Standards of Proficiency PLG
19th June 2006
Standards of proficiency: draft standards

Executive Summary and Recommendations

Introduction

At its meeting on 25th April 2006, the PLG considered a first draft of the new standards of proficiency for 12 professions.

Revised drafts of standards for each profession are appended. They incorporate the decisions made by the PLG at the last meeting, as well as feedback received after the meeting from registrant members of the group. The profession-specific standards for the following professions were agreed at the last meeting:

Arts therapists, Biomedical Scientists, Clinical scientists, Orthoptists, Paramedics, Physiotherapists, Prosthetists and Orthotists.

There are a small number of areas where decisions are yet to be made. Where this is the case, a summary of the discussion at the last meeting, together with points to consider or suggestions, is included in the shaded grey areas.

Decision

The PLG is invited to consider and make decisions in relation to the draft standards appended and finalise its recommendations to the Council.

Background information

None

Resource implications

None

Financial implications

None

Background papers

None

Appendices

As detailed overleaf

Date of paper

22nd May 2006

Standards of proficiency: draft standards

The following are appended:

(i) Decisions (to be made)

(ii) Generic standards
(iii) Arts therapists
(iv) Biomedical Scientists
(v) Clinical Scientists
(vi) Chiropodists and Podiatrists
(vii) Dietitians
(viii) Occupational therapists
(ix) Orthoptists
(x) Paramedics
(xi) Physiotherapists
(xii) Prosthetists and Orthotists
(xiii) Radiographers
(xiv) Speech and Language Therapists

Rationale

[reproduced from PLG papers 25th April 2006]

The following is suggested as a rationale for considering changes to the standards and is based upon the background information and evidence considered by the PLG.

The role of the standards are as necessary threshold standards for the safe and effective practice of a profession. Changes to the standards should be necessary:

(i) to reflect standard safe and effective practice or changes in the scope of practice of a profession;

(ii) to reflect the standard content of undergraduate curricula;

(iii) to reflect changes in current use of terminology or to correct use of terminology; and;

(iv) to correct errors or omissions in the existing standards or to add emphasis to areas of the existing standards.

The PLG may wish to consider the following questions when considering each standard:

(i) Is the amendment/ addition/ change to the standards necessary?

(ii) Is the standard a necessary threshold competence standard? (i.e.: is the standard set at an appropriate level; is the standard aspirational or aimed at good or best practice; is the standard a conduct standard rather than a threshold ability and better located in the standards of conduct, performance and ethics?)

(iii) If challenged, could HPC clearly explain why the standard was necessary?

(iv) Is the level of detail correct? (with particular reference to the generic standards, is the level of detail appropriate so that the standard is flexible and applicable to all professions?)

(v) Is there sufficient evidence to justify a change to the standards? (i.e: the evidence indicating a change is proportionate to the extent of the change proposed)

Decisions

This document details the decisions to be made following the last meeting of the PLG.

(i) Generic standards:

Use of "Patient, Client and User"

Discussion:

At the previous meeting, the PLG discussed the use of the term 'patient, client and user' in the standards and agreed that we would reduce the term to 'patient' but add an opening section explaining our use of terminology.

However, it appears that further discussion may be necessary regarding this. In the existing standards we use 'patient, client and user' in the generic standards and then patient or client or user in the profession-specific standards, depending on the profession. This therefore ensures some consistency of terminology in the standards.

One option would be to change any reference to patient, or client or user to patient, including the profession-specific standards. However, this may well not be well received given differences in terminology between professions. For example, the existing standards for Arts Therapists use client; the standards for paramedics use patient.

Further, some professions have started to move away from the terminology used. For example, in occupational therapy there is a move away from client toward person/ individual.

We received no comments on this area in the feedback collected during the review.

The PLG is invited to discuss the above issues and to decide on an appropriate solution. The options are:

(i) No change
(ii) All references to patients, clients, users or patient or client or user changed to "patient".
(iii) Changes made to terminology in profession-specific standards, as appropriate to the profession.

1a.1 (Generic)

Suggested new standard:

- be aware of current education, social and health legislation and guidelines in the UK applicable to their profession

Discussion:

There was discussion at the last meeting about making the following standard included in the speech and language therapists a generic standard:

be aware of current education and health legislation in the UK applicable to the work of speech and language therapists (1a.1)

The above standard is suggested in line with the comments made at the meeting regarding guidelines and the inclusion of social care.

The PLG is invited to agree the addition of the suggestion on the previous page.

2a.4 (Generic)

Be able to analyse and evaluate the information collected

The discussion at the last meeting concerned whether it was appropriate to add "interpret" if interpretation was not always required every time information was gathered.

If we consider the standards to be threshold standards for entry to the register then by adding 'interpret' we would only be signalling that we feel that it is a necessary threshold ability for someone coming on to the register **to be able to interpet** information, not that that should happen in every situation.

To draw on another example in the standards, we say registrants should be able to obtain informed consent. That may well not be possible in some circumstances (e.g an emergency). However, we would still want someone at the point of entry to the register to have the ability to obtain informed consent.

The PLG is therefore invited to consider whether addition of 'interpet' is necessary and, if so decided, approve the addition to the standards.

The PLG may further wish to consider whether this change to the standards is indicated, given that no suggestions were made regarding this in the evidence collected during the review.

2c.1 (Detailed generic)

- understand that outcomes may not always conform to expectations but may still meet the needs of patients, clients or users

Discussion:

At the last meeting, the PLG discussed removing the above standard. There was some discussion as to whether the expectations referred to were those of the practitioner or patient and whether this added anything substantially further to the standards.

Suggestion:

The PLG is invited to discuss whether the above standard is necessary.

3a.1 (Generic)

know the key concepts of the biological, physical, social, psychological and clinical sciences which are relevant to their profession-specific practice

Suggestions

- know the key concepts of the **sciences** which are relevant to their profession-specific practice
- know the key concepts of the biological, physical, social **and** psychological ~~and clinical~~ sciences which are relevant to their profession-specific practice
- know the key concepts of the **sciences and arts** which are relevant to their profession-specific practice
- know the key concepts of **the bodies of knowledge** which are relevant to their profession-specific practice
- To keep the standard the same (and in this regard it should be noted that no suggestions for changes or criticisms were made of this standard in the evidence considered).

One way in which the standard can be read is that it requires registrants to know the key concepts of the sciences which are relevant to their profession. In some professions, the body of knowledge may be more arts than "science" based.

However, this does not preclude the standard applying to a registrant of every profession. The profession-specific standards provide further detail specific to each individual profession.

Recommendation

The PLG is invited to retain the existing wording of the standard.

(ii) **Arts Therapists**

Profession-specific standards agreed by PLG 25th April 2006.

(iii) **Biomedical Scientists**

Profession-specific standards agreed by PLG 25th April 2006.

(iv) **Chiropodists and Podiatrists**

Profession-specific standards agreed by PLG 25th April 2006; further advice being sought regarding Local anaesthetic (LA) and Prescription Only Medicines (POMs) entitlements.

(v) **Clinical Scientists**

Profession-specific standards agreed by PLG 25th April 2006.

(vi) **Dietitians**

Profession-specific standards agreed by PLG 25th April 2006.

(vii) **Occupational therapists**

Small number of changes agreed with registrant member of PLG subsequent to meeting – reflected in new draft. The PLG is invited to consider and agree the profession-specific standards for occupational therapists.

(viii) **Orthoptists**

Profession-specific standards agreed by PLG 25th April 2006.

(ix) **Paramedics**

Profession-specific standards agreed by PLG 25th April 2006.

(x) **Physiotherapists**

Profession-specific standards agreed by PLG 25th April 2006.

(xi) **Prosthetists and Orthotists**

Profession-specific standards agreed by PLG 25th April 2006.

(xii) **Radiographers**

Profession-specific standards agreed by PLG 25th April 2006 and with registrant member subsequent to meeting.

(xiii) **Speech and language therapists**

At the last meeting a point was raised regarding whether we should add an additional standard regarding the use of the visual media/ recording of patients. The PLG is invited to further discuss this.

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