

Revised Draft Statement of Common Purpose for Subject Benchmarks for the Health and Social Care Professions: consultation.

Introduction

Subject benchmark statements describe the nature and characteristics of programmes of study and training in health and social care. They also represent general expectations about standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference when new programmes are being designed and developed. They provide general guidance for articulating the learning outcomes associated with programmes but they are not a specification of a detailed curriculum. Benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework. In health and social care, they offer the opportunity to focus the development of programmes from clients' and patients' perspectives, being creative in relation to inter-professional learning in both academic and practice settings.

Subject benchmark statements also provide support in the pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Subject benchmark statements are one of a number of sources of information that are drawn upon for the purposes of external quality assurance, for example, major review, especially where judgements are made regarding whether threshold standards are met, as well as evidence of good practice. Benchmark statements are not used in isolation for these purposes and a broad range of other evidence and reference points support judgements of quality.

Benchmark statements make explicit in published form the general academic characteristics and standards of awards across the United Kingdom. Benchmarked standards in health and social care subjects derive their legitimacy and authority from a process of drafting and extensive consultation involving appropriate specialists drawn from higher education institutions, subject associations, service commissioners and providers, and the professional and statutory regulatory bodies. Benchmarks are reviewed periodically and, where appropriate, are adapted to reflect changes in the subject area.

The Statement of Common Purpose

Subject benchmark statements are relatively new in health care. During their first iteration, it became apparent that there were features common to them all and overlap of one subject benchmark to another. The opportunity was taken, therefore, to develop a framework to be associated with each of the subject specific benchmarks. This framework was, accordingly, displayed in each of the subject statements in order to illustrate on the one hand, the shared context upon which the education and training of health care staff rests and, on the other, the uniquely profession-specific context within which programmes are organised. At the time it was also recognised explicitly that experience and developments in health and social care practice would demand re-visiting the statements. For this reason and because there was potential for the framework to embrace other health groups as well as social care, the original framework was always referred to as emerging and never published separate from discipline specific benchmark statements.

Many changes have occurred in the five years since the development and adoption of the emerging framework associated with a number of subject benchmark statements in health care. These include considerable development of inter-professional education, the emergence of new professions and additional roles and technologies in health and social care, the appearance of new regulatory bodies, significant changes in the way in which services are delivered, and a much enhanced requirement for clients and patients to be enabled to participate in making decisions about their care and care needs. These factors and others suggest that the emerging

framework associated with the first set of subject specific benchmark statements is now in need of significant revision and needs re-casting to place clients' and patients' expectations of health and social care staff at the centre of its focus.

The development of a statement crossing health and social care is ambitious, given that the relationship between social care and social work is contested. Social work can be seen as part of social care or as distinct from it. Even a definition of the social care workforce is complicated. It can be seen as comprising staff who perform roles normally associated with social services or, alternatively, extended to incorporate staff engaged in activities associated with housing, personal advisers for young people, and nursery workers.

The education and training of social workers in England is governed by a subject benchmark, by national occupational standards and by central government requirements. Those training in Wales, Scotland and Northern Ireland will have to qualify and practise within similar regulatory requirements. Education and training for the social care workforce is now receiving greater policy attention, with targets being set to raise the number of qualified staff. A statement of common purpose needs to recognise the complex inter-relationship between social work and social care, to embrace the varied roles and tasks that might fall within a definition of social care, and to recognise the distinguishing features of the four-nation context. Such a statement also needs to take account of the different academic levels from NVQ to post qualifying education for health and social care/work staff that have been and are being developed. Social work and social care staff, once registered with their governing councils in the four nations, will be required to uphold defined professional values, knowledge and skills that offer a distinctive contribution to people's health and welfare. This needs to be acknowledged in a statement of common purpose designed to span health and social care.

Cross-professional benchmarks and statements of common purpose underpin trends towards increasingly integrated service delivery as well as inter-professional education and training. The challenge is not to subsume one discipline or professional activity into another but to integrate perspectives in a manner that maximises the synergies and distinctive contributions of each. This avoids an approach where health, or education, or justice versions of what health care, social care and social work staff should learn and do become dominant. Any statement of common purpose should recognise that the onus to become more integrated in terms of values, knowledge-bases and skill mixes applies to all disciplines and professions.

This new statement of common purpose builds on and replaces the emerging framework and, like the emerging framework, is designed to be associated with subject specific benchmark statements in health and social care. It is set out under three main headings:

- A Values in health and social care practice
- B The practice of health and social care
- C Knowledge and understanding for health and social care practice

The statement places the focus of students' learning on meeting the needs of clients and patients within an environment that requires effective team, inter-professional and inter-agency working and communication, as well as expert care. Its aims to encourage shared learning by students from a range of health and social care disciplines, both in practice and in classroom-based activities. Higher education institutions, in partnership with service providers, will make informed curriculum choices about the construction of shared learning experiences which promote improved collaborative practice and this statement is an important consideration in making those choices. It should not, however, be regarded as a national curriculum for shared learning in health and social care. Furthermore its useful life time will be limited by the pace of change affecting all the contributing disciplines, including new regulatory arrangements.

The practice of health and social care professionals will continue to develop as a result of new knowledge and society's changing expectations of health and social care. As a consequence, this

statement of common purpose will need to continue to develop, and will be subject to periodic review. Comments that could improve it are welcome at any time and should be directed to the Quality Assurance Agency for Higher Education.

(A) Values in health and social care practice

Health and social care professionals are personally accountable for their actions and must be able to explain and justify their decisions. They work in many different settings and practices and have to make difficult decisions about complex human situations which require the application of ethical principles. They seek to improve the quality of life for their patients and clients. All hold a duty to protect and promote the needs of their clients and patients and, in doing this, take into account any associated risks for the public.

(A1) Respect for clients' and patients' rights, individuality, dignity and privacy¹

Health and social care staff must:

- be open and honest with their clients and patients;
- listen to clients and patients;
- keep information about clients and patients confidential within the limits of duty of care;
- ensure that their own beliefs do not prejudice the care of their clients and patients;
- recognise and value cultural and social diversity;
- ensure individualised care and treatment to combat discrimination and social exclusion.

(A2) Clients' and patients' right to be involved in decisions about their health and social care

Health and social care staff must:

- provide information about clients' and patients' health and social care options in a manner in which the clients and patients can understand;
- gain appropriate consent before giving care and treatment;
- enable clients' and patients' to make informed choices about care, including where those choices may result in adverse outcomes for the individual;
- provide clients and patients with proper access to their health and social care records.

(A3) Justify public trust and confidence

Health and social care staff must:

- be honest and trustworthy at all times;
- act with integrity and never abuse their professional standing;
- never ask for or accept any inducement, gift, hospitality or referral which may affect, or be considered to affect, their professional judgement;
- always declare any personal interests to those who may be affected.

(A4) High standards of practice

Health and social care staff must:

- recognise and work within the limits of their knowledge, skills and experience;
- maintain and improve their professional knowledge, skills and performance;
- be committed to enhancing standards of practice in health and social care;
- make prompt, relevant, clear, legible and proper records;
- must deliver the highest standards of integrity and competence.

¹ Clients and Patients' is used throughout this document to mean individuals, groups, or whole populations.

(A5) Protection from risk of harm

Health and social care staff must:

- act properly to protect clients, patients, the public and colleagues from the risk of harm;
- ensure that their own or their colleagues' health, conduct or performance does not place clients and patients at risk;

¹ 'Clients and Patients' is used throughout this document to mean individuals, groups, or whole populations

- protect clients and patients from risks of infection or other dangers in the environment;

(A6) Co-operation and collaboration with colleagues

Health and social care staff must:

- respect and encourage the skills and contributions which colleagues in both their own profession and other professions bring to the care of clients and patients;
- within their work environment, support colleagues to develop their professional knowledge, skills and performance;
- not require colleagues to take on responsibilities that are beyond their level of knowledge, skills and experience.

(A7) Education

Health and social care staff must, where appropriate:

- contribute to the education of students, colleagues, clients and patients, and the wider public;
- develop skills of responsible and proper supervision.

