Standards of Proficiency PLG

Meeting: 24th January 2006

Review of Competence Cases

Executive Summary and Recommendations

Introduction

The attached paper reviews the competence cases heard by the Council to date.

Decision

This paper is for information only; no decision is required.

Background information

None

Resource implications

None

Financial implications

None

Background papers

None

Appendices

Appendix 1: Table listing competence cases heard to date
Appendix 2: Reference list - Standards

Review of Competence Cases

Introduction

This paper will review and analyse the competence cases held to date. In particular, it will look at:

(i) the ways in which the standards are used by fitness to practise panels;
(ii) whether there are any trends in the shortfalls identified by fitness to practise panels and what conclusions we can draw.

The Context

Article 5 (2)(a) provides that the Council shall

'*establish the standards of proficiency necessary to be admitted to the different parts of the register being the standards it considers necessary for safe and effective practice under that part of the register*'.

Article 22 (1) (a) (i) provides that the Council can consider allegations to the effect that a registrant's fitness to practise is impaired by reason of lack of competence.

Whilst the Health Professions Order 2001 and the associated Rules does not provide a definition of what constitutes lack of competence, a finding that a registrant's fitness to practise is impaired can lead to a number of steps being taken in respect of their registration, including suspension from the register.

The Standards of Proficiency, as the minimum standards for *entry* to the register would seem therefore to be a useful tool against which lack of competence can be judged. It must be noted, however, that fitness to practise panels have to take other considerations into account in reaching their decisions. For example, a panel must not only find the ground of the allegation to be proven but must also consider whether it impairs fitness to practise.

Competence Cases

There have been 27 cases heard under the HPC rules since July 2003 where a finding of lack of competence has been made. Lack of competence cases are heard by the Conduct and Competence Committee.

Appendix 1 is a table which summarises the competence cases heard to date. This includes a brief summary of the nature of the allegation, the outcome and whether any

reference to the standards of proficiency was made in the decision reached by the panel.

A small number of illustrative misconduct cases are also included where reference to the standards of proficiency is made.

The use of the Standards of Proficiency by Fitness to Practise Panels

In the decisions reached where reference to the standards of proficiency is made, the standards are often used to identify the shortfall in competence.

In one case, a panel concluded that a Paramedic had undertaken a poor clinical assessment of a patient which had led to inadequate treatment. The Panel concluded that '*This action is in contravention of paragraph 2a.2 and 2b.4 of the standards of proficiency for Paramedics*'.

In another case, a panel concluded that a registrant had fallen short of the standards '*expected of a registered Physiotherapist as set out in HPC's Standards of Conduct, Performance and Ethics and Standards of Proficiency for Physiotherapists*'.

The standards of proficiency are also often used to frame the allegation that a registrant is to face. For example, one allegation reads: '*Your fitness to practise is impaired by reason of your lack of competence … in that you failed to meet HPC's Standards of Proficiency for Occupational Therapists*'.

The standards are also used in framing conditions of practice to remedy an identified impairment of fitness to practise. One panel formulated a condition of practice in the following terms:

'*To complete within a period of 12 months a supervised program of professional development intended to deliver the outcomes as expressed in standards 2b.4 and 2b.5 of the Health Professions Council's Standards of Proficiency for Biomedical Scientists, and to maintain relevant records that would demonstrate compliance with the above*.'

In the above reference, the Standards of Proficiency are used to define the areas of skills, knowledge and understanding which needed to be addressed in order to remedy an identified clinical failure.

The use of the Standards of Proficiency by fitness to practise panels, as illustrated, can be held to demonstrate that the standards continue to represent threshold standards of competence (i.e they are used by panels as a benchmark against which competence can be judged). It could be suggested that they also continue to accurately reflect and express current practice.

Trends

It is notable that standard 2b.5 appears a number of times in the table. This standard is generic across all 13 professions and states that registrants must:

'be able to maintain records appropriately

-be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines
-understand the need to use only accepted terminology (which includes abbreviations) in making clinical records'.

In one case a panel found that a physiotherapist had failed to keep accurate patient records and in some cases had failed to record any details of his treatment sessions. The registrant was suspended from practice and now has conditions on his practice requiring case note audits to be submitted to the Council.

In another case, a panel found that a podiatrist's fitness to practise was impaired by reason of misconduct. She had failed to produce adequate patient records for a number of years despite mentoring. In some cases records were not completed at all for a number of years. The panel concluded that the nature, extent and frequency of these problems indicated wilful failure and directed the Registrar to strike her name from the register.

In a number of the cases the allegation concerned what can best be described as general poor performance and included such areas as communication with patients and colleagues, manual handling skills and assessment and treatment skills.

Conclusions

The group may wish to consider whether such trends in the shortfalls identified by panels in competence cases indicate that the standards are set at too high or too low a level or whether further detail is necessary.

The PLG is invited to discuss the following conclusions:

(i) Only around 0.1% of registrants are at present ever the subject of a complaint. Competence cases therefore represent a very small sample upon which to base any conclusions:
(ii) The diverse circumstances of each case may be such that no general conclusions can be drawn.

The use of the Standards of Proficiency by fitness to practise panels demonstrates that:

(iii) the standards continue to represent threshold or 'benchmark' standards;
(iv) they continue to accurately reflect and express current practice;
(v) the generic standards are easily applicable across the professions;
(vi) the style and layout of the standards is sufficiently clear to allow easy use.

The review of competence cases does not immediately suggest any standards which need to be changed as a result. However, a future review of such cases could be useful at any subsequent review of the standards.

Appendix 2

Standards referred to in table:

1a.4 be able to exercise a professional duty of care

1a.5 know the limits of their practice and when to seek advice

- be able to assess a situation, determine the nature an severity of the problem and call upon the required knowledge and experience to deal with the problem
- be able to initiate resolution of problems and be able to exercise personal initiative

1a.6 recognise the need for effective self-management of workload and be able to practise accordingly

1a.7 understand the obligation to maintain fitness to practise

1a.4 be able to demonstrate effective and appropriate skill sin communicating information, advice, instruction and professional opinion to colleagues, patients, clients, users, their relatives and carers

1b.5 understand the need for effective communication through the care of the patient, client or user
- recognise the need to use interpersonal skills to encourage the active participation of patients, clients or users

2a.1 be able to gather appropriate information

2a.2 be able to use appropriate assessment techniques

2a.3 be able to undertake or arrange clinical investigations as appropriate

2a.4 be able to analyse and evaluate the information collected

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

2b.5 be able to maintain records appropriately

2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly

2c.2 be able to audit, reflect on and review practice

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2005-11-25	a	POL	COR	SOPs PLG - Review of Competence Cases	Final DD: None	Confidential RD: None

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