, made early starts on other weekdays, and left at 4pm on Fridays. It was a very stimulating academic department where I was able to build on my interest in zoonotic diseases. With the experience and range of skills I had acquired by now — inside and outside the NHS — I felt equipped for a management role. I applied for jobs unsuccessfully, possibly because of my unconventional career history and requirements for flexible working. Then this post came up. I was interviewed - and offered the position. The Head of Department was very happy to allow me to work flexibly, thus allowing me to travel weekly from Devon.

My different roles have taught me to be open-minded and to work effectively through respecting the views of others (even if I sometimes disagree strongly with them!). I have learned a lot about negotiation, presentation, and keeping things in perspective. I think I have overcome the fear of change, which is responsible for so much tension and so many of the problems that exist in any workplace. Most important of all, I share my life with a partner who has been happy to support my work changes, and who has had a similarly varied career. And after all my career shifts - I can still cut a good section and turn out a good H&E stain."

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Working from home

Very few jobs in healthcare can be done largely at home, but doing some work at home is an option for staff whose jobs include tasks that don't require face-to-face contact with patients or others in the healthcare team, or access to specialist equipment and facilities. Computers, the Internet, email and telephone mean a whole range of work can be done as effectively at home as in an office. Anecdotal evidence is that working at home is more productive because people have fewer interruptions and distractions.

Working some of the time at home can enable staff to be more flexible and do more than they otherwise could. They save travel time; they save the expense of commuting; and are possibly more effective as thinkers and planners during the period of time they commit at home. When working from home is formally recognised within a job description, employers should conduct an occupational health risk assessment of the immediate working environment in the home.



Working from home, working flexibly, and heading an integrated therapies team

North West London

By the time that Maria Luscombe had her first baby in 1993, she already had 12 years post-qualification experience as a speech and language therapist (S<) and was Head of the S< Special Needs service for the North West London Hospitals Trust. Because she wanted to continue with her career she negotiated with her manager that she would return after maternity leave but spend one day a week working from home. She would use this day to deal with the administrative and planning aspects of her role.

The arrangement worked well and shortly after Maria was promoted to Head of S< services for children across the Trust, on the same work pattern. A second maternity leave then intervened. Maria resumed her job and was subsequently appointed to the new role of Head of Paediatric Therapies, managing an integrated service. Her work pattern has changed slightly as her children have grown older: she now goes into work for 3 full days and 2 short days and spends the rest of her time working from home.

“Even in the time I’ve been doing it, working from home has been made much easier by computers, the fax, and email,” says Maria. “And I can always contact people, or be contacted, by phone. There was flexibility on both sides: I would change the day I worked from home if I was needed for a meeting or some other event. And would move my work time around so, for example, I could be working in the evenings or weekends. I try to extend the same flexibility to other staff, although it’s more difficult with junior staff who have heavier clinical caseloads. As with all flexible working, there’s a need to be clear about the boundaries and the expectations on both sides. But we need patterns like these if we’re going to keep staff with young families, and it also allows us to offer more flexibility in making appointments with clients outside the normal working day.”

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Guidelines for flexible working

There are a variety of forms of flexible working: part-time, flexi-time, compressed hours, term-time, annual hours, self-rostering... More information is available in the resource packs listed in the Bibliography. The key principles involved in considering the introduction of flexible working patterns are

- to consider the wider interests of patients and users, other team members, and the organisation, as well as individual members of staff
- to consult with staff about work patterns they prefer and consider their ideas carefully
- to be aware of contractual implications for staff and the possible impact on earnings, pension provision and other benefits
- to link changes in working patterns to wider questions of skill mix and re-engineering of services
- to be clear about what patterns are introduced, the rights and responsibilities of team members, and provision of adequate cover at all times.



European Working Time Directive

Implementing the European Working Time Directive will have considerable consequences for AHPs and HCS staff, especially those in departments with busy “on-call” systems. A basic requirement of the Directive is that staff should work a maximum 48 hour week averaged over 17 weeks, and have a minimum 11 hour break between each working “day”. Translating this into on-call cover outside the conventional 9 to 5 laboratory period may force a re-appraisal of traditional laboratory work patterns. The requirements of the Directive also need to be taken note of when considering “compressed” working weeks for staff.

NHS Professionals: a new temporary staffing option

NHS Professionals is a nationwide service which will bring greater co-ordination and consistency to the use of temporary staff inside the NHS. It is a service designed for the NHS, and led by NHS organisations. The service will help to place temporary staff more effectively in settings which match their skills and preferences for limited work patterns. It will also protect the interests of staff by ensuring they are properly rewarded and have access to continuing professional development.

Typically, NHS Professionals attracts qualified staff who want to work for limited periods or to maintain contact with their profession. The service is used by employers to cover maternity leaves, staff sickness, training provision, and peaks in activity. Nurses and doctors were the first professional groups to be covered by the service. Pilot schemes have begun and more are planned to add AHPs and HCS staff.



NHS Professionals Pilot for AHPs

Oxford

Annabel Goodwin heads an AHP Service for NHS Professionals within the Oxford consortium of five acute hospitals, five primary care trusts, and local mental health and learning disability trusts. “The advantages for employers are two-fold: quality control and cost control. Staff from NHS Professionals are subject to a rigorous recruitment and assessment procedures. They undergo a full occupational health screening and attend a day’s mandatory training programme in manual handling and other occupational health issues before they are placed. The costs are also much lower than with commercial staff agencies. Staff are in the same pension scheme and share many other benefits with other NHS employees. There is also a loyalty factor that shouldn’t be underestimated. People in NHS Professionals are considered part of the team. Continuity of service within the NHS is valued by staff.”

“People have a variety of motives for working with NHS Professionals. Some use it as a ‘taster’ to find out if they want return to work in their profession; others are new parents who aren’t able to commit to a permanent job. Some simply want to work in defined periods to suit other commitments. Typically, we’ll be looking to place AHPs into locum posts lasting from six weeks to three months — some full-time, some part-time — covering substantive posts. Staff come to us through different routes; some are recommended by existing employers who recognise that they may otherwise lose the AHP completely because they can’t offer the same level of flexibility.”

For more information, contact
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Flexing retirement

Various options exist for staff approaching retirement age who may not want to give up work completely. These options will not reduce their pension entitlements, and may help to increase their overall income in retirement:

to ease down: instead of retiring completely, staff can move into part-time working. Pension benefits for part-time staff are calculated on the whole time equivalent pay, so their level of pension will not be affected. The time they spend working part-time will add pro rata to their eventual pension entitlement.

Example: Sandra is a radiographer who, as she approaches her retirement age of 60, decides to stay on. She no longer wishes to work full time so she drops 10 hours a week earning around 75% of her previous salary. Sandra eventually retires at 64 having added an extra 3 years to her pension entitlement (working for 4 years at 75% of full time) which is still calculated using the full time salary rate.

to step down: staff with key skills and experience can, with the consent of their employer, step down into more “junior” roles while having their eventual pension entitlement protected at the more senior level. Even without this arrangement, final pension income is calculated as a proportion of pensionable earnings in the best of the last 3 years of employment.

Example: Geoff, aged 56, has worked in nuclear medicine throughout his career, latterly in a senior management role. Now he wants to shed some of this management responsibility. With the agreement of his Trust he steps down into a more junior role earning 60% of his previous salary. His pensionable pay is frozen at the higher level and when he eventually retires at age 62, the higher salary is used to calculate his benefits with the addition of 6 extra years at the lower rate of pay.

to retire and come back: in most circumstances, staff who retire can subsequently resume employment — part-time, full-time, or seasonally — without affecting their pension

Carol, aged 60, is a healthcare scientist who retired 6 months ago. After her break she feels she will enjoy returning to work in a part-time capacity. Because she is over 60 she can come back to work for the NHS with no impact on her pension. Her pension will remain the same and she can work as many, or as few, hours as she likes.

a winter register: retired staff may be happy to work for limited periods, especially in winter when activity levels are at their peak. These periods of work would have no impact on pension entitlement.



3.

Diversity

There are moral, social, legal and entirely practical reasons for NHS employers to encourage people from traditionally excluded groups to participate as fully as possible in AHP and HCS teams. It is a responsibility of NHS Trusts to try to develop a workforce who reflect the communities they serve — sensitive to different religious and cultural observances and varying attitudes to healthcare.

There is also great scope to enable people with disabilities to work as valuable members of the healthcare team. They will bring different insights and experience which can be important in relating to the needs and expectations of patients and others. In many cases, only minor modifications to existing working environments will be needed; or slight changes in working hours that, for example, mean staff using public transport can miss the worst of the rush hours. Funding to support many of the adjustments a disabled person might require may be available from the Access to Work Scheme operated by the Employment Service.

Diversity is a source of strength in any team, especially teams involved in the delivery of high quality healthcare.



Leading a team

Broxtowe and Hucknall PCT

“My name is Carolyn DesForges. I am a S< Co-ordinator for Broxtowe and Hucknall PCT in Nottingham. I am also a Specialist Clinician working with people who stammer. I have worked in Nottingham for 19 years — initially in a generalist post, and then specialising from 1986. I am advisor on stammering to the Royal College of Speech and Language Therapists and to the British Stammering Association. I became a Co-ordinator within the S< Service in 1997, and I manage 22 staff: therapists, bilingual co-workers and an assistant.

I am also a wife and mother of twins, James and Alice, now 6 years old.

I was born affected by the drug Thalidomide. I have very short arms, with two fingers on one hand and five malformed fingers on the other.

I returned to work full time after James and Alice were born, but my husband stayed at home, and has coped admirably. We decided that physically I would find it hard to cope with the twins. My husband has always said I went back to work for a rest!

The adaptations that enable me to access work more easily have been minor and my managers and our HR department have always been supportive. I have used the “Access to Work” Scheme where employees and the Employment Service jointly fund adaptations. Consideration has been given to height adjustments to my desk, appropriate shelving, locks on restricted access doors and specialist I.T. equipment. I have a voice-activated package for my computer and a special ‘mouse,’ and I was given the appropriate training to use these. As a disabled badge holder I am able to use disabled car parking space at health centres, which sometimes makes parking easier!

There is an excellent continuing professional development culture within the Trust and I have been funded to develop both my specialism (conferences, psychotherapy/counselling training) and my managerial skills. At present I am undertaking a Post Graduate Certificate in Public Service Management.

As a mother, I am lucky that child-care is not an issue while my husband is at home, but occasionally when this has been a problem, there has been flexibility with hours and occasional home working.

I am a person who is keen to develop myself, and I have tended to initiate requests for training. However, it has been my employers who have taken the lead in making adaptations for me around the office. I may need more in the future, but if that happens, I do feel my requests will be heeded and acted upon.”

For more information, contact
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New-born hearing screening

Bradford Hospitals Trust

The Audiology Department at Bradford Hospitals Trust is among the first wave of sites to be involved in the implementation of newborn hearing screening, an NHS Modernisation Agency initiative. If a profound sensori-neural hearing loss is detected as early as possible then important steps can be taken to improve the quality of life and speech and language development of children.

Bradford is an area with a high percentage of population from different ethnic groups. Since the aim of the initiative is to screen all babies within 6 to 12 hours of birth, effective communication with parents is crucial in helping them to understand why the test is important and to obtain consent for screening. A part-time liaison officer has been appointed specifically for this purpose, but it helps that members of the screening team share language and cultural backgrounds with different groups.

The Senior Audiologist who is involved in the project is Pushpa Mistry. She joined the Department 15 years ago as a school leaver and has progressed through stages of training and study to complete a degree in Audiology last year. “I don’t think my background as a Hindu makes any difference to how I do my job — I have never been conscious of it being an issue. However, I guess it helps sometimes for a young mother, say, who speaks Gujarati or Urdu to have staff around who know her language. Staff at the hospital here come from a variety of backgrounds.”

Language and communication is a key issue for audiology services in a city with such a diverse population. Interpreting services, leaflets and information videos are provided in various languages used locally, including British sign language.

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4.

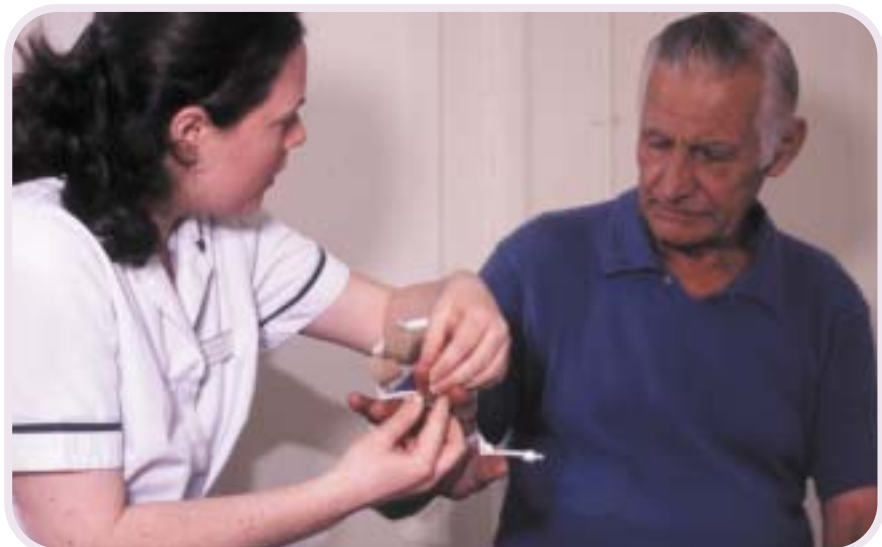
Professional development

Professional development and career progression are areas of specific concern for AHPs and HCSs. Their precise professional specialisation within small teams can restrict career opportunities. So while staff will consistently extend their knowledge and skills, engage with in-service training programmes, and pursue studies through to MSc or PhD level, these advances are not automatically accompanied by promotion into new roles.

In the past, AHPs and HCSs who want to progress their careers have moved into management positions. This means some very able practitioners will have been lost to front-line care. The extension of advanced practitioner and consultant roles among more professional groups will create an alternative career pathway — keeping them directly involved in practice. Examples of these new roles are included here.

There are other staff who may not aspire to advanced practitioner or management positions but who will respond to the stimulus of a new challenge. Continuing professional development should offer these challenges: improving the quality of service provided to patients and helping to retain staff and attract people back. It should apply equally to full time staff and those working part-time or in other flexible patterns.

Career development should also be available to people who don't already hold professional qualifications. Laboratory and therapy assistants have the experience and potential to move into more senior roles, given the right encouragement and support for training and development. Establishing a pattern of career progress for all staff will act as an incentive to future recruitment and retention, and create a stronger mix of outlook and experience within the team.



Consultant Physiotherapist

Leicester Medical School

Paul Watson qualified as physiotherapist over 20 years ago and has developed a career led more than anything by curiosity about the nature of physiotherapy treatment. "I've always wanted to learn more about what we do as therapists." A short spell working in Scandinavia was followed by a return to the NHS and the start of an interest in pain though using acupuncture in the local Pain Clinic. His search to learn more about the management of pain took him into a teaching and research role at Manchester School of Physiotherapy, but he missed the patient contact. So he secured a joint appointment with the University of Manchester and the Manchester and Salford Pain Centre — the biggest pain clinic in the UK — to work as a researcher and specialist in management of musculo-skeletal pain.

"This was a great experience, working with an excellent team of physiotherapists, psychologists and medical specialists. I did an MSc in musculo-skeletal pain research and followed this with a PhD. During this time I developed a new module in pain management at MSc level for physiotherapists. I also published research papers and contributed to textbooks. Now the opportunity to move to Consultant level has come up. I combine the roles of Consultant Physiotherapist and Senior Lecturer in Pain Management and Rehabilitation at Leicester Warwick Medical School. It's a new post created by the Head of the Department of Anaesthesia and Pain Management allocating funds to appoint someone with a strong track record in pain management rather than a purely medical background."

In his new role, Paul is developing a mixed team of psychologists, nurses and doctors involved in pain management research, and transferring this into the development of a structured, evidence-based service for patients. He thinks his experience shows that it is possible to have a working life in physiotherapy that goes beyond Senior 1 grade, without having to move into management.

"I never really planned a career. I've always liked working with people who are doing interesting things in the field I'm interested in. I like the practicalities of setting up and producing research projects. I like working with patients. I've been able to do these things and stretch my understanding and skills in the work I've been doing. Now I've got the task of getting a new department up and running which I want to become a first-rate research unit developing better services for patients. In this multi-disciplinary environment I can work alongside people with skills I don't have in order to move research forward."

For more information, contact
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Advanced Practitioner: cervical cytology

Ashford & St Peter's Hospitals, Chertsey

Behdad Shambayati is one of the first of a new group of advanced practitioners in cervical cytology who are qualified to take on responsibilities previously confined to medical pathologists. Behdad is now able to complete the screening procedure by drawing conclusions and giving clinical recommendations on his own account, freeing up the pathologist to spend more time on surgical diagnostic work.

"I have been engaged in cervical cytology screening for 20 years. I'm a Fellow of the IBMS, I hold certificates in cytology screening, and I have an MSc in Clinical Cytotechnology. However to progress any further in my career I would have had to become a Manager who was no longer involved day-to-day in doing what I enjoy most. I'm happier behind a microscope and making a diagnosis. The role of advanced practitioner lets me follow this through: taking responsibility for my diagnosis and getting greater job satisfaction from it."

To qualify as an advanced practitioner, Behdad had to pass a Certificate in Advanced Practice exam with the IBMS (Institute of Biomedical Scientists), preceded by discussions of hundreds of test results with a pathologist. "The pathologist became my mentor through an extended period of shadow reporting, preparing me for the stage when I would be making my own decisions. As with all medicine, cytology is not an exact science. There's a degree of judgment and you need to develop a high enough sensitivity in the diagnosis. You don't want to make an unnecessary referral or do unnecessary harm to patients."

Before taking on the advanced practitioner role, Behdad was already extensively involved in training other staff and part-time formal teaching at training schools and on MSc courses. This will continue. "15 years ago it was almost unthinkable that a BMS would be taking on this level of diagnostic responsibility, but things have changed. Continuing professional development has increased levels of knowledge. I think that now this has become a possibility for scientists, then preparation for this kind of role can begin earlier. People will have more career options to consider."

For more information, contact
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Delivering treatment differently

Physio Direct, Huntingdon

A continuing cause of concern and stress for physios and other AHPs is the queue of people waiting to see them. Somewhere in that waiting list is someone who needs to be seen much more quickly than the system will allow. By the time they do get seen, the injury or condition may be much harder to treat.

Physio Direct is an initiative at Huntingdonshire PCT which seems to get quicker results for patients and eases the pressure on staff. For the team member most involved in the project it has given the opportunity to acquire new skills, awareness and professional confidence.

Physio Direct gives patients direct access to physiotherapy triage and advice by phone. It is being piloted in two GP health centres where, instead of booking a referral into the next available slot, GPs can give a patient the Physio Direct number and suggest they call. Callers are assessed by a Senior Physiotherapist using a computer to prompt questions and log answers. In 70% of cases, immediate advice can be given to deal with the problem. Where it is more serious and persistent, a consultation is arranged. The net effect has been a drop from 16% to 1% in DNAs for appointments, and reduced waiting times before patients see a physiotherapist where necessary.



The physiotherapist who fields the calls is Kathy Duffield. "I had reached a level of experience and knowledge where the next step would usually be to start an MSc, but I didn't want to go down that route. Participating in this project has given me a new challenge, and added a new dimension to my clinical reasoning and assessment skills." Kathy divides each day between dealing with telephone callers and seeing patients in person. In a typical half-day she will screen and give advice to 10 callers, most of whom require no further treatment. "Something we hadn't anticipated is that patients are often much more co-operative and relaxed in discussing symptoms on the telephone than in first face-to-face appointments," she says.

Jill Gamlin is the Clinical Head of Musculo-skeletal Services who launched the scheme. "Assuming the first audit backs up the positive response we've had so far, I can see Physio Direct developing in various ways. Other senior staff who have stood in for Kathy during holidays enjoyed the experience and are keen to see it rolled out to other GP practices. We can explore flexing the times when the service is available, and make the contact number more widely available to the general public. Staff can see it means a more effective use of their time and resources. As for Kathy, she has blossomed in the role: her assessment and communication skills have come on in leaps and bounds. I think, with proper support and mentoring, it offers a good work-based learning route forward for other Senior 2 staff."

For more information, contact:
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From MLA to BMS

North Eastern Region

11 years ago, Rick Galloway became a Medical Laboratory Assistant (MLA) at James Cook University Hospital in Middlesbrough. Before that he had been in the Army, having left school at 16. His own interest in the job prompted him to start evening classes at his local college which led to 2 science A-levels. With support from his Laboratory Manager and help with funding from the Northern England Workforce Development Confederation (WDC), Rick is now going into his second year of a 4 year part-time degree course in biomedical science.

His study takes him out of his MLA job for 1.5 days each week, time for which the WDC funds his department to provide additional cover. He is studying at the University of Northumbria at Newcastle where the WDC sponsors a number of part-time student places on relevant degree programmes. Rick covers his own travel costs to Newcastle, 40 miles away, which is seen as his contribution towards his training.

Ian Legg is his Department Manager. “ MLAs are bright people, interested in the science behind their work. People like Rick have both the qualifications to be eligible for a degree course and the ability to do the kind of study and work that the course will require. If they get their degree, they can state register at the same time. And you have a new BMS who is much better versed in lab procedures and safety than most other fresh graduates.”

When the opportunity was advertised, 20 applications were received from MLAs within three neighbouring Trusts, all with suitable qualifications. Staff without A-levels can take a Higher Education Foundation course before applying. “I’d never been to university, so there’s a slight shock to the system when you start,” says Rick. “But I haven’t found the concepts and course work difficult to grasp. I enjoy the process of learning.”

For Ian Legg, setting a pattern of career development contributes to improved recruitment and retention of staff, and builds a stronger team. “We want to see a mix of different kinds of people at every level,” he says. “Some will be broadly happy to stay and develop within their existing role; others will want to go for higher qualifications and move up. We should be able to accommodate all their different aspirations.”

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5.

Broadening the team

The goal of more integrated, seamless healthcare has special relevance for AHPs and HCSs. More than with most other healthcare groups, they work alone — one-to-one with patients, or preparing and conducting tests. This professional specialisation may be important to the quality of each individual's or group's work, but can also be an obstacle to fully co-ordinated treatment. There is a risk that organisational structures built around the different professions lead to duplication of effort or discontinuity in the patient journey.

Similarly, rigid distinctions between sectors of healthcare, or between healthcare and academia and social services may prevent staff from realising their full potential. A broader team gives greater scope for individuals to develop and increases the prospects for consistent patient care. Staff will be able to track individual patients further through the healthcare system. They can participate more fully in decision-making on the shape and organisation of services.

Broadening the team will bring together people in different areas of healthcare — primary, secondary and tertiary. It may also involve liaison with social services and higher education, and the private sector. The advantages for patients are a greater consistency in care. For staff, the experience of working within a broader team can enrich practice and open fresh opportunities.



Sourcing a richer mix of skills

Suffolk West PCT

The Physiotherapy Service of Suffolk West Primary Care Trust shares many of the recruitment and retention problems faced by any small AHP services in a relatively rural area. It does not have the high profile to attract many candidates from outside and so depends heavily on making maximum use of qualified people already in the area. To this end, Superintendent Physiotherapist Elveen Harvey has for a long time pursued flexible working policies enabling people to mix work and their personal lives, irrespective of grade. She has also managed to strengthen her team by building on links with regional higher education providers and people who also work in private practice.

One of her team combines the role of Clinical Specialist in Manipulative treatment with that of honorary visiting fellow on the M.Sc. Course in Manipulation therapy at the University of East Anglia (U.E.A.). She provides clinical leadership for others in the team and organises in-service training to improve knowledge and skills, as well as acting as a clinical educator for the MSc courses both at U.E.A. and Coventry.

Another member of the team is a lecturer practitioner at U.E.A. on the undergraduate B.Sc. course, and a Senior Physiotherapist in the Trust. This is a joint initiative with U.E.A. which enables her to combine clinical practice and lecturing, giving students an up to date perspective on clinical practice alongside theoretical studies. This lecturer Practitioner took her own M.Sc. at U.E.A., supported by the Suffolk West service. The post sits comfortably within the Department's policy of encouraging Senior 2 staff to undertake the M.Sc. course – funding course fees and providing study leave for up to two staff at a time.

Elveen stresses the importance within the overall framework of flexible working of having staff with a range of skills. "You do not want just one person with skills in, say, acupuncture. You need more than one so there is always cover." She positively encourages former staff and qualified incomers to keep their skills up to date by doing some work shadowing or attending in-service training sessions.

