



5th Floor, Holborn Gate, 330 High Holborn, London WC1V 7QG

Tel: 020 7861 3080 Fax: 020 7861 3081

email: enquiries@opinionleader.co.uk

Qualitative Review of HPC Standards of Proficiency

Qualitative research with HPC-regulated professionals conducted by Opinion Leader Research in

December 2005 and January 2006

Report prepared for:



April 2006

Opinion Leader Research contact: Nigel Jackson

CONTENTS

CONTENTS.....	2
EXECUTIVE SUMMARY.....	3
Introduction	3
Summary of main findings	3
A. BACKGROUND.....	5
B. OUR OBJECTIVES	7
C. OUR APPROACH	8
D. GLOSSARY OF TERMS	12
E. MAIN FINDINGS.....	13
1. The context within which the HPC Standards of Proficiency operate	13
2. The perceived nature and function of the Standards of Proficiency	15
3. The perceived relevance of the HPC Standards	16
4. How well the Standards are perceived to meet their stated aims	19
5. Perceived clarity and ease of understanding of the Standards	24
6. Assessment of whether anything is missing from Standards.....	26
F. CONCLUSIONS AND RECOMMENDATIONS.....	27
APPENDIX	29
Discussion Guide.....	29
Recruitment Questionnaire	34

EXECUTIVE SUMMARY

Introduction

The findings outlined below are based on a series of seven qualitative discussion groups, four depth interviews and one trio depth interview with health professionals from the breadth of professions regulated by the HPC. Groups were segmented by career stage and took place across four locations in the UK.

The primary aim of the consultation was to engage a range of professionals in reviewing the HPC Standards of Proficiency to inform the work of the HPC working group (who are reviewing the HPC Standards of Proficiency).

Qualitative research was used as it provides the best tool for exploring and understanding attitudes and behaviours in detail. This research approach does not provide quantitative data, which would determine the prevalence of the findings within the wider population of HPC regulated health professionals.

Summary of main findings

- Health professionals know they are registered with the HPC and that the HPC can strike them off if they do something bad
- Beyond this, few appear particularly engaged with the HPC and its outputs
 - Few health professionals have read the HPC Standards of Proficiency; they assume these are for the public and not for them
 - Health professionals are more engaged with their own professional body's standards; they assume these will incorporate the HPC standards
 - Consequently, the HPC Standards of Proficiency do not appear to play an explicit role in professional practice, although all professionals believe implicitly their practice is above the required minimum standard
- Any specific discussion of the Standards of Proficiency tend to be hypothetical (i.e. post pre-placement)
 - Professionals know the Standards of Proficiency are threshold (baseline) standards
 - Professionals believe that their own personal standards of proficiency greatly exceed the minimum standard required
- Health professionals' relationship with the Standards of Proficiency does not change significantly over time because of the passive relationship

- They may engage with the Standards of Proficiency on qualification or when registering with HPC
- Educators are more likely to use Standards of Proficiency than others who see no reason to engage with them
- The HPC Standards of Proficiency are considered equally relevant to all 12 professions; no standards are redundant
- A minority of the key elements are unclear and are perceived to be jargon
 - Professionals want short and simple sentences
- The Summary of Standards is considered unnecessary, because the main section is sufficiently succinct
- Professionals are unclear how to measure their performance against the Standards of Proficiency
- Professionals think that the main thing missing from the Standards of Proficiency is an indication of where to go for guidance and support

A. BACKGROUND

- Health professionals working within the UK in health professions regulated by the HPC must meet the Standards of Proficiency to become registered with the HPC
- HPC Standards of Proficiency set out a minimum threshold that an HPC-regulated health professional must meet to practice safely and effectively, and include:
 - Generic elements that apply to all HPC-regulated professions
 - Profession-specific elements of the HPC Standards of Proficiency
- Many professionals will exceed the agreed HPC Standards of Proficiency
 - Some will specialise and may not be able to demonstrate that they meet all the HPC Standards of Proficiency
 - These must only undertake work that they are confident is within their knowledge, skills and experience
 - The HPC is required to take action to tackle practice that falls below the HPC Standards of Proficiency; such practice is deemed to present a potential threat to public safety
- HPC have committed to review the Standards of Proficiency two years after their initial publication
- Opinion Leader Research was commissioned to undertake qualitative research as part of this review

- The table below outlines the number of professionals registered with the HPC in each profession (July 2005)

Profession	Number	% of those registered
1. Arts Therapists	2,085	(1.3%)
2. Biomedical Scientists	21,536	(13.1%)
3. Chiropodists/Podiatrists	11,386	(6.9%)
4. Clinical Scientists	3,814	(2.3%)
5. Dieticians	6,011	(3.6%)
6. Occupational Therapists	26,835	(16.3%)
7. Orthoptists	1,277	(0.8%)
8. Paramedics	11,715	(7.1%)
9. Physiotherapists	37,991	(23.1%)
10. Prosthetists/Orthotists	821	(0.5%)
11. Radiographers	22,938	(13.9%)
12. Speech and Language Therapists	10,495	(6.4%)
GRAND TOTAL	164,810	(100.0%)

B. OUR OBJECTIVES

The objectives for this study were as follows:

