

1. PLG Sponsor

The Council.

2. PLG's Mission Statement

To review the Standards of Proficiency, and to advise the Council on its conclusions regarding any required changes to the Standards of Proficiency arising from the review.

3. Terms of Reference

The PLG should review how the Standards of Proficiency (SoPs) are working from both a generic and a profession-specific viewpoint, and how well they reflect current practice as experienced by registrants, employers and educators.

They should do this by considering a variety of evidence, including:

- 3.1 information from the professional bodies;
- 3.2 the results of a piece of independent market research with registrants in a variety of professions and work settings;
- 3.3 a review of the competence cases heard to date;
- 3.4 information from registration assessors regarding their experience of assessing against the SoPs;
- 3.5 information from the registration appeals team regarding appeals concerning specific parts of the SoPs; and
- 3.6 information from education providers / visitors on how the SoPs are working within the education sector.

The above approach is suggested as providing an appropriate representation and overview of the ways in which the SOPs are used and tested by different groups across those health professions regulated by the Council.

Based on their review of the above information, the PLG should recommend to the Council any changes which it considers are required to the Standards of Proficiency. Following such recommendations a consultation exercise will require to be undertaken of the proposed revisions. Such a consultation should include registrants, employers, educators and professional bodies.

4. Plan of Activities

The PLG should meet three times to consider the information about the Standards of Proficiency and its response to it. The PLG may also consider information electronically, between meetings, if appropriate. The Group should report back to the Council after its third meeting with the results of the review and its recommendations.

5. Membership

The PLG should consist of ten members:

- 7 x members of Council (including at least one lay member); and
- 3 x representatives of professional bodies.

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It is suggested that the Council approach the Allied Health Professions Federation to ask them to nominate two individuals, and also approach the Federation of Healthcare Science to ask them to nominate one individual. (In addition to this professional body involvement in the PLG, each individual professional body would have the chance to give their detailed profession-specific input and feedback as mentioned in the 'Terms of Reference' at item 3 above)

6. Chair

This should be a Council member.

7. Suggested Timetable for the Professional Liaison Group

Due to the anticipated length of time it will take to appoint and train additional staff to the Department of Education & Policy, and the priorities around work on the Approvals process, it is proposed that the Professional Liaison Group should be formed in July 2005 and proceed with a work plan as follows:

July 2005

- First meeting of the new Council
- Council PLG chair chosen by Council
- Expressions of interest for PLG membership sought from other members
- Nominations sought from Allied Health Professions Federation

September 2005

- First meeting of PLG

November 2005

- Second meeting of PLG

January 2006

- Third meeting of PLG

March 2006

- PLG reports its recommendations to the Council

March – May 2006

- Consultation on the review of the Standards of Proficiency

July 2006

- Revised Standards of Proficiency published (if required)

Such timing would also coincide with the election of the new Council and ensure continuity of the membership and workplan of the Professional Liaison Group.

Rachel Tripp
17 February 2005

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