

# **AHP Careers Fellowship Scheme**

Evaluation upon completion (Cohort Six, 2024 - 2025)

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## **Acknowledgements and contributions**

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## Executive Summary

The Allied Health Professions (AHP) Careers Fellowship Scheme (CFS) supported the learning and development of its sixth cohort of Fellows (N=14) between June 2024 and March 2025. The multiprofessional Fellowship is open to members of 14 professions employed across health and social care in Scotland and is accessible to all workforce levels, from support workers to consultants. Fellows are funded for up to two days per week to design and implement a work-based project and enhance their development across the four pillars of practice: Clinical Practice, Facilitating Learning, Leadership, and Evidence, Research and Development/Service Improvement.

Cohort Six was recruited through promotion of three strategic themes agreed by the AHP CFS Advisory Group:

- Preventative and proactive care
- Rehabilitation, reablement and recovery
- Innovations in health and social care

The CFS is one of only two educational supports that receive baseline funding from NHS Education for Scotland (NES) specifically for AHPs.

### Method

This report contributes to the ongoing educational governance of the AHP CFS and presents data collected via two online self-report evaluation surveys (Microsoft Forms), completed between February and April 2025. Response rates were 100% from Fellows (N=14) and 68% from line managers and mentors (n=17 of N=25).

### Results

Fellows rated the following five outcomes as most achieved:

1. Greater understanding of influence on others and ability to influence peers, close colleagues, and wider partners
2. Stronger practical collaboration with peers and colleagues to enhance services and improve outcomes
3. Active and purposeful building and use of relationships and networks to support AHP practice
4. Development of knowledge, skills, and adaptability to support dissemination of learning or wider implementation of a project
5. Sharing of new practices, evidence, and expertise effectively to facilitate service change and development

Fellows provided examples of how they achieved each outcome. Thematic analysis generated five overarching meta-themes:

1. Establishing Relationships and Collaborating to Achieve Outcomes
2. Enhancing Leadership Capabilities and Influencing Change
3. Sharing Learning and Dissemination to Facilitate Service Improvement
4. Service Improvement and Innovation to Address Local Needs
5. Person-Centred and Inclusive Practice

### Leadership Development and Strategic KPIs

Fellows reported increased leadership confidence, rising from an average of 6.0 to 7.7 out of 10.

They also reported stronger leadership identity and perceived effectiveness in the workplace (average score:  $4.6/5 \pm 0.5$ ). Survey responses provided evidence of meeting NES Strategic Key Performance Indicators (SKPIs), including:

- 100% of Fellows and 100% of managers/mentors agreed the CFS improved Fellows' practice (SKPI 11)

- 93% of Fellows rated their overall learning experience as 80% or above (average 9.2/10) (SKPI 12b)
- 100% of Fellows would recommend the Fellowship to colleagues (SKPI 12a/22)

### **Learning Environment**

Ten aspects of the learning environment were evaluated using a five-point Likert scale. Fellows reported very strong agreement that they felt supported by peers ( $5.0 \pm 0.0$ ), NES facilitators provided a safe learning environment ( $5.0 \pm 0.0$ ), and they learned from each other ( $4.9 \pm 0.3$ ). Slightly lower ratings were given to the accessibility and support provided by local NHS Board project mentors (both  $4.0 \pm 1.1$ ). The most common suggestion for improvement was to include in-person workshops (n=7).

### **Application of Learning and Impact**

Both Fellows and managers/mentors reported strong positive impacts on Fellows' practice and team development (average scores  $\geq 4.4$ ). Ratings for impact on service provision and service users were slightly lower ( $\geq 3.6$ ), reflecting the early stage of some projects. Free-text responses highlighted signs of improved service efficiency, potential for broader adoption across Scotland, and anticipated long-term benefits.

### **Impact of Reduced Funded Time**

Due to financial constraints, the Fellowship duration was reduced from 12 to 10 months. This had a moderate negative impact on learning and project delivery. Fellows cited time pressure, reduced opportunities for reflection, and challenges completing project cycles. Despite this, the experience was widely regarded as valuable and transformative.

### **Responding to the Findings**

As part of ongoing quality improvements, the following changes will be made to the CFS to respond to evaluations findings:

1. Improved communication about the scope and expectations of the learning and development programme
2. Publication of a learning programme descriptor for applicants
3. Discontinuation of action learning sets and increased use of small group mentorship sessions focused on professional development
4. Restructuring of the self-directed induction package
5. Strengthened engagement and clearer expectations for project mentors to support the tri-partite model

Due to ongoing fiscal constraints, in-person development sessions will not be delivered in 2025–2026 and the development programme will remain fully online.

### **What did the Fellows say about their Fellowship experience?**

'Thank You for a challenging but wonderful experience! I have learnt so many new Leadership skills that I will continue to use within my substantive role and future projects.'
'I have thoroughly enjoyed the career fellowship programme , it has been a huge learning curve for me but it has had a profound effect on my NHS career aspirations. I would encourage any HCSW to step out of your comfort zone you will be surprised what you can bring to the cohort and the learning you will gain !!'
'Thank you for all the support throughout this experience. It has been hard work at times but very rewarding. I have felt supported throughout by everyone involved and I look forwards to hearing about cohort 7.'
'I really appreciated my time as a fellow, it was a very steep learning curve one which I have thoroughly enjoyed, and at times had me pulling my hair out. I would not be as far along in my goals had it not been for this opportunity.'
The project has enabled me to work collaboratively with other professions and teams... we have been able to learn from each other, build our professional resilience and bring a collective voice to drive change.
Service users have a bigger voice in our service... not just the project I was working on during the Fellowship but in the current service redesign we are embarking on.

### **What did the managers and mentors say about the Fellowship?**

I have been impressed by the Fellowship system and the growth in the Fellow. Skill mix is central to the success (or failure) of the NHS and I think this is recognised in the way the Fellowship has been designed and executed.
I think the Fellowship is an amazing opportunity for staff. Not only to self-develop but for their team/service to have protected time for project development which benefits all'.
Provided a broader appreciation of the national picture and the challenges in other AHP teams/ professions. This fellowship has also allowed access to very senior people who have been very interested in the work.
Just seeing the development and progress of the Fellow during their fellowship has been impactful and rewarding.
[Fellows name] project has the potential to make a difference to young people across the country, not just [NHS Board].

### **Associated links for this report:**

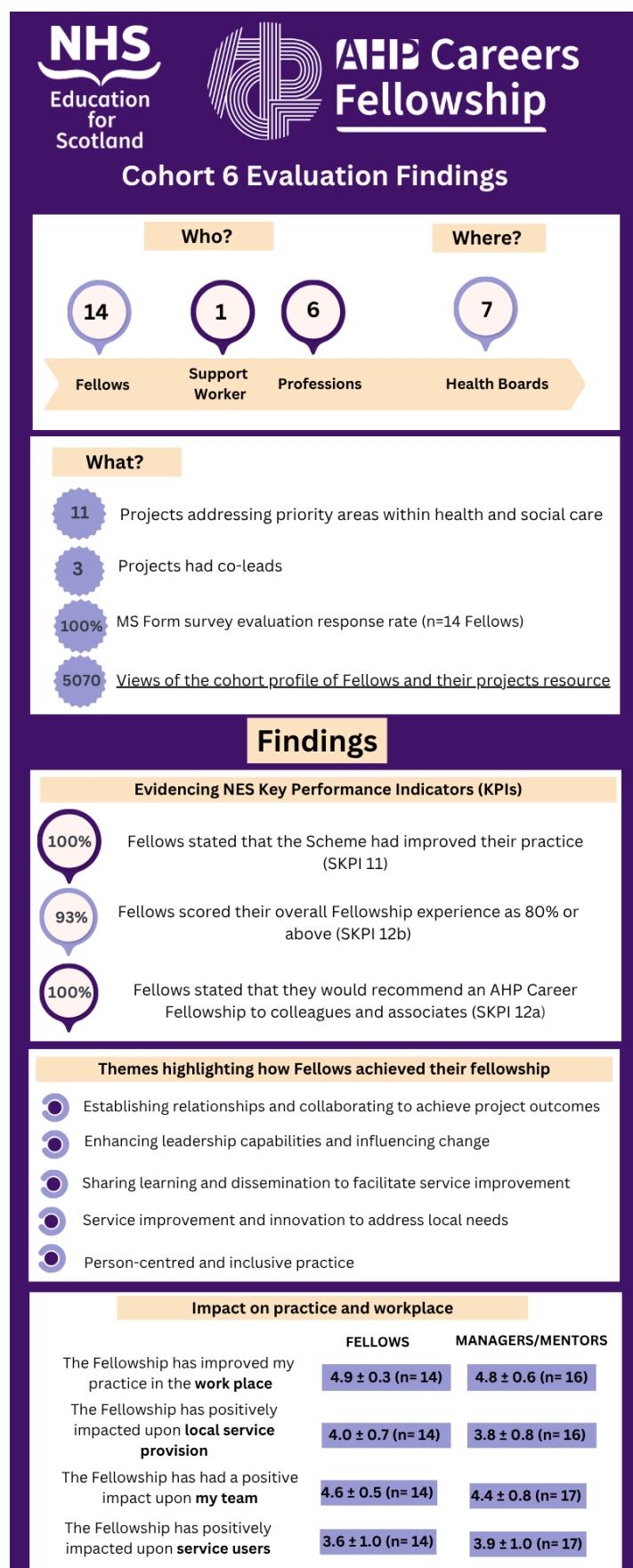
[Sway profiling the Fellows and their projects from Cohort Six](#)