- To engage HPC-regulated professionals in reviewing the Standards of Proficiency set out in 2003 (across professions and settings, etc.)
- To understand the contexts within which the Standards of Proficiency are received and operate (i.e. different professions, different settings, etc.)
- To explore the perceived nature and function of the Standards
- To assess how well the Standards are perceived to meet their stated aims, in particular:
 - Is the threshold to register set at the right level (sufficiently high, too high, etc.)
- To determine how relevant the Standards are perceived to be, in particular:
 - How the Standards relate to professionals' practice and work
 - Whether the generic standards apply equally to all 12 professions (see list appended)
 - Whether or not some of the standards have become redundant
- To find out how clear and easy professionals find the Standards to understand
- To assess whether anything is missing from the Standards
- To inform the work of the working group reviewing the Standards

C. OUR APPROACH

A qualitative method was used

- This approach was chosen because the flexible and iterative nature of a qualitative approach would enable exploration of professional views on the HPC Standards in detail and depth
- Group discussions allowed for the trading of views and experiences, which enabled participants to formulate more informed viewpoints and more creative solutions to any issues raised
- This approach was designed to deliver grounded qualitative evidence that the review group required to meet the study objectives
- This report does not provide quantitative data, which would determine the prevalence of the findings within the wider population of HPC regulated health professionals; however in the main body of the report we have, where possible, identified where an opinion is held by a minority or a majority of participants

Opinion Leader Research conducted:

- 7 x 1.5 hour group discussions with health professionals from HPC regulated professions; 6-8 in each group
- 1 x one-hour trio and 4 x one-hour in-depth interviews with educators only
- All groups contained a mix of health professionals, with all professions covered across the 8 groups; soft quotas were set to ensure we covered the breath of HPC membership
- All groups were mixed gender with a greater number of women than men to reflect the gender balance of HPC membership
- Groups were segmented by career stage to explore the relationship between practice and the Standards over time (rather than by profession); it was decided that this information was the most useful to the working group (professional-specific information would be collected in a separate part of the review)
- The career stages included were:
 - Educators
 - Specialists / those no longer solely working in their stated profession (e.g. therapy managers)
 - Employers / managers with responsibility for professional standards

- Staff with one year or more of practice experience (including quotas for those with 1-4 years, 5-9 years, 10 years plus)
- First year of practice
- Students
- Both the statutory and non-statutory sectors were included
 - 5 of the groups were with professionals who work in the statutory sector
 - 2 of the groups were with professionals who work in the non-statutory sector
 - 1 group was mixed with professionals working in either/both the statutory and non-statutory sector
- Where possible, HPC Standards of Proficiency booklets were given to participants a few days prior to the groups, so that they could familiarise themselves with its contents
- Groups were conducted in London, Swansea, Glasgow and Birmingham
- Health professionals were recruited using Opinion Leader's network of independent recruiters
- All groups and depths were tape recorded and transcribed verbatim
- Anonymised verbatim quotes are used to illustrate the findings
- Fieldwork was conducted between 12 December 2005 and 30 January 2006
- The recruitment questionnaire and discussion guide are appended

The sample spread was:

CAREER LEVEL	Statutory sector (NHS and social services where relevant)	Non- statutory sector (i.e. private practice, voluntary sector, etc)
Educators	4 x depth interviews (London)	
Specialists / those no longer solely working in their stated profession (e.g. therapy managers)	Group 2 (Birmingham)	
Employers / managers with responsibility for professional standards	Group 3 (Swansea)	Group 4 (Birmingham)
Staff (with one year or more of practice experience)	Group 5 (Swansea)	Group 6 (Glasgow)
First year of practice	Group 7 (Glasgow)	
Students (especially final year students)	Group 8 (London)	

We achieved the following numbers in each group:

Group	Number of participants
Swansea staff	5
Swansea managers	6
Glasgow staff	8
Glasgow first years	8
London students	6
London educators	3
Educator depths	3
Birmingham specialists	6
Birmingham managers	6
TOTAL	51

The total numbers of participants from each profession were as follows:

Profession	Number of participants
Arts therapists	1
Biomedical scientists	5
Chiropodists/podiatrists	4
Clinical scientists	1
Dietitians	5
Occupational Therapists	6
Operating department practitioners	4
Orthoptists	2
Paramedics	4
Physiotherapists	7
Prosthetists and orthotists	1
Radiographers	6
Speech and language therapists	5

D. GLOSSARY OF TERMS

The following words or phrases have been used in the report and here we include explanations for clarity:

- **Professional standards:** Standards of professional bodies (i.e. not HPC Standards of Proficiency)
- **HPC Standards:** The HPC Standards of Proficiency
- **Standards:** Individual Standards contained within the HPC Standards of Proficiency document
- **Elements of HPC Standards:** bullet points in the HPC Standards

E. MAIN FINDINGS

1. The context within which the HPC Standards of Proficiency operate

- HPC regulated health professionals are aware that they are registered with and regulated by the HPC
 - They know that the HPC can strike professionals off the register for substandard or malpractice
 - Professionals recognise the need for independent regulation (above and beyond their professional body)

“They (the HPC) are an external body that actually does our registration, so it needs to be seen as being independent. Because if you’re just saying ‘go through their own professional body’ the argument is ‘well no, you are just looking after each other in that profession.’ You need that independence.” (First year of practice, Glasgow)

“I think it’s really important because people are accountable to an organisation over and above their professional association. I think it’s good that the public can go and check on the website who they’re saying is fit to practise and who is registered.” (First year of practice, Glasgow)

- Participants believe the HPC Standards of Proficiency are just one of many professional standards to which they are expected to adhere

