Standards of Proficiency Review PLG

Meeting: 24th January 2006

Registration Assessors' Questionnaires

Executive Summary and Recommendations

Introduction

At its meeting on 12th October 2005 the Professional Liaison Group approved the distribution of questionnaires to registration assessors to ask them about their experience of using the standards of proficiency. The attached paper analyses the responses received and discusses changes to the Standards of Proficiency in light of the feedback.

Decision

The group is invited to discuss any changes to the standards of proficiency in light of the results of the questionnaire.

Background information

None

Resource Implications

None

Financial Implications

None

Appendices

Appendix 1: Numbers of Registration Assessors
Appendix 2: Reference list: Standards

Registration assessors questionnaires

Introduction

Registration assessors are involved in assessing applications from individuals who do not hold an approved course for registration. These include applicants who have qualified outside of the United Kingdom and applicants applying under the transitional 'Grandparenting' arrangements. Applications are assessed by two assessors (normally one clinician and one academic) against the standards of proficiency and a recommendation made to the Council regarding registration. A number of the registration assessors also perform roles as visitors and panel members. This includes sitting on panels to consider appeals against registration decisions.

Responses were received from 46 registration assessors. No responses were received from Orthoptist and Prosthetist and Orthotist assessors.

This paper will provide a general summary of the responses received, areas where there was broad consistency across those who responded and information about the comments and suggestions made by each profession.

Details of the responses received by profession and a key to the standards referred to in this paper can be found in the appendices.

Summary

The feedback received was generally positive about the standards themselves and a notable number of those who responded felt that the standards should not be amended at all.

The wording and presentation of the standards was generally positively received. One assessor described the standards as 'clear and precise' and 'very comprehensive'. Another commented that the standards were '…clear in their aims…and cover both the general and specific requirements for registration'.

A number of suggestions were made for amendments to the standards or for new standards. These were mainly with reference to the generic standards and relatively few changes or additions were suggested for the profession-specific standards.

Many of the assessors described their experience of assessing against the standards. One assessor said: 'I have found the standards both rigorous and relevant to the current culture of practice within the UK They form a very helpful guide when feeding back on applications to ensure a standardised approach is taken with each individual which is both fair and informative to the recipient'.

A distinction can be drawn in the responses between comments about the standards themselves and comments about their use in the process of assessing applications for registration. A number of those who responded recognised this distinction and said that were happy with the standards themselves but felt that additional guidance might be helpful in using them in the registration role.

A number of assessors noted that the relative 'weighting' of standards when assessing applications was problematic. It was also noted that some of the standards which related to understanding were difficult to assess when considering paper applications. There was useful feedback about various aspects of the registration assessing process and this is something that will be fed back to the International/ Grandparenting Department.

Key Themes

There were two areas of the standards where there was a broad consistency of proposed changes cross the professions:

Standard 1a.7

The existing standards of proficiency say**:**

1a.7 understand the obligation to maintain fitness to practise
- understand the importance of caring for themselves, including their health

There were a number of comments made regarding this standard. One assessor commented that '…the term 'Fitness to Practise' has numerous connotations. To expand this point only with reference to practitioner health, whilst very important seems to somehow diminish the whole phrase'. Another commented that fitness to practise is used in far too a literal way and that the term 'usually means something more skills related'.

One assessor suggested that the standard could be more usefully reworded to 'maintain fitness to practise through career long and self directed learning'. Standard 1a8 which related to self-directed learning could then be deleted. Others also recognised that fitness to practise was to some degree linked to career-long learning.

1a Professional autonomy and accountability

A number of assessors (particularly those from the Physiotherapy profession) felt that section 1a of the existing standards should be amended.

One assessor commented that: 'there is nothing which reflects the need for an autonomous practitioner to actually be autonomous, i.e: have the ability to make

[their] own independent clinical decisions.' Another concluded that 'autonomous practice means more than the information provided within the existing subsections given'.

Responses from professions:

Arts Therapists

The assessor who responded suggested that there might be a profession-specific standard about the need for clinical supervision. It was also suggested that standard 3a (knowledge, understanding and skills) could be 're-modelled to give greater emphasis on the standards which are printed in blue**'.**

Biomedical Scientists

One assessor asked whether standard 3a.1 (knowledge, understanding and skills) could be reviewed to ensure that all disciplines of biomedical science were included.

Chiropodists and Podiatrists

Of those who responded to the questionnaire, two assessors felt that the standards did not need to change. One described the standards as 'clear and precise', another felt that the standards did not need to change for another three years.

One assessor felt that there was some degree of overlap between some of the standards. In particular, 1a.5 and 1b.1 are suggested as examples where there is some overlap in content.

The problem of the relative 'weighting' of the standards was also raised. An assessor suggested that the focus of the standards is too far toward the 'touchy feely' side of medicine, placing insufficient evidence on more measurable issues, such as diagnostics. The assessor suggested that is borne out in standards such as 1b.4 and 1b.5 (communication skills) which are overly detailed whilst others (such as 2a.3 and 2a.4 which cover clinical investigation and analysis) have insufficient detail.

Another assessor suggested that 2b.4, which requires registrants to ensure that patients are safely immobilised for clinical interventions, could be removed. It was further suggested that additional profession-specific standards might be needed to address the use of 'topical dermatological therapeutics and management and dressing of foot ulceration'.

Clinical Scientists

One assessor was happy with the existing standards, saying that: 'At present, I do not think that any revisions or re-wording of the generic or profession-specific standards

is required. This is too early to make any changes, since both prospective applicants for State Registration and registered practitioners have only just become familiar with the system'.

In contrast, another assessor felt that work needed to be undertaken to avoid duplication: 'The generic standards are duplicated in the (…) profession-specific standards and so make for tedious reading. Why not simply print the SOPs as profession-specific for Clinical Scientists and drop the 'generic' bit?'

There were a number of suggestions for changes to the generic standards. One assessor was supportive of the standards but felt that there was often an overlap between generic standards and between generic and profession-specific standards. The proposed changes were:

a) One assessor felt that 1a.5 and 1b.1 were 'almost a repetition'. It was proposed that 1b.1 should be deleted and 1a.5 amended to 'seek advice and make referrals'.

b) An additional profession specific standard was suggested, perhaps in section 1: 'be able to recognise the need for and to demonstrate impartiality and to be recognised by patients, referrers and colleagues as a source of impartial scientific and technical advice'.

c) It was suggested by one assessor that 1b5 (which addresses effective communication) could be removed and the preceding standard reworded. 1b4, it was suggested, could read:

'throughout the patient-care process effectively and appropriately communicate information, advice, instruction, and professional opinion to colleagues, patients, clients and users, their relatives and careers'.

d) Standard 2a.1 (be able to gather appropriate information) could be reworded to include 'be able to gather appropriate information, including clinical history if appropriate'.

e) Standard 2a.3 (arranging clinical investigations) could be removed as it repeats 2b.4 (effectively conducting investigations).

f) Standard 2a.4 (analysis and evaluation of information) could be reworded to 'be able to analyse, interpret and assess the quality of the information collected'.

g) 2b.1 (research reasoning skills) could be reworded to include '(and in the case of clinical scientists, conduct relevant research individually and/or in collaboration with other health professionals)'.

h) 2b.4 (conducting treatment, diagnosis safely) could be reworded to include 'effectively'. With this change it is suggested that the profession-specific standards should then be removed.

i) 2b.5 (record keeping) could be reworded to read 'maintain, archive and secure records'.

(j) 3a.1 (knowledge) could re reworded so that only reference to 'sciences' is made.

(k) 3a.2 lacks clarity and 'registrants/applicants will find the meaning opaque'. It is suggested that rewording of this standard should be considered.

Dietitians

The assessor who responded suggested that 'clinical reasoning' should be added to a reworded standard 2b.1.

Occupational Therapists

Two assessors felt that there should be some emphasis on the contribution made by other agencies in the private and voluntary sections as well as other professionals.

One suggested expanding 1b.2 to include the need to 'understand the potential of working and engaging with other agencies in the private and voluntary sector in the care or treatment of clients'.

It was also noted that a profession-specific standard included in 3a.1 needed amendment. The standard currently reads: 'be able to *use utilise* the foundation sciences fundamental to everyday practice…'[emphasis added]. This is obviously a typographical error which can be rectified.

The PLG may also be interested to know that at a registration appeals hearing held in February 2005, the panel suggested that either standard 2 or 3 of the standards should contain some sort of reference to the need to have understanding, knowledge and/or experience of the application of occupational therapy to mental health.

Operating Department Practitioners

Operating Department Practitioners joined the register in October 2004. They are currently within their two year transitional period ('grandparenting period') for registration and no changes can be made to their standards of proficiency until the conclusion of this period on 17th October 2006.

The assessors in this profession were asked for their comments, with specific reference to the generic standards.

One assessor suggested that attention might be given to integrating some standards together, particular those in standard 2c.2 (audit and review of practice). It was also suggested that attention might be given to rewording 3a.3 (maintaining a safe practice environment) so that it was clearer.

Orthoptists

One assessor provided their feedback and did not feel that any of the standards needed to change.

Paramedics

One assessor suggested that profession-specific standards should be added regarding the use of 12 lead ECGs and more emphasis placed on effective cardiac care generally.

Another felt that given recent and continuing changes in the ambulance service, including advanced paramedic roles, it may not be prudent to consider changing the standards of proficiency at this time.

Physiotherapists

A number of comments were made and changes proposed to the generic and profession-specific standards for physiotherapists. One assessor suggested that the word 'demonstrate' should be added to standards 1a.8 and 3a.3 which cover lifelong learning and maintaining a safe practice environment. The amended standards would then read 'Understand and be able to demonstrate'.

Most of the comments from this profession were regarding standard 2b: 'Formulation and delivery of plans and strategies for meeting health and social care needs'.

A number of those who provided their feedback felt that the terms 'clinical reasoning' and 'evidence based practice' should be added or greater emphasis given in this section of the standards. One assessor felt that '2a, 2b and 2c should clearly articulate evidence based practice, research led decisions and the underpinning of theory and practice with clinical reasoning'.

Another suggested that standard 2b.1 might be usefully reworded to demonstrate more clearly the link between research, reasoning and problem solving skills to the application of practice. The suggestion was that the new standard should read:

'Be able to use research, reasoning and problem solving skills… to properly inform the process of clinical judgement'.

One assessor suggested that the requirement in standard 2b.4 for treatments to be conducted 'safely and skilfully' should be supplemented by the addition of 'effectively'. Whilst reference to effective practice is made in the profession-specific standards, it was noted that this was only in relation to treatment and not in relation also to assessment and monitoring of patients.

Another assessor suggested that the standards could be supplemented with further information about record keeping and confidentiality. Another expressed uncertainty at the relationship between the standards and guidance and codes of practice produced by other organisations and queried why there was no specific reference to these in the standards.

Two assessors suggested that profession specific standard(s) needed to be added to recognise 'the three core areas of physiotherapy practice: musculo-skeletal, cardio-respiratory and neurological areas of clinical practice'. This, it was suggested, would reflect the 'core areas that underpin every UK undergraduate curriculum'.

Prosthetists and Orthotists

No responses were received from assessors in this profession.

Radiographers

One assessor felt that the purpose of audit in terms of 'analysing and reviewing and changing practice' was lost somewhat in the terms of standard 2c.2. Another assessor concluded that: 'The standards do not reflect the ability to review and change practice when required.'

It was further suggested that standard 2b.1 should be expanded so as to 'include an understanding of research funding mechanisms and the contribution of research to patient care pathways and treatment strategies'.

Another assessor who responded felt that attention should be given to additional generic standards to cover such subjects as IT skills, promotion of the profession and patient centred practice.

One assessor suggested that reference to CT might be removed as this was more of a specialist area.

Speech and Language Therapists

Responses from two assessors were received.

One assessor felt that there should be a standard in section 3a ('knowledge, understanding, skills') to address the need to demonstrate that knowledge and skills are up to date and that relevant CPD has been undertaken.

Conclusions

The PLG is invited to consider whether the following amendments to the standards are necessary, in light of the comments and suggestions of the registration assessors. Any conclusions reached could then be kept under review as the group's work progresses.

The PLG is reminded that any changes which are made to the standards should be necessary in order to reflect a change in practice or to improve the clarity and/or accuracy of the standards. Any amendments should also conform to the Council's obligations under the Disability Discrimination Act.

Amendments are shown in italics:

1) In order to make more explicit the concept that registrants should be autonomous practitioners the following change to generic standard 1a.5 is suggested:

Standard 1a.5:

1a.5: *be able to practise as an autonomous professional, exercising their own professional judgement*

- be able to assess a situation, determine the nature and 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
- know the limits of their practice and when to seek advice *or refer to another professional*
- *recognise that they are personally responsible for and must be able to justify their decisions*

Consideration could then be given to removing standard 1b.1 in light of these amendments.

2) In order to clarify what the Council means by fitness to practise, the following change to generic standard 1a.7 is suggested:

Standard 1a.7:

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

- *understand the need to practise safely and effectively within their scope of practice*
- understand the importance of maintaining health and care for themselves
- *understand the need to keep skills and knowledge up to date* and the importance of career-long self-directed learning

Consideration could then be given to removing standard 1a.8 could in light of this amendment.

2) It is proposed that a typographical error in a profession-specific standard of 3a.1 should be corrected. The new standard would read:

Standard 3a.1:

- be able to *utilise* the foundations sciences fundamental to everyday practice and be able to interpret them in relation to human function and dysfunction.

The above is not intended to be an exhaustive list of those standards where changes might be necessary in light of the assessors' feedback. The group may wish to consider whether any other standards may need amending or adding in light of this information. The group may also wish to specifically identify those standards or areas which might need further consideration at a later stage. They could then form part of an ongoing summary paper which could be included at each subsequent meeting.

A paper will be presented at the next meeting of the PLG to consider the results of the questionnaires distributed to the professional bodies. The professional bodies have been provided with a copy of the general points and profession-specific comments detailed in this paper and asked for their comments on whether any of the proposed additions and amendments are, in their view, necessary.

Appendix 1

Numbers of Registration Assessors

Profession	No. of Assessors	No. of Assessors trained	No. of responses
AS	9	9	1
BS	19	19	2
CH	15	14	4
CS	49	44	9
DT	12	11	1
ODP	7	6	2
OT	15	14	3
OR	8	5	1
PA	18	15	3
PH	34	26	13
PO	3	3	0
RA	21	20	5
SL	14	14	2
Total:		**Total:**	46

Notes:

Only registration assessors who have received training are asked to assess international or grandparenting applications. A small number of comments were received from assessors who have not received training or who have yet to receive training.

Some professions have high numbers of assessors owing to the size of the profession (and therefore volume of applications). Other professions have a number of distinct modalities and it is necessary to use the services of assessors who have relevant experience of that modality.

Key:

AS: Arts Therapists
BS: Biomedical Scientists
CH: Chiropodists/ Podiatrists
CS: Clinical Scientists
DT: Dietitians
OT: Occupational Therapists
ODP: Operating Department Practitioners
OR: Orthoptists
PH: Physiotherapists
PA: Paramedics
PO: Prosthetists and Orthotists
RA: Radiographers
SL: Speech and Language Therapists

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2005-12-21	a	POL	COR	Registration Assessors - analysis	Final DD: None	Confidential RD: None

Appendix 2

Reference list - Standards

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

1a.7: understand the obligation to maintain fitness to practise
- understand the importance of caring for themselves including maintaining their health

1a.8: understand the need for career-long self-directed learning

1b.1: know the professional and personal scope of their practice and be able to make referrals

1b.2: be able to work where appropriate, in partnership with other professions, support staff, patients, clients and users, and their relatives and carers
- (in the Clinical Scientists standards) be able to respond to enquiries regarding the service they provide when dealing with clinical colleagues

1b.4: be able to demonstrate effective and appropriate skills in communication information, advice, instruction and professional opinion to colleagues, patients, clients, users, their relatives and carers

1b.5: understand the need for effective communication throughout the care of the patient, client and user

2a.1: be able to gather appropriate information

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

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

2b1: be able to use research, reasoning and problem solving skills (and, in the case of clinical scientists, conduct fundamental research)

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

2b.5: be able maintain records appropriately

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

3a.1: know the key concepts of the biological, physical, social, psychological and clinical sciences which are relevant to their profession-specific practice

3a.3: understand the need to establish and maintain a safe practice environment

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2005-12-21	a	POL	COR	Registration Assessors - analysis	Final DD: None	Confidential RD: None

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