[Booklet of Abstracts written by Fellows](#)

[Posters, animations, blogs, Sways and vlogs created by Fellows](#)

[Turas Learn site to find out more about the AHP Careers Fellowship Scheme](#)

## Infographic



**NHS**  
Education for  
Scotland

**AHP Careers  
Fellowship**

## Cohort 6 Evaluation Findings

	FELLOWS	MANAGERS/MENTORS
Wider appreciation of the complexity of <b>leading change</b>	$4.9 \pm 0.3$ (n=14)	$4.8 \pm 0.4$ (n=16)
More <b>effective leader</b> in the workplace	$4.6 \pm 0.5$ (n=14)	$4.5 \pm 0.5$ (n=16)
More <b>confident</b> in their role	$4.6 \pm 0.6$ (n=14)	$4.6 \pm 0.6$ (n=14)

### Application of learning in the workplace

### What did Fellows say?

"I have thoroughly enjoyed the career fellowship, it has been a huge learning curve for me but it has had a profound effect on my NHS career aspirations. I would encourage any HCSW to step out of your comfort zone you will be surprised what you can bring to the cohort and the learning you will gain!!!"

"The project has enabled me to work collaboratively with other professions and teams... we have been able to learn from each other, build our professional resilience and bring a collective voice to drive change"

"Thank you for a challenging but wonderful experience! I have learnt so many new Leadership skills that I will continue to use within my substantive role and future projects"

### What did mentors say?

"I have been impressed by the Fellowship system and the growth in the Fellow. Skill mix is central to the success (or failure) of the NHS and I think this is recognised in the way the Fellowship has been designed and executed."

"I think the Fellowship is an amazing opportunity for staff. Not only to self-develop but for their team/service to have protected time for project development which benefits all"

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## Introduction

The Allied Health Professions (AHP) Careers Fellowship Scheme (CFS) supports the career development of the AHP workforce across the public health and social care sector in Scotland; it is also open to those employed in education, and the third and independent sectors where they work in partnership with health and social care services. The scheme provides funding for staff to develop and deliver a work-based project over a period of 10–12 months, aimed at improving, changing, or developing AHP services. Fellows also participate in a structured learning programme delivered by NHS Education for Scotland (NES). The CFS is open to applicants from all workforce levels across 14 AHP professions in Scotland.

This report presents the evaluation findings for Cohort Six of the AHP CFS, based on survey responses from Fellows, their line managers, and project mentors. Fellows in this cohort were funded for 10 months, from June 2024 to March 2025. The report summarises cohort-level outcomes in relation to the CFS eight outcome statements and provides a thematic analysis of evidence demonstrating how these were achieved.

The report then explores Fellows' leadership development, followed by an evaluation of their learning experience, including suggestions for enhancing the programme for future cohorts. The penultimate section presents an impact evaluation of the CFS on Fellows' practice, service provision, local teams, and service users. The final section is a brief summary of how Fellows through having a reduced funded period of 10 months affected their learning and work-based project. The report concludes with a summary of actions being implemented to further develop the CFS in response to feedback.

## Background

The AHP CFS has evolved through several iterations since its inception. The current model—introduced in 2019—funds a cohort of health and social care staff to undertake career development across the four pillars of practice through the design and implementation of a work-based project. Initially, evaluation of the Fellowship focused on individual development, with Fellows submitting midway and final reports reflecting on their growth across the four pillars and the progress of their projects. An annual celebration event also provided a platform to share learning and project outcomes with stakeholders.

In 2021–2022, independent researchers conducted an evaluation of the CFS by engaging Fellows from the first three cohorts. This included reviewing project outputs and gathering feedback through online surveys and interviews. From this data, the researchers inductively developed eight overarching CFS outcome statements, which were piloted with the fourth cohort. These outcomes now form the basis of the current evaluation model. Given the diversity of professions, roles, and projects within each cohort, it is not expected that every Fellow will achieve all eight outcomes.

The eight CFS outcomes are:

1. Greater understanding of influence on others and ability to influence peers, close colleagues, and wider partners

2. Active and purposeful building and use of relationships and networks to support AHP practice
3. Development of knowledge, skills, and adaptability to support the dissemination of learning or wider implementation of a project
4. Stronger practical collaboration with peers and colleagues to enhance services and improve outcomes
5. Sharing of new practices, evidence, and expertise effectively to facilitate service change and development
6. Creation of practice-based learning, training, or educational opportunities
7. Stronger engagement with people accessing services
8. Greater understanding of the strengths and limitations of research, evaluation, and service improvement methodologies in practice

Currently, impact evaluation of the CFS is conducted through feedback from Fellows, line managers, and project mentors at the following stages:

- Commencement of the Fellowship (Fellows only)
- Midway point
- Completion
- Six months post-completion
- Eighteen months post-completion

In addition, the CFS aims to commission an external review every three years. However, due to current fiscal constraints, this will not be feasible in the medium term.

### **Enhancements to Learning Programme for Cohort 6**

From the previous report and feedback from Cohort Five, and to further enhance peer support and peer learning during the CFS. The following five changes were introduced to the learning and development programme:

- 1) Fellows populated their own individual development plans and were discussed during learning mentorship sessions and inform the final report submitted by Fellows;
- 2) Learning mentorship sessions were restructured to consist of three Fellows facilitated by one mentor with the focus on monitoring progress against individual learning outcomes and development plans;
- 3) Fellows populated and shared a one-page project charter to evidence application of project management principles
- 4) A midway group presentation was introduced with facilitator and peer feedback using the feedback sandwich technique; and
- 5) All workshops were recorded and shared online. The structure of each session will be highlighted to Fellows in advance to improve inclusion and accessibility of the development programme.
- 6) Alumni were recruited and supported to deliver peer learning group sessions (action learning sets) to support reflection and leadership support for implementing project.

This is the second internal report evaluating Fellows' experiences of the CFS and the first to include feedback from line managers and project mentors collected over the same time period.

## Purpose and Aims

The purpose of the report is to share findings about the impact of the CFS upon Fellows and of their projects in the practice setting, it also provides evidence to meet educational governance requirements of the NES NMAHP Directorate which hosts and runs the programme. The report presents the findings from Cohort Six Fellows' self assessment of the CFS outcome statements and their evalatuon of their learning environment; it also shares results from surveying managers and mentors.

The aims of the report are to present:

- Fellows' self-assessment of achievement of the CFS outcome statements and their leadership development
- Fellow evaluation of the CFS learning environment and experience
- Mangers and mentors evaluation of the CFS upon Fellows' practice, local team, service provision, and service users
- Fellows perception of the impact of reduced funded time
- Future developments to enhance the AHP CFS.

## Method

Electronic surveys were used to collect evaluation information from Fellows and their liner managers and project mentors.

### Survey design and structure

The surveys used form part of a wider evaluation approach of the Fellowship based upon Kirkpatrick's evaluation model (Kirkpatrick, 1998). The Kirkpatrick model is a widely used evaluation model in health professions education and other disciplines (Alsalamah and Callinan, 2022). The model was developed to understand the usefulness of learning and development through a level-based approach. The model has four levels which are described in Table 1; the first two levels focus on immediate outcomes, whereas the third and fourth focus on longer-term impact of learning and education. Levels two and three were used to guide the design of the surveys, to evaluate potential impact of the CFS upon the individual Fellow, their team, and their practice setting.

**Table 1: Defining different levels of evaluation (Kirkpatrick 1998)**

Level title	Description of Kirkpatrick level of evaluation
1. Reaction	Assesses participants reaction to the learning, which can include reaction to the relevance of the learning, the methods used, the educator's delivery, and the methods for assessment
2. Learning	Assesses the extent to which the learning improved participants' knowledge and skills. The relevance and quality of the learning can be determined, as well as the relevance of assessments and approaches used.
3. Behaviour (Transfer)	Assesses the extent participants' apply their learning gained through the learning product to their daily job objectives and role. The focus is on behaviour change in the practice setting.

4. Results (Impact)	Focusses on measuring the direct impact of the learning or education. This can be in relation to organisational Key Performance Indicators (KPIs) and the impact of the education on performance of the overall service. This can include improvements in quality, skills, clinical and patient outcomes, cost reductions and productivity. Other examples might include changes in processes, pathways, introduction of new ways of working, preparation of staff for change within the practice setting.
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The surveys' content was also informed by aspects of the learning programme and environment as well as NES organisational Key Performance Indicators (KPIs), specifically:

- SKPI 11 - % of learners who reported that education and training will improve their practice
- SKPI 12a % of learners who score their learning as "satisfactory or better"
- SKPI 12b % of learners who rate their learning as "very satisfactory"

The surveys had been used with previous cohorts, however, two additional sections were added for Fellows to complete related to leadership development and to gather their views about having a 10 month funded fellowship, compared with 12 months.

The two surveys had targeted questions for their specific target group, and some common questions to enable triangulation of findings in relation to impact of the CFS upon the individual Fellows and in their practice settings. Both surveys consisted of closed questions employing a range nominal, numerical and Likert-type rating scales, alongside open questions seeking evidence or examples to illustrate ratings. The Fellows' survey was structured into seven sections:

1. Consent and data protection
2. Evaluation of the CFS outcome statements
3. Leadership development
4. Experience of the Fellowship scheme
5. Impact on practise and application of learning
6. Impact of reducing funding from 12 to 10 months
7. Open questions about enhancing the learning experience

For managers and mentors, their survey was shorter and contained questions grouped in the following six sections:

1. Consent and data protection
2. Views about the fellowship scheme
3. Impact upon the fellow
4. Impact of the fellowship in the practice setting
5. Applying new knowledge and skills into the practice setting
6. Final questions about enhancing support for managers/ mentors

### **Ethical Considerations**

Completion of both surveys was voluntary and respondents did not require to answer any question they felt uncomfortable with. Respondents were made aware of the purposes of the evaluation and informed of their rights to anonymity and confidentiality. Consent was also secured for the findings being published and use of Artificial Intelligence tools to analyse responses. Fellows were also informed of their right to withdraw consent at any point without consequence.

### **Survey Distribution**

The surveys were generated on Microsoft Forms and circulated three times via email to all Cohort Six AHP Fellows (N=14) and their line line managers and project mentors (N=25) from mid February to end of April 2025.

### **Data management**

Survey data were collected and stored in compliance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. The survey was administered by Microsoft Forms, which is approved for use by NHS Scotland. Data were stored on a secure encrypted server and only accessible to the CFS team. Responses were exported from MS Forms into an Excel Spreadsheet and stored on NHS Scotland secure network drive, protected by authentication and password access.

### **Data analysis**

Within the Excel spread sheet, the responses to numerical rating scales and Likert-type scales were summarised using descriptive statistics. The mean, or average, was calculated as a summary measure of scores to interpret the strength of agreement with the statements (Koo and Yang, 2025). The standard deviation (SD) was also calculated as a measure of variation of the values around the mean score. An SD values of: 0.0 – 0.5 indicates low variability; 0.6 – 1.0 indicates moderate variability; and >1.1 indicates high variability and wide spread views. Due to the diverse group of Fellows in terms of professions, roles, experience and project topics and settings, higher variability would be expected (Sahoo and Sahoo, 2023).

Free text responses to questions were copied into a Microsoft Word document and any direct or indirect identifiable information was removed and replaced with a description, this is indicated by [X]. Analysis of free text responses was Microsoft Copilot was used for the first time. An example of a Copilot prompt used is presented below:

- Copilot prompt: Analysis of data is required for an evaluation report about Career Fellowships and within health and social care settings. Provide a thematic analysis of the free-text responses for each of the eight outcomes from Cohort Six, include identified sub-themes, the number of responses, and two illustrative quotes per outcome.

The evaluation findings from Cohort Six are presented in the following five sections titled 1) Evaluation of the CFS outcomes, 2) Leadership development, 3) Learning environment and experience 4) Application of learning and impact of Fellowship in the practice setting, and 5) Impact of reduced funded time.

## **Findings**

Cohort Six consisted of 14 Fellows from six professions and one HCSW, across seven NHS Boards undertaking 11 projects, with three of the projects having co-leads; all Fellows completed the survey (100% response rate). The Fellows' line managers and mentors (N=25) were simultaneously surveyed, with 17 respondents (67% response rate); 7 line managers and 10 project mentors. The report will now present the findings from evaluating the CFS outcomes.

### **Section 1: Evaluation of the CFS outcomes**

This first section presents the Fellows' evaluation against each of the eight CFS outcomes; Fellows were asked *To what extent have the following outcomes been achieved through your fellowship experience?* A six-point ordinal rating scale was used, ranging from 1: *No Extent* to 6: *Completely*.

Following this rating, three examples of meeting each outcome were requested through open text boxes.

For ease of comparison, the closed question results have been treated as interval level data with adapting the rating scale into six points and presenting the average score and standard deviation. The higher the average score and the smaller the standard deviation number indicates a higher level of achieving the outcome statement and lower variability of scores across the cohort. These results are presented in Table 1 and arranged in descending order of average score with the highest scored statement first and the lowest last. Analysis of the responses to the free text questions to gather evidence for achieving each outcome are presented in Section 1.2.

*Section 1.1 numerical evaluation of achieving each outcome statement*

To support comparison, Table 1 summarises Fellows' ratings of how well each of the eight CFS outcomes were achieved. Outcomes 1 and 4 received the highest average scores ( $4.9 \pm 0.9$ ), indicating strong perceived achievement. Outcome 2 ( $4.6 \pm 0.6$ ) followed closely, with outcomes 3 ( $4.5 \pm 0.9$ ) and 5 ( $4.4 \pm 0.7$ ) also rated positively. The lowest scores were reported for outcomes 8, 6, and 7, in that order.

**Table 1: Fellows' evaluation of each fellowship scheme outcome** (in descending order of rating)

Fellowship Scheme Outcome	Average Score (standard deviation)
Outcome 1: Greater understanding of influence on others and ability to influence peers, close colleagues, and wider partners	$4.9 \pm 0.9$
Outcome 4: Stronger practical collaboration with peers and colleagues to enhance services and improve outcomes	$4.9 \pm 0.9$
Outcome 2: Active and purposeful building and use of relationships and networks to support AHP practice	$4.6 \pm 0.6$
Outcome 3: Development of knowledge, skills, and adaptability to support the dissemination of learning or wider implementation of a project	$4.5 \pm 0.9$
Outcome 5: Sharing of new practices, evidence, and expertise effectively to facilitate service change and development	$4.4 \pm 0.7$
Outcome 8: Greater understanding of the strengths and limitations of research, evaluation, and service improvement methodologies in practice	$4.1 \pm 0.7$
Outcome 6: The creation of practice-based learning, training, or educational opportunities	$3.9 \pm 1.1$
Outcome 7: Stronger engagement with people accessing services	$3.1 \pm 1.1$

\*Each CFS outcome was rated from 'to no extent' to 'completely' (on a scale of 1-6) to assess whether the statement outcome had been achieved through the fellowship

Managers and mentors were asked to select the four CFS outcome statements most relevant to their Fellow's project. Table 2 presents the results in descending order of frequency, with the most commonly selected outcomes listed first. Outcome 2—focused on purposeful relationship-building and networking—was selected most often. Outcomes 1, 3, and 5 followed, each with 11 selections. Outcome 4 was close behind, chosen by 10 respondents. Interestingly, the least frequently selected outcomes for relevance were the same as those rated lowest by Fellows: outcomes 8, 7, and 6, respectively.

**Table 2: Managers/ mentors evaluation of each fellowship scheme outcome (in descending order)**

Fellowship Scheme Outcome	Total count
Outcome 2: Active and purposeful building and use of relationships and networks to support AHP practice	15
Outcome 1: Greater understanding of influence on others and ability to influence peers, close colleagues, and wider partners	11
Outcome 3: Development of knowledge, skills, and adaptability to support the dissemination of learning or wider implementation of a project	11
Outcome 5: Sharing of new practices, evidence, and expertise effectively to facilitate service change and development	11
Outcome 4: Stronger practical collaboration with peers and colleagues to enhance services and improve outcomes	10
Outcome 8: Greater understanding of the strengths and limitations of research, evaluation, and service improvement methodologies in practice	7
Outcome 7: Stronger engagement with people accessing services	2
Outcome 6: The creation of practice-based learning, training, or educational opportunities	1

The Fellows' free-text comments, which provided evidence of achieving each outcome, were thematically analysed using Microsoft Copilot. The number of responses included in the analysis is noted in brackets. Where appropriate, the author adjusted the wording of themes and sub-themes to better reflect the context of the Fellowship. The outcome of the analysis is included as an addendum to this report.

