



# Enhanced Clinical Practice Symposium for Allied Health

July 2025

# Welcome from your hosts at the Health Sciences University

- Dr. Claire Nadaf – Head of Partnerships and Engagement
- Amanda Weaver – Course Lead for Enhanced Clinical Practice Apprenticeship



- **Give individuals and organisations the opportunity and space to connect and learn about Enhanced Clinical Practice**
- Understand the background of Enhanced Clinical Practice and the case for change using an apprenticeship
- Understand the opportunities through training for Enhanced Clinical Practice designed specifically for Allied Health Professionals (AHPs)
- Identify where Enhanced Clinical Practice Apprenticeships could support productivity, quality, safety and retention for your organisation

Professor Alison Leary,

Chair of Healthcare & Workforce  
Modelling, London South Bank University  
(LSBU).

Senior Consultant WHO Europe

# ENHANCED PRACTICE WHAT IT IS (AND WHAT IT ISN'T!)

---

Alison Leary PhD FRCN FQNI MBE  
Professor of Healthcare & Workforce Modelling  
London South Bank University  
 @alisonleary1



**There is nothing new under  
the sun but there are lots of  
old things we don't know.**

Ambrose Bierce

# How did we get here?

- SSM-understanding the real world
- Iteration
- Data mining (numbers and words)
- Stakeholder engagement
- Testing with stakeholders
- Soft launch
- Monitored returns
- Survey

A blurred office desk scene with a laptop, a cup, and papers, overlaid with a blue gradient. The word "WORK" is centered in white, bold, sans-serif font. A thin white horizontal line is positioned below the text.

# WORK



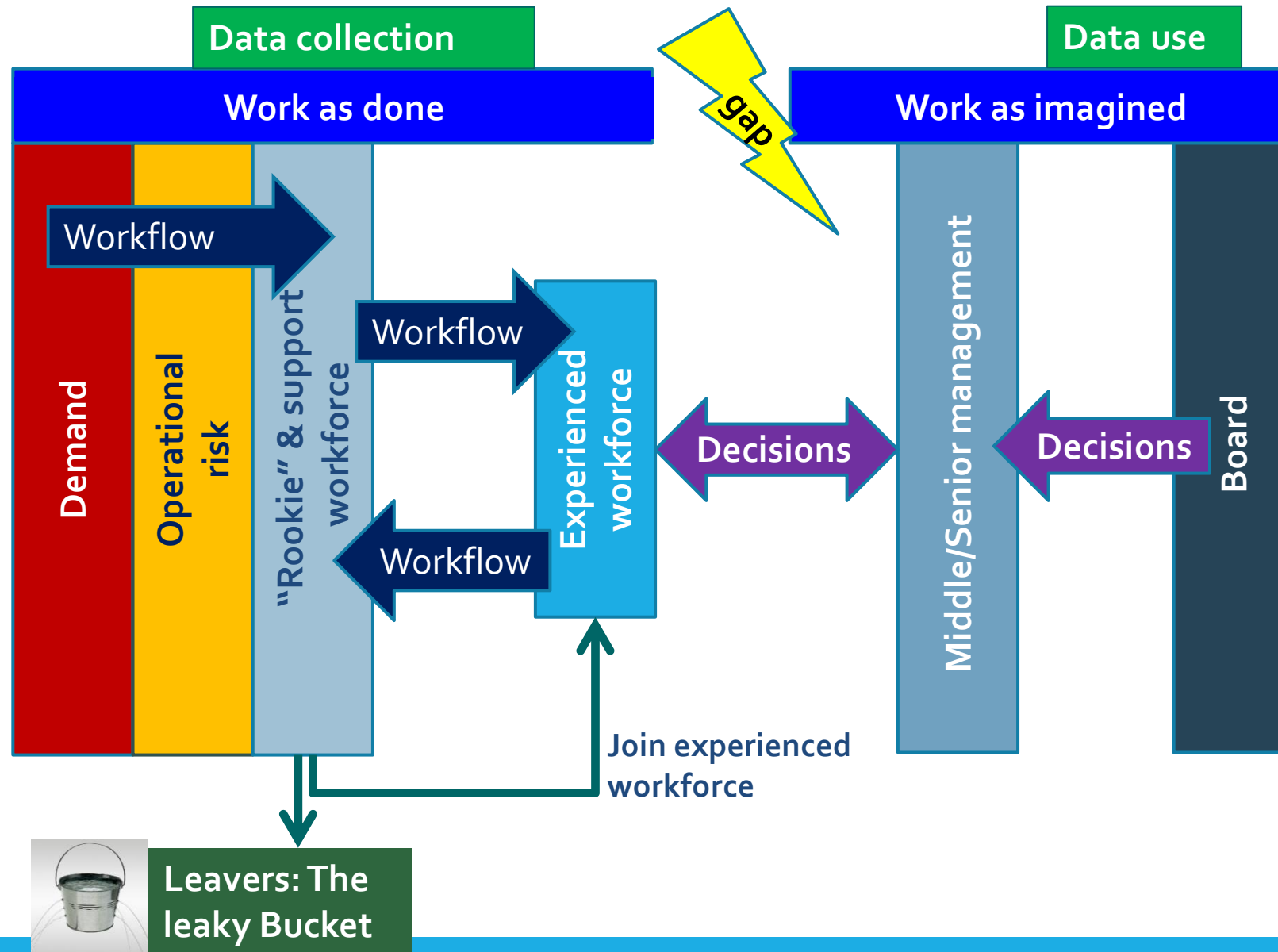
***“Safety in healthcare is not income generating”***

**Synesis, Erik Hollnagel 2022.**

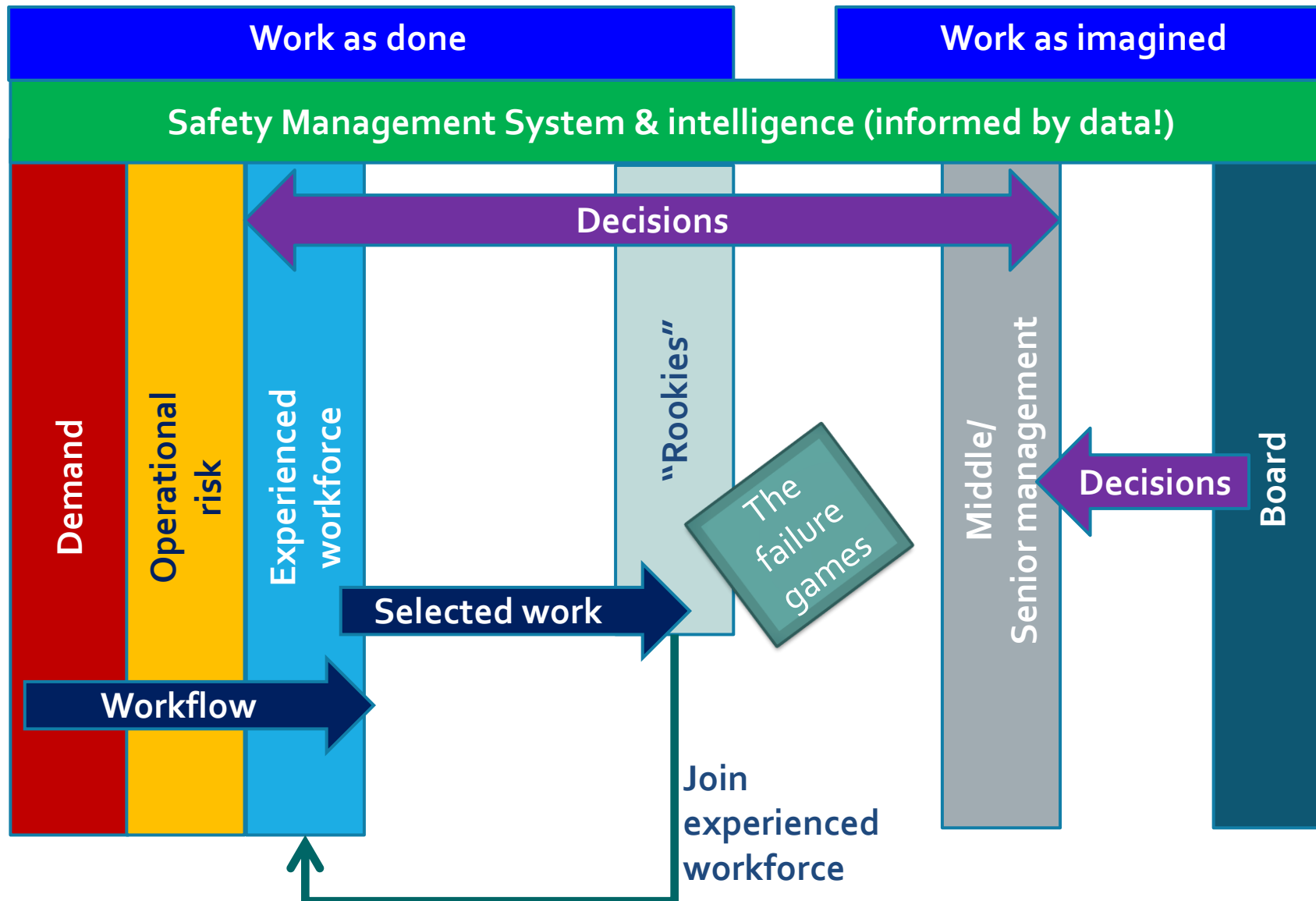
**Efficiency, productivity, effectiveness, safety, quality tension.**



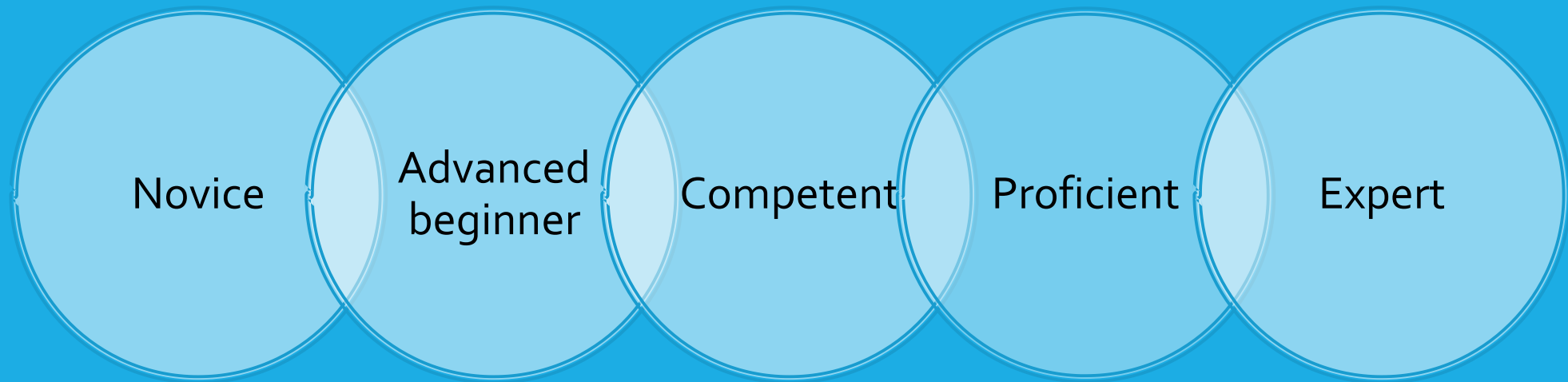
# Healthcare



# Safety Critical HROs



# **Safety critical workers: A proficient workforce is a productive workforce (quality, safety, efficiency & effectiveness)**

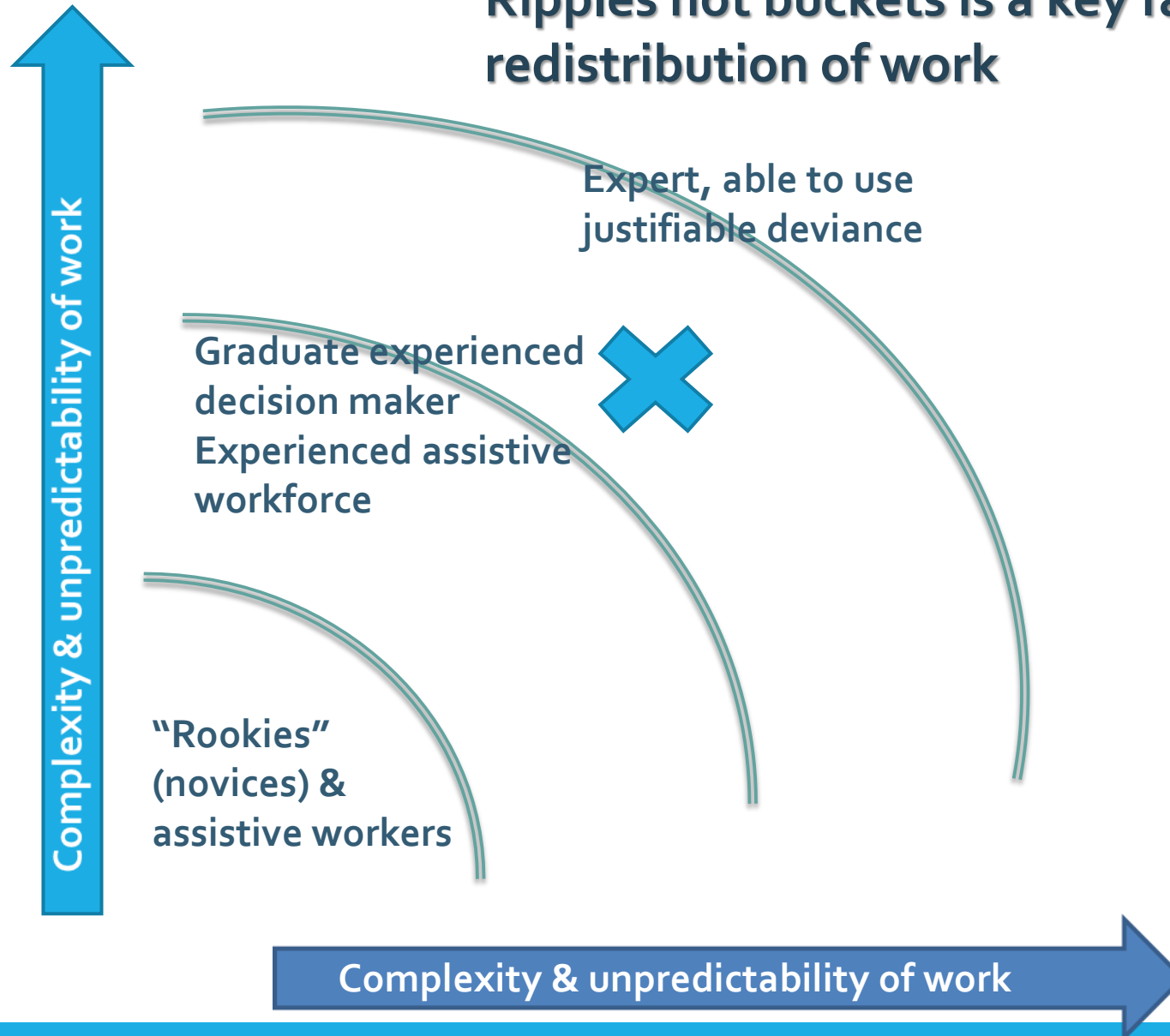


Dreyfus and Dreyfus, Benner 1984 et al

## Types of workers

Ripples not buckets is a key factor in the safe redistribution of work

~~Skills not roles~~





# WHAT IS ENHANCED PRACTICE?

---

# Enhanced practice



Describes a level of practice that is proficient

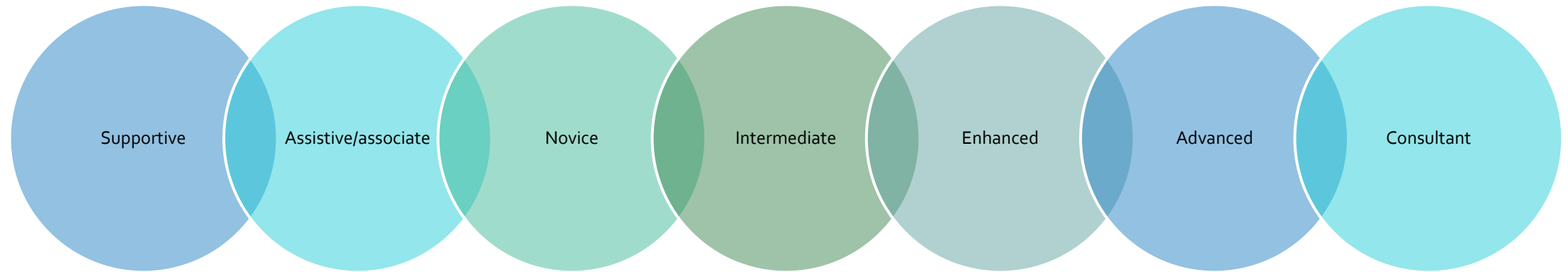


Describes a level of complexity of work beyond 1<sup>st</sup> level registration

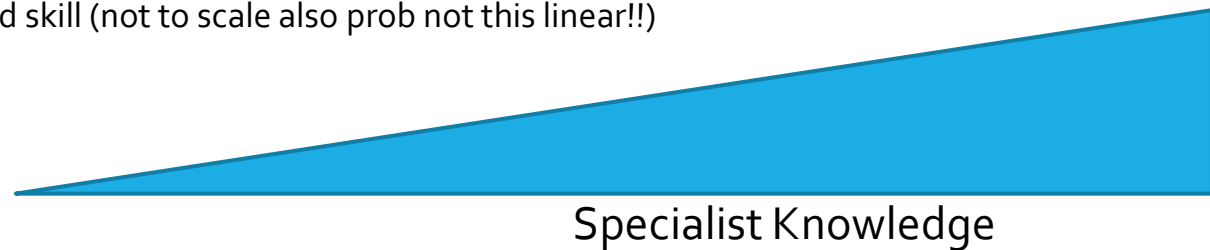


Encompasses a risk managing workforce

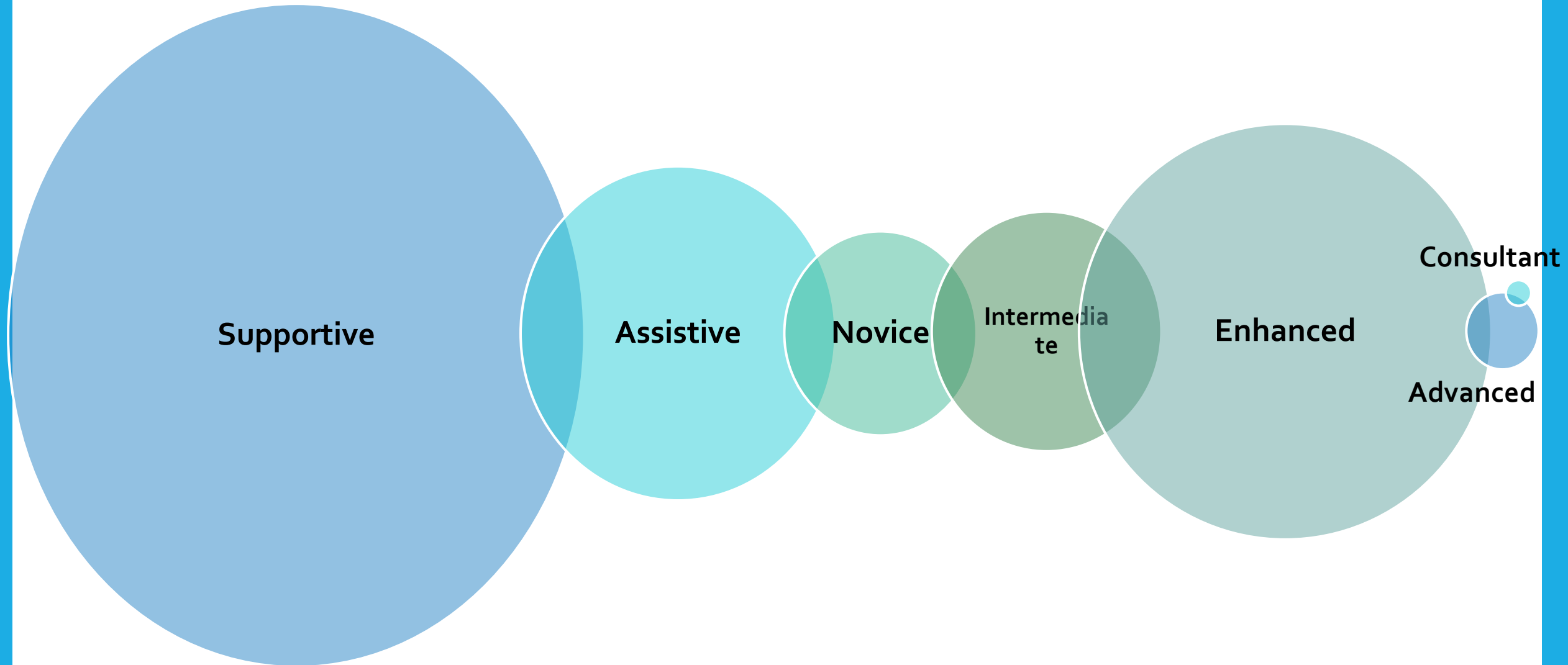
# The workforce doesn't fit into neat categories (not to scale!)



Specialist knowledge and skill (not to scale also prob not this linear!!)



