

## **KSF Guidelines for Art Psychotherapists, Arts therapies/Arts Psychotherapists.**

*The information in this document is based on The Knowledge and Skills Framework (NHS KSF) and the Development Review Process. DoH October 2004.*

### **Introduction:**

These Guidelines have been written in consultation with members of the BAAT Council and Union representatives of Amicus, and senior members of Music and Drama therapy. They are guidelines ONLY and not to be seen as a definitive rule to all art psychotherapy, arts therapies posts. Job descriptions for each of us will contain some variations when seen collectively on a national level, however, it is hoped that the advice and guidance set out by BAAT and Amicus on Agenda for Change was consulted by all to set a base-line for roles, responsibilities and duties for NHS posts of all levels. The Knowledge and Skills Framework (KSF) and its Review Process dove-tails into Agenda for Change, and it is therefore advisable that all art psychotherapists / arts therapists who are employed within the NHS become acquainted with the basic principles of both structures.

The NHS KSF is applicable to all posts within the NHS. A KSF identifies the skills and knowledge needed to competently carry out a post, thus providing a good quality service to the public. For the employed NHS art psychotherapist / arts therapist it will describe the skills and knowledge needing to be applied by the practitioner, specific to the level they are employed at. The KSF will also provide a link between career progression and salary increments but it does not determine which pay band each job description has been allocated to.

Each KSF outline should ideally be identified and agreed between the practitioner and Manager, or Clinical Lead. It is recommended that the lone arts therapist will need to be proactive in describing the nature of their work to their managers in order that their roles and responsibilities (as defined in their Job Descriptions) are matched appropriately to the **level descriptors** for each applicable **dimension**. The objectives / functions within the KSF need to be both realistic and clear, thus enabling the arts therapist to maintain the standards which have been identified within their KSF outline. Further training and enhanced responsibilities should be discussed with the Manager / Clinical Lead during the **Review Process** to enable a pathway to career development; the purpose of which is 3-fold:

1. To provide life-long learning and career satisfaction for the practitioner.
2. To provide a good standard of service to the public.
3. To promote equality and diversity to all NHS staff by providing the same opportunities for career development, life-long learning, and Review Process.

#### KSF Structure:

The KSF focuses on the application of knowledge and skills in order to meet the demands on the NHS. The KSF is a broad generic framework and does not set out to describe the exact knowledge and skills needing to be applied.

The KSF is comprised of **30 dimensions**; each dimension identifies a function. For each dimension there are **4 level descriptors** which determine the degree of responsibility and involvement need for each task, i.e. level 4 would require greater responsibility and involvement than level 1. Not all dimensions are applicable to every job, as will be seen in relation to an art psychotherapy, arts therapies/ arts psychotherapy post. But there are **6 Core dimensions** which are applicable to all posts within the NHS (See Core dimensions). The **dimensions** most likely to apply to us are: **HWB6** Assessment & Treatment Planning, and **HWB7** Interventions & Treatments.

When creating a KSF outline it is important that great consideration is given to the **level descriptors** identified for an arts therapist post, i.e. within each individual's job description it should state the level of responsibility and involvement that is needed to carry out the work competently. There will be some dimensions which do not apply to us, or the level of application may be low. However, there will be other dimensions which describe the very nature of our work, i.e. 'Communication', where we would be expected to perform to a high level.

*(Insert photocopies of KSF Structures)*

#### Guidance on KSF Outlines:

*Although it has been identified within this document that many of the dimensions apply to us,, it is unlikely that more than 7 dimensions will be applied to each post (this includes the 6 Core dimensions). The DoH KSF Document identifies 'Psychotherapeutic Approaches' under dimension HWB7: INTERVENTIONS & TREATMENTS. However, for the purpose of information other dimensions have been identified which can be seen to be relevant to art psychotherapy, arts therapies; this information can be used to describe to line-managers / clinical leads, the breadth and diversity of our work, i.e. our core and enhanced skills, and may prove useful to those who have yet to submit their job descriptions.*

#### **6 Core Dimensions** (applicable to *all* posts).

##### Core Dimension 1: **Communication.**

This dimension applies to communication in all forms, and on various levels. For art psychotherapists / arts therapists it includes visual and creative processes, oral and written communication, and all other forms of expression which is not wholly dependable upon the spoken word. The process of communication is described as 2-way, involving active listening skills on behalf of the practitioner. The subjects involved in communication which apply to art psychotherapists / arts therapists are:

patients / clients, families, groups, colleagues and co-workers, managers, and other external agencies.