“We’ve got our society regulating us. We’ve got the care standards committee regulating us. Now we’ve got this regulating us.” (Manager, Birmingham)

- They perceive that there is a hierarchy of professional standards which varies by profession and sector and includes:
 - The standards of practice of their professional bodies (e.g. The College of Occupational Therapy, The Chartered Society of Physiotherapy)
 - Local and national standards/targets (e.g. Welsh Risk Pool Standards)
 - Specialist standards (e.g. the Royal College of Pathologists)
 - Private practice / care standards (e.g. National Care Standards)
- Professionals place the standards of their professional bodies at the top of this hierarchy; they are more familiar with these standards and regard them as more relevant, because they are specific to their profession
- They place the HPC Standards of Proficiency at the bottom of this hierarchy; they are perceived as generic or vague and so less useful than the standards of their professional

bodies (however this is not grounded in experience, as they make this assumption before having read the HPC Standards)

"I think these (HPC) standards are quite generic really." (Manager, Swansea)

- Professionals have a more positive association with their own professional body
 - They consider their professional body to be 'on their side'
 - They think the HPC is a policing body and, therefore, 'on the public's side'

"You recognise them as a policing board and so tend to look to your own professional board which is more representative of your needs." (First year of practice, Glasgow)

- Some professions are more aware of their professional body's standards than others
 - Physiotherapists, Speech and Language Therapists & Occupational Therapists are most aware of their professional bodies' standards; we believe this is because the professional bodies have existed for longer than other professional bodies (e.g. Paramedics)
- Although unaware of the detail of the HPC Standards of Proficiency, professionals believe that they are keeping to them because:
 - They assume that their Professional Body's standards cover the HPC Standards of Proficiency (or set a higher standard)

"I would expect then that your own professional body may well have higher standards." (Manager, Birmingham)

"The standards we try and follow within the trust are probably much higher than this." (Manager, Swansea)

- They assume the HPC has used the standards of their Professional Body to compile the HPC Standards of Proficiency

"I haven't sat down with the HPC's guidelines for OTs in terms of proficiency and sat down with the COT and sort of cross-referenced it. But I suspect that they're singing very much from the same song sheet" (Educator, London)

- Some professionals acknowledge that not all professionals have to join their professional body; therefore, they consider the HPC Standards of proficiency vital to protect the public

"Standards should aim to duplicate or slightly reinforce what is coming from the professional body, because not everyone has to belong to our professional body." (Educator, London)

- Most professionals know very little about the HPC Standards of Proficiency

- A few say they read the HPC Standards when they first qualified, but have not picked them up since
- A few confess they have not read them; they have been in practice longer than the HPC has existed
- All students and many in their first year of practice have not heard of HPC Standards of Proficiency

“These sorts of things come through the post and with bureaucracy you maybe put it in your file, maybe you will flick through. After a while it drops off the edge of your desk and into the bin.” (Manager, Birmingham)

“You’re aware of what the standards are, and you know you’ve got your own personal standards. But you’re not going to refer to them...because you’ve just not got time.” (First year of practice, Glasgow)

- Professionals assume that they are adequately trained and intrinsically aware of professional standards (including HPC Standards) and they believe that they meet these standards

“We’ve always been professional people...Okay we may not be looking at it (HPC Standards) every day. That’s because we don’t need to because we’re meeting all these things every day.” (Manager, Swansea)

“Now as professional people you go through a format of education which gives you a sound base knowledge. We don’t need someone else to tell us what we need to do.” (Manager, Birmingham)

2. The perceived nature and function of the Standards of Proficiency

- We asked participants to read the HPC Standards of Proficiency during the group discussions (this was often the first time they had engaged with them in detail)
- Before reading the HPC Standards of Proficiency, participants believe that their purpose is:
 - To ensure the maintenance of safe practice
 - To ensure consistent practice across locations and across professions
 - Professionals believe that the Standards of Proficiency give them professional status and reduce the gap between them and other professions (e.g. doctors, nurses)
 - To provide protection for the professionals and employers

- Professionals believe that the public should know the boundaries in which professionals operate, and manage public expectations of what professionals can and cannot do
- Staff discuss using the standards to press employers for more resources to enable them to practise safely (e.g. CPD)

“The standards could be there for us to highlight to employers, to line managers, that we’re not meeting the standards.” (First year of practice, Glasgow)

- Participants believe that the HPC Standards of Proficiency should provide a baseline (the term ‘threshold’ is not used)

“To provide a baseline so that both clinicians and patients have got an idea of the expected standards.” (Student, London)

“This is a minimum standard you are supposed to achieve.” (Staff, Swansea)

“It does bring the lowest common (denominator). A baseline.” (Staff, Swansea)

- Most professionals believe that they operate beyond minimum standards, and therefore, think the HPC Standards of Proficiency will be too basic for them

3. The perceived relevance of the HPC Standards

The perceived relevance of the HPC Standards varies by career stage

3.1 Students

- Most participants think the HPC Standards would be particularly useful for students, i.e. so that they know what will be expected of them when they qualify

“Students, by going through it they realise what’s expected of them.” (Staff, Swansea)

- However, none of the students had previously seen or read the HPC Standards of Proficiency
- Having read them in the groups, students consider the HPC Standards of Proficiency clear and comprehensive
- Students believe that their courses have taught them the skills necessary to meet the HPC Standards

“I thought it was generally quite good. What you’d expect of it. Nothing came as a surprise. I think we covered everything in college.” (Student, London)