As in the previous evaluation of Cohort Five, the volume and overlap of examples shared for each outcome led to the generation of overarching meta-themes. Microsoft Copilot was instructed to synthesise these from the free-text responses. This process resulted in five meta-themes, each with three or four sub-themes. The number of distinct responses contributing to each sub-theme is indicated in brackets, and two illustrative quotes were generated for each. The author reviewed and refined the expression of themes and sub-themes to ensure alignment with the Fellowship context and their interpretation of the data.

**Figure: Meta-themes describing how Fellows met the CFS outcome statements**

### *Meta Theme 1: Establishing Relationships and Collaborating to Achieve Outcomes*

The first meta theme highlights how Fellows invested time in building new professional relationships and collaborating with others to achieve their Fellowship outcomes. Many Fellows described initiating contact with individuals in senior or strategic roles—often within their own organisation, but also across other NHS Boards, third sector organisations, local authorities, national bodies, networks, subject matter experts, and researchers.

Fellows also emphasised the value of peer support and connecting with others in their cohort community of practice. These relationships not only provided encouragement but also helped advance their projects. The theme further illustrates how Fellows benefited from expanded networks and the formation of stakeholder groups, which brought new insights and perspectives that would not have emerged otherwise. Importantly, Fellows noted that these new professional relationships would continue to enhance their work in their substantive roles and in future projects.

#### **Meta Theme 1: Establishing relationships and collaborating to achieve project outcomes**

Fellows actively developed networks and collaborations to support their projects and influence change.

##### **Subthemes:**

1. **Strategic Stakeholder Engagement** – Engaging senior leaders and external partners to gain support and achieve project outcomes (27)
2. **Cross-Sector Collaboration** – Connecting and working across NHS Boards, third sector, and national bodies. (13)
3. **Peer Support and Networking** – Building relationships within the cohort, peers, and other professional groups. (13)
4. **Creating Stakeholder Groups** – Forming a group of different stakeholders to guide project work. (13)

##### **Selected Quotes illustrating two subthemes:**

*“I built a network of 17 SLTs across all specialities... Each team member committed to make one change in their team.”*

*(Demonstrates stakeholder engagement and peer collaboration)*

*“I built relationships with autistic adults with lived experience, 3rd sector organisations, stronger links across SLTs and I am starting to work with OT to implement some of the resources created.”*

*(Shows cross-sector collaboration and purposeful networking)*

### *Meta Theme 2: Enhancing Leadership Capabilities and Influencing Change*

This second theme captures how Fellows developed their leadership confidence and capabilities through their Fellowship. Many reflected on increased self-awareness and an progression in their self-identity as leaders—recognising that leadership is not limited to senior roles but can be demonstrated at all levels.

Fellows reported feeling more confident in leading change and taking on greater leadership responsibilities. They shared examples of applying leadership principles and techniques to influence others, facilitate change, and contribute to service improvements.

Respondents also described growth in their communication skills, supported by tools introduced during the learning and development programme—such as elevator pitches and the use of service user stories to engage stakeholders and manage resistance. Additional examples included enhanced strategic thinking through the use of project planning and quality improvement (QI) tools to address challenges in their practice settings. Several Fellows also noted becoming mentors and role models within their teams, actively supporting colleagues' development and encouraging a culture of improvement.

#### **Meta Theme 2: Enhancing leadership capabilities and influencing change**

Fellows grew in confidence and capability as leaders, applying their learning to influence others and lead change.

##### **Subthemes:**

1. **Confidence in Leadership Identity**— Recognising leadership capabilities regardless of grade. (14)
2. **Influencing Through Communication**— Using tools like elevator pitches and storytelling to persuade. (14)
3. **Strategic Thinking and Planning**— Applying project management and quality improvement principles and planning tools. (14)
4. **Mentoring and Role Modelling**— Supporting colleagues' development and acting as change agents. (13)

##### **Selected Quotes illustrating two subthemes:**

*"I now feel more confident in my abilities to lead a successful project, liaise with unfamiliar teams and also to create new opportunities for myself."*

*(Reflects leadership identity and strategic engagement)*

*"I have learnt through this fellowship that I can be a leader despite the role I hold... I feel I still have to work on this and look forward to continuing with the development of my leadership skills."*

*(Highlights leadership growth and self-awareness)*

### *Meta Theme 3: Sharing Learning and Dissemination to Facilitate Service Improvement*

This theme reflects how Fellows actively shared their learning and supported wider service improvement through various formats. Many developed new digital communication skills, using tools such as Canva, Sway, infographics, and MS Teams to create engaging and accessible content. These outputs were used to share project findings, promote service developments, and facilitate peer learning.

Fellows also reported increased confidence in public speaking, with several presenting their work at national webinars, conferences, and local events to reach broader audiences.

In addition to digital and verbal dissemination, some Fellows created practical resources—such as toolkits, videos, and training materials—tailored to identified needs and designed to support sustainability beyond the funded Fellowship period. Fellows demonstrated an awareness of the importance of adapting messages for different audiences, including colleagues, service users, and senior leaders.

#### **Meta Theme 3: Sharing learning and Dissemination**

Fellows developed and shared knowledge through various formats to support learning and service improvement.

##### **Subthemes:**

1. **Digital Communication Skills to engage and disseminate** – Using tools like Canva, Sway, Infographics, and MS Teams to share learning. (14)
2. **Public Speaking and Presentations**– Presenting at events and webinars to wider audiences. (14)
3. **Resource Development**– Creating toolkits, videos, and training materials to support stakeholder and project sustainability. (27)
4. **Tailoring Messages to Audiences**– Adapting communication for different stakeholders. (14)

##### **Selected Quotes illustrating two subthemes:**

*“I have developed my skills in adapting information to suit the listeners... I have learnt how to create videos and presentations which are engaging.”*

*(Demonstrates tailoring communication and digital skills)*

*“I have been able to challenge myself to embrace technology and learn new digital skills. I am particularly proud of using Sway and Canva to share information and produce resources.”*

*(Shows digital dissemination and resource creation)*

#### *Meta Theme 4: Service Improvement and Innovation to Address Local Needs*

The penultimate meta theme was titled *Service Improvement and Innovation*. Fellows applied a range of quality improvement and research methods during their projects. They reported using QI tools such as process mapping, driver diagrams, and audits to identify areas for improvement and guide project planning. Projects were aligned with national policy and evidence-based practice, and Fellows demonstrated innovation by designing new pathways, tools, and service provision tailored to the needs of their teams and the people who access their services.

The final subtheme related to evaluation and impact measurement. Fellows explained how they used data to inform decision-making, assess progress, and demonstrate the value of their interventions. This included collecting feedback, conducting audits, and presenting findings to stakeholders. These experiences led to increased confidence among Fellows in leading change and using evidence to support innovation.

#### **Meta Theme 4: Service Improvement and Innovation**

Fellows applied quality improvement and research methods to enhance service provision and address local needs.

##### **Subthemes:**

1. **Application of QI Tools**– Using process mapping, driver diagrams, and audits. (36)
2. **Evidence-Based Practice**– Aligning projects with national policy and research. (37)
3. **Service improvements and Innovation**– Creating new pathways, tools, or service models. (25)
4. **Evaluation and Impact Measurement**– Using data to inform plans and demonstrate change. (37)

##### **Selected Quotes illustrating two subthemes:**

*“I followed the NES QI journey... I implemented a number of QI tools to identify and plan change ideas. I presented at NHS [X] QI event.”*

*(Illustrates QI application and evaluation)*

*“The local audit showed evidence of current practice... led to plans for training and dietetic input to pathway redesign.”*

*(Demonstrates evidence-based service improvement)*

### ***Meta Theme 5: Person-Centred and Inclusive Practice***

The fifth and final meta theme was titled *Person-Centred and Inclusive Practice*. Several Fellows' projects focused on embedding person-centred and inclusive approaches within their practice settings. Fellows involved people with lived experience in the design, delivery, and evaluation of their projects, using varying levels of service user participation to ensure changes were relevant and meaningful. They described how service user insights shaped project direction and outcomes, with feedback gathered through questionnaires, workshops, and informal conversations. This collaborative approach helped ensure that project outputs were focused on the needs and experiences of those accessing services.

To support inclusive engagement, Fellows employed flexible and accessible methods—such as offering options for online or in-person participation and providing written feedback—to accommodate different preferences. Two Fellows also applied neuro-affirming and trauma-informed principles, adapting communication and service delivery to meet the needs of neurodiverse individuals; these adaptations have now become part of their daily practice. Additionally, Fellows introduced approaches that enabled service users to influence practice and service provision by collecting their views on proposed service changes, understanding their expectations, and learning from their experiences.

### ***Meta Theme 5: Person-Centred and Inclusive Practice***

Fellows embedded co-production and service user engagement into their projects to improve relevance and outcomes.