The legislation, policies and procedures applicable to art psychotherapists under this dimension are: confidentiality, data protection, disability, diversity, equality, and human rights.

*See 1 – 4 level indicators.*

Levels 3-4 describes the work of art psychotherapists / arts therapists employed to undertake therapy with clients; this involves: ..... ‘develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations’. Levels 3-4 describes the expectation that the practitioner would anticipate barriers to communication and to provide means to improve communication. They would be proactive in seeking different ways of communication through the skills and knowledge they have acquired. There is also an expectation within levels 3-4 that the practitioner would be able to: present and explain complex concepts to others who are unfamiliar with them, and provide such information within formal settings such as Statutory Reviews, Court Hearings, etc. (*Further details of level 4 objectives and requirements can be read in DoH document, P.55*).

## **Core Dimension 2: Personal and People Development.**

This dimension is seen as one of the key aspect of all jobs as it involves continued personal and professional development in order for NHS services to continue to meet the needs of the public. For art psychotherapists it also involves contributing to the personal development of clients / patients through clinical work, and to the development of work colleagues and team members; an example being through the provision and receiving of clinical supervision, personal and professional development is promoted.

*See 1 – 4 level indicators.*

Levels 3 – 4 describes the role of art psychotherapists according to their Job titles and level of responsibilities. Both levels require the practitioner to remain up-to-date with evidence-based practice, to apply own learning to future development of practice, to enable others to apply their knowledge and skills (supervision, placement supervisors, mentoring, etc.). Through the description in the *DoH Document, P. 61*, it can be seen that all art psychotherapists / arts therapists should achieve level 3-4 within their career progression.

## **Dimension 3: Health, Safety, and Security.**

This dimension focuses on maintaining the health, safety, and security of everyone within the work place. It is not likely that art psychotherapists/arts therapists will have a high level of involvement in this area as these are normally carried out by people

employed specifically to undertake the higher levels of responsibility / accountability, such as a Health & Safety Officer, for example.

*See indicator levels 1-4.*

Unless an art psychotherapist / arts therapist is employed in a management position they are likely to be on level 1, i.e. 'acts in ways that are consistent with legislation, policies and procedures for maintaining own and others' health, safety and security'. (P.64). Art Psychotherapists / arts therapists in management roles may be on level 2, i.e. 'identifies and assesses the potential risks involved in work activities and processes for self and others' (P.65).

#### Core Dimension 4: **Service Improvement.**

This dimension focuses on making changes in one's own practice and to improve the services on offer. Its emphasis is on user, public satisfaction, and or to support the smooth running of the organisation, such as finance.

*See indicator levels 1-4.*

Art psychotherapists / arts therapists could score at levels 2-3; level 3 if they hold management responsibilities, or who are lone practitioners whose job description identifies them to contribute or implement service improvement practices / procedures. Level 2 means that the practitioner would need to look at the implications of direction, policies and strategies, on their current practice and discuss the changes they can make as an individual and/or as part of a multi-disciplinary team. There would be an expectation for the practitioner to evaluate own and other's work when required to do so (a role of providing and receiving supervision would fall into this). Practitioners would also provide constructive suggestions as to how public services could be improved. Level 3 (management responsibility) would require the practitioner to work with the tension and difficulties of staff when faced with change and to inspire team with new visions of the future, developing a culture where new changes become embedded within the working model.

#### Core Dimension 5: **Quality.**

This dimension focuses on the quality of one's own work and to contribute to the improvement of quality to the service.

*See level indicators 1-4.*

Art Psychotherapists / arts therapists should be scored on level 3 if their job descriptions show a requirement for this level of application of skills.. At this level the practitioner works as a responsible team member in accord with legislation, policies and procedures. They are able to organise their own case-load and organises their work to maintain and promote quality. They would be required to evaluate the quality of their own and others' work and raise concern if the quality of work was potentially

at risk – should this be the case, they would be responsible for taking action when there were persistent quality problems.

#### Core Dimension 6: **Equality and Diversity.**

This dimension requires that all NHS staff act in ways that support equality and value diversity.

*See level indicators 1-4.*

For art psychotherapists/ arts therapists, level 2 would require them to recognise the importance of peoples rights and act in accordance with legislation, polices and procedures, and to take account of their own behaviour and its affect on others. (p.83). With the additional responsibilities of level 3, the practitioner would be responsible to interpret the given legislation and to evaluate how it can be applied in their place of work. They would also be expected to identify areas of discrimination and take appropriate action. This level may be required if the art psychotherapist / arts therapist has managerial responsibility. Should their be art psychotherapists / arts therapists employed on a corporate level, level 4 is likely to apply.

*The following dimensions do not apply to all jobs within the NHS. Areas relating to art psychotherapy have been highlighted.*

#### Dimension HWB1: **Promotion of Health and Wellbeing and prevention of adverse effects on health and wellbeing.**

*See level indicators 1-4.*

For art psychotherapists / arts therapists, level 2-3 recognises that the practitioner would engage with a wide range of diverse people to identify their concern about health and wellbeing; ‘wellbeing’ is identified in the DoH Document as ‘emotional, mental, physical, social, and spiritual’ (P.86). Their role would be to actively promote programmes to particular target groups to promote health and wellbeing, i.e. specialist art(s) therapy groups or individual work with a *specific* focus (i.e. eating disorders, autism, self-harm, etc.,) would constitute a programme for health and wellbeing. The programme of treatment / intervention would be *evidence-based*(or undergoing research) and serve the interests of the target group. Regular reviews would be required to evaluate the approach used by the practitioner. Level 3 would require more stringent evidence-based work and to identify trends in peoples health and wellbeing. Level 4 is more to do with the evaluation of interventions in relation to the content and thrust of policies and examines the impact of policies on improving the health and wellbeing of the population concerned; if this is a requirement within your job description then level 4 would be applicable.

## **Dimension HWB2: Assessment and Care planning to meet health and wellbeing needs.**

This dimension is highly relevant to art psychotherapists as it forms a major part of the work. When undertaking patient / client assessment the practitioner takes into account the legal obligations and responsibilities, the rights of individuals involved, and the diversity of the people they are working with. Progression through the levels of this dimension is reliant on the complexities of the cases that the art psychotherapist is working with. Many, if not all, cases will be highly complex. An understanding of the complexities is essential, coupled with increasing involvement with the planning of treatment, and the monitoring and reviewing of care programmes (P.92). This dimension is supported by Core 1: Communication, Core 6: Equality and Diversity, and G2: Development and Innovation.

*See level indicators 1-4.*

Under this dimension art psychotherapists could be working to level 4. Factors within this level include: developing and recording Care Plans, identifying risks that need to be managed, work in liaison with other practitioners and agencies, interprets information as part of the assessment, and monitors the implementation of Care Plans (P.97). *Like most dimensions within KSF not all will be identified for us within our KSF outline – however, this information can assist in helping an art psychotherapist / arts therapist to highlight skills and responsibilities when writing their job descriptions for A4C.*

## **Dimension HWB3: Protection of Health and Wellbeing.**

This dimension relates to protecting peoples health and wellbeing through the process of monitoring, and taking direct action when there are serious risks. Art Psychotherapists/ arts therapists are expected to know the legislation in relation to working with risk, and statutory enforcement measures relevant for client / patient protection. Progression through the levels of this dimension includes gaining increasing knowledge and skills in relation to the seriousness and frequency of risk.... ‘An increasing understanding of the legislative context and framework and its application to different circumstances. An increasing involvement in interagency work to help ensure the protection of the public’. (P.98).

