

THE HEALTH PROFESSIONS COUNCIL

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PROFESSIONAL LIAISON GROUP FOR STANDARDS OF PROFICIENCY

MINUTES of the fourth meeting of the Professional Liaison Group for Standards of Proficiency held at **10.00 a.m. on Tuesday 25 April 2006** at Park House, 184 Kennington Park Road, London, SE11 4BU.

PRESENT:

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

IN ATTENDANCE:

Ms S Butcher, Secretary to the PLG
 Mr J Bracken, Parliamentary Agent, Bircham Dyson Bell (part)
 Mr M Guthrie, Policy Officer
 Mr S Mars, Policy Officer
 Ms R Tripp, Policy Manager (part)

Item 1.06/30 CHAIRMAN'S WELCOME AND INTRODUCTION

- 1.1 The Group noted that Professor Waller was the acting Chairman as Mrs Clark-Glass had unfortunately been taken ill and was therefore not able to attend.

Item 2.06/31 APOLOGIES FOR ABSENCE

- 2.1 Apologies were received from Mrs M Clark-Glass and Miss P Sabine.

Item 3.06/32 APPROVAL OF AGENDA

- 3.1 The Group approved the agenda subject to some re-ordering of the papers. The Group agreed that as items 9 and 13 had already been considered by the Group then they would only be referred to if required. Item 7 was to be addressed first due to Mr Bracken's limited availability as he was to give training on the Health Professions Order later that morning.

Item 4.06/33 MINUTES OF THE SOPS PLG MEETING HELD ON TUESDAY 7th MARCH 2006

- 4.1 It was agreed that the minutes of the third meeting of the Professional Liaison Group for the Standards of Proficiency (SoP) be confirmed as a true record and signed by the Acting Chairman.
- 4.2 The Committee gave their thanks to the Secretary of the Group for the clear drafting of these minutes.

Item 5.06/34 MATTERS ARISING

- 5.1 The Group noted the matters arising and agreed that all of the items had been incorporated in the papers for the Groups consideration.

Item 6.06/35 THE LEGAL BACKGROUND TO THE STANDARDS OF PROFICIENCY

- 6.1 The Group received a paper from the Parliamentary Agent, Bircham Dyson Bell.
- 6.2 The Group noted that the Standards of Proficiency (SoPs) performed two functions, they were firstly the entry standards for registration, and secondly were the standards necessary for safe and effective practice. The standards had been written so that they were applicable to both requirements and primarily served Article 5 of the Health Professions Order (HPO 2001) for those who had not yet come onto the Register. The language of the SoPs had to be expressed in expectational terms so that a person who was not yet registered could comply with them. In relation to fitness to practise allegations, as the SoPs were threshold standards, their breach was of itself evidence that fitness to practise was impaired.
- 6.3 The Standards of Conduct, Performance and Ethics (SCPE) were not couched in the same language. The SCPE if breached could be taken into account in a fitness to practise case but a breach of the SCPE alone would be insufficient grounds to establish that fitness to practice was impaired. The case would have to be supported by other evidence. The Group noted

that the SCPE was phrased in such a way so that it was perceived as a law enforcing document when this was not the case. HPC was a relatively young regulator and very few competence cases were currently being heard. This was anticipated to increase in the long term as the organisation expanded.

- 6.4 The Group agreed that the SoPs needed to be relevant and applicable when students were undergoing their qualifying period. The Group therefore considered whether a registrant should be asked to prove their fitness to practise at the point of registration. The Group noted that this could not be enforced as the HPC had no jurisdiction to oversee a student's proficiency's prior to their registration. The standards of education and training went some way to ensuring that students met the SoPs and was promoted by the Higher Education Institutions themselves. The Group were concerned that students still did not appreciate the full importance of the SoPs. This had transpired from the research undertaken by MORI. The Chairman expressed her reservations about the MORI research findings as being largely anecdotal and not a good basis upon which to draw solid conclusive evidence.
- 6.5 The Group agreed that an introductory statement should be included to spell out the actual difference between what proficiency meant legally and how this had driven the language used in the document. From a fitness to practice perspective the SoPs were about how to deal with a lack of competence only whilst the SCPE applied across the board. How the two documents were intrinsically linked also needed to be demonstrated. The Group agreed that in 1a.1 reference was required to the fact that registrants should always practice in the best interests of their patients.

Action: MG

Item 7.06/36 EDUCATION PROVIDERS' QUESTIONNAIRES

- 7.1 The Group received a paper for discussion from the Policy Officer, Mr Guthrie.
- 7.2 The Group noted that feedback had now been received from the education providers about the existing SoPs. The feedback well accorded with all other feedback obtained. In particular it was found that professional bodies and education providers were in sync. Scope of practice issues had been addressed and all pertinent feedback was incorporated into the draft document where possible.
- 7.3 The Group agreed that a repeated theme had arisen from the feedback. This was that the SoPs were perceived as threshold standards. A clear statement was therefore required to explain what the SoPs functions were.