#### **Subthemes:**

1. **Co-Production with Service Users**— Involving people with lived experience in design and feedback about changes. (11)
2. **Inclusive Engagement Methods**— Offering flexible, accessible ways for people to participate. (11)
3. **Collecting Feedback to Improve Practice** – Using service user insights to shape services and resources. (11)

#### **Selected Quotes illustrating two subthemes:**

*"I have learned so much about co-production... I tried to build a safe, trusting environment and asked open strength-based questions."*

*(Highlights co-production and inclusive engagement)*

*"I have used more neuro-affirming approaches in all my clinical contacts. I can support autistic adults better and... co-produce with all patients I work with."*

*(Demonstrates inclusive, person-centred practice)*

This report will now present the Fellows' evaluation of their leadership development sharing pre and post CFS data.

## Section 2: Leadership Development

This section of the report evaluates the Fellows' leadership development, which was supported through the integration of the *Leadership in Practice Scotland* (LiPS) course. LiPS is a foundational, multiprofessional leadership development programme run by NHS Education for Scotland (NES). Due to financial constraints and the need for a consistent and sustainable approach to supporting the leadership pillar for future cohorts, LiPS was piloted with some modifications to align with the overall CFS structure.

Table 3 presents Fellows' self-assessed confidence in achieving the four LiPS learning outcomes, recorded both before and after the course using a five-point Likert-type scale. It also shows Fellows' overall confidence as leaders, measured pre- and post-course using a ten-point numerical rating scale.

**Table 3: Quantitative results of pre and post self-assessment confidence scores to meet LiPS learning outcomes**

Learning Outcome	Pre-Fellowship self assessment	Post Fellowship self assessment
Define the six leadership capabilities that support effective leadership in adult social work, adult social care and health in Scotland	$2.7 \pm 0.8$	$4.5 \pm 0.5$
Demonstrate a leadership capability in action by engaging in supportive dialogue	$3.6 \pm 0.9$	$4.4 \pm 0.5$
Produce an action plan describing my leadership capability development needs for discussion with others e.g. line manager	$3.3 \pm 0.8$	$4.5 \pm 0.5$
Appraise the contribution of the action plan to the discussion with my line manager/ project mentor by writing a reflective account	$3.4 \pm 0.8$	$4.5 \pm 0.5$
<b>Leadership confidence (rating 1 – 10)</b>		
Overall confidence as a leaders	$6.0 \pm 1.1$ (range 4 – 7)	$7.7 \pm 0.8$ (range 6-9)

Table 3 demonstrates that Fellows' self-assessed confidence in meeting the LiPS learning outcomes increased over the course of the CFS. Initial scores ranged from 2.7 to 3.4, rising to between 4.4 and 4.5 upon completion, indicating a marked improvement in confidence. The table also shows that Fellows' overall confidence as leaders increased from an average score of 6.0 ( $\pm 1.1$ ) to 7.7 ( $\pm 0.8$ ) out of 10.

Further evidence of leadership development was reflected in Fellows' reports of increased self-identity as leaders (average score:  $4.6 \pm 0.5$ ) and their perception of being more effective leaders in the workplace (average score:  $4.6 \pm 0.5$ ), both rated using a five point Likert-type scale of agreement. In addition to the quantitative data, the selected quotes below illustrate the growth in leadership capabilities reported by all members of the cohort, highlighting an increase in leadership capacity within the practice setting:

- “I now feel more confident in my abilities to lead a successful project, liaise with unfamiliar teams and also to create new opportunities for myself.”
- “I finally feel empowered to step forward in my workplace.”

- “I am much more aware of my strengths as a leader which has increased my confidence in taking on leadership roles.”

The information in this section provides evidence of Kirkpatrick Level 2 (Learning) impact. However, the *Booklet of Abstracts* and other project outputs produced by Fellows demonstrate Level 3 (Behaviour) impact, showing how leadership development has translated into practice.

### Section 3: Learning environment and experience

This section presents the results from closed questions that asked Fellows about their learning environment and experience throughout their Fellowship. Fellows were also invited to suggest improvements for future cohorts; these comments are summarised in a table at the end of this section.

To evaluate the learning environment in more detail, Fellows rated their level of agreement with a series of statements using a five-point Likert-type scale (from *Strongly Disagree* to *Strongly Agree*). The results, presented in Table 4 in descending order of agreement, show very strong consensus (average score of 5) that the online learning environment provided by NES facilitators was safe and that Fellows supported one another. While the ratings indicate general agreement with the statements about the learning experience, the two related statements about project mentors received slightly lower average scores and higher SD ( $4.0 \pm 1.1$ ), indicating a wider range of experiences and perceptions. The following quote reflects the issue:

“I should have given more thought to who would be best placed to be my project supervisor. Having [X] was perhaps not the best due to competing priorities with service demands. I felt I was consistently having to raise how the fellowship was not all just about the project”

**Table 4: Fellows' rating of aspects of their learning environment (N=14)**

Learning Environment (Setting, support structures, and conditions that enable learning)	Average Score (Standard Deviation)
Felt supported by other Fellows within the cohort	$5.0 \pm 0.0$
The NES facilitators provided a safe environment for learning	$5.0 \pm 0.0$
Learned from other Fellows within the Cohort	$4.9 \pm 0.3$
The Fellowship experience offers high challenge with high support	$4.8 \pm 0.4$
Online workshops were relevant to Fellow	$4.8 \pm 0.4$
Fellow's Learning Mentorship meetings provided by NES staff supported their learning	$4.8 \pm 0.4$
Peer Learning Group sessions supported Fellow's learning	$4.8 \pm 0.4$
The Personal Development Plan (PDP) supported Fellow's learning	$4.6 \pm 0.5$
Project mentor effectively supported Fellow's development	$4.0 \pm 1.1$
Able to access local project mentor when required	$4.0 \pm 1.1$
Overall Satisfaction	
Recommend undertaking a Fellowship to a colleague*	$4.8 \pm 0.4^*$
Rating of overall learning experience** (using 10-point numerical rating scale)	$9.2 / 10 \pm 1.1$ (range 7 – 10)

\*provides evidence for NES KPI 22

\*SKPI 12a % of learners who score their learning as “satisfactory or better”

\*\*SKPI 12b % of learners who rate their learning as “very satisfactory”

In alignment with NES organisational KPIs, Fellows were asked if they would recommend to a colleague to undertake a Fellowship with 100% of Fellow in agreement – evidencing NES KPI 12a. Fellows were also asked to rate their overall learning experience of the CFS, respondents gave an **b**

When asked about ideas to further enhance the learning experience for future fellows, there were 12 responses. These have been grouped together and listed in Table 5 in descending order of frequency with a response indicating how the comments have been addressed or not.

**Table 5 Suggestions to enhance learning experience of future fellows**

Suggestion	No.	Adopted?	Response / approaches to address suggestion for Cohort 7
More face-to-face sessions	7	No	<ul style="list-style-type: none"> <li>• Finances not available to support this recommendation</li> <li>• Online workshops have been restructured to be closer together earlier in the Fellowship experience</li> <li>• More touch points in the year and greater emphasis on shared learning activities for all Fellows to complete</li> </ul>
Increase awareness of the work required as part of the learning and development programme	2	Yes	<ul style="list-style-type: none"> <li>• Promote awareness of content and structures of development programme at information sessions</li> <li>• Publish a learning programme descriptor</li> </ul>
One to one sessions as well as peer group sessions	1	No	<ul style="list-style-type: none"> <li>• Small group learning mentorship sessions are held to support relationship building and peer learning within cohort</li> <li>• Fellows encouraged to liaise with one another throughout</li> <li>• Fellows have one-to-one sessions with local mentor</li> <li>• Fellows invited to arrange a one to one discussion at any point in relation to their fellowship</li> </ul>
Greater clarity and guidance for joint projects across Boards	1	Yes	<ul style="list-style-type: none"> <li>• Reminders about expectations of co-leads at midway, final report and project outputs are provided verbally and in written guidance</li> </ul>
More support for developing IDP action plans and time for completion of induction	1	Yes	<ul style="list-style-type: none"> <li>• Individual development Plans (IDP) templates are available from the start of the learning and development programme</li> <li>• Time is provided during the workshops to discuss and plan IDP content and these are discussed during small group learning mentorship sessions</li> <li>• Fellows have 3 months to complete the self-directed induction and content revised . Orientation is provided in the first workshop and to discuss the induction.</li> </ul>
More support and guidance for managers/mentors	1	Yes	<ul style="list-style-type: none"> <li>• A managers and a mentors information session was introduced before the cohort commenced</li> <li>• Turas Learn now holds guidance for managers and mentors</li> <li>• SLAs will be shared with mentors in future</li> </ul>
Inclusion of support for how to write business cases	1	No	<ul style="list-style-type: none"> <li>• This could be included in future cohorts and offered to the alumni</li> </ul>

#### Section 4: Application of learning and impact in the practice setting

Both surveys were designed to contain similar questions to enable triangulation of results from both groups about potential impact upon Fellows and the workplace. If a respondent could not answer a question or did not know, then they were advised to leave the question unanswered.