- Some students believe that the HPC Standards are too subjective

- They believe it is difficult to measure their performance against these Standards
- They would like examples so they can have a more clear idea of what is required of them

“They’re difficult to measure aren’t they?... You really need specific examples. I don’t think you could just read that and go ‘tick, tick, tick.’” (Student, London)

“Lots of use of the word appropriate which is very subjective.” (Student, London)

- A couple of the students also perceive the HPC Standards to be a bit ‘text-heavy’ and would like the text broken up with examples and case studies

3.2 First year of practice

- Most participants in their first year of practice had not read the HPC Standards beforehand
- A minority had read them when they received them on qualification, although they have not read them since
- They (like all other participants) agree that they would find the HPC Standards a useful tool for personal assessment and to remind them what they should be doing

“When you are newly qualified they can be a great lifeline.” (Staff, Glasgow)

“This is excellent for newly qualified persons.” (Manager, Swansea)

3.3 Staff with more than one year’s experience

- Staff with more than one year’s experience are the least engaged of all with the HPC Standards of Proficiency
 - Some have never read the standards; they often dismiss them as another piece of bureaucracy
 - Others read the HPC Standards when they first registered and have now forgotten them
- They believe that the Standards of Proficiency are more relevant for those who are newly qualified; they assume that they operate beyond these minimum standards
- When they read the HPC standards in the group discussion, many do find the HPC Standards more relevant than they anticipated
 - The HPC Standards are not as generic as expected
 - The profession specific elements are welcomed
- Some participants believe that the HPC Standards would be a useful tool for self-assessment/appraisal

"They are motivational." (Staff, Glasgow)

3.4 Educators (lecturers and supervisors)

- Educators are the most engaged with the Standards of Proficiency
- The lecturers interviewed stated that they used the HPC Standards in the development of curriculum
- One of the lecturers gave the HPC Standards to students

"They have been used to develop the curriculum...We give them to students." (Educator, London)

- Some supervisors use HPC Standards to show students who are performing below the standard of what is expected of them

"When we review our clinical supervision, we look at what we expect of them, we refer to these things (HPC Standards)." (Educator, London)

- Others used the standards from their professional body in preference

"We have filed it. We're to routinely going to have a look at these." (Educator, London)

"Other places don't introduce it to students like we do here." (Educator, London)

3.5 Employers / Managers with responsibility for professional standards

- Many of the employers/managers are concerned that the qualified professionals do not meet the HPC Standards of Proficiency
- However, managers do not currently assess employees by the HPC Standards of Proficiency
- Having read the HPC Standards of Proficiency in the group, they note that they could be a useful tool for recruitment, self assessment, and performance management

"It is useful actually, as a member of staff not used to being appraised, to help me focus my learning, where I want it to go to. It's given me guidance." (Manager, Swansea)

"I think this is a good preamble to a job description." (Manager, Birmingham)

3.6 Specialists (those no longer solely working in their stated profession)

- Specialists often operate under additional specialists' standards, which are more relevant to their practice
 - A specialist biochemist in Birmingham was expected to operate under the code of conduct for the Royal College of Pathologists, the standards of the Association of Clinical Biochemists and the HPC Standards

- Specialists recognise that they may be outside the scope of practice as outlined in the Standards of Proficiency, however they believe that they would not be guilty of misconduct because they would never undertake anything which they felt they were no longer capable of doing
 - Specialists note that this is confirmed in the introduction of the Standards of Proficiency (although Specialists may not have realised this until reading them for this exercise)
 - They also note that it is enshrined in 1a5 of the Standards of Proficiency ('Know the limits of their practice and when to seek advice')
- A few specialists are also surprised at how relevant the HPC Standards are to them, even within their specialisms

"We are specialists but I think it covers the range of my expertise. The full range."
(Specialist, Birmingham)

4. How well the Standards are perceived to meet their stated aims

Participants read through and commented on each section of the HPC Standards of Proficiency during the group discussions. This chapter outlines the prompted feedback on each of the sections.

4.1 The Foreword

- Many professionals admit that they would most probably skip the Foreword as they are interested in reading the actual standards
- Participants like the Foreword; they consider the content to be important:
 - The Foreword establishes the aim of the document, i.e. to protect the public by ensuring registrants practise safely; this fits with their expectations

"It is saying this is a minimum set of standards that you'd expect someone to work to. If someone falls below that then they are probably not safe to practise."
(Manager, Birmingham)

- Participants also welcome that the Foreword acknowledges that professionals have been consulted about the HPC Standards of Proficiency

"That's offering a level of reassurance to say we have surveyed the people who register with us and actually we have considered what you have to say."
(Educator, London)

- The Foreword also states that professionals can contact the HPC if they have any questions, concerns or comments, and professionals find this reassuring

4.2 Introduction

- Professionals believe that the introduction sets an appropriate tone for the HPC as the regulating body; it states that the HPC expects professionals who are registered with the HPC to keep to the Standards outlined
- Some professionals believe that the introduction demonstrates that the HPC is pragmatic in how it expects its Standards to be adhered to; there is acknowledgement that specialists may not meet all of the standards
- Participants consider the explanation of how to navigate the booklet useful
 - It explains to professionals how to differentiate between generic and specific standards; this reinforces that much of the booklet is the same for all professionals thereby reinforcing their equal professional status