*See level indicators 1-4.*

Art Psychotherapists / arts therapists would be seen at levels 3-4 if they are trained to undertake emergency risk assessments.. Within the **Review Process**, the practitioner would be striving further develop their knowledge and skills within this area by keeping informed of new and proposed changes within legislation, policies and strategies in relation to the protection of their client group, and to undertake relevant training to carry out risk assessments if their job description defines this as their duty and responsibility.

#### **Dimension HWB4: Enablement to Address Health and Wellbeing Needs.**

This dimension is about enabling and empowering all client / patient groups of all ages. Its purpose is to enable and empower people to acknowledge and address issues which affect their health and wellbeing; this may include: helping people to manage their conditions, supporting carers, supporting clients / patients to live independently, and to help people during significant life events.

*See indicator levels 1-4.*

Art Psychotherapists / arts therapists would be seen to be at level 4 as the work involves the ability of the practitioner to help enable and empower clients / patients through the intervention of psychotherapeutic principles, and the application of a psychotherapeutic model of work. The intervention of art psychotherapy should be seen in line with evidence-based practice, legislation, policies and procedures, and the management of risk. (P.109). Progression through the levels is based on the practitioners increasing knowledge and skills of how to enable people effectively (P.104). *This information may be useful to remain mindful of when writing a job description, it may not however be identified within an individual's KSF outline.*

#### **Dimension HWB5: Provision of care to meet health and wellbeing needs.**

This dimension relates to client groups / individuals who are dependant on others for some or all of their health and wellbeing needs to be met. It also relates to working with the carers of this group. The level of dependency covers short, medium, long, and intermittent term.

*See indicators 1-4.*

This dimension would be relevant to all art therapists as it covers both emotional and physical needs. Some of the risk factors relating to this client group are: self-harm, abuse, and neglect. It is also highly relevant to those art psychotherapists working in palliative care. The level indicator will be matched to the degree of complexities of the cases involved for each practitioner and is therefore difficult to give a general guideline to this dimension. However, for most art psychotherapists, the level at which they would be working at could be seen to be around level 2; for those working in palliative care, tier 4 mental health, etc., would possibly be higher in accord with their level of responsibilities and duty of care.

#### **Dimension HWB6: Assessment and Treatment Planning.**

This dimension is different from HWB2 which focuses on the assessment of the persons needs in the context of their lives, whereas this dimension relates to the diagnoses of disorders and diseases. Art psychotherapists / arts therapists do not make diagnoses but are required to identify certain psychological and physiological indicators in order to make referrals to other relevant professionals for testing and formal diagnoses, i.e., psychiatrists, psychologists, paediatricians, etc. However, we would be required to deliver treatment in accord to the treatment plan (within our

remit) and to be involved in monitoring the efficacy of it, along with identifying and assessing risk levels.

*See indicator levels 1-4.*

Level indicator 2 requires the practitioner to monitor the care plan in accord with the diagnoses made and to apply a method / approach to work in line with the clients' needs. They would also be required to report their assessment findings to the other professionals involved and to provide an insight into the health and wellbeing of the client (this level should be achieved by a newly qualified practitioner. A highly trained and experienced art psychotherapist/arts therapists' involvement with their client may constitute an *integral* role of the treatment plan following a formal diagnoses, under these circumstances would be at level 3-4 according to the roles and responsibilities as laid out in their job descriptions.

#### **Dimension HWB7: Interventions and Treatments.**

This dimension is a core aspect of the work of an art psychotherapist/arts psychotherapist and should be identified as a **dimension** within a KSF outline for us all. The requirement is for the practitioner to provide psychological and or physiological treatments / interventions whilst monitoring the health and wellbeing of their client. In the Index of the DoH Document, '*The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process*', Psychotherapeutic Approaches is listed under this dimension.

*See level indicators 1-4.*

Art psychotherapists are within the levels 3-4 according to their level of responsibility and the knowledge and skills they would be expected to apply. Within this scope it would be expected that the practitioner's interventions would be evidence-based, and within clinical guidelines, and based on established theories and models (*p. 126*). As well as monitoring the progress of the client, the practitioner would be required to regularly review the treatment provided, work closely with other professionals providing feedback to the team at large, make accurate records of the intervention undertaken and report outcomes, and to respond to adverse events or incidents with an appropriate degree of urgency.

