



Employee Development, Review and Progression (including the NHS Knowledge and Skills Framework): Practical Guidance for Managers and Practitioners

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Summary

This document sets out the Society of Radiographers' expectations regarding employee development, review and progression. The guidance and advice includes general principles and recommends best practice in the use of employer-led systems to support these and also considers these principles within the context of the UK National Health Service (NHS) Knowledge and Skills Framework (KSF).

Introduction

This document sets out the Society of Radiographers' expectations regarding employee development, review and progression.

Part one considers general principles and recommends best practice in the use of employer-led systems to support these.

Part two considers these principles within the context of the UK National Health Service (NHS) Knowledge and Skills Framework (KSF).

Part one - General Principles and Best Practice Recommendations

1.1 The Society of Radiographers considers that the provision of a competent, effective and motivated workforce requires the employer to take an active role in the personal and professional development of all employees.

1.2 The Society of Radiographers encourages employers to support their employees' personal and professional development and considers that all employees, irrespective of scope or level of practice, have a right to this.

1.3 Such support may include, but need not necessarily be limited to:

- Support with continuing professional development (CPD)
- Practice development
- Mentoring
- Preceptorship
- Appraisal
- Clinical supervision

1.4 A number of employee personal development and review systems exist and these should involve a range of clearly defined performance objectives to support:

- Pay and career progression
- Professional and practice development
- The identifying of appropriate and agreed learning objectives
- The development of service or departmental learning, training and development strategies

1.5 Such systems only benefit service users and practitioners when appropriately resourced (ie time allocated) and undertaken in compliance with the system's full requirements. An approach involving short-cuts as a response to management pressures or one in which 'lip service' is paid to the system without full implementation is valueless and should be resisted vigorously.

1.6 It should be recognised that any personal development and review system is unlikely to encompass all points considered under 1.3 and should not be seen as a complete substitute for them. Employers and service managers should consider service requirements and staff development needs and should seek to ensure that a range of options are available to support these. Many of these processes overlap and in some instances can be set up with minimal resources (see below).

1.7 Where no employer led system is in place, or where a practitioner is self-employed, the need to meet appropriate standards of CPD is imperative and in these circumstances practitioners are urged to use CPD Now to ensure this.

1.8 With regard to 1.3 above, the Society and College of Radiographers provides guidance for CPD, practice development, mentoring, preceptorship and clinical supervision.

1.8.1 **CPD** – the College's CPD framework and accreditation is specific to the needs of practitioners in medical imaging, radiation therapy and oncology, irrespective of scope or level of practice. Employee development frameworks like the KSF cannot be regarded as an equivalent process or substitute for a properly structured approach to CPD and compliance with such systems will not of itself satisfy the regulatory requirements set down by the Health Professions Council (HPC 2008). However, there is likely to be overlap between the individual practitioner's CPD objectives and aspirations and work undertaken to evidence compliance with the KSF may contribute to the practitioner's CPD portfolio. The converse can also apply. CPD Now enables the practitioner to keep a single portfolio of learning activities which may be referenced to either set of standards simultaneously. CPD Now includes a facility to enable the user to identify the application any CPD activities recorded to the KSF clearly and easily.

The documents '*A Strategy for Continuing Professional Development*' (SoR, 2003) and '*Continuing Professional Development – Professional and Regulatory Requirements*' (SCoR, 2008) provide a full account of these processes.

1.8.2 **Practice development** – the KSF can support clinical managers in identifying and addressing staff learning and development needs at departmental and service levels and tools like the e-KSF can facilitate this. More information is available in '*A Strategy for Practice Development in Radiography*' (CoR, 2005).

1.8.3 **Mentoring** – the document '*Mentoring – Guidance and Advice*' (SCoR, 2009) provides managers and practitioners with a comprehensive overview of the theory and practical applications of this process.

1.8.4 **Preceptorship** – there is no formally defined period of preceptorship for recently qualified radiographers or for those returning to practice. The term ‘preceptorship’ may simply be defined as a period of adaptation into a new role. However, increasingly in radiography the term is used to refer to the period during which a newly appointed radiographer consolidates and develops his or her knowledge and skills to the point at which he or she is able to function as a competent and autonomous practitioner. In the NHS this equates to progression from pay band 5 to 6. This arrangement is clearly stipulated in Annexe T of Agenda for Change (NHS Employers, 2005). Further guidance is available from the SCoR website at www.sor.org

Employers should ensure that suitable systems are in place to develop, assess and evidence the preceptee’s progress to competent and autonomous practice. These can only be determined in the context of local service provision. A preceptorship programme is available in CPD Now to support this process and includes a suggested range of CPD activities and a KSF outline. However, it must be stressed that a CPD portfolio cannot of itself evidence competence and that clinical managers and supervisory staff should determine this.

It is expected that practitioners who attain competence and function as autonomous practitioners should move from NHS pay band 5 to 6 (or their equivalents with other employers) and that this process should normally take no longer than two years.

1.8.5 **Clinical Supervision** may be defined as ‘an exchange between professionals to enable the development of professional knowledge and skills’ (Butterworth, Faugier and Burnard, 1998). It is a structured and formalised means to monitor and improve practice. It aims to improve skills, provide insight and to improve patient care using a structured relationship that involves regular interaction with a more skilled and experienced (although not necessarily more senior) professional. The desired outcome is that the practitioner should accept full responsibility and accountability for his or her practice and subsequently feel empowered and confident to evaluate and, where necessary, to challenge procedures and systems by which services are delivered.

Clinical supervision can, therefore, be used to safeguard and improve standards of practice, to develop individuals both professionally and personally and to contribute to excellence in clinical service delivery.

A number of commitments need to be in place if clinical supervision is to be implemented successfully. These include commitment at all levels within the organisation, protected resources, training for both supervisors and supervisees and supervision for supervisors.

Part two - the NHS Knowledge and Skills Framework

2.1 This guidance has been developed to support practitioners and managers who work in the NHS and who are required to comply with the KSF.

2.2 The marked variations in individual frameworks observed for broadly comparable posts seem to suggest that many managers and practitioners are fundamentally confused by the system. Unlike *CPD Now*, the KSF is not specifically designed for a particular group of practitioners and its application to medical imaging, radiation therapy and oncology can appear tenuous. There is, however, no ‘correct’ framework for any post. Provided manager and practitioner consider the framework carefully in the light of the post in question and agree on the framework, it is acceptable.

2.3 Some managers and practitioners express concern regarding the consequences of an ‘incorrect’ or inappropriate framework. It should be remembered that:

- unlike the processes of job evaluation and job matching (under ‘Agenda for Change’) there are no pay or grading implications relating to the KSF in a similar way
- pay progression is linked to performance as measured against the requirements of the

individual post holder's KSF. However, progression can only be withheld if the employer is able to evidence that the employee has failed to meet the requirements of the KSF. In this unlikely event the onus is on the employer to produce evidence of failure, not on the employee to produce evidence of compliance

- an inappropriate framework may reduce the overall value of the KSF for the post holder and service. It is likely that serious inconsistencies will become evident fairly quickly and the framework can be reviewed and amended accordingly.

2.4 The KSF can make a number of valuable contributions to staff and service development:

- managers can use the KSF to identify departmental, as well as individual, learning and development needs. This can support the formulation of a departmental learning and development strategy and requests for appropriate learning resources to ensure service delivery requirements are met. Manager and union learning representative partnerships can ensure that these processes are handled effectively and to the benefit of staff, services and patients
- practitioners can use the core dimensions to ensure that appropriate general professional standards are met
- the annual or six monthly reviews can provide an opportunity for the employee to discuss personal and professional development.

2.5 The KSF cannot of itself provide a replacement or substitute for any of the processes described under 1.8 above. However, these processes can feed into the KSF and much of the activity and documentation undertaken can provide useful evidence for the KSF review.

2.6 The Society and College of Radiographers provides a number of resources to help managers and practitioners who are required to comply with the KSF. These include:

- *CPD Now*. The College of Radiographers' on-line CPD system allows users to enter their individual KSF into their CPD portfolio and to reference work done for CPD against the KSF as well. Similarly, work undertaken to comply with the KSF can be referenced to the College's CPD framework and can count towards CPD accreditation and meeting the Health Professions Council (HPC) CPD Standards. *CPD Now* identifies the links between the CPD undertaken and the KSF and enables the user to keep a single record of learning activities. A simple KSF report can be generated to streamline the KSF review process for both manager and practitioner.
- *A preceptorship programme for CPD* (from November 2008). This is accessed through *CPD Now* and provides a College of Radiographers approved CPD programme, linked to an example KSF, to help evidence progression to autonomous practice. For NHS employees this is designed to support career progression from a Band 5 to a Band 6 post.
- The Society of Radiographers' website at www.sor.org contains useful guidance and example KSF profiles.

References

Butterworth T, Faugier J, Burnard P. 1998 (2nd Ed) *Clinical Supervision and Mentorship in Nursing* Stanley Thornes, Cheltenham

College of Radiographers 2005 *A Strategy for Practice Development in Radiography* London CoR

Health Professions Council 2008 *Your Guide to our Standards for Continuing Professional Development* HPC

NHS Employers 2005 *Agenda for Change: NHS Terms and Conditions of Service Handbook* DH

Publications

Society and College of Radiographers 2008 *Continuing Professional Development - Professional and Regulatory Requirements* London SCoR

Society and College of Radiographers 2009 *Mentoring: Guidance and advice* London, SCoR

Society of Radiographers 2003 *A Strategy for Continuing Professional Development* London SoR

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