Also at Clinical Specialist level, Elveen has built up a "bank" of practitioners who spend most of their time working privately or in roles such as an expert witness in legal cases. This group has built up by word of mouth over the years, attracting specialists who want to keep in touch with developments in practice and the wider range of patients who use N.H.C.S. services. They are happy to be used on an advice hoc basis, as their services are needed and as funds are available to use them. Sessions are planned about a month in advance, subject to people's availability.

"The virtue of these cross-overs with higher education and the private sector is that we can attract high calibre people and enrich the skills available to us," says Elveen. "It gives me more scope to deliver services to our patients, and helps to enhance the treatment that patients receive."

For more information, contact
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Professional and cross-sector integration for AHPs

Salford Royal Hospitals NHS Trust and Salford Primary Care Trust

Over the last 2 years, staff across all the allied health professions in Salford have become accustomed to working within integrated teams both in their own sector of care — acute, community, children's and mental health — and across these sectors. The experience has been that this new dimension of team working has enriched the job content for most staff and extended their scope of career opportunities within these larger multi-disciplinary teams. The project now includes staff from four different NHS Trusts and nine professional groups including audiologists. It is being expanded to include AHPs working also within social services.

According to the Clinical Director for the Allied Health Professions, Jill Simpson, there have been gains for staff on two fronts. First a much better understanding between staff of how each other works and what each brings to the treatment of patients. And second, a much greater degree of professional fulfilment. "This is the first time I feel that I can give a proper service to my patients without coming up against organisational boundaries," is the view of one clinical specialist whose remit had previously been confined within the acute sector.



A typical example of the gains from cross-sector working has been a project undertaken by a dietitian working in the acute sector who was able to follow patients fitted with PEG feeds and evaluate their clinical and cost effectiveness in the primary sector. Under the new integrated structure, staff can work in both organisations and are covered by the Trusts' vicarious liabilities protection.

The development of extended scope practitioner and clinical specialist roles has been a feature of the process, developing people who can provide professional guidance as well as cross-professional team leadership. "Losing access to managers from your own profession was a major concern among staff when we started to discuss this project," says Jill Simpson. "So it's something we have worked hard at both from the point of view of team management style and procedures to ensure continued access to professional leadership."

Induction programmes have changed significantly to introduce new people into this more integrated work environment. In-service training has also taken on a much more multi-disciplinary character. Staff attitude surveys reveal a sense that staff now look to deploy their skills as appropriately as possible, and are more aware than before of when another professional would be the right person to turn to.

Gains for patients range from improved access to out-patient services and improved clinical services, in particular to vulnerable groups such as the elderly and adults with disabilities. One of the gains for the service is demonstrated in a raw indicator of staff attitude: staff turnover across AHP groups in the Trusts has fallen from 39.8% in 1998/99 to 16.5% in 2000/01.

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Assistants in Speech and Language Therapy

Northampton S< Service

In 1991, Northampton Speech and Language Therapy Service employed its first Assistant. She was recruited to work within Adult Learning Disability, using professional funds to extend the skill mix within the service. At the time there was relatively little evidence or experience of the likely benefits. But the scheme has never looked back: there are now 7 Assistants and 3 Technical Instructors across the whole integrated service.

The Technical Instructor role was introduced to provide a career path and grading structure for Assistants; they work more independently but still under supervision. This has ensured a consistent framework for their professional/personal development and levels of competency, and has assisted with recruitment and retention. When vacancies have been advertised there has always been an excellent response in terms of quality and quantity of applicants. "We have people who have worked in nurseries, schools and social services, and mothers who have been busy bringing up children," says Angela Hillery, Professional Lead for the S< Service. "They bring different life experiences to the service which makes for a better balanced team. And they can be creative in different ways. We look for certain interpersonal and communications skills at interview, then build on that."

The Assistants and Technical Instructors now work across all client groups – children, adults and adult learning disabilities. They provide individual treatments, group sessions, deliver training to care staff, produce resources and materials, and support S<s in the overall management of according to their level of competency and the particular service needs. Their presence releases the S<s to target their own expertise in the best interests of clients, whilst ensuring that different levels of clinical management and treatment can be delivered.

Working relationships within the 50 strong S< team are fostered through the participation of all staff in regular review meetings, in-service training and social events. The work of the Assistants and Technical Instructors is under constant supervision and there is a comprehensive framework that details their roles, guidelines and training requirements to ensure a systematic approach to their use.

**For more information, contact
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South Buckinghamshire S< Service

In South Bucks, the development of Assistants roles and the appointment of a Technical Officer to focus on communication aids has enabled the Service to reduce waiting lists by seeing more patients. Other positive outcomes include a better resourced environment because of the input from the technical officer, more patient contact time for therapists, and the ability to offer more group activity to patients who no longer receive individual therapy.

The Assistants and Technical Officer are enthusiastic about their roles, and time and effort is devoted to training and supporting them. Therapists feel confident about the practical back-up that they can draw on, and value the alternative ideas that are generated by having a wider team.

For more information, contact
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6.