##### *Section 4.1 numerical evaluation of the Fellowship impact on practice*

Respondents were asked to rate their level of agreement using a five-point Likert-type rating scale about new insights, skill development and impact upon substantive role. The results below in Table 4 provide the average score and SD with the associated statement from both group of respondents, they are presented in descending order by Fellows' score and grouped into 'new insights/ skills' and 'Performance in the workplace'

**Table 4: Application of learning in the workplace**

Survey statement	Fellows' Average Score ± Standard Deviation (no. of responses)	Manager and Mentor Average Score ± Standard Deviation (no. of responses)*
<b>New insights /skills development (Kirkpatrick Level 2: Learning impact)</b>		
Wider appreciation of complexity of leading change	4.9 ± 0.3 (n=14)	4.8 ± 0.4 (n=16)
Project management skills have improved	4.9 ± 0.3 (n=14)	4.8 ± 0.4 (n=16)
Problem solving skills have improved	4.6 ± 0.5 (n=14)	4.4 ± 0.5 (n=16)
Digital skills have been enhanced	4.6 ± 0.5 (n=14)	4.5 ± 0.8 (n=14)
A more reflective practitioner	4.6 ± 0.5 (n=14)	4.3 ± 0.7 (n=16)
<b>Performance in the workplace (Kirkpatrick Level 3: Behaviour impact)</b>		
More resilient in current role	4.7 ± 0.5 (n=14)	4.3 ± 0.6 (n=13)
More effective leader in the workplace	4.6 ± 0.5 (n=14)	4.5 ± 0.5 (n=16)
More creative in their role	4.6 ± 0.6 (n=14)	N/A
More confident in their role	4.6 ± 0.6 (n=14)	4.6 ± 0.6 (n=14)
More engaged in their role	4.5 ± 0.7 (n=14)	4.4 ± 0.5 (n=14)

\*The responses from one manager/ mentor used ratings of 1, 2 and 3 suggesting that they Strongly Disagreed or Disagreed with statements. However, their free text responses did not reflect this, therefore, it was interpreted that the respondent had misinterpreted the rating scale and their responses removed from the closed quantitative question analysis

The responses in Table 4 demonstrates that all Fellows were able to answer each statement about their own development and performance in the workplace, however, two or three managers/ mentors felt unable to agree or disagree about Fellows digital skills, confidence in their role, resilience or role engagement being impacted by the CFS. Overall, Fellows were in agreement with statements about their skills development and performance in the workplace being enhanced. Managers and mentors scored similarly, with slightly lower scores for statements about Fellow's reflection skills and being more resilient in their role; potentially as they may not be able to observe these aspects of practice.

Both groups were also asked whether the work-based project had impacted the Fellow's professional practice, their local service provision or team, and service users. Again, these closed questions were rated using a five-point Likert-type rating scale of agreement. The results are presented in Table 5, showing the average score and standard deviation across both groups.

**Table 5: Impact of Fellowship within the workplace**

Impact on practice and workplace	Fellows' Average Score	Manager/mentor Average Score
Learning from the Fellowship is relevant to <i>future</i> practice in substantive post*	$4.9 \pm 0.3^* (n= 14)$	N/A
The Fellowship has improved Fellows' <i>current practice</i> in the workplace*	$4.9 \pm 0.3^* (n= 14)$	$4.8 \pm 0.6 (n= 16)$
The Fellowship has had a positive impact <b>upon local team</b>	$4.6 \pm 0.5 (n= 14)$	$4.4 \pm 0.8 (n= 17)$
The Fellowship has positively impacted upon <b>local service provision</b>	$4.0 \pm 0.7 (n= 14)$	$3.8 \pm 0.8 (n= 16)$
The Fellowship has positively impacted <b>upon service users</b>	$3.6 \pm 1.0 (n= 14)$	$3.9 \pm 1.0 (n= 17)$

\*Provides evidence for NES SKPI 11 - % of learners who reported that education and training will improve their practice

For both groups, there was strong agreement about impact of the CFS upon Fellows and their local team with average score of  $\geq 4.4$ . However, the scores for impact upon service provision and service users were lower, but still indicated agreement with the statement rather than a neutral response with score of  $\geq 3.6$ . The table also provides evidence of meeting the NES SKPI 11 with 100% from both groups agreeing or strongly agreeing that the CFS had impacted the Fellows current practice in their role.

#### *Section 4.2: qualitative evidence of the impact of the Fellowship on practice*

Managers and mentors were invited to share examples of how they perceive that the CFS had impacted upon their associated Fellow's practice, team, service provision and service users. The free text responses have been themed and are presented over the next three pages in Tables 6 to 9. To illustrate each theme, a small number of quotes are presented with the associated numerical coding stated.

##### **Section 4.2.1 impact upon Fellows' practise**

Microsoft Copilot generated four themes from analysing manager and mentor responses about the impact of the CFS upon their associated Fellows practice. The results are presented in Table 6 and relate to enhanced professional confidence and leadership, further development of knowledge and skills, expansion of professional networks, and career progression.

**Table 6: Manager and Mentor perspective of impact upon Fellow's practice**

Theme	Description	Illustrative Quotes
Enhanced Professional Confidence and Leadership (n=8)	Fellows demonstrated increased self-assurance, leadership capacity, and willingness to take on new roles and responsibilities.	<p><i>"[name of Fellows] has also displayed ever developing expertise in facilitating service change. [name of Fellow] ability to plan and adapt to her audience has also developed through increased opportunities to work at a systemic leadership level and national level."</i></p> <p><i>"[name of Fellows] has done well working independently leading this project which is testament to the leadership skills taught. It's been great to see her work outside her comfort zone and gain confidence in networking and presenting."</i></p>
Development of Knowledge and Skills (n=7)	Growth in clinical, research, and project management skills and their application	<p><i>"[name of Fellow] has a greater understanding of research skills and development. She is able to identify things don't always go to plan but how we can problem solve to work around these issues."</i></p> <p><i>"Her confidence and knowledge in the area applicable to the fellowship have grown and her ability to disseminate this knowledge effectively to others is also improved. Her enthusiasm about the subject area and the fellowship is clear to others"</i></p> <p><i>"[name of Fellow] has developed further her critical and analytical skills in approaching clinical issues through engaging with existing research and using action research."</i></p>
Expansion of Professional Networks and Collaboration (n=4)	Fellows built new relationships across teams and regions, engaging with senior stakeholders and peers.	<p>A broader appreciation of the national picture and the challenges in other AHP teams/ professions. This fellowship has also allowed access to very senior people who have been very interested in the work.</p> <p>the fellowship has allowed [name of Fellow] to gain confidence in ways to share her knowledge and the supporting evidence, [name of Fellows] has developed networking skills and links with peers across Scotland as a result of the fellowship project.</p>
Career Progression and Role Evolution (n=4)	Fellows broadened their career aspirations, and gained clarity on future professional pathways.	<p><i>"Has broadened career goals in a positive way."</i></p> <p><i>"The career fellow has secured a temporary [topic] post ... to build on the career fellowship work to achieve reach across other areas in [name of organisation]"</i></p> <p><i>"She had learned a lot about integrating with her wider peers in Scotland and realises she has a lot to offer beyond her role."</i></p> <p><i>"I hope she will be considered going forward for workforce and [topic] opportunities at a National level."</i></p>

#### Section 4.2.3 impact on local team

Managers and mentors were also asked to share examples about how they perceive that the CFS impacted upon the Fellows local team. Copilot generated four themes presented in Table 7, three of the themes were about positive impact and related to increase knowledge and skills, enhanced relationships and profile, and role modelling. However, one theme highlighted by two respondents related to the additional pressures upon a team to enable backfill for a Fellow and another comment related to the challenge of securing funding to further invest in the Fellowship outputs.

**Table 7: Manager and Mentor perspective of impact upon local team**

Theme	Description	Illustrative Quotes
Enhanced Team Knowledge and Skills (n=6)	This theme reflects aspects such as knowledge, skills, and evidence based practice	<p><i>“Team has a wider understanding of the subject matter and project management in general.”</i></p> <p><i>“The local team’s knowledge has greatly increased with regards to the importance of [topic] when prescribing and caring for [service user group and condition].”</i></p>
Improved team Collaboration and Relationships (n=6)	This theme reflects aspects such as relationship building and facilitating new ways of working	<p>It [the Fellowship project] has certainly enabled the building of new relationships/understandings and wider discussions with our AHP and SW colleagues around [topic] and has provided a momentum for change.</p> <p>Changed hearts and minds. Supported new ways of working and allayed fears that introducing change comes with a cost. Built relationships and created opportunities for effective conversations.</p> <p>Meeting senior staff allowed other conversations about the departments core work to occur and raised the profile of a relatively small team.</p>
Role Modelling and support(n=3)	This theme reflects aspects such as leadership and influence	<p>[name of Fellow] is a role model for peers and other professions in the service</p> <p><i>“[name of Fellow] has self-reflected throughout the whole experience and has channelled this to support others with facilitation of learning.”</i></p>
Operational Challenges (n=4)	This theme reflects aspects such as backfill, caseload, and ongoing investment	<p>“providing appropriate backfill has been challenging. The team has worked well to support [[name of Fellow] but has caused a lot of stress with some team members due to added caseload pressure.”</p> <p>“There were conversations around our teams continuing to fund the work and to develop services, however unfortunately all work on this has been pulled due to financial and service demands.”</p>

#### Section 4.2.2 impact upon service provision

Managers and mentors were also asked to share examples of how they perceive that the CFS had impacted upon local service provision. The free text responses have been analysed and presented below in Table 8 within four themes. Two themes related to increased service efficiency and informing future developments. Whereas, the remaining two themes were tentative highlighting the early stages of the projects and the anticipated benefits to services and the potential for spread across Scotland to other organisations.

**Table 8: Manager and Mentor perspective of impact upon local service provision**

Theme	Description	Illustrative Quotes
Increased efficiency within service (n=3)	Some projects have already led to more efficient services, with the potential to reduce delays in care.	<p>“Increased [service] capacity, increased reporting time reducing waiting times for our patients.”</p> <p>“Improved referral pathway to [name of service], more streamlined and enhances meeting of national drivers.”</p>
Influencing the direction of the service (n=3)	Managers using the findings to inform future developments of services and embed the work	<p><i>“Created the case for greater MDT working but still resource issues to resolve.</i></p> <p><i>“[Fellowship project has] Set direction for a model of care within an emerging area of practice.”</i></p> <p><i>“[project findings] Used in business cases going forward.”</i></p> <p><i>“Plans to embed the work in practice – regular audits to ensure practice is changing.”</i></p>
Early stage for projects and anticipated long-Term Service Improvement (n=5)	Mentors anticipated that the Fellowships will lead to sustained improvements in service delivery, even if the full impact is not yet visible.	<p>“The [project topic] tools are supporting local teams to look at capacity and therefore should impact on local service provision”</p> <p>“Still a little way to go before we are up and running but everyone can see the benefits.”</p> <p>“This is just the first step in improving service provision.”</p> <p>“Too early to comment on this as work is still underway around things such as the provision of an assessment pack and the benefits this might bring”</p>
Potential for Broader Adoption and Spread of Innovation	Projects initiated by Fellows are expected to be scaled or adopted by other teams or health boards.	<p>“I hope the project will be able to be taken up by other HBs across Scotland.”</p> <p><i>“I hope we can share the findings nationally across our networks and keep working with [name of Fellow] going forward to encourage others to use and apply the learning from this work.”</i></p>

#### Section 4.2.2 impact upon service users

The perspectives of managers and mentors about how the CFS had impacted upon service users are summarised in three themes within Table 9. The first theme related to the ongoing involvement of service users in service developments following the Fellows project, the second theme related to the direct impact of Fellows projects upon the patients directly involved within projects, and the third theme was more tentative and focused more on the potential longer term benefits that may come in the future.

**Table 9: Manager and Mentor perspective of impact upon local service provision**

Theme	Description	Illustrative Quotes
Longer term inclusion of Service User Voice and lived experience in Service Design (n=3)	Fellows ensured that service users were actively involved in shaping projects and service provision, promoting more person-centred care.	<p>“Ensuring service users voice is heard in any service redesign.”</p> <p>“Prioritising service user perspectives. Giving them a voice, really listening and developing a service to meet their needs.”</p> <p>“Being able to shape service around lived experience is very helpful.”</p>
Improved Patient Education and Self-Management (n=2)	Fellows contributed to better patient understanding and use of treatments, which can lead to improved outcomes.	<p>“Has improved education and inhaler techniques which will only have a positive impact on patients.”</p> <p>“Improved nutritional support. Nutritional challenges can impact patients' compliance with medication and thus outcomes are affected i.e. ability to study, build relationships, manage impulses, emotional development.”</p>
Anticipated Broader Impact (n=5)	While some changes are still in progress, mentors noted the potential for significant future benefits for patients	<p>“Direct impact on a few individuals so far with potential for impact on a lot more in the future.”</p> <p>“Has the potential to improve access to support.”</p> <p>“Not yet but the benefits once realised will be considerable. Shorter waiting times and more efficient service.”</p>

### Section 5: Impact of reduced funded time for Cohort Six

This section presents the Fellows' responses about their perspective about being funded 10 months instead of 12. Fellows were also asked about the number of days funding per week and the number of months required for a meaningful Fellowship. The results are presented in Tables 10, 11 and 12.

**Table 10: Fellows views about impact of reduction in funded time**

Statement	Average Score (Standard Deviation)
The shortened Fellowship duration impacted upon your project	4.3 ± 0.7
The shortened Fellowship duration impacted upon your learning and development	4.0 ± 0.9

Free text analysis related to both statements in Table 10, was analysed by Microsoft Copilot and generated the following summaries:

#### Impact on Learning and Development

- Time pressure was a recurring theme. Fellows described the experience as “rushed,” especially during the induction and early project planning stages.
- Several reported that self-directed learning and reflection time were compromised, with some completing learning activities in their own time.
- Some felt overwhelmed by the volume of work at times, particularly when balancing clinical responsibilities with Fellowship commitments.
- A few Fellows noted that while the learning was still valuable, more time would have allowed deeper engagement with modules like LiPS and more meaningful consolidation of learning.

#### Impact on Project Delivery

- Fellows reported:
  - Reduced time for stakeholder engagement, data collection, and evaluation.
  - Inability to complete full project cycles, such as PDSA (Plan-Do-Study-Act) cycles or implementation plans.
  - Missed opportunities to trial outputs or gather feedback from service users.
- Some projects were scaled back or continued beyond funded time to meet original goals.

Fellows were responses to questions about the value of being funded a day a week and the optimal duration for a meaningful Fellowship experience are presented below.

**Table 11: Fellows views about a meaningful Fellowship experience be achieved through funding one day a week**

	Response Frequency
Yes	8
Unsure	4
No	2

**Table 12: Fellows views about the minimal duration required for a Fellowship to be a meaningful development opportunity**

Proposed Duration	Response Count
>12 months	1
12 months	8
10 months	3
9 months	1
Unsure	1

On reviewing the results in the tables above, the mode, or most common responses by the Fellows was that the reduction from 10 months to 12 months did negatively impact upon their project and their learning. The majority of Fellows felt that a meaningful Fellowship experience could be achieved through funding one day a week and 12 months was considered the optimal time to support a development opportunity.

## Key findings

The purposes of this report are to support the ongoing quality assurance of the AHP Career Fellowship Scheme (CFS) , inform the ongoing developments, and to provide evidence of meeting the educational governance requirements of the NES NMAHP Directorate.

### Key Findings from Analysis of Surveys

Based on the self-assessment from Cohort Six Fellows, the top five CFS outcomes achieved, ranked in descending order, were:

- Outcome 1: Greater understanding of influence on others and the ability to influence peers, close colleagues, and wider partners
- Outcome 4: Stronger practical collaboration with peers and colleagues to enhance services and improve outcomes
- Outcome 2: Active and purposeful building and use of relationships and networks to support AHP practice
- Outcome 3: Development of knowledge, skills, and adaptability to support the dissemination of learning or wider implementation of a project
- Outcome 5: Sharing of new practices, evidence, and expertise effectively to facilitate service change and development

Line managers and mentors also identified these five outcomes as most relevant to their associated Fellow's project, though they ranked them in a different order.

