THE HEALTH PROFESSIONS COUNCIL

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PROFESSIONAL LIAISON GROUP FOR STANDARDS OF PROFICIENCY

MINUTES of the second meeting of the Professional Liaison Group for Standards of Proficiency held at **11.00 a.m. on Tuesday 24 January 2006** at Park House, 184 Kennington Park Road, London, SE11 4BU.

PRESENT:

Mr P Acres
Mrs M Clark-Glass (Chairman)
Ms M Embleton
Mr M English
Dr S Gosling
Mrs D Haggerty
Mrs J Pearce
Mr G Sutehall
Mrs A Turner
Professor D Waller

IN ATTENDANCE:
Ms S Butcher, Secretary to the Group
Mr M Guthrie, Policy Officer
Ms R Tripp, Policy Manager

Item 1.06/01 CHAIRMAN'S WELCOME AND INTRODUCTION

1.1 The Chairman welcomed Mr English to the meeting who had been invited to join the Group as representative of the Lambeth Public/Patient Involvement Forum. Mr English reported that he was also on the Executive Committee of the London Network of 74 NHS Patients' Forums.

Item 2.06/02 APOLOGIES FOR ABSENCE

2.1 Apologies were received from Mrs S Drayton and Miss P Sabine.

Item 3.06/03 APPROVAL OF AGENDA

3.1 The Group agreed that the items for information should be taken first, followed by the items for discussion/approval.

Item 4.06/04 MINUTES OF THE MEETING HELD ON 12TH OCTOBER 2005

4.1 It was agreed that the minutes of the first meeting of the Professional Liaison Group for the Standards of Proficiency be confirmed as a true record and signed by the Chairman

Item 5.06/05 MATTERS ARISING/ACTIONS

5.1 There were no matters arising.

Item 6.06/06 SKILLS FOR HEALTH – NATIONAL OCCUPATIONAL STANDARDS

6.1 The Group received a paper for information from the Policy Officer, Mr Guthrie.

6.2 The Group noted that the National Occupational Standards (NOS) produced by Skills for Health had been included for their information. The (NOS) related to good practice and were very similar in style to HPC's Standards of Proficiency in terms of language and content. The (NOS) referred to very specific roles and tasks describing the competencies required to perform a particular function. The Standards of Proficiency were designed so that they could be flexibly applied to a variety of different work that registrants were engaged in. The Group noted that the (NOS) were used by employers when trying to get standardization geographically across the professions. The Group noted that it was helpful to see differing systems in operation but that the (NOS) maybe too mechanically prescriptive for HPC's needs.

6.3 The Group noted the paper for their information.

Item 7.06/07 QAA – SUBJECT BENCHMARK STATEMENTS

7.1 The Group received a paper for information from the Policy Officer, Mr Guthrie.

7.2 The Group noted that two sets of subject benchmark statements had been produced for their information, the Subject Benchmarks

for Podiatry (2001) and the Subject Benchmarks for Paramedic Science (2004). The original Standards of Proficiency had been created using the benchmark statements as its template. Subsequent benchmark statements were created using the Standards of Proficiency which therefore demonstrated their continued relevance. The focus of the benchmarks was towards academic competency which students needed to show they had met in order to qualify. The benchmark standards were also used to approve university courses.

7.3 The Group noted the paper for their information.

Item 8.06/08 COMPETENCE STANDARDS AND THE DISABILITY DISCRIMINATION ACT

8.1 The Group received a paper for information from the Policy Officer, Mr Guthrie.

8.2 The Group agreed that it was necessary to be mindful of the Disability Discrimination Act when assessing the Standards of Proficiency so to ensure that the definition of competence standards required was necessary and applicable to the duties of the health professions which HPC regulated. The Group noted that the Standards were subject to a mini- review as undertaken by the Education and Training Committee but no revisions were deemed necessary at that point. Two consultations had also recently taken place regarding fitness to practice and entry to the health professions and entry into higher education by disabled students from which further revisions may become clear.

8.3 The Group noted the paper for their information.

Item 9.06/09 REVIEW OF COMPETENCE CASES

9.1 The Group received a paper for discussion from the Policy Officer, Mr Guthrie.

9.2 The Group noted that both sets of standards were used by fitness to practice panels to determine whether someone's fitness to practice was impaired by a lack of competence. The Standards were also used to assess what practical steps could be taken in order to bring a registrant back up to threshold requirements. The Group agreed that it would be useful to review the number of times the Standards of Proficiency were referred to in competence cases. The Group noted that cases could be very complex and that there was no data currently on which to draw any solid

conclusions. Issues such as poor record keeping was highlighted as a possible reason for why more data could not be collated at present. The Group noted that feedback was not given by panel members on fitness to practice processes such as was received by registration assessors and therefore it could not be ascertained whether the Standards were applicable in the context of the cases heard. The Group noted that Council members no longer sat on panels due to the independence that the role necessitated. Feedback was verbally communicated but the Group agreed that an audit trail needed to be established. The Group therefore agreed that the fifteen fitness to practice panel Chairmen should be written to asking for their feedback in the form of a questionnaire.