Talking points

The people who most often have the best ideas for how the way they work could be improved are staff themselves. The first step is to foster discussion and allow different ideas to be aired.

The IWL Standard requires that NHS Trusts who want to achieve Practice status by 2003 must be able to produce a portfolio of evidence which shows that they are Improving Working Lives for most staff. But rather than providing a simple checklist by which progress can be measured, here are some questions that managers and staff may like to consider, separately and collectively, to see what progress is actually being made.



Flexible working

1. **For staff:**
Would you be supportive of colleagues working with you part-time?
For managers:
What proportion of your staff are working less than full-time? How much effort have you made to encourage wider participation of part-time staff?
2. **For staff:**
Do you feel that your role could be 'deconstructed' into separate elements that would enable greater flexibility in how the job is done, who does it, and when?
For managers:
Where staff shortages are a continuing problem, have you looked at reconfiguring roles so that the work can be done in different ways?
3. **For staff:**
Are there periods in the day, outside normal working hours, where you feel services to patients could be extended if staff could be found to work at those times?
For managers:
Have you looked to offer opportunities to staff who prefer to work outside the typical working day, in order to extend services to patients?
4. **For staff:**
Do you know what your options are around retirement?
For managers:
Are there mechanisms to ensure that staff are informed about their retirement options?
5. **For staff and managers:**
What mechanisms exist to bring together people whose different circumstances might combine to mutual advantage, e.g. job share?
6. **For staff and managers:**
How much responsibility do staff have for timetabling their own work, individually and collectively?

7. **For staff and managers**

How many senior staff in your team work reduced hours, or have spent periods during their careers working less than full-time, or not at all? What message does this send to other staff?

Diversity

8. **For staff and managers:**

Are people from ethnic minorities and with disabilities represented in your team. If not, why not?

Professional and personal support

9. **For staff:**

Would you feel comfortable putting forward ideas for your own or others' professional development?

For managers:

Are you comfortable with the level of professional development activity in your team?

10. **For staff and managers:**

Do staff feel supported and well-managed in your organisation? And how do you know?

11. **For staff:**

If you're a parent are you aware of your trust's policies and provision for childcare?

For managers:

What is your policy on child care, and how do staff find out about it?

12. **For staff and managers:**

Do you know who your childcare co-ordinator is and what s/he can do for you?

13. **For staff:**

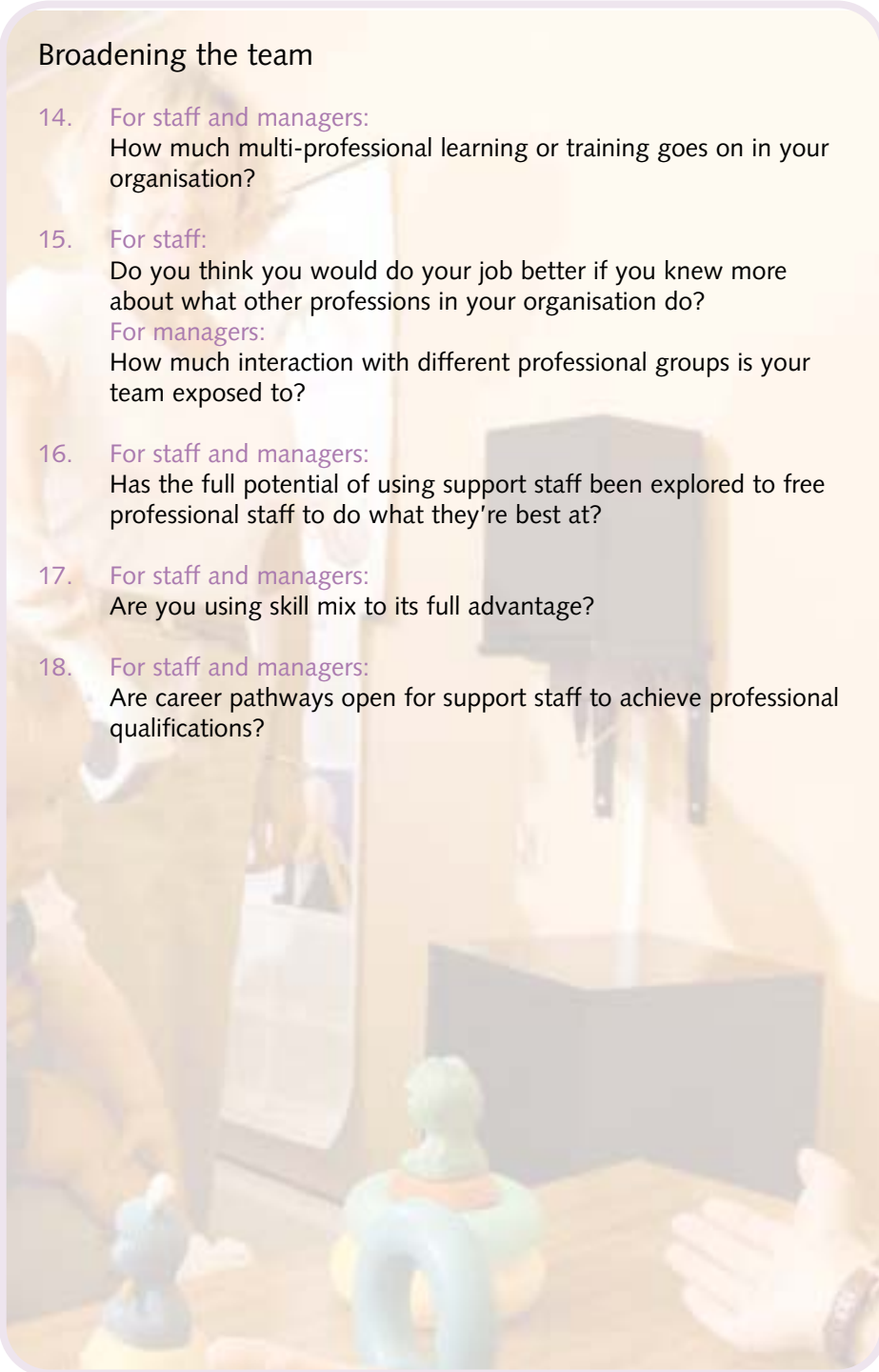
Do you feel it's feasible to combine parenting young children and carry on working in your present situation?

For managers:

How sympathetic are you to staff who want to balance their role as parents with continuing to work?

Broadening the team

14. **For staff and managers:**
How much multi-professional learning or training goes on in your organisation?
15. **For staff:**
Do you think you would do your job better if you knew more about what other professions in your organisation do?
For managers:
How much interaction with different professional groups is your team exposed to?
16. **For staff and managers:**
Has the full potential of using support staff been explored to free professional staff to do what they're best at?
17. **For staff and managers:**
Are you using skill mix to its full advantage?
18. **For staff and managers:**
Are career pathways open for support staff to achieve professional qualifications?



7.

Bibliography

Copies of these and other IWL-related publications are available by contacting:

Department of Health, PO BOX 777, London, SE1 6XH –

Email: doh@prolog.uk.com

NHS Response Line 08701 555 455 – FAX: 01623 724524

Electronic copies of the documents are available on: www.doh.gov.uk/iwl

Department of Health, *Improving Working Lives Standard*, 2000

(Order ref no: 24158)

Department of Health, *Improving Working Lives, National Audit Instrument*, 2001

(Order ref no: 25135)

Department of Health, *Childcare Toolkit*, 2001

(Order ref no: 23988)

Department of Health, *Childcare Toolkit 2 — Beyond the Workplace Nurseries*, 2002

(Order ref no: 28338)

Department of Health, *Improving Working Lives: Flexing Retirement — Guidance for Staff*

(Order ref no: 26721)

Department of Health, *Improving Working Lives: Flexing Retirement — Guidance for Managers*

(Order ref no: 26720)

Department of Health, *NHS Professionals, A co-ordinated NHS-led approach to temporary staffing*, 2001

(Order ref no: 25532)

Department of Health, *“Making the Change”, A strategy for the Professions in Healthcare Science*, 2001

Department of Health, *“Meeting the Challenge”, A strategy for the Allied Health Professions*, 2000

Only available on website: www.doh.gov.uk/meetingthechallenge

Department of Health, *“Return Journeys”*

Available from NHS Careers

Acknowledgments

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Allied Health Professionals

Occupational Therapists
Physiotherapists
Speech and Language Therapists
Podiatrists
Diagnostic Radiographers
Therapeutic Radiographers
Dietitians
Arts Therapists
Prosthetists and Orthotists
Orthoptists
Paramedics

plus Assistants, Technicians and other support staff

Healthcare Scientists

DISCIPLINES INCLUDED IN THE 3 DIVISIONS OF THE "FEDERATION FOR HEALTHCARE SCIENCE"

LIFE SCIENCES

Anatomical Pathology
 Blood Transfusion
 Clinical Biochemistry
 Clinical Cytogenetics
 Clinical Embryology
 Clinical Immunology
 Cytopathology
 Electron Microscopy
 Design
 Haematology
 Haemostasis and
 Thrombosis
 Histocompatibility and
 Immunogenetics
 Histopathology
 Molecular Genetics
 Microbiology
 Phlebotomy
 Pathology Support

PHYSIOLOGICAL SCIENCES

Audiology
 Autonomic Neurovascular
 Function
 Cardiology
 Clinical Perfusion
 Critical Care Technology
 GI Physiology
 Hearing Therapy

 Neurophysiology
 Ophthalmic Science
 Respiratory Physiology
 Urodynamics
 Vascular Technology
 Vision Science

ENGINEERING AND PHYSICAL SCIENCES

Biomechanical Engineering
 Clinical Measurement
 Equipment Management
 Information Technology/
 Computer Science
 Medical Electronics &
 Instrumentation
 Medical Engineering and

 Rehabilitation Engineering
 Diagnostic Radiology
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 Radiation Protection
 Radiotherapy Physics
 Ultrasound
 Renal Dialysis
 Medical Illustrators
 Maxillofacial Prosthetics

plus Medical Laboratory Assistants, Technicians and other support staff



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