Both groups rated Outcome 7 – *Stronger engagement with people accessing services* – as the least achieved and second least relevant. This may seem surprising, as all 11 projects aimed to directly or indirectly improve services for service users. However, this lower rating may reflect:

- That three Fellowships focused primarily on staff and service changes
- That Fellows continued to treat service users in their substantive posts, making this area less of a development focus
- The diversity of roles, professions, and project types funded through the CFS, meaning not all outcomes are equally relevant to every Fellow

### Meta-Themes from Fellows' Examples

Fellows were asked to provide three examples to evidence how they achieved each outcome. From the recurring themes in these examples, five meta-themes were generated by Microsoft Copilot to describe how Fellows approached their Fellowship:

- 1: Establishing Relationships and Collaborating to Achieve Outcomes
- 2: Enhancing Leadership Capabilities and Influencing Change
- 3: Sharing Learning and Dissemination to Facilitate Service Improvement
- 4: Service Improvement and Innovation to Address Local Needs
- 5: Person-Centred and Inclusive Practice

### **Leadership Development Outcomes**

In addition to achieving the scheme's outcomes, the report provides evidence of leadership development:

- Fellows self-assessed improvement across all four learning outcomes of the *Leadership in Practice* Scotland course
- Confidence as a leader increased from an average of 6.0/10 (range 4–7) to 7.7/10 (range 6–9)
- Fellows reported a stronger self-identity as a leader (average score:  $4.6/5 \pm 0.5$ ) and also perceived themselves as more effective leaders in the workplace (average score:  $4.6/5 \pm 0.5$ ) since starting the CFS.

### **Learning environment and strategic key performance indicators**

Responses to the surveys provided evidence in relation to the Fellows learning environment and NES SKPIS. Whilst all aspects of the learning environment evaluated positively, the two lowest rated aspects were: ability to access local project mentor and project mentor effectively supporting Fellow's development; these related points suggest that those supporting Fellows in the practice setting may benefit from additional input from the CFS Team in terms of role clarity and expectations to support Fellows.

Survey responses from both groups also provided evidence for NES SKPIs, specifically:

- 100% (n=14) of Fellows stated that the CFS had improved their practice (adapted NES SKPI 11)
- 100% (n=17) of managers and mentors agreed or strongly agreed that the CFS had improved Fellows practice (adapted NES SKPI 11)
- 93% (n=13) of Fellows scored their overall Fellowship learning experience as 80% or above (adapted SKPI 12b) with an average rating of 9.2/10
- 100% (n=14) of Fellows agreed or strongly agreed that they would recommend an AHP Career Fellowship to colleagues and associates (adapted SKPI 12a 22)

### **Application of Learning and impact in the practice setting**

Cohort Six fellows reported strong agreement with positive impacts upon their professional development and practice in the workplace. In terms of impact of the CFS upon Fellows' and their practice setting, both groups had strong agreement that the Fellows' practice, and their teams had benefited from the CFS. Both groups reported slightly lower ratings for impact upon service provision and service users; upon analysis of the free text responses shared by managers and mentors, comments reflected the early nature of the projects with early signs of improved efficiency and potential for broader adoption across Scotland and anticipated long-term benefits from the Fellowships. These findings demonstrate that the Fellowship not only supports individual

development but also contributes meaningfully to team capacity building and service improvements that benefit service users.

### **Impact of reduced funding**

The final section of survey analysis related to Fellows views about having reduced funded time of 10 months instead of the usual 12. Evaluation responses indicated that this reduction had a moderate negative impact on both learning and project delivery. Some Fellows reported feeling time-pressed, with limited opportunity for reflection and deeper engagement with some learning activities . Fellows completed learning activities outside funded hours, and several described the experience as rushed, especially during induction.

In terms of their project, the shortened duration affected stakeholder engagement, data collection, and evaluation activities. Some Fellows were unable to complete full project cycles or trial outputs, and a few projects were scaled back or extended beyond the funded period.

## **Actions informed by the findings**

Due to external circumstances requiring public sector cost savings, it was decided that Fellows in Cohort 7 would be funded for one day per week over a period of 10–12 months; this means that Fellows will have about 40 days funding to complete their fellowship. To maintain a strong focus on the work-based project and preserve investment in the practice setting, the learning and development programme has been adapted as follows:

- **Improve communication** about the scope and expectations of the learning and development programme to enhance Fellows' preparedness.
- **Publish a learning programme descriptor** and signpost applicants to this resource to highlight awareness about the content and structure of the learning and development programme.
- **Reduce time pressures** by discontinuing action learning sets (peer learning groups) and increasing the number of small group learning mentorship sessions focused on Fellows' progression and professional development. This removes the introduction of a different type of learning activity the Fellows require to prepare for in the latter half of the programme.
- **Reduce the number of project outputs required by Fellows** at the end of the programme. This will retain a project report including an abstract and one other output.
- **Restructure the self-directed induction package**, moving leadership modules to July/August to better align with CFS timelines.
- **Strengthen engagement and clarity for project mentors** to reinforce the tri-partite support model and clarify expectations for supporting Fellows in the practice setting.

These actions have been informed by the results of the evaluation and are the responsibility of the AHP CFS team to implement. Unfortunately, due to the fiscal environment, it will not be possible to deliver in-person development sessions in 2025 – 2026.

Following approval with the AHP CFS Advisory Group, and NES NMAHP Directorate Management Group, this evaluation will be shared with key strategic stakeholders of the Scheme and inform content used within marketing materials and the learning site on the Turas Learn platform. It will also be shared within the NES Nursing, Midwifery and Allied Health Professions Directorate, used as part of the Education and Quality Group internal review process, and available to other Directorates with an interest in fellowships.

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## Addendum: Output from Copilot analysis of free text examples of meeting each of the eight outcome statements

### **Outcome 1: Greater understanding of influence on others and ability to influence peers, close colleagues, and wider partners (14 responses)**

#### **Themes:**

- Use of **elevator pitches** and storytelling to influence stakeholders.
- Application of **improvement methodologies** (e.g. LiPs modules).
- Building **confidence** in presenting and leading change.
- **Strategic communication** with internal and external stakeholders.

#### **Example:**

“I successfully created and delivered a number of elevator pitches... I have been able to use tools such as the Kantor 4 player model to approach resistance and difficult situations with confidence.”

### **Outcome 2: Active and purposeful building and use of relationships and networks to support AHP practice (13 responses)**

#### **Themes:**

- Creation of **stakeholder groups** and **cross-sector networks**.
- **Initiating contact** and outreach to national leaders and experts.
- **Peer support** and collaboration across NHS Boards and professions.

#### **Example:**

“My confidence has grown at making connections with people at all levels... I have built good working relationships with a wide range of individuals and networks.”

### **Outcome 3: Development of knowledge, skills, and adaptability to support dissemination of learning or wider implementation of a project (14 responses)**

#### **Themes:**

- Use of **digital tools** (e.g. Canva, Sway, Teams) for dissemination.
- **Public speaking** and presenting at national events.
- Creation of **accessible resources** and **training materials**.

#### **Example:**

“I have developed my skills in adapting information to suit the listeners... I have learnt how to create videos and presentations which are engaging.”

### **Outcome 4: Stronger practical collaboration with peers and colleagues to enhance services and improve outcomes (12 responses)**

#### **Themes:**

- **Co-production** and **team-based service redesign**.
- Use of **QI tools** (e.g. process mapping, whiteboards).
- **Cross-team learning** and shared problem-solving.

#### **Example:**

“The project has enabled me to work collaboratively with other professions and teams... we have been able to learn from each other and bring a collective voice to drive change.”

**Outcome 5: Sharing of new practices, evidence, and expertise effectively to facilitate service change and development (13 responses)**

**Themes:**

- **Peer support and mentorship**, sharing learning with colleagues and supporting their development.
- Sharing **evidence-based frameworks** and **audit findings**.
- **Influencing policy** and service leads with data and case studies.

**Example:**

“I have shared learning in SLT working group and provided supervision for peers... Following the webinar I arranged to meet with another health board to share learning.”

**Outcome 6: The creation of practice-based learning, training, or educational opportunities (13 responses)**

**Themes:**

- Development of **training sessions, videos, and toolkits**.
- **Mentoring** and supporting colleagues' learning journeys.
- **Embedding learning** into service delivery and staff development.

**Example:**

“I have been involved in training and up-skilling podiatrists and HCWs... I influenced the design of their training by encouraging identification of learning needs.”

**Outcome 7: Stronger engagement with people accessing services (11 responses)**

**Themes:**

- Use of **co-production** and **lived experience** feedback.
- **Inclusive engagement** methods (e.g. online, in-person, email).
- **Service user feedback** to inform design and evaluation.

**Example:**

“I have learned so much about co-production... I tried to build a safe, trusting environment and asked open strength-based questions.”

**Outcome 8: Greater understanding of the strengths and limitations of research, evaluation, and service improvement methodologies in practice (13 responses)**

**Themes:**

- Application of **QI methodologies** (e.g. driver diagrams, impact matrix).
- **Critical reflection** on project design and evaluation.
- Awareness of **contextual barriers** and **adaptability** in implementation.

**Example:**

“I followed the NES QI journey... I implemented a number of QI tools to identify and plan change ideas and presented at NHS [X] QI event.”

**Koo, M. and Yang, S.-W. (2025).** *Likert-Type Scale*. **Encyclopedia**, 5(1), 18. Available at: <https://www.mdpi.com/2673-8392/5/1/18> [Accessed 22 Jul. 2025].

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