# Best estimates of scale of workforce



# The differences are transitional

## Enhanced

- Uses reflection in action to function in unpredictable environment, manages risk defers major decision making.
- Has freedom to act
- Although found in different settings, across professions with a specific body of knowledge
- Complex clinical decision making but defers to others for overall plan
- Manages a caseload-highly developed brokering skills, some door hanging
- Post reg/post grad qualifications/CPD occasionally Masters level
- Evaluate & create

## Advanced

- Uses reflection in action extensively, unpredictable environment, manages risk.
- Has freedom to act.
- Found in different settings but also has highly developed a specific body of knowledge
- High level complex clinical decision making including complete management of episodes of care. Less door hanging
- Uses brokering skills but not as frequently as enhanced group
- Masters level
- Evaluate & create

## Consultant

- Uses reflection in action across whole systems
- Has freedom to act
- Systems leadership
- High level complex decision making
- Masters/Doctoral
- Evaluate & create

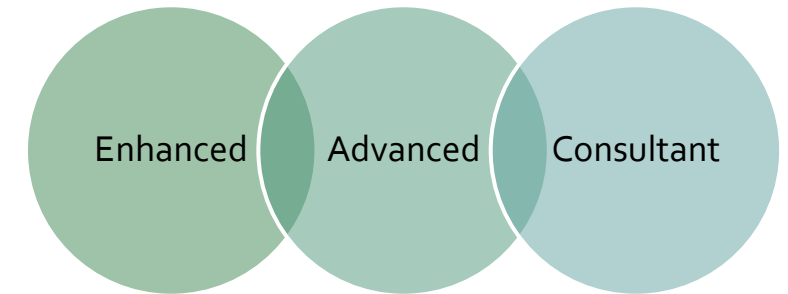


The levels overlap. They are transitional not absolute, across the four pillars

They encompass professional practice not just competence. The difference is in complexity and risk, not task accomplishment

They are within profession with interdisciplinary aspects, not omniprofessional

Some roles transition across the levels depending on level of practice across 4 pillars



**Table 1** A matrix of context for Enhanced Practice

	Example role/	Academic range typically From	To	Leadership	Professional Development	Clinical academic careers
Enhanced Advanced Consultant	Advanced to consultant	Masters/PhD or Professional doctorate	Post-doctoral specialist qualifications	Systems Leadership	CPD	Clinical lectureship Post-doctoral/PI/Senior clinical
	Advanced Level Practice Roles	Post grad diploma/Master's Degree	PhD or Professional doctorate	Service leadership	CPD Accreditation	Clinical lecturer Research studentships
	Enhanced Level Practice Roles	Post qualifying/Graduate certificate/Diploma	Masters	Service leadership	CPD Professional accreditation	Studentships Evidence based practice
Assistive-novice-intermediate	Intermediate Roles (this is a transitional level)	CPD and Study days	Post qualifying/Graduate certificate/Diploma	Leadership of self and others	CPD	Studentships Evidence based practice
	NQ/NR* preceptorship roles	Degree or other baseline pre-registration qualification for role.	CPD and Study days	Leadership of self and others	CPD/preceptorship Registration or membership	Evidence based practice
	Assistant/Associate practitioners	Certificate of Higher Education	Foundation degree	Leadership of self and others	In house CPD	Evidence based practice
Pre-employment-supportive-Assistive	Senior supportive roles	14-19 Advanced Diploma/Principal Learning	Certificate HE	Leadership of self and others	Care certificate/Skills development	Research awareness & <u>evidence</u> based
	Supportive roles	14-19 Higher Diploma BTEC Firsts	Care certificate	Self-awareness	Care certificate/Skills development	Evidence awareness in practice
	Apprentice entry level (non-clinical staff)	14-19 Foundation Diploma BTEC Firsts	BTEC Higher or similar	Self-awareness	Learning and skills development	

\*NQ/NR Newly qualified/Newly registered

Advanced practice in origin profession  
(ie ANP, CNS, Adv Radiographer, Adv  
Physio, OT et al)

Hybrid role

Medical substitute  
model/medical model

**Real world spectrum of work labelled advanced practice in England**

**Enhanced Practice can offer a route to all functional roles**

**Enhanced Practice as a Destination career**

# Types of roles (examples given to us from RW)

Specialist nurses (not Clinical Nurse Specialists-that's mostly advanced role)

Community Optometrist

Specialist paramedic

Infusion/chemotherapy senior staff nurse

Reporting radiographer

Inpatient senior staff nurse

Neonatal Occupational Therapist

Heart Failure Pharmacist

# Making it happen

A framework for enhanced practice will help employers, workers and citizens understand and define the level of practice and the workforce that delivers it


An apprenticeship (enhanced clinical practitioner) will enable the workforce and provide a point of entry

Multiple routes in, out or development in role opportunities


<https://www.instituteforapprenticeships.org/apprenticeship-standards/enhanced-clinical-practitioner-v1-0>



# Many groups have now defined levels of practice


Professional support Employment support News Events Students About us

## Enhanced Level Practice



Public & patient Conditions









Professional & clinical Workplace Networks Campaigns & influencing News & events Careers & jobs A



Enhanced level practice employs a higher level of registration, for example, developing clinical skill PGD or PGD education. Enhanced level practice patient care and clinical services but does not require four pillars of advanced practice. Following a 20 work to develop the use of the term 'enhanced' move for patients and healthcare. HEE are currently define the notion and understanding of enhanced professions.

## Enhanced practice

Nina Paterson explores the opportunities that NHS England's offers to physiotherapists

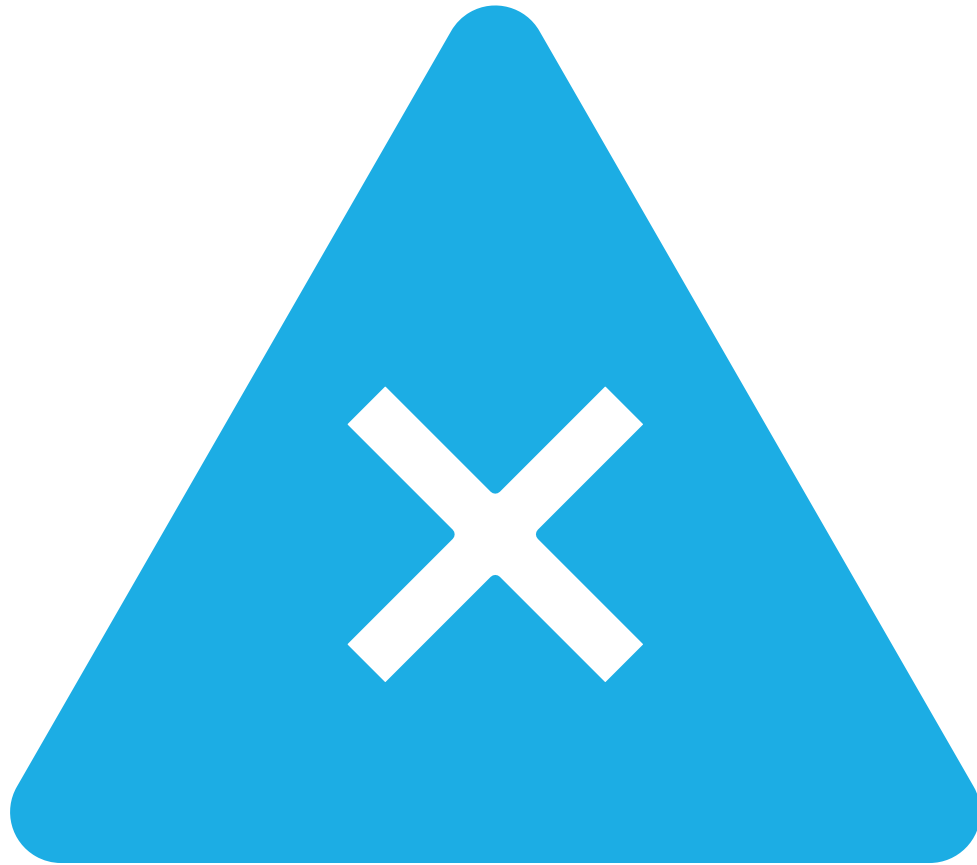
SHARE        

Log in or register to post comments

### Allied Health Professions Enhanced Level Practice Schemas with Model Curricula

#### Access profession-specific schemas:

- [Enhanced Level Practice schema – dietetics](#)
- [Enhanced Level Practice schema – occupational therapy](#)
- [Enhanced Level Practice Schema – operating department practitioners](#)
- [Enhanced Level Practice Schema – physiotherapy](#)
- [Enhanced Level Practice Schema – podiatry](#)
- [Enhanced Level Practice schema – prosthetics and orthotics](#)
- [Enhanced Level Practice schema – diagnostic radiography](#)
- [Enhanced Level Practice schema – therapeutic radiography](#)
- [Enhanced Level Practice schema – paramedic](#)
- [Enhanced Level Practice schema – osteopathy](#)



**WHAT  
ENHANCED  
PRACTICE  
IS NOT**

---

There is no such role as an  
“Enhanced Clinical Practitioner”

**Why?**

This is about recognising a  
workforce

**THAT ALREADY EXISTS!**

**No Trainee Enhanced Clinical Practitioners, ECP or  
Lead ECPs**

Why not an  
omniprofessional/skills-  
not-roles model?

Because its not the  
1980s!



Social identity theory



Values existing workforce-not only skills-  
based roles



Recognises in-profession  
expertise/knowledge intense occupations

Any  
questions?

[alisonleary@yahoo.com](mailto:alisonleary@yahoo.com)





Claire Arditto,

Head of Allied Health Professions at NHS  
England WTE

# Enhanced Practice – implementing the Apprenticeship for Allied Health Professions

Claire Arditto

Head of AHPs NHSE WTE



**“ Compared with the Industrial Revolution, we estimate that... change is happening ten times faster and at 300 times the scale, or roughly 3,000 times the impact.”**

Richard Dobbs, James Manyika, & Jonathan Woetzel, Directors, McKinsey Global Institute



Osteopath



Speech and Language  
Therapist



Therapeutic  
Radiographer



Diagnostic  
Radiographer



Orthotist



Prosthetist



Operating Department  
Practitioner



Orthoptist



Physiotherapist



Occupational  
Therapist



Paramedic



Art Therapist



Drama Therapist



Music Therapist

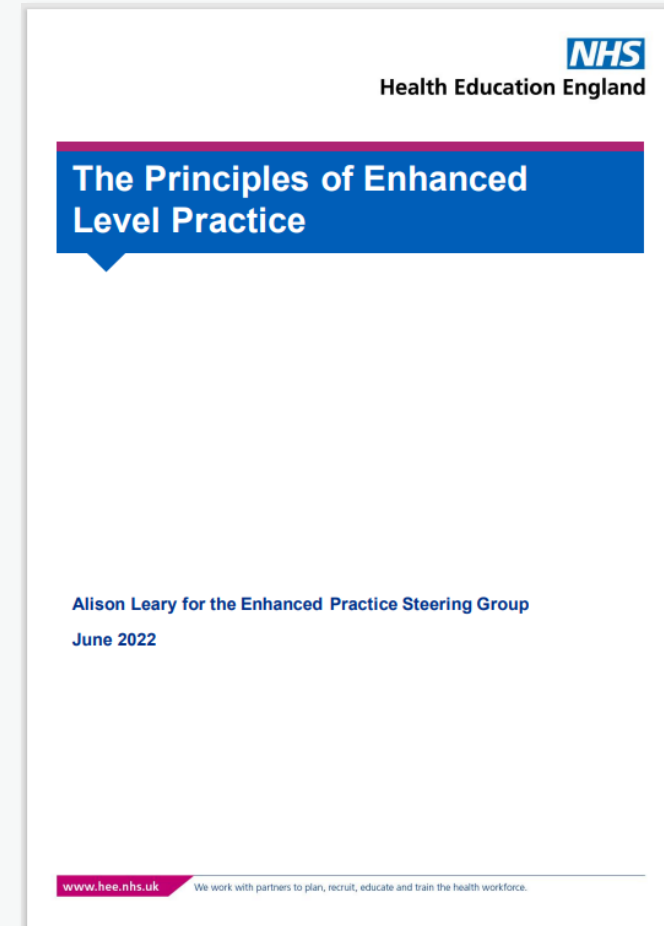
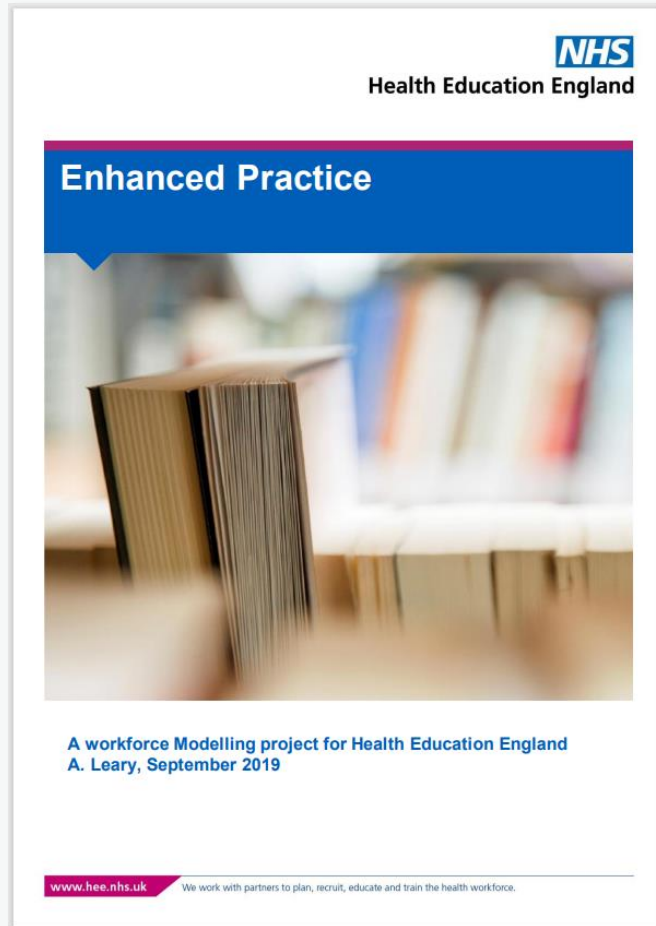


Dietitian

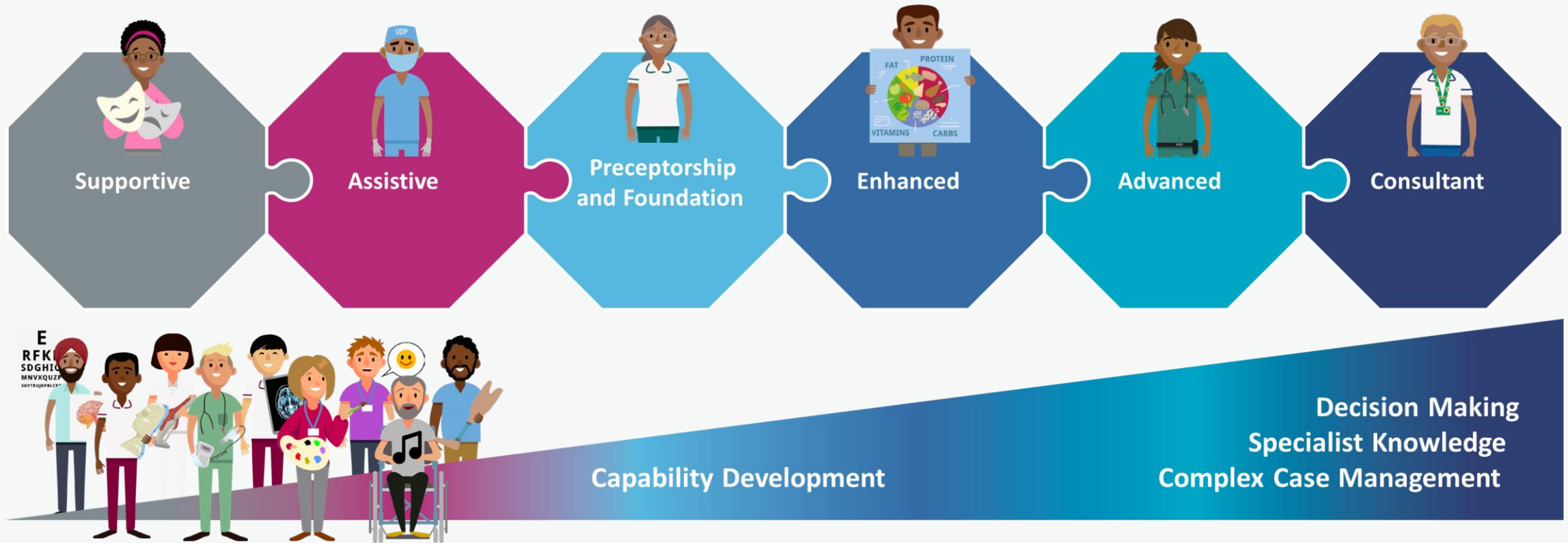


Podiatrist

# Enhanced Practice developments



# Enhanced Practice within career pathways



# 10 Year Health Plan - areas of focus

Increasing complexity and clinical risk aligned to the 3 shifts:

- Quality & Productivity
- Optimisation of scope of practice
- Enhanced clinical decision making in community
- Virtual Caseload management
- Elective Care recovery maximising workforce capabilities
- Remote clinical assessment (tele-triage) skills
- Developing skills across Neighbourhood/Primary care/community
- Supply & transformation – educator workforce initiatives, education reform
- Skills development & life-long learning
- Public/Population Health – health inequalities



# AHP Enhanced Practice Case for change

Utilising the [ECP Apprenticeship](#) to support the **upskilling** and **development** of AHPs by developing on AHP Profession specific schemas and model curricula

Provides the missing piece of accreditation in mid-careers

Offers a sustainable training and education offer to help improve retention

Access to funding via the apprenticeship levy

Support for non-traditional role development and NHS workforce transformation



**Support the delivery of  
high-quality profession  
specific educational  
programmes, alongside  
embedded work- based  
learning**



## **Allied Health Professions Enhanced Level Practice Schemas with Model Curricula**

**(10 professions)**





## **Example ECP Apprenticeship Paramedic Programme (delivered with L7 PG dip)**

- Consultation and assessment skills in enhanced practice
- Pharmacology and pathophysiology in enhanced practice
- Personal and professional development in enhanced practice
- End-point assessment

### **Elective modules**

- Urgent care
- Mental health care
- Out of hospital critical care



## **Commission 2025/26**

**Focus on work based learning and the role of the practice educator**

**Universities delivering the AHP profession specific curriculum embedding support for the practice educators in the workplace**

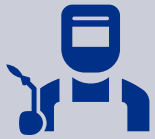
## **AHP Educator Career Framework**

**Raising the profile, promoting the importance and realising the potential of Allied Health Professions Educators. A developmental career wide resource for all those engaged in the education and development of Allied Health Professionals and the wider health and care multiprofessional team**

**Final Report and Framework**

April 2023

# Employer considerations



Scope EP Apprenticeship within **Training Needs Analysis**



Align to wider **workforce education & training strategy** - across the career framework



Engage with **Apprenticeship teams** access to the levy



Liaise with **Education Providers** – consider profession specific requirements

# Education Providers (programmes available)

University College London	University of Keele	University of Greenwich	<b>*University of Derby</b>
<b>*University of Salford</b>	University of Sunderland	<b>*Sheffield Hallam</b>	<b>*Health Science University</b>
University of Nottingham	Bournemouth University	<b>*Coventry University</b>	<b>*Cumbria University</b>



# Further Information

To access AHP Enhanced Practice Schemas and AEI guide FAQs

<https://learninghub.nhs.uk/catalogue/ahpenhancedpractice>

<https://www.hee.nhs.uk/our-work/enhanced-clinical-practice-apprenticeships/ahp-enhanced-practice-0>

Contact information for further advice [england.ahpnatprog1@nhs.net](mailto:england.ahpnatprog1@nhs.net)



# Additional support and guidance

1. Enhanced level practice - [Enhanced practice | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk)
2. Enhanced clinical practitioner apprenticeship standard - [Enhanced clinical practitioner / Institute for Apprenticeships and Technical Education](https://www.institute-for-apprenticeships.org.uk)
3. Enhanced clinical practitioner apprenticeship endpoint assessment plan - [Enhanced clinical practitioner / Institute for Apprenticeships and Technical Education](https://www.institute-for-apprenticeships.org.uk)
4. Guide on the enhanced clinical practitioner apprenticeship - [resource pack](#)
5. Guidance for employers on the enhanced clinical practitioner apprenticeship - [Report template \(skillsforhealth.org.uk\)](https://www.skillsforhealth.org.uk)
6. Higher and degree apprenticeships - [Higher and degree apprenticeships - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
7. Healthcare apprenticeships - [Apprenticeships | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk); [Home - HASO \(skillsforhealth.org.uk\)](https://www.skillsforhealth.org.uk)
8. Register of apprenticeship training providers - [Register of Apprenticeship Training Providers: how to apply - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
9. Apprenticeship funding rules - [Apprenticeship funding rules 2023 to 2024 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
10. Academic levels of learning - [The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies \(qaa.ac.uk\)](https://www.qaa.ac.uk)

---

## Thank You



**@nhsengland**



**company/nhsengland**



**england.nhs.uk**



Hilary Hall,

Honorary Professor and  
Strategic Partnerships Advisor,  
Health Sciences University



# Enhanced Practice Overview

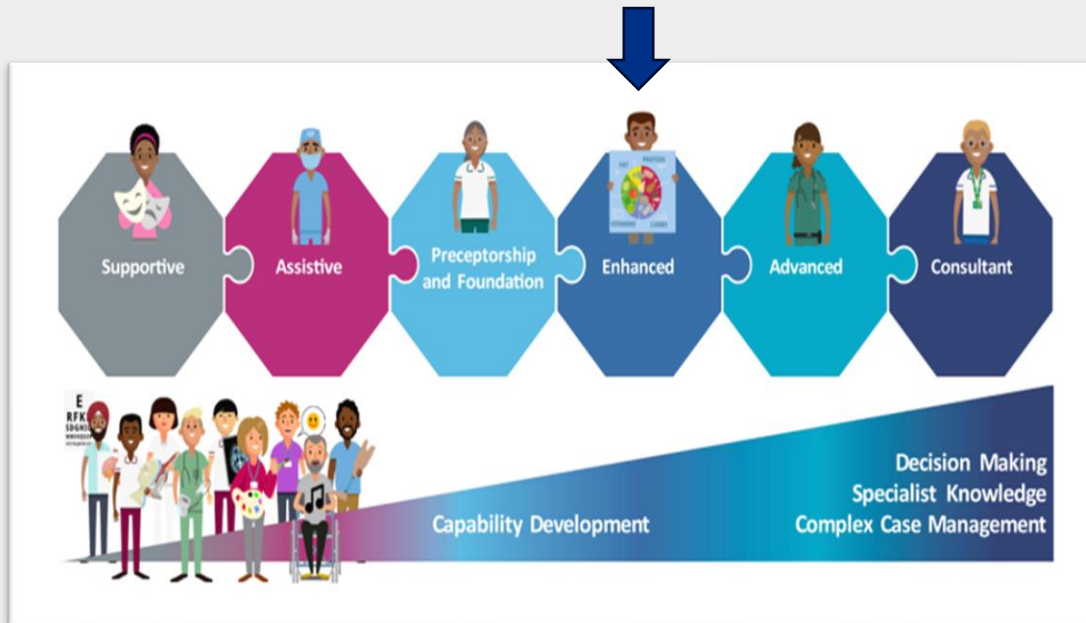
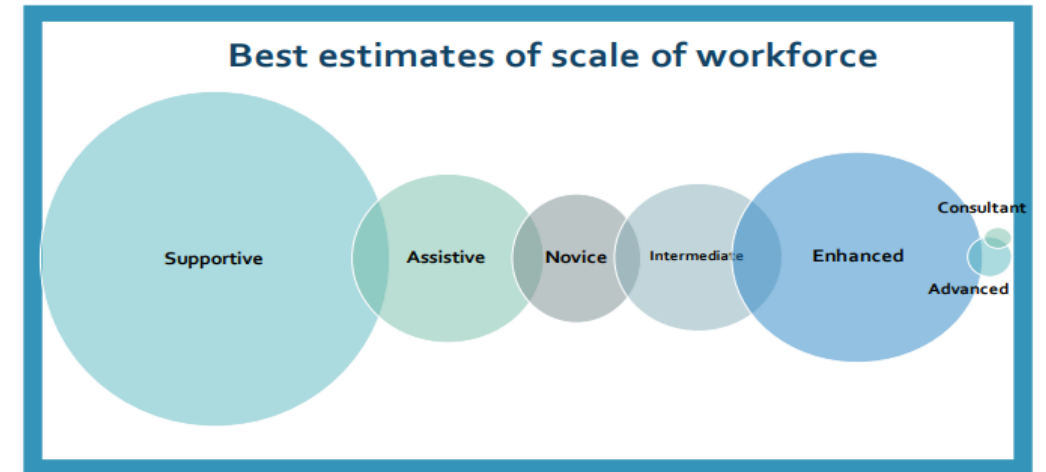


Figure 1 An estimation of the distribution of the nursing, AHP and HCP workforce by level of practice. This is for illustrative purposes only. Professionally registered workforce ranges from assistive to consultant.



- Enhanced is a **level of practice** – not a title, role or a banding
- Practitioners with **specific knowledge and skills in a field of expertise**
- Working in **complex environments** and **providing specialist decision making as part of a pathway of care**
- Provides **multiprofessional opportunities** but celebrates the clarity and depth of practice that is **profession specific**
- Across all pillars of practice

# Fit for the Future – The King's Fund

## What does the plan mean for staff and leaders?

- A range of commitments to make the NHS 'the best employer', including **personalised career development plans for all staff**, acceleration of the Messenger Review recommendations to improve leadership culture, and new minimum standards for modern employment.
- A focus on creating 1,000 new specialty training posts over the next three years, and an ambition to reduce international recruitment to less than 10% by 2035.
- New freedoms for leaders and managers to reward high performance and to act on underperformance, including through pay and reward.
- A new 10 Year Workforce Plan published later this year to replace the 2023 long-term workforce plan – **with less emphasis on growing the workforce and more on shifting staff skill mix** and harnessing technology to free up staff time to care.



# The Neighbourhood Health Service

- The neighbourhood health service will bring care into local communities; **convene professionals into patient-centred teams**; end fragmentation and abolish the NHS default of 'one size fits all' care.
- NHCs will co-locate NHS, local authority and voluntary sector services, to help create an offer that meets population need holistically. **That will mean NHCs will not only bring historically hospital-based services such as diagnostics, post-operative care and rehabilitation into the community**, but they will also offer services like debt advice, employment support and smoking cessation or weight management services.
- Hospitals will spend a smaller proportion of the NHS' total budget and employ a smaller proportion of its total staff. But it will also mean that they are liberated to focus on providing the **best, most cutting-edge and most productive care for those who most need it**.





# An NHS workforce fit for the future

- The 10-year vision is for a workforce where every individual is supported to reach their full **professional potential**.
- Staff will be supported to develop **new skills and operate at the top of their professional capability**
- ensure every single member of NHS staff has their own personalised career coaching and development plan, to help them **acquire new skills and practice** at the top of their professional capability
- Develop **advanced practice models** for nurses and other professionals
- increase the **number of nurse consultants**, particularly in neighbourhood settings
- embracing **reforms to skill mix and training** to allow more clinical tasks to be performed by nurses and allied health professionals - backed by AI



# An NHS workforce fit for the future

- Introduce new **‘skills escalators’**. These will give staff a trajectory for clear career progression, with **increasing autonomy**.
- Develop **advanced practice models** for nurses, midwives, and allied health professionals (AHPs) that are aligned to the delivery of our 3 shifts, reflecting their essential leadership roles in a range of settings, including community and public health services.
- Ensure that effective systems of **accreditation and regulation for advanced practice roles** with a regulatory framework which will provide clarity for patients and the public, enhance patient safety, and strengthen career pathways thereby enabling nurses, midwives, and AHPs to continue delivering direct patient care with increased **autonomy**.
- Nurse consultants and consultant midwives will play a vital role in the Neighbourhood Health Service, providing advanced **clinical care and system leadership, driving improvements in care quality, and advancing professional practice**.
- The CNO’s strategy will set out how nurses and midwives can be supported throughout their careers — **including progression into advanced practice and consultant roles**. It will also set out how nurses and midwives in the NHS will be supported in their individual career journey through regular, structured professional career conversations that reflect continuing professional development and education opportunities, aligned to their annual appraisal process.



# What does the 10 year plan mean for ECP

- ECP gives an opportunity to maximise the full potential of AHP's to support the 3 shifts of the 10 year plan
- As autonomous practitioners, the credible evidence of demonstrating increasing autonomous practice.
- **Provides the missing piece of accreditation mid-career**
- **Support for non-traditional role development and NHS Workforce transformation**
- **Offers a sustainable training and education offer to help improve retention**

*Apprenticeship Levy - Level 6 apprenticeship standards in health continue to be funded even if delivered at Level 7*



Kat Upshall,

Clinical Lead Physiotherapist,  
Acute Medical Unit (AMU)

University Hospitals Dorset NHS Foundation Trust

# Enhanced Clinical Practitioner (ECP) Apprenticeship

Kat Upshall

Clinical Lead Physiotherapist  
Acute Medical Unit (AMU)

July 2025





# My ECP Journey

- Why ECP?
  - Current role – Clinical lead physiotherapist on AMU
  - Opportunity for Level 7 study
  - Modules covered areas of enhanced practice relevant to AMU and leadership role
  - Opportunity for alternative career progression – ECP vs. ACP

# My ECP Journey

- Benefits of an apprenticeship
  - Support of the University
  - Support of a workplace mentor
  - Off the job training
  - Working and training at the same time
  - Supporting others with their apprenticeships

# My course structure

- Level 7 modules
  - Enhanced assessment skills for clinical practice
  - Clinical reasoning and decision making in enhanced clinical practice
  - Leadership and change in Enhanced clinical practice
- Project proposal – 5000 words
- End point assessment (EPA)

# Off the job training

- One day a week
- Direct University delivery
- Opportunities for:
  - Shadowing specialist teams/MDT/specialist AHP/Nurses
  - Attending conferences/study days
  - Presenting at conferences/study days
  - Writing reflections
  - Assignment preparation

# Mentorship

- Choosing the right mentor is very important!
- My mentor - Consultant Physiotherapist
- Regular mentor meetings every 2 weeks
- Provides learning and development opportunities
- Support for well-being

# Tripartite meetings

- Every 8-12 weeks
- Attended by mentor, university lecturer and apprentice
- Progress review - Discuss knowledge, skills and behaviours (KSBs)
- Action plan and goal setting for next meeting

# Benefits of ECP

- Provides an alternative progression route for Allied Health Professionals (AHPs)
- Upskilling of staff – Enhanced skills identified for AHPs working on AMU – Society of Acute Medicine (SAM) competencies
- Maintaining your profession within an extended role
- Increased confidence with assessment and clinical decision making

# Benefits of ECP

- Staff retention
- More efficient skilled workforce
- Patients having specialist assessment and treatment skills
- Coordinated care and therapeutic planning facilitating early discharge or treatment in SDECs



# ECP and the 10 year health plan

- Early assessment and prevention in SDECs
- Patients having access to specialist services and healthcare professional

# What does the future look like

- More AHPs looking for enhanced or extended roles within their areas
- Alternative career progression routes
- On AMU
  - Developing a progression route for AHPs in Acute medicine
  - Upskilling the AHP workforce
  - Succession planning
  - ECP role in SDEC

## I have a good understanding of

Enhanced Clinical Practice

2.9

Apprenticeships

3.4

Strongly disagree

Strongly agree

## My organisation

is already planning for ECP apprenticeships

1.3

has included ECP within Training Needs Analysis

1.2

has included ECP within appraisals/annual review

1.2

No

Yes

## I can identify:

my workforce that are already working at an enhanced level of practice

3.8

my future workforce for ECP

3.9

the supervisors and mentors who can support an ECP apprentice

2.9

Strongly disagree

Strongly agree



# Menti results – Theming of attendees takeaway messages

## 1. Growing Interest in ECP Pathways

- Many responses highlight enthusiasm for the ECP apprenticeship as a career development opportunity.
- There is recognition of ECP as a formal progression route for existing practitioners.

## 2. Need for Clarity and Communication

- Respondents seek clearer information about the ECP offer, expectations, and how it aligns with broader NHS goals.
- Several comments mention the need for better understanding of funding and access.

## 3. Mentorship and Supervision Challenges

- A recurring theme is the need to identify and support mentors and supervisors.
- Concerns about freeing up time and resources for supervision were common.

## 4. Alignment with NHS 10-Year Plan

- Many responses reference the importance of integrating ECP roles into long-term workforce planning.
- There is interest in tailoring ECP roles to fit evolving healthcare models.

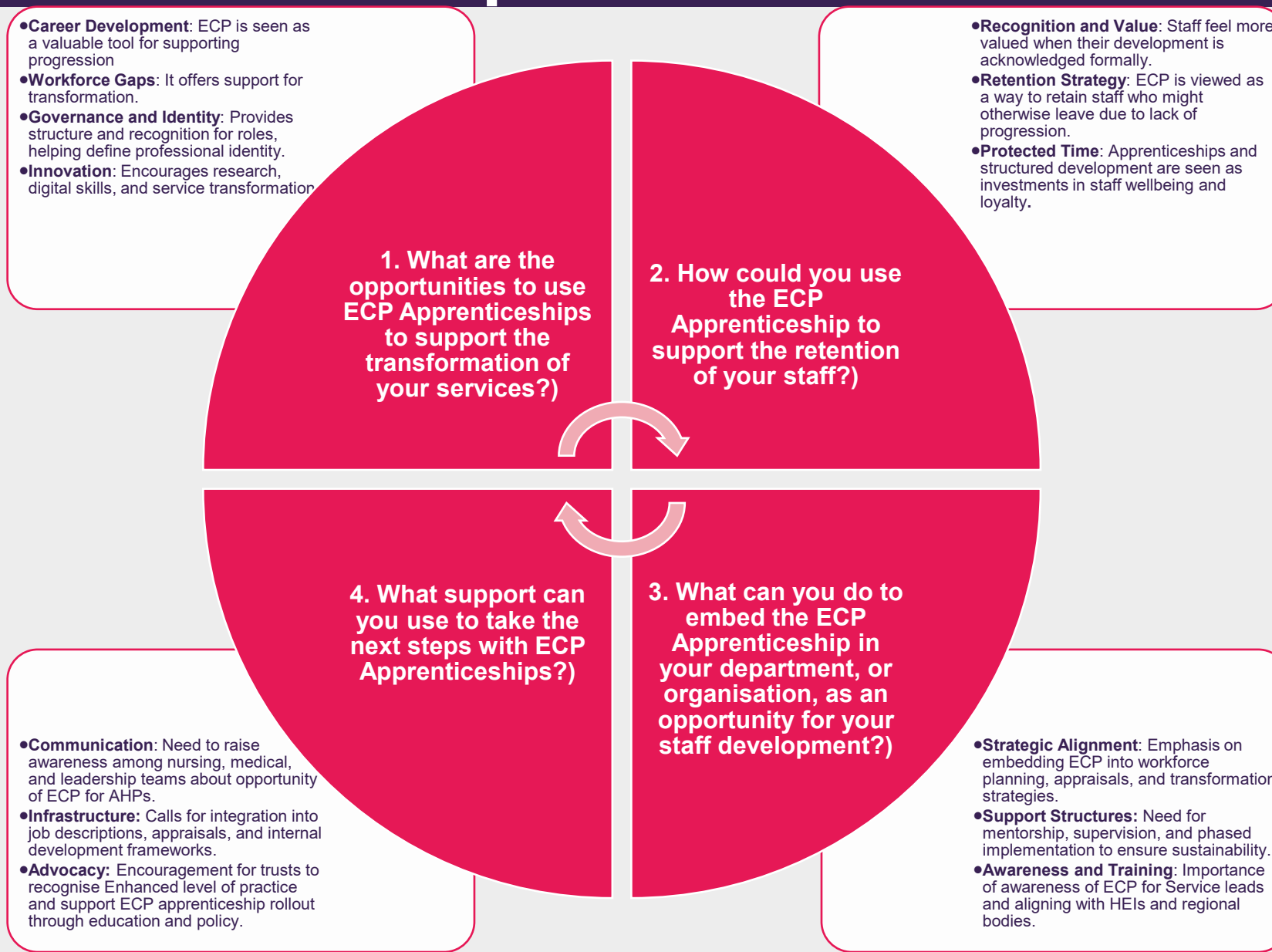
## 5. Workforce Development and Retention

- ECP is seen as a tool for retention and upskilling, especially for Band 6 staff.
- Some responses emphasise the need to support existing staff rather than only new recruits.

## 6. System-Wide Collaboration

- Suggestions included working with AHP faculties, ICS groups, and across sectors (e.g., private, community).
- Emphasis on creating a shared vision and system-wide buy-in.

# Padlet Themes from breakout room questions



# Thank you

The recording will be shared via our website

[PGCert Enhanced Clinical Practice \(Apprenticeship\) | Health Sciences University](#)



**Any further questions from todays symposium please contact**  
**[Amanda.Weaver@hsu.ac.uk](mailto:Amanda.Weaver@hsu.ac.uk)**