(B) The practice of health and social care

Health and social care are applied academic subjects, where practice is underpinned by theoretical learning. In their practice, health and social care professionals draw from the values, knowledge and skills of their own discipline. This knowledge and understanding forms the basis for making decisions and judgements in a variety of contexts, often against a backdrop of uncertainty. Partnership working is essential to promote the wellbeing of individuals, groups and communities. Professional practice is essentially a process of problem solving. It can be characterised by four major phases:

- the identification and assessment of health and social care needs in the context of individual interaction with their environment;
- the development of focussed intervention to meet these needs;
- implementation of these plans;
- critical evaluation of the impact of professional and service interventions on patients and clients;

(B1) Identification and assessment of health and social care needs

Health and social care staff should be able to:

- obtain relevant information from a wide range of sources, using a variety of appropriate assessment methods;
- adopt systematic approaches to evaluating information collected;
- communicate their evaluations effectively to their clients, patients and other members of the health and social care team.

(B2) The development of plans to meet health and social care needs

Health and social care staff should be able to use knowledge, understanding and experience to:

- work with clients and patients to consider the range of activities that are appropriate;
- plan care, and do so holistically;
- record judgements and decisions clearly.

(B3) Implementation of health and social care plans

Health and social care staff should be able to:

- conduct appropriate activities skilfully and in accordance with good practice;
- assign priorities to the work to be done effectively;
- maintain accurate records;
- use opportunities provided by practice to educate others.

(B4) Evaluation of the health and social care plans implemented

Health and social care staff should be able to:

- assess and document the outcomes of their practice;
- involve clients and patients in assessing the effectiveness of the care given;
- learn from their practice to improve the care given in the particular case;
- learn from the experience to improve their future practice;
- participate in audit and other quality assurance procedures to contribute to effective risk management and good clinical governance;
- use the outcomes of evaluation to develop health and social care policy and practice.

(B5) Communication

Health and social care staff should be able to:

- make active, effective and purposeful contact with individuals and organisations utilising appropriate means such as verbal, paper-based and electronic communication;
- build and sustain relationships with individuals, groups and organisations;
- work with others to effect positive change and deliver professional and service accountability.

C Knowledge and understanding for health and social care practice

The education and training of health and social care professionals draws from a range of academic disciplines which provide the underpinning knowledge and understanding for sound practice. Each profession has an identifiable body of knowledge and will draw from this as appropriate. However, there are areas of knowledge and understanding that are common to all health and social care professionals, which include;

- ethical principles, values and moral concepts inherent in health and social care practice;
- legislation and professional and statutory codes of conduct relevant to their practice, and understanding of health and social care delivery configurations;
- research and evidence-based concepts and explanations from Law, Psychology, Social Policy and Sociology;
- physical and psychological human growth and development;

In addition, and to an extent determined by the nature of their practice, health and social professionals will be familiar with

- the structure, function and dysfunction of the human body;
- public health principles;
- health education in their practice;

Annex 1

NHS Benchmark statements

Dietetics

Health Visiting

Midwifery

Nursing

Occupational Therapy

Orthoptics

Physiotherapy

Podiatry

Prosthetics and Orthotics

Radiography

Speech and Language Therapy

Recent benchmark statements

Arts Therapies

Audiology

Clinical Psychology

Clinical Science

Operating Department Practice

Paramedic

Annex 2

Benchmark steering group membership

Professor Michael Aulton Royal Pharmaceutical Society
Dr Elizabeth Campbell British Psychological Society
Mrs Margaret Coats General Chiropractic Council
Mr Vince Cullen General Osteopathic Council
Ms Jill Galvani The Royal Liverpool University Hospital
Ms Rosemary Grant Avon, Gloucestershire and Wiltshire Strategic Health Authority
Dr Mike Hewins Norfolk, Suffolk and Cambridgeshire Strategic Health Authority
Ms Ruth Howkins succeeded by Quality Assurance Team, Department of
Ms Meriel Hutton Health (England)
Ms Prue Kiddie Department of Health
Professor Jeff Lucas University of Bradford
Mrs Helen Marshall Standing Conference of Principals
Mrs Susan Montague University of Hertfordshire
Professor Audrey Paterson The Society of Radiographers, representing Allied Health
Professions
Professor Mike Pittilo (Chair) University of Hertfordshire
Ms Jenny Routledge University of East Anglia
Mr Alvan Seth-Smith General Dental Council
Mr David Skinner General Medical Council
Mr Roger Thompson Nursing and Midwifery Council
Professor Steve Trevillion General Social Care Council
Professor Diane Waller Health Professions Council
Professor Barry Winn University of Hull
Mr David Young Universities UK