Item 8.06/37 DRAFT STANDARDS

- 8.1 The Group received a paper for information from the Policy Officer, Mr Guthrie.
- 8.2 The Group noted that the Standards had been appended for 12 of the professions which HPC regulated. The rationale proposed was one that fed into the need for the standards to be necessary threshold standards for the safe and effective practice of a profession.
- 8.3 The Group reviewed the generic standards first and agreed to the following changes:
- the need to act in the patients interests should be included at the start of 1a.1.
 - The expression ‘must be able to’ was to be added where appropriate.
 - The Group discussed the word ‘user’ in 1a.1 and agreed that this carried connotations of drug users which could lead to misleading interpretations. Other more accepted terms were identified such as ‘patient’ or ‘client’. The Group noted that the HPC house style was currently under development.
 - P2 – 1a.2 replace ‘anti-oppressive’ with ‘non-oppressive’ as it was something more active than being discriminatory.
 - P2 – 1A.3 – include ‘to understand the importance of and be able to maintain consent and confidentiality’.
 - P2 – 1A.5 – The Group agreed that the amendments made to this section were good and appreciated the use of succinct vocabulary. No changes were required.
 - P3 – 1A.7 – Reference had only been made to the importance of a health professional maintaining their health with regard to fitness to practice. This had now been expanded to include health, character, skills and knowledge. It was agreed that an example would be drafted of how this could be successfully carried out.
 - P4 – 1b.1 – The Group agreed to the following change: ‘know the ‘current’ professional and personal scope of their practice and be able to make referrals.’
 - P6 – 1b.4 – The Group agreed that a definition of the testing system needed to be provided in the appendix. Further legal advice was to be sought on how this would apply to international applicants.
 - P7 – 1b.5 – The Group agreed that it the word ‘understand’ was not appropriate for use in the assessment standards. It was agreed that this would be moved to the second bullet point of 1A.1.

- P9 – 2A.3 – The Group discussed whether investigations could be limited to clinical or scientific research only. The agreed alternative word was ‘appropriate investigations’.
- P10 – 2A.4 – The Group discussed whether or not the word ‘interpret’ should be included in this section as it was perceived as a multi-faceted word with various meanings. The Group agreed that this section needed to be reviewed further.
- P10 - 2B.1 – The Group agreed that the term ‘clinical’ was not applicable and should be replaced with ‘professional reasoning’. The group agreed that in the second bullet point the term ‘conduct’ was removed and replaced with ‘engage’. The Group also agreed that the third bullet point was too narrow a statement as research did inform evidence based practice. The terms ‘health and social care’ were removed and replaced with ‘be aware of a range of research methodologies’.
- P11 – 2B.2 – The Group agreed to include the term ‘values’ and replace ‘professional judgements’ with ‘applicable to their practice’.
- P12 – 2B.3 – include ‘outcome measures’.
- P12 – 2B.4 – The Group agreed that an effective outcome could not be predicted and that the term ‘effectively’ be removed.
- P14 – 2C.1 – The Group agreed to the following changes to the second bullet point, remove ‘management plans against treatment milestones’ so that it reads ‘be able to evaluate intervention plans using recognized outcome measures and revise the plans as necessary in conjunction with the patient, client or user.’
- P15 – 2C.2 - The Group agreed to the removal of the word ‘inform’ as it was superfluous.
- P16 – 3A.1 - The Group discussed whether other types of sciences had been missed off the list. The Group agreed that by annotating which sciences were applicable was in part engineering exclusivity. This section was therefore to be re-visited.

Action: MG

- 8.4 The Group agreed to review the standards specific to those professions for whom there was no representative present at the meeting.
- 8.5 The Group agreed with the changes as recommended in the draft document for the following professions; orthoptists, paramedics, prosthetists and orthotists, dietitians, biomedical scientists, radiographers.

CHIROPODISTS AND PODIATRISTS

- 8.5 The Group received comments submitted by Ms Sabine via e-mail who had not been able to attend the meeting (Ms Sabine was Council's registrant Chiroprapist and Podiatrist member). The Group noted that she was broadly happy with the standards and wished for further legal clarification to be sought regarding the suggestion to remove the optional part of the standards relating to prescription only medicines (POMs) and local anaesthetic (LA).

Action: MG

CLINICAL SCIENTISTS

- 8.7 The Group agreed to the inclusion of the term 'special waste' as it was a new terminology which was to be introduced by the NHS and therefore regarded as relevant.
- 8.8 The Group agreed to the removal of 3a.3ii as this had already been incorporated elsewhere.

OCCUPATIONAL THERAPISTS

- 8.9 The Group discussed whether the term non-statutory did not apply in this context as all health professions were statutory. The Group noted that the term had been used to refer to working with people beyond the remit of statutory services.
- 8.10 The Group agreed that the word 'client' was not an accepted term used by occupational therapists. 'Person' was a more popular phrase used. Annie Turner was to liaise with Michael Guthrie on the changes required to the document.

Action: MG/AT

PHYSIOTHERAPISTS

- 8.11 The Group agreed to include 'respond appropriately' after 'be aware of the structure and function of health and social care services in the UK, and current developments.'

SPEECH AND LANGUAGE THERAPISTS

- 8.12 The Group noted the importance of registrants being able to maintain records appropriately. This requirement was detailed at 2b.5. The Group agreed that the rationale behind this requirement needed to be spelt out so

that education providers could understand its importance. Record keeping was a particularly prevalent issue for the ftp department and the cases with which it dealt and was therefore something which could be addressed in part by the SoPs.

- 8.13 The Group agreed that the different levels applied to English language testing needed to be defined in the appendix.

Item 9.06/38 ANY OTHER BUSINESS

- 9.1 There was no other business.

Item 10.06/39 DATE & TIME OF NEXT MEETING

- 10.1 The last meeting of the Group would be held on Monday 19th June 2006 and would start at the normal time of 11:00am.

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