

**Standards of Proficiency PLG**  
**Meeting: 7<sup>th</sup> March 2006**  
**Summary of feedback**

**Executive Summary and Recommendations**

**Introduction**

At the meeting on 24<sup>th</sup> January 2006, registrant members of the PLG were invited to e-mail their feedback to the registration assessors' questionnaires.

This paper summarises the feedback received.

**Decision**

This paper is for discussion/information only. No decision is required.

The group will wish to keep in mind the feedback and suggestions summarised in this paper as they consider further pieces of evidence as part of the review.

**Background information**

None

**Resource implications**

None

**Financial implications**

None

**Background papers**

None

**Appendices**

None

**Date of paper**

23<sup>rd</sup> February 2006

## Arts Therapists

An arts therapy assessor said that we should consider a standard to address the necessity for clinical supervision.

It was felt that this might be problematic because:

(i) it may be difficult for this to be threshold standard rather than something which is best practice –it may also entail specifying how much, how long, how frequent.

(ii) clinical supervision may not be possible for some arts therapists who work in isolation or in more remote locations

If necessary, the group will wish to find a form of words which indicates the ‘necessity of monitoring one’s therapeutic work with patients and with another experienced colleague’.

## Clinical scientists

There were a number of suggestions from registration assessors for changes to the standards.

The following are suggested:

1a.5 know the limits of their practice and when to seek advice **and make referrals to other specialties**

1a.9 be able to provide impartial and up to date scientific and technical advice and information for patients , referrers and colleagues

[new standard]

2a.1 be able to gather appropriate information **including clinical history within the family.**

2a.4 be able to analyse, evaluate **and assess the quality of** the information collected.

2b.2 be able to evaluate and introduce new developments into clinical practice

## Appendix 4

[replaces "be able to change their practice as needed to take account of new developments]

2b.4 to be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely skilfully and **effectively**.

2b.5 be able to maintain, **archive and secure** records appropriately.

### **Occupational therapists**

It was raised at a registration appeals panel whether there needed to be some reference to mental health in the profession-specific standards for Occupational Therapists.

The suggestion was that the standard might read (within 3a: knowledge, understanding, skills):

*Know how to meet the social, psychological and physical health based occupational needs across a range of practice areas.*

### **Physiotherapists**

In line with the comments of the registration assessors, the group should give consideration to strengthening the areas of autonomy and evidence based practice in the physiotherapy standards.

The physiotherapy assessors said that we might consider placing more emphasis on clinical reasoning and evidence based practice. There was agreement with this.

The physiotherapy assessors also said that we might consider adding 'effective' to 'safely' and 'skillfully' in standard 2b.4. There was agreement with this.

It was also felt that we needed to provide a more broad-ranging indication of the core areas of physiotherapy practice than is currently present within the profession-specific standards given in 2b.4.

### **Speech and language therapists**

We need to include the fact that scope of practice for all new graduates in any profession will develop/change over time and that this will be reflected in the curricula of education providers and in best practice documents produced by professional bodies.

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2006-01-26	a	POL	PPR	The standards and language	Draft DD: None	Confidential RD: None

## Appendix 4

There may need to be specific reference to professional bodies. It is acknowledged, however, that there is no requirement for registrants to be a member of their professional body.

### **Radiographers**

A registration assessor suggested that reference to CT was removed from the standards.

There was strong disagreement with this suggestion.

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