“I think the fact that there are some generic ones and some specific to your profession is good actually. There are some things that unite us all and some things that are very specific.” (Staff, Swansea)
 - It clarifies that there is a summary of standards in addition to full standards; this fact is not immediately clear to those who skip the introduction section
- However, they find some points of detail in the introduction confusing
 - The brief reference to Standards of Conduct, Performance and Ethics is considered confusing; it is not clear to all participants what this is and how it differs from the Standards of Proficiency
 - Some are unclear what the term ‘grandparenting’ means

4.3 Summary of Standards

- The majority of participants were critical of the Summary of Standards section
 - Most participants consider the Summary of Standards to be unnecessary; they consider the document sufficiently short to not require a summary

“It’s not that it’s a huge document that you really need a summary.” (First year of practice, Glasgow)
 - Many participants consider the Summary of Standards section to be too detailed
 - When professionals read through the Summary, they find points on which they want further clarity and more explanation; it is not immediately clear to them that this will be provided in the subsequent section

"The summary is so large that essentially it's almost the same as the rest of the book. You either need a much more precise summary or don't have it at all."
(Specialist, Birmingham)

- Many participants believe that the Summary of Standards section makes the booklet seem repetitive

"It seems that we are reading the same things again and again." (First year of practice, Glasgow)

4.4 Profession-specific section (i.e. the actual HPC Standards)

- Participants do not consider any of the Standards to be redundant
- Some of the professionals question the relevancy of some of the key elements of the Standards (bullets under the Standards) but there is a lack of consistency in these comments across the professions
- The majority of participants at all career levels believe that the Standards reflect their practice/work

"This is actually quite spot on." (Specialist, Birmingham)

- Although many expected the HPC Standards to be generic (as mentioned in Chapter 1), they find that the specific key elements are relevant to their profession
 - They like the use of different colour font to highlight the profession specific detail

"I thought they'd be slightly more generic. They do get in to specifics in terms of the profession specific standards." (First year of practice, Glasgow)

"I was actually quite pleasantly surprised at some of the specifics that were in there. I thought that they've taken the time out to write that" (Staff, Swansea).

- Participants believe that the Standards have application for all career stages; they think the Standards establish core competencies necessary for any level of practice

"It's open to interpretation irrespective of what grade of therapist you are really...It has that sort of generic application." (Educator, London)

- They are equally relevant to those in the statutory and non-statutory sectors, because they cover common practices
 - One participant was concerned that, by not dealing with emergency/trauma cases, she was failing HPC Standards of Proficiency; however no other participant in this non-statutory group found this to be an issue

- Professionals believe that Standards give them a clear idea of what the HPC expects of them

“It leaves you under no illusion what we’re supposed to do.” (Staff, Glasgow)

- However, there are few common criticisms of the HPC Standards:

- A minority of professionals believe that the Standard related to auditing a management competency, rather than a threshold standard (they consider auditing to be an evaluation of a department’s conduct, which would be a task undertaken by a senior manager)

“Anybody who’s newly qualified – what would they know about audits? It’s something you gain with experience.” (Manager, Birmingham)

“Undertake audit.’ That’s a training process in itself. So as a newly qualified person, they might know about audit but they wouldn’t be able to go out and undertake an audit.” (Specialist, Birmingham)

- The majority of participants are confused by the Standard relating to English levels

- They are unclear what ‘level 7’ English is and who it relates to
- They do not necessarily realise that this refers to those who do not speak English as their first language
- A minority comment that they have encountered HPC-registered professionals with a level of English that they consider to be sub-standard
- These professionals question whether HPC enforces this standard, or whether level 7 English is sufficient

Participant 1: “To be able to communicate in English to your standards equivalent of Level 7. What is that?”

Participant 2: “I think maybe it needs to be if English is not your native language.” (First year of practice, Glasgow)

“I have never heard of the international English language testing system in my life. So I don’t know whether Level Seven is like. Low or high?” (Manager, Swansea)

- A few professionals are concerned about the Standard on informed consent (1a.3)

- They believe that informed consent is difficult to obtain and difficult to measure, and would like more detail in this standard

“Informed consent.’ How many people really know what informed consent is? And when you actually question people, ‘what is informed consent?’ they actually don’t know what it is. I mean that, is that up to us (to interpret)?” (Specialist, Birmingham)

- A few professionals would like greater clarity of 2b.3 as they are not all clear who the management plans relate to (patients or other professionals/employees). It seemed that those who have limited contact with patients (e.g. lab technicians) are the most likely to find this confusing

Participant 1: "I wouldn't expect a basic grade to be able to formulate specific and appropriate management plans. That's management responsibility."

Participant 2: "I must admit I read management plans as patient management."

Participant 1: "It's open to interpretation." (Specialists, Birmingham)

- Some professionals comment that they are unsure how to measure their performance against the Standards of Proficiency; they think implementation of the Standards are open to interpretation

"We are left to interpret the standards as professionals. But how? There no sort of written document to say actually what they do mean about these standards." (Specialist, Birmingham)

"It's obviously open for interpretation isn't it....It has got to be a document that if you've just recently qualified or if you've been working for x number of years that you can refer to this." (Educator, London)

"I think it's written in such a generic fashion that I think it allows the flexibility and the independent practice to come through." (Managers, Swansesa)

5. Perceived clarity and ease of understanding of the Standards

5.1 Presentation

- Professionals tend not to have high expectations of what a booklet containing standards should look like
- They expect the HPC Standards of Proficiency booklet to be clear and easy to use but the language difficult to follow in places (see Language below)
- Professionals find the booklet easy to navigate; except for the summary which is considered confusing
- Participants like the use of bold text for overarching standards; they think it clearly focuses them on what they should be achieving
- Professionals like the use of different colour fonts
 - They believe that it is important to highlight which text is generic across the professions as it demonstrates parity
 - They believe it is also important that there is profession specific text and that this is well signposted

"I think the layout, actually separating using different colours, generic and profession specific is quite useful." (First year of practice, Glasgow)

- Most participants like the pictures on the front covers of the booklets

5.2 Language

- Some of the leaflet is considered longwinded, and jargon-laden

"Sometimes it's a bit wordy. There are bits where you want to read it three times and you think, 'oh, that was a bit heavy going'". (Educator, London)

"I think some of the standards are a bit long winded personally." (First year of practice, Glasgow)

Participant 1: "The longest sentences are the worst."

Participant 2: "The longer they go on the sort of less they mean." (Managers, Birmingham)

- More senior professionals (managers / specialists) are at ease and are familiar with the language used, but more junior professionals are not

"I'm a jargon person, but I do think it's a bit jargony." (Specialist, Birmingham)

"1B4 'personal incompatibility'...Basically they're saying 'if you don't get on with a patient'. I'm sure there is a better way of saying that kind of thing." (Manager, Birmingham)

"Patient technology interface.' What the hell does that mean?" (Manager, Birmingham)

"I don't think that we should expect all professionals are able to understand that level of complex language. I don't think it is necessary." (More than 1 year of practice, Glasgow)

"With regards to my colleagues, a lot of the terminology used (in the HPC Standards) many of them they've never encountered before." (Staff, Swansea)

- Some professionals seem more at ease with the complex language than others, e.g. paramedics seem particularly ill at ease with some of the language

"I would defy a lot of paramedics to be able to understand, and I quote, 'The principles and application of measurement techniques based on biomechanics and electrophysiology.' Most paramedics wouldn't have a clue what that is." (Specialist, Birmingham)

- Professionals agree that they would like the document to be written in simple English; however they consider it important that it maintains a professional tone and is not over-simplified; they recognise that this is a delicate balance
- Professionals like use of the phrase 'be able to' throughout the HPC Standards of Proficiency; they think this acknowledges different skills and how people specialise throughout their career

6. Assessment of whether anything is missing from Standards

- Professionals do not believe that anything related to professional practice is missing from the Standards; they think all overarching themes of safe and effective practice are covered

“I think they’ve done a good job in 15 pages.” (Educators, London)

“There’s nothing irrelevant about it.” (Educators, London)

- Many of the professionals have questions about the HPC and the Standards that they would like answered and believe this should be covered in the Standards of Proficiency.
- The main questions are:
 - Who are the HPC? How does the HPC function? What is its role?
 - What other professions are covered by the HPC Standards?
 - What is the relationship between the HPC and other professional bodies? Where can we find other, more detailed standards?
 - How does the HPC/Standards benefit us?
 - A minority of professionals feel that they deserve something in return for their registration payments
- A minority of professionals would like guidance on how to implement the Standards and support if they are struggling to implement them. However they do not necessarily expect this of the HPC; rather they would like signposting on where to go to receive this guidance or support

“It says what I have to do for them. But what are they going to do for me if I have problems?” Manager, Birmingham

“It’s what they can do for us as well rather than just saying, ‘This is what we expect of you.’” First year of practice, Glasgow

“Are they going to support me if I can’t get training?” Manager, Birmingham

F. CONCLUSIONS AND RECOMMENDATIONS

Please note that the following conclusions and recommendations are based on a qualitative methodology, chosen as it provides the best tool for exploring and understanding attitudes and behaviours in detail. The conclusions and recommendations are not based on quantitative data, which would determine the prevalence of the findings within the wider population of HPC regulated health professionals.

1. HPC-regulated health professionals have passive relationships with the HPC and its Standards of Proficiency
 - Health Professionals regard the HPC as an organisation which exists to serve the public and not them
 - They are obligated to register with the HPC and they have to pay a fee; however many feel that they don't get anything for registering with them
 - Professionals are aware that the HPC will strike them off if they do something bad (they don't necessarily equate this with failing HPC Standards of Proficiency)
 - However they do not engage with the organisation or its outputs
 - Few health professionals have read the Standards of Proficiency before this exercise
 - Not everyone knows that they are there or what they do
 - They play little or no role in professional practice
2. Professionals make various assumptions about the Standards of Proficiency
 - They assume that the HPC Standards are generic and not relevant to them (compared to their own professional bodies' standards)
 - They assume that HPC Standards are minimum standards, but believe they personally operate well beyond minimum standards
3. Health professionals' relationships with the Standards of Proficiency does not change significantly over time
 - They may engage briefly with the Standards of Proficiency on qualification or registration
 - Educators are more likely to use and be engaged with the Standards of Proficiency
4. Standards of Proficiency seem equally relevant to all 12 professions
 - Participants have issues with some specific key elements, but there is a lack of consistency within and across professions

