Standards of Proficiency PLGMeeting: 7th March 2006

The relationship of the standards of proficiency to other standards

Executive Summary and Recommendations

Introduction

At its meeting on 24th January 2006 the PLG requested that a paper be written which explained the relationship of the standards of proficiency to other standards published by the Council and other organisations.

The attached paper outlines the four sets of standards published by the Council and looks more closely at the relationship between the standards of proficiency and standards of conduct, performance and ethics and their relationship to other standards and frameworks.

Decision

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

Background information

None

Resource implications

None

Financial implications

None

Background papers

None

Appendices

None

Date of paper

23rd February 2006

Ver. Dept/Cmte Doc Type
a POL PPR Status Int. Aud. 2006-01-26 a The standards and language Confidential Draft DD: None

The relationship of the Standards of proficiency to other standards

Introduction

This paper begins by briefly outlining the role of the four sets of guidance produced by the Council. It then looks more closely at the role of the standards of proficiency and standards of conduct, performance and ethics and their relationship of to other standards and frameworks.

The Council produces four sets of standards:

Standards of Proficiency:

- Provided for by Article 5 (2) (a) of the Health Professions Order 2001 ("the Order").
- Threshold standards of proficiency for safe and effective practice necessary to be admitted to the register.
- Applicants following a programme approved by the Council should meet these standards when they complete their course.
- Applications from international and grandparenting (route b) applicants are assessed against the standards of proficiency.

Standards of Education and Training:

- Provided for by Article 15 (1) (a) of the Order.
- The standards which educational programmes must meet in order to achieve the standards of proficiency
- Standards included cover such issues as practice placements, assessments and resources.
- A programme meeting the standards of education and training will allow a graduate to meet the standards of proficiency. The course is approved as one leading to eligibility to apply for registration.

Standards of Conduct, Performance and Ethics:

- Provided for by Article 21 (1) (a) of the Order.
- Standards of conduct, performance and ethics expected of registrants and prospective registrants
- Frequently used by fitness to practise panels in considering allegations whether a registrant's fitness to practise is impaired by reason of a conviction, misconduct or lack of competence.

Standards of Continuing Professional Development (CPD):

- Provided for by Article 19 (1)
- First audit due against the CPD standards in 2008

The role of the standards

There is some degree of overlap between the content of the standards of proficiency and standards of conduct, performance and ethics. For example, the standards ask registrants to 'be able to maintain confidentiality and obtain informed consent' whilst the standards of conduct, performance and ethics say that registrants 'must respect the confidentiality of your patients, clients and users at all times'.

The standards of proficiency and standards of conduct, performance and ethics perform different but inter-related roles.

The standards of proficiency are the threshold standards for **entry** to the register. They are written in such a way to apply to people who are applying to come on to the register and have not yet started practising.

They also have a role to play in continuing registration. As threshold entry standards, they are sometimes used by fitness to practise panels in considering lack of competence. Registrants are also asked to confirm that they meet the standards that apply to them upon renewal of their registration.

The standards of conduct, performance and ethics are the standards expected for the **continuing** attitudes and behaviour of someone **who is on the register**. They cover such standards such as the need to act in the best interests of patients, protect confidentiality and behave with integrity and honesty.

They can also play a role in determining entry to the register. In making a decision as to whether an applicant is of good character to be admitted to the register, the Council may take into account these standards.

Other standards and frameworks

The standards complement other standards and frameworks such as policies and protocols developed by employers and guidance or codes of conduct produced by professional bodies.

The standards are written in way so that they can be relevant to a wide range of registrants, and can take into account changes in the law, technology or working

practices which might take place over time. For example, the existing generic standards of proficiency say that registrants should:

'be able to conduct appropriate diagnostic or monitoring procedures, treatment therapy or other actions safely and skilfully' (Generic, 2b.4)

- be able to select and apply safe and effective therapeutic exercise, manual therapy, and electrotherapies in order to alleviate patient symptoms and restore optimum function (physiotherapists, 2b.4)

The standard is written in such way that it can flexibly accommodate changes in technology and changes in best practice.

There is normally more than one way in which the standards can be met. Registrants can make their own informed decisions about the best way in which they can meet our standards. This might be by following the guidance provided by their professional body which is often aimed at promoting best practice.

For example, the Chartered Society of Physiotherapy produces information for members about safe practice when undertaking electrotherapy. This information could help a registrant meet standard 2b.4.

Employers also often take into account local circumstances, such as a specific area of practice or the availability of resources to develop ways of working which are practical, effective, and meet the needs of patients and our standards.

Conclusion

The PLG is invited to consider the following conclusions:

All the standards published by the Council are inter-related to some degree. The standards of proficiency can be best characterised as threshold competence standards relating to **entry** to the register whilst the standards of conduct, performance and ethics are more general standards of behaviour relating to **ongoing** registration.

The standards complement other guidance, policies and frameworks which are often aimed at best practice or are pragmatic ways in which registrants might meet our standards.

ERROR: undefinedfilename OFFENDING COMMAND: c

STACK: