

**Standards of Proficiency – PLG**  
**7<sup>th</sup> March 2006**  
**Education providers' questionnaires**

**Executive Summary and Recommendations**

**Introduction**

At its meeting on 24<sup>th</sup> January 2006, the PLG agreed that a questionnaire would be sent to education providers asking them for their feedback about the existing standards of proficiency.

A questionnaire was sent to the providers of HPC approved programmes, requesting their feedback.

The attached paper analyses the responses received.

**Decision**

The PLG is invited to note/ discuss the conclusions given at page 8.

**Background information**

None

**Resource implications**

None

**Financial implications**

None

**Background papers**

None

**Appendices**

**Date of paper**

7<sup>th</sup> April 2006

## **Education providers questionnaires**

### **Introduction**

HPC approves education programmes against its Standards of Education and Training. A course meeting these standards will allow a student following that programme to meet the standards of proficiency for the profession.

Information about the programmes approved by HPC and the education approval process can be found on our website:  
<http://www.hpc-uk.org/aboutregistration/educationandtraining/>

### **Summary**

Reponses were received from 14 higher education institutions and 17 programmes in total.

Those who responded were generally positive about the standards of proficiency and their role in education approvals. University of Bradford (Physiotherapy) said: 'The standards have been used to inform the design of the programme. The standards were mapped against all modules of the programme to demonstrate where they are addressed'. University of Central Lancashire aid that it was 'relatively easy to map standards against the curriculum'.

A number of those who responded, whilst feeling that the standards provided a helpful framework for 'curriculum design and delivery' said that there was some overlap between the standards and other frameworks such as QAA benchmarks and curriculum guidance. Some of those who responded said that this added to the volume of work which needed to be undertaken before an approvals visit.

Northumbria University described ways in which they had ensured that the standards of proficiency were very much imbedded in the way they delivered their programme. Conversely, the University of Southampton said that they tended not to use the standards, mainly because the QAA benchmark statements represent the level at which education was delivered. The standards are viewed as representing 'a lower level and are seen as being redundant'.

The University of Salford reported that the 'Skills required for the application of practice' section of the standards was a useful summary for 'assessing the content of each module and its appropriate learning outcomes'. University of Central Lancashire said that they were using the standards 'as the key vehicle for the development of the students' reflective development portfolio'. Queen Margaret University said that the standards had proved to be a useful basis for discussion with students about the physiotherapy profession and professionalism.

## **The standards – clarity/content/style**

### *Arts Therapists*

Nordoff Robbins Music Therapy/ City University said that they found that the existing standards included most of the standards they expected 'in some form'. They also concluded that the format and style of the documents was clear.

The provider noted the difficulty of formalising in standards 'what is essentially [] vocation[al] training that requires a significant percentage of self-growth (i.e. unassisted components that cover areas of personal growth)'.

The Northern Trust for Dramatherapy agreed with the comments made by the Council's registration assessors and said that:

- (i) The standards should include reference to the arts therapist as an autonomous practitioner
- (ii) The standards should include a standard about the need for clinical supervision.
- (iii) Section 3a1 – 'The art therapists only section should be reframed to include the other arts therapists'.

### *Biomedical scientists*

Northumbria University made the following comments about the standards:

- (i) 'Standard 1a.8 is often regarded as a subset of 1a.7 depending on the interpretation of 'fitness to practise'. To overcome any ambiguity it should be made clear that 1a.7 is specifically related to health not fitness in the wider context. Should standard 1a.8 also now specify the need to do it and not just understand it?'
- (ii) The error in the existing standards at 1b.4 is noted (standard 2b.4 is repeated in 1b.4; this is a printing error).
- (iii) They commented on 3a.1 regarding the different subsections for biomedical science modalities – these concerns are addressed by the suggested change of the IBMS (recommended to the PLG in the draft standards paper – PLG papers – 25<sup>th</sup> April 2006).
- (iv) They questioned the purpose and value of the summary of standards (the PLG agreed at its meeting on 7<sup>th</sup> March 2006 that these should be removed).
- (v) They commented that the introduction was 'good'.

The University of Paisley and Glasgow Caledonian University had no specific comments or suggestions to make about specific generic or profession-specific standards.

### *Chiropodist and podiatrists*

The University of Southampton made the following comments about the standards:

(i) LA and POMs should be mandatory – ‘unless the HPC standards acknowledge these requirements they fall short of being of value’.

### *Dietitians*

Glasgow Caledonian University said that no new generic or professional specific standards were necessary. They concluded that the standards were ‘comprehensive’ and ‘appropriately worded using language which is easy to understand’.

### *Occupational therapists*

The University of Bradford said that no new generic or profession-specific standards were necessary.

They commented on the introduction to the standards, saying that students should be aware that they must adhere to the standards. Further: ‘Practice placement assessment should consider whether the student is competent in skills and knowledge as well as ensuring they meet the standards of proficiency.’

The University of Southampton considered that no generic or profession-specific standards were redundant or needed rewording.

The suggested that it may be that changes in legislation (such as the disability discrimination act, age discrimination legislation, e.t.c.) might necessitate changes to the generic standards. They further asked whether something further might be added regarding supplementary prescribing.

They reported anecdotal comments made by colleagues who felt uncomfortable with the standards – especially those with substantial post-qualification experience who feel they may not meet all the standards.

### *Operating department practitioners*

Cardiff University said that ‘In general the Standards of Proficiency for Operating Department Practice are well written and meet all the areas of proficiency expected of a newly qualified Operating Department Practitioner. The Standards, therefore, require little revision.’

N.B: Comments made in relation to the profession-specific standards for ODPs will be incorporated in the review of the ODP standards later this year (following the end of their grandparenting period).

## *Physiotherapy*

The University of Bradford said that they felt that the existing standards were 'comprehensive' and 'relevant to current practice'. They said that the introductory section where it referred to student practice was 'vague' and could be more definitive. The said: '... practice placements will have provided the opportunity for the student to demonstrate they can meet the standards of proficiency'.

King's College London commented on the lengthy task of mapping the standards and other relevant frameworks against the course curriculum before an approvals visit was to take place. In light of this they concluded that there was some overlap in the standards and that their level of detail contributed to the 'problem' of mapping.

The University of Central Lancashire said the following:

- (i) The standards do not capture the 'distinctiveness of physiotherapy as a profession – even the profession-specific standards are rather generic'.
- (ii) 'Many would see it as a positive move to make some reference to the curriculum as laid down by the professional body as related to standards 1a.1, 1b.1 2b.2, 2b.3, 2b.4 2c.1 3a.1 3a.2.'
- (iii) They recognised that the standards were 'useful' and that experience of using them, especially in the approvals process, was still at a relatively early stage.

Queen Margaret University College made the following comments:

- (i) A suggestion was made that some reference should be made to the expectation that 'qualified physiotherapists will contribute to the education of the next generation of physiotherapists'.
- (ii) It was felt that the profession-specific standard of 2b.4 which relates to the ability to form a diagnosis could be reworded to 'reflect the ability to synthesise available information to make an appropriate analysis of patient needs'. This, it was suggested, would take account of the fact that the ability to form a diagnosis does not apply to all specialities.
- (iii) The reasons behind the standard for supplementary prescribing were questioned. It was asked: 'This is an extended role and therefore is it appropriate in the basic standards? Why only limit this to supplementary prescribing?'
- (iv) The university commented on the use of words such as 'understand', 'appropriate' and 'know' in the standards and felt that they were ambiguous and could be interpreted in different ways.
- (v) It was noted that the standards are written 'at the lowest level' and that they do not recognise 'proficiency that can be expected at different grades'.

The University of Southampton made the following comments:

- (i) They asked whether there should be a reference to ‘acting without discrimination in respect of race, colour, religion, age, disability, gender e.t.c’.
- (ii) They suggested that 2b should be more explicit and say ‘be able to critically appraise the evidence in order to determine the most appropriate management for a patient/ client’.
- (iii) They questioned whether ‘be able to’ was necessary in 1a.2, 1a.3, 1a.4 and 1b.3.

#### *Prosthetists and Orthotists*

The University of Salford made the following comments:

- (i) More emphasis needed ‘on the technical proficiency of prosthetic and orthotic skills’.
- (ii) It is suggested that the third profession-specific standard should be re-worded to read:

understand the structure and properties of material and their appropriate application to prosthetic or orthotic hardware and clinical practice

#### *Radiographers*

The University of Bradford concluded that no new or amended generic or profession-specific standards were necessary.

The University of Exeter made the following comments:

- (i) Reference to ‘CT Head’ should be made in the CT section to reflect guidelines published by the National Institute for Health and Clinical Excellence (NICE)
- (ii) They refer to radiographers who specialise in specific modalities and may not be able to meet the threshold level for standards which apply to other areas of practice. They suggest sections for ‘specialist radiographers’.
- (iii) They said: ‘The standards represent the threshold level that all practitioners should achieve. However, it should be made clear that the scope of practice is much greater than this level.’

#### *Speech and language therapists*

The University of Manchester made the following comments:

- (i) ‘Section 1b.2 contains separate statements about the need to engage patients etc in planning care and the importance of working in partnership with clients, e.t.c. Could they be combined?’

(ii) They question how 1b.3 (multi-disciplinary working) adds to 1b.2 (working in partnership with other professionals, e.t.c).

(iii) They said that it was ‘hard to see the difference between generic section 2 (skills required for the application of practice) and section 3 (knowledge, understanding and skills)’

Manchester Metropolitan University made the following comments:

(i) ‘The standard are worded in such a way that they could be interpreted at any level from pre-degree to PhD level, but this is probably necessary in the context of widely varying entry levels to different professions’.

(ii) ‘1a.1 should include social care legislation as well as health and education’

(iii) They suggested that 1b.1 should read ‘be able to apply appropriate referrals practices within and beyond health....e.t.c’.

## **Conclusion**

The PLG is invited to discuss the following conclusions:

- (i) The views of the education providers correspond broadly to those of the registration assessors and visitors;
- (ii) The standards are generally well received by education providers who generally understand their role in programme approval;
- (iii) The standards and their applicability to registrants when they specialise needs clarification (and this should be achieved via the revised introduction and via communications activity when the new standards are published);
- (iv) The PLG will wish to take into account the comments made about the generic and profession-specific standards by the education providers (and these will be incorporated into the draft standards documents).







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