Action: MG

9.3 The Group noted that a minority of the cases concerned issues of competence and the Standards of Proficiency were therefore rarely used in these instances. It was likely to be the more generic standards that were referred to.

Item 10.06/10 SCOPE OF PRACTICE

10.1 The Group received a paper for discussion from the Policy Officer, Mr Guthrie.

10.2 The Group noted that Council had recently consulted on a document entitled 'Managing Your Fitness to Practice'. The document detailed the ways in which health professionals and employers could manage their fitness to practice and was produced as a result of the work undertaken by the PLG on Health, Disability and Registration.

10.3 The Group noted that a draft had been produced for their review suggesting possible revisions of the introductory section of the Standards of Proficiency which dealt with scopes of practice. The amendments detailed how the standards sat along other professional guidance and defined scopes of practice more clearly.

10.4 The Group agreed that there was a dichotomy between registration entry level scope of practice and what happened as a registrant progressed throughout their career as a health professional. The Group noted that although it was not a static process the Standards were set on thresholds and it was not for the

HPC to dictate how a health professional should precede through their occupational career ladder i.e. the minimum expectations.

10.5 The Group agreed that reference was needed to the fact that not only did the scope of practice for each registrant change over time but also the scope of practice of the 'profession' of which they were a part.

10.6 The Group recommended that Mr. Guthrie revised the document in the light of the suggestions made for their further review at the next meeting.

Action: MG

Item 11.06/11 REGISTRATION ASSESSORS' QUESTIONNAIRES

11.1 The Group received a paper for discussion from the Policy Officer, Mr Guthrie.

11.2 The Group at its last meeting had requested that questionnaires were distributed to registration assessors to ask them about their experiences of using the standards of proficiency.

11.3 The Group noted that responses from 46 registration assessors had been received. No responses had been received from Orthoptist and Prosthetist assessors though one late response had been sent from an Orthotist assessor. The Group noted that assessors from each profession were used on a cyclical basis and the frequency of their use was dependent on the volume of applications received from the profession of which they were a part.

11.4 The Group noted that the feedback received had been fairly positive with the recommendation to improve upon the clarity of the Standards. Further feedback required for a distinction to be made between the Standards themselves and their application to the registration process and the issuing of additional guidance to assist in mapping the requirements more succinctly.

11.5 The Group noted that a number of registration assessors had consistently referred to Standard 1a.7 in their recommendations for potential amendments; *'Understand the obligation to maintain fitness to practice – understand the importance of caring for themselves, including their health'*. The Group noted that in particular the term fitness to practice had been identified as problematic as its potential meaning carried various connotations and was translated too literally. The Group agreed that the

Standard was not about caring for themselves but rather was about their competency to practice their profession. A recommendation was made to replace this with a more apt phraseology such as 'proficiency of practice' as it directly related to the Standards title. It was evident from recent case law that healthcare regulators needed to be proactive in the advancement of transparency across all of the systems which they operated. The Group recommended to change the word 'understand' with 'meet the need' but noted that further legal advice may need to be sought on the use of strong verbs which may not be deemed appropriate. The Group agreed that a registrant should be able to recognize when it was necessary to take appropriate action when they no longer had the aptitude to carry out their role effectively.

11.6 The Group noted that a number of assessors, notably those from the Physiotherapy profession had similarly consistently referred to Standard 1a relating to professional autonomy and accountability. Specifically, that there was no need for an autonomous practitioner to actually be autonomous; that is having the ability to make their own independent decisions. The Group agreed that there were significant issues about how the Standards were used especially with regard to overseas health professionals who obtained registration in the U.K. but were then unable to operate autonomously in their role here. The word 'autonomy' therefore required further definition as no health professional was completely autonomous or independent of their regulator or professional body. The Group agreed that the issue was rather about a health professional being responsible for their decisions but not being independent of them.

11.7 The Group noted that none of the assessors had submitted recommendations to change the Standards as a whole but rather had suggested changes that were profession specific. The Group noted that a more definitive assessment of the outcome of the research would be provided at the next meeting as would the outcomes of the professional body's questionnaire.

Action: MG

11.8 The Group agreed that the Standards should not be amalgamated in their entirety as there was a danger of compressing information that was separated in their conception for valid and distinct reasons. The Group agreed that Education providers should also be asked to provide feedback on the Standards as they were used in the processing and approval of university programmes.

Action: MG

11.9 The Group was requested to submit any specific amendments via e-mail to Mr Guthrie for their incorporation into a further draft.

Item 12.06/12 ANY OTHER BUSINESS

12.1 There was no other business.

Item 13.06/13 DATE OF NEXT MEETING

13.1 The next meeting of the Group would be held on Tuesday 7th March 2006.

13.2 Subsequent meetings of the Group would take place on:

Tuesday 25th April 2006

Monday 19th June 2006

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