Progression through the levels of this dimension are characterised by: working with more complex procedures, and with a higher level of risk., Increasing levels of clinical and technical skills and knowledge., Greater complexities in the seriousness of the condition being treated (*See page 122*).

#### **Dimension HWB8: Biomedical Investigation and Intervention.**

Not applicable to art psychotherapists/ arts therapists.

**Dimension HWB9: Equipment and Devises to Meet Health and Wellbeing.**

This dimension focuses on the adaptation, production, and or design of equipment to meet people's health and wellbeing needs.

Not applicable to art psychotherapists.

**Dimension HWB10: Products to Meet Health and Wellbeing Needs.**

This dimension is about the preparation and supply of different products that are required in relation to a person's health and wellbeing. As well as medicine, hygiene and nutritional products, it does include, 'other products used in the assessment and treatment of needs related to health and wellbeing..... (P. 139). As art psychotherapists use art materials as an integral part of their work with clients this dimension is relevant. It requires the practitioner to assess the appropriateness of materials and to select correct techniques and processes; it also requires a level of knowledge into what components the products are made up of to insure safety and appropriate use of them (eg non-toxic, etc.). *However, it is unlikely that this would be within our KSF outline, worth remaining mindful of when describing the nature of our work.*

**Dimensions: Estates and Facilities.**

**Dimension EF1: Systems Vehicles and Equipment.**

Not applicable to art psychotherapists/arts psychotherapists.

**Dimension EF2: Environments and Buildings.**

Not applicable to art psychotherapists/arts psychotherapists.

**Dimension EF3: Transport and Logistics.**

Not applicable to art psychotherapists/arts therapists.

**Dimensions: Information and Knowledge.**

### Dimension IK1: **Information Processing.**

This dimension relates to input, provision, monitoring, and development of information / information systems.

*See level indicators 1-4.*

Art Psychotherapists/arts therapists will be expected to write and provide text based information in relation to clinical records and reports. Further IT knowledge would be needed when undertaking audit and research. However, in most cases art psychotherapists / arts therapists would have the services of an admin team to store records and to place them on computer systems, and IT staff would be available to design specific programmes to aid our work. Level 1 appears in accord with the expectations and duties of art psychotherapists/arts therapists.

### Dimension IK2: **Information and Collection analysis.**

This dimension would be relevant to those art psychotherapists / arts therapists who are expected to gather, analyse, and interpret data / information to be used for audit and research. For art psychotherapists/arts therapists involved in audit, research and reviewing care standards, level 2 would apply as base-line with the scope to progress according to level of research undertaken as part of their job description. For art psychotherapists who are not involved in this level of work, level 1 would apply as it would still be necessary for communication to occur through the collection and collation of information that had been generated through case-notes, and for the submission of regular patient statistics for Government information. *However, this dimension is likely not to be identified within individuals KSF outline, but may be useful to highlight when writing job descriptions in relation to duties and responsibilities of carrying out audit and research.*

*See level indicators 1-4.*

### Dimension IK3: **Knowledge and Information Resources.**

This dimension focuses on accessing and managing various resources of information and knowledge to enable efficacy of work. This dimension would apply to all art psychotherapists as it is about accessing information in order to identify best practice, to identify legislative and policy information for up-to-date practice, identifying trends and developments in areas of work, supporting evidence-based decision making, etc.,. (*See page 172*). Progression through the levels will depend upon the knowledge and skills applied to provide increasing complex systems to organise information, and by dealing with an increasing range of information needs in relation to one's own practice, organisational needs, and the needs of clients / patients.

The level at which an art psychotherapist/arts therapist could be viewed would be determined by their level of involvement in research as described in their job

description. Art psychotherapists/arts therapists would not generally have the power to *implement* research findings without first having the authority to do so. The implementation of knowledge and information comes under level 3-4, as such art psychotherapists /arts therapists would be performing to levels 1-2. *However it is unlikely that this would be identified as a KSF dimension for us.*

*See level indicators 1-2.*

Dimensions: **General.**

Dimension G1: **Learning and Development.**

This dimension could be relevant to all experienced art psychotherapists/arts therapists, as it requires the practitioner to provide supervision, and or, mentoring; offer placement supervision and training to art psychotherapy/arts therapy students; provide in-house training, and undergo structured self-study approaches. Progression through the levels is characterised by an increased involvement in the activities as above mentioned, developing knowledge and skills in relation to the design and evaluation of learning and development programmes, an increased involvement with learning and development programmes as a whole rather than individual components of it.

Art Psychotherapists providing supervision could be seen to be on level 2; for those art psychotherapists who hold management positions / clinical lead, level 3-4 describes the knowledge and skills necessary to support, provide, and assess learning and development.

*(See level indicators 1-4)*

Dimension G2: **Development and Innovation.**

This dimension relates to art psychotherapists / arts therapists who are required to undertake research as part of their job description. It focuses on appraising models, methods, etc of *others*, and or to develop new and innovative methods and practices which could be concerned with addressing health and wellbeing needs.

This dimension suggests an *active* role on the practitioner to appraise the work of others in their field and to critically evaluate and review the developments – it appears to go beyond the step of just staying up-to-date of clinical developments. This dimension will not apply to all unless it is within their job description. The level

indicators in this dimension will depend upon their duties and responsibilities within this area as identified within their job description.  
(*See level indicators 1-4*).

**Dimension G3: Procurement and Commissioning.**

Not applicable to art psychotherapists/arts therapists.

**Dimension G4: Financial Management.**

This dimension is about the management of financial resources and may be relevant to some art psychotherapists/arts therapists, or lone practitioners in senior positions. Level 2 would possibly apply to Head therapists / Clinical Leads who were responsible for budgeting the resources of therapy expenditure. If 'budgeting' is identified within job description then this could be a KSF dimension for those with financial responsibility.

*See level indicators 1-4.*

**Dimension G5: Services and Project Management.**

This dimension is about the management of services and / or projects, and activities within those services. It covers a wide range of activities including: administration and organisation of individual parts of projects and services, agreeing overall and specific aims and objectives.

Senior art psychotherapists may be involved in criteria of this dimension on a local management level, i.e. in their management role they may be required to co-ordinate activities within their service, monitor the implementation of projects (eg setting up and implementation of a group specific to 'Autism'), ensure that planned resources are available, and to ensure that staff involved in the project have necessary information and training to offer the identified service / project. Level 2-3 would cover this criteria.

*See indicator levels 1-4.*

**Dimension G6: People Management.**

This dimension is about the management of individuals and teams, and is relevant to art psychotherapists/arts therapists on a senior level. It includes: supervision, reviewing performance, recruitment, allocating and delegating activities – it also includes aspects of leadership. This dimension would be applicable to art

psychotherapists /arts therapists who provide line-management, whom have functional responsibility for their service, and whom are able to delegate responsibility to other team members.

The level indicator would be dependent upon the details of responsibilities and duties as laid out in the job description. Progression through the levels of this dimension include: increasing knowledge and skills in the management of people, increasing knowledge and skills in good practice in recruiting and retaining people from diverse groups.

This dimension would possibly not apply to entry level art psychotherapists/arts therapists.

*See indicator levels 1-4*

#### **Dimension G7: Capacity and Capability.**

Would not apply to art psychotherapists/arts therapists.

#### **Dimension G8: Public Relations and Marketing.**

Would not apply to art psychotherapists/arts therapists.

#### **KSF Development and Review Process:**

All staff within the NHS will undergo a review process on a 6 monthly basis which will take the place of the current system of annual IPRs / job appraisals. These reviews will normally be carried out in partnership between the individual member of staff and their line-manager / clinical lead. For Art Psychotherapists/arts therapists it would therefore be paramount that line-managers / clinical leads who are not art therapy/arts therapy trained have a clear understanding of the knowledge and skills needed to be applied by the practitioner in order to carry out effectively the roles, responsibilities and duties associated with art psychotherapy/arts therapy. The KSF guidelines can be used as a tool to help communicate the skills and knowledge our professional training / on-going experience has provided us with, in order to perform to the levels identified within our KSF outline. A sound working knowledge of the KSF Review Process will be necessary for those art psychotherapists/arts therapists who hold managerial responsibilities and whom may be required to carry out the review process with other art psychotherapists/arts therapists, and /or, other members of the Team. All NHS Trusts provide KSF training, and it is strongly advised that all therapists take up the opportunity to learn more about the details of this structure before it comes into being.

## **Explanation of the Development Review Process:**

The development review process is a cyclical structure for learning and development. There can be seen 4 main components to this structure which are as follows:

- A process of review to see how individuals are *applying* their identified knowledge and skills in relation to their post, and whether there are areas for further development to meet the demands of their post (as stipulated in their Job Description).
- Developing a **Personal Development Plan** which will show the development and learning recommended for the individual to undertake by the next Review date. This plan would be jointly created by both parties and would need to be agreed upon. The personal development plan would help to ensure that the individual's work would be at the standard identified within their KSF profile, and to enable the individual to pursue their professional interests thus benefiting the practitioner and enhance the service they provide - Hence new areas for training / learning will be seen in conjunction with 'service needs' for the purpose of enhancing quality of service to clients as well as benefiting the practitioner in relation to potential career progression.
- The individual would undertake the identified areas of learning and development, as agreed and supported by their line-manager / clinical lead.
- At the following review date, both parties would look at the personal development plan and jointly evaluate the learning and development that has taken place and identify new areas for further development. The new knowledge and skills which have been acquired will then be reviewed as to how they are being *applied* through the individuals work.

*Insert diagram of Development Review Process (P.13)*

'The development review process is based on good appraisal practice. It has been designed so that organisations can combine the development review with their appraisal process so that the two work seamlessly together to support individual's development'. *The DoH KSF Document 2004. P.14.*

One of the key purposes of the KSF structure is to help ensure that a fairer system will be introduced to prevent the current equality and diversity concerns which potentially exist within the existing model of appraisal. It's purpose also includes the facility for organisations to learn what are the existing gaps within services in relation to knowledge and skills; thus designed to have a positive knock-on effect on the quality of service that public can come to expect from the NHS.

## **Pay Progression – KSF Gateways.**

The new KSF Development Review Process will also determine decisions made about pay progression, replacing the current system of annual pay increases. Within each of

the 8 paybands there will be **2 gateways**. The title and purpose of these gateways are as such:

- Foundation Gateway.
- Second gateway.

The **foundation gateway** will apply to *all* NHS staff when Agenda for Change comes into being. Within the first year one of the criteria of the Development Review Process will be to assess whether the individual is able to meet the basic requirements of their post on the pay band, and salary point appointed to them, and to be able to *apply*, from the outset, the knowledge and skills as identified within their KSF profile.

***Paypoints:***

It is expected that individuals would be able to progress through the pay-points on their particular pay band when their knowledge and skills consistently meet the demands of their job. Increases in pay can continue up until the **second gateway**. The positioning of the second gateway varies according to the pay band, i.e.

- Pay bands 5-7. *Second gateway occurs before the last 3 points of the pay band.*
- Pay band 8, ranges A – D. *Second gateway occurs before the final point.*

The **second gateway** confirms that the individual is *applying* their knowledge and skills consistently to meet the full demands of their post. The top of a pay band can only be reached once the individual has gone through the second gateway, thus proving they have continued to develop within their post.

***Individuals do not progress onto the next pay band once they have reached the final pay point. New positions in higher pay bands will need to be applied for by the individual.***

Should individuals wish to stay within their post, having reached the top of their pay band, they will still have the opportunity to continue developing their knowledge and skills as a life-long learning process.

**KSF: New posts:**

All new future posts will need a KSF outline prior to recruitment. KSF outlines can be achieved in a number of ways, here are 2 examples:

- A representative sample of post holders and their managers can look at the demands of a post and design a KSF accordingly. Service requirements will also be taken into account when the outlines are drawn up in order to meet the public demands on the NHS.

- An individual member and their manager can discuss the demands of a post when drawing-up KSF s for a new post. This would likely be the case if there were only 1 art psychotherapist/arts therapist in post, with the view to employ another.

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