5. A few key elements are considered redundant by some professionals, but this tends to be in instances where they believe they are operating beyond these Standards; others disagree; therefore, we conclude that none of the standards are redundant
6. A minority of the key elements are unclear and are perceived to be jargon
 - Professionals want short and simple sentences, but they must maintain a professional tone
7. There are a few improvements that can be made to the Standards
 - Remove the Summary of Standards; the Summary appears to duplicate the specific Standards and they make the document longer and so less engaging
 - Explain the role of the HPC to reinforce a more positive relationship between the HPC and professionals
 - Who are the HPC? How does the HPC function? What is their role?
 - What is the relationship between the HPC and other professional bodies?
 - Signpost to where professionals can obtain guidance and support to meet the Standards
8. There are opportunities for the Standards of Proficiency to have an increased role in health professionals' practice
 - Professionals identified possible uses for the Standards
 - To use for job interviews, to assess whether candidates are of the required standard
 - To use for assessment of staff / performance management
 - For self-assessment/development (particularly at early stages of a career)
 - For student education and appraisal
 - For curriculum development
 - These applications could encourage a more active engagement with standards, rather than them being viewed as another piece of 'bureaucracy'

APPENDIX

Discussion Guide



5th Floor, Holborn Gate, 330 High Holborn, London WC1V 7QG Tel: 020 7861 3080 Fax: 020 7861 3081
Email: enquiries@opinionleader.co.uk

HPC1013G

HPC Standards of Proficiency Review

Outline Discussion Guide

6 December 2005

Introduction – 5 mins

- Introduction – OLR and any observers
- Brief explanation of study aims
- Ground rules and housekeeping - confidentiality, permission to tape, mobiles off, etc

Objective 1: To engage HPC-regulated professionals in reviewing the Standards of Proficiency set out in 2003 (across professions and settings, etc) 5 mins

- Each participant to introduce self, profession, role and responsibilities, level of specialisation, etc

Objective 2: To understand the contexts within which the Standards of Proficiency are received and operate (i.e. different professions, different settings, etc) 15mins

- What are the main opportunities and challenges facing your profession currently (in terms of ensuring and maintaining professional standards, etc)? Why? (Researcher to note similarities and differences between professions)
- And over the next five years?
- What are the minimum standards that professionals need to achieve to ensure safe and effective practice in your profession? Why?
- What role do Standards of Proficiency play in ensuring and maintaining standards in your profession? Why?
- What role could Standards of Proficiency play in ensuring and maintaining standards in your profession? Why?

Objective 3: To explore the perceived nature and function of the Standards 10mins

- How important is to have Standards of Proficiency? Why?
- What do the HPC Standards of Proficiency aim to do (i.e. researchers note and explore references to 'threshold standards')? Why?
- What should the Standards of Proficiency aim to do? Why?

Objective 4: To assess how well the Standards are perceived to meet their stated aims, in particular - is the threshold to register set at the right level (sufficiently high, too high, etc)? 20mins

- Participants to look at 'standard' sections (pages 1-6):
 - What do you think of this section overall? Each individual standard and why?
 - Strengths? Weaknesses and why?
 - Likes? Dislikes and why?
 - Do these standards meet the stated aims?
- Participants to look at profession specific pages (7 onwards):
 - What do you think overall? Each individual standard and why?
 - Strengths? Weaknesses and why?
 - Likes? Dislikes and why?

- Do these standards meet the stated aims?
- To what extent do they continue to provide an appropriate threshold for safe and effective practice in your profession and why?

Objective 5: To determine how relevant the Standards are perceived to be, in particular:

- How the Standards relate to professionals' practice and work

- Whether the generic standards apply equally to all 12 professions (via analysis)

- Whether or not some of standards have become redundant

15mins

- TO ALL EXCEPT STUDENTS: Have you used the Standards of Proficiency in your professional lives (in relation to your own work or the work of others)
 - How and why? Probe: any differences between the professions?
 - Has use changed over time? How?

Career stage specific questions:

▪ EDUCATORS:

- Do you still feel able to practise safely? (Given that they are practising less / not at all)
- How do you use the Standards in delivering courses?
- Do you teach the Standards? How much emphasis are the Standards given in your courses?

▪ SPECIALISTS:

- Do you feel that the Standards are relevant to you?
- Do you feel that you can practise within the Standards?

▪ EMPLOYERS/MANAGERS:

- Do you use the Standards to assess others? Probe: appraising, assessing performance, developing staff, disciplinary procedures
- Do you feel that you can practise within the Standards?

▪ STAFF WITH LESS THAN ONE YEAR OF PRACTISE EXPERIENCE:

- Have you met the Standards in reality?
- STAFF WITH MORE THAN ONE YEAR OF PRACTISE EXPERIENCE:
 - How relevant do the Standards remain?
- STUDENTS:
 - Have you been exposed to the Standards of Proficiency?
 - Has your course prepared you to meet the Standards outlined?
 - Did you check that your course was taught to the level required by the Standards?
- CAREER BREAK:
 - Did the Standards take your situation into account?
 - Did the Standards change during the time that you were away? Did you check that you met the Standards when you returned to practise?
- OVERSEAS TRAINED:
 - Have you been made aware of the Standards since practising in the UK?
 - Have you had guidance meeting the Standards?
- How relevant are the Standards to what you do now? In what ways?
 - Probe: Are you aware of the limits that the Standards place on those who specialise and why?
- Does anything seem extraneous? If so, what would be lost / gained if it was deleted and why?

Objective 6: To find out how clear and easy to understand professionals find the Standards
5mins

- How well are the Standards are presented and why?
 - How could presentation be improved?
- Are they clear and easy to understand and why?
 - Any words or phrases they think need clarification and why?

- What is the overall message that the Standards set out and why?

Objective 7: To assess whether anything is missing from the Standards <i>10mins</i>
--

- Is anything missing from the Standards (review earlier list)?
 - Would you add anything in?
- For each thing mentioned, what difference would adding this in make and why?

Objective 8: To inform the work of the working group reviewing the Standards <i>5mins</i>
--

- Would you like to see any other improvements in the Standards and why?
 - How much of a difference would the changes make and why?
- Do you have one final message for the working group reviewing the Standards and why?

Recruitment Questionnaire



5th Floor, Holborn Gate, 330 High Holborn, London WC1V 7QG Tel: 020 7861 3080 Fax: 020 7861 3081
Email: enquiries@opinionleader.co.uk

HPC1013G

HPC Standards of Proficiency Review

Recruitment Questionnaire

Good morning/afternoon. I am recruiting people to take part in a group discussing your views on the standards of proficiency for health professionals and we may be interested in you taking part. You will receive £X as a thank you for taking part.

SECTION 1

Q1 Are you training or qualified as any of the following?

Arts therapist		
Biomedical scientist		
Chiropodists/podiatrist		
Clinical scientist		

Dietitian		
Occupational Therapist		
Operating department practitioner		
Orthoptist		
Paramedic		
Physiotherapist		
Prosthetists and orthotist		
Radiographer		
Speech and language therapist		

QUOTA: RECRUIT TO SPECIFICATION

Q2 RECORD GENDER

MALE		
FEMALE		

QUOTA: 6 x women, 2 x men

Q3 Do you work in the statutory sector (i.e. NHS / Social Services) or the non-statutory sector (i.e. private practice / voluntary sector)

Statutory		<i>POSSIBLE RECRUIT FOR GROUPS 1, 2, 3, 5, 7, 8. GO TO Q4a</i>
Non-statutory		<i>POSSIBLE RECRUIT FOR GROUPS 2, 4, 6 GO TO Q4a</i>

QUOTA: GROUP 2 SHOULD BE 4 X STATUTORY & 4 X NON-STATUTORY IF POSSIBLE

Q4(a) Are you a student or have you qualified as a health professional?

Student		<i>GO TO Q4b</i>
Qualified		<i>GO TO Q5</i>

Q4(b) Are you in your final year of study?

Yes		<i>RECRUIT FOR GROUP 8</i> <i>GO TO SECTION 2</i>
No		<i>CLOSE</i>

QUOTA: ALL TO BE FINAL YEAR STUDENTS

Q5 Which of the following best describes you?

Specialist (e.g. you have specialised in a specific area such as paediatrics)		<i>RECRUIT FOR GROUP 2</i> <i>GO TO SECTION 2</i>
Generalist		<i>GO TO Q6</i>
No longer working in your stated profession (e.g. therapy manager)		<i>RECRUIT FOR GROUP 2</i> <i>GO TO SECTION 2</i>

Q6(a) Which of the following best describes your grade

Employer / service manager		<i>RECRUIT FOR GROUPS 3 & 4</i> <i>GO TO Q6(b)</i>
Principle / senior grade (i.e. with some management responsibilities)		<i>GO TO Q7</i>
Basic grade		<i>GO TO Q7</i>

Q6(b) Have you returned to work from a career break in the last 2 years

Yes		<i>GO TO Q6(c)</i>
No		<i>GO TO SECTION 2</i>

Q6(c) How long was your career break?

Less than one year		
1-3 years		
3-5 years		
More than 5 years		<i>RECRUIT 2 FOR EACH OF GROUPS 3 & 4</i> <i>GO TO SECTION 2</i>

QUOTA: GROUPS 3 & 4 TO HAVE 2 PARTICIPANTS WHO HAVE HAD A 5 YEAR CAREER BREAK OR MORE, IF POSSIBLE. OTHERWISE 3-5 YEAR BREAK IS ACCEPTABLE

Q7(a) How many years have you been practising?

Less than 1 year (i.e. in first year of practice)		<i>RECRUIT FOR GROUP 7</i> <i>GO TO Q7(b)</i>
1 – 4 years		<i>RECRUIT 2-3 FOR EACH OF GROUPS 5 & 6</i> <i>GO TO SECTION 2</i>
5 – 9 years		<i>RECRUIT 2-3 FOR EACH OF GROUPS 5 & 6</i> <i>GO TO SECTION 2</i>
10 or more years		<i>RECRUIT 2-3 FOR EACH OF GROUPS 5 & 6</i> <i>GO TO SECTION 2</i>

Q7(b) Where did you train?

UK		<i>GO TO SECTION 2</i>
Overseas		<i>RECRUIT 2 FOR GROUP 7</i> <i>GO TO SECTION 2</i>

QUOTA: GROUPS 7 TO HAVE 2 PARTICIPANTS TRAINED OVERSEAS

SECTION 2

Q1 How would you describe your ethnic background?

White British origin	
Other White (Irish, European etc)	
Black Caribbean/Caribbean	
Black African/African Origin	
Mixed heritage	
Indian	
Pakistani	
Other (specify)	

RECRUIT AT LEAST 2 BME PARTICIPANTS FOR EACH GROUP

Q2 Finally, I just need your name, address and telephone number.

NAME:

ADDRESS:

TEL NO:

INTERVIEWER'S DECLARATION:

THIS IS A TRUE RECORD OF AN INTERVIEW WHICH HAS BEEN CONDUCTED WITH A
RESPONDENT WHO IS NOT A RELATIVE OR FRIEND OF MINE

INTERVIEWER'S SIGNATURE DATE

ERROR: undefinedfilename
OFFENDING COMMAND: c

STACK: