

**Standards of Proficiency PLG**  
**Meeting: 7<sup>th</sup> March 2006**  
**The language of the Standards of proficiency**

**Executive Summary and Recommendations**

**Introduction**

At its meeting on 24<sup>th</sup> January 2006 the PLG commented on issues surrounding the language used in writing the existing standards of proficiency.

The attached paper outlines the reasons behind the language in the existing standards and the considerations the group should bear in mind as its work progresses.

**Decision**

This paper is for information only. No decision is required.

**Background information**

‘Competence Standards and the Disability Discrimination Act’ – paper considered by PLG on 24<sup>th</sup> January 2006.

**Resource implications**

None

**Financial implications**

None

**Background papers**

None

**Appendices**

None

**Date of paper**

23<sup>rd</sup> February 2006

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2006-01-26	a	POL	PPR	The standards and language	Draft DD: None	Confidential RD: None

## The language of the Standards of proficiency

### Introduction

There is consistency throughout the existing standards in the language used.

The common ‘verbs’ used are listed below with reference to both generic and profession-specific standards:

#### *Understand*

1a.7: Understand the obligation to maintain fitness to practise (Generic).

3a.1: understand the theoretical concepts underpinning occupational therapy, specifically the occupational nature of human beings and how they function in everyday activities (Occupational Therapists).

#### *Recognise*

1b.5: recognise the need for effective self-management of workload and be able to practise accordingly (Generic).

3a.1: recognise methods of distinguishing between human health and sickness, including diagnosis, symptoms and treatment, particularly of mental health disorders and learning disabilities and be able to critique these systems of knowledge from different socio-cultural perspectives (Arts Therapists).

#### *Know*

3a.1: know the key concepts of the biological physical, social, psychological and clinical sciences which are relevant to their profession-specific practice (Generic).

2b.4: know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber in order to have their name annotated on the register (Physiotherapists).

#### *Be able to*

2b.4: be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully (Generic).

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2006-01-26	a	POL	PPR	The standards and language	Draft DD: None	Confidential RD: None

2a.2: be able to use investigative techniques to identify ocular defects within a specific population to form a diagnosis and devise an appropriate course of action (Orthoptists).

*Ensure*

2b.4: ensure patients, clients and users are positioned (and if necessary immobilised) for safe and effective interventions (Chiropractors).

*Be aware*

1b.5: be aware of the need to empower patients to participate in the decision-making processes related to their radiotherapy or diagnostic imaging examination (Radiographers).

*Demonstrate*

3a.1: demonstrate a sound knowledge and understanding of the theoretical basis of prosthetic and orthotic science (Prosthetists and Orthotists).

## **Legal background and context**

Article 5 (2) (a) of The Health Professions Order 2001 (“the Order”) provides that the Council shall:

‘establish the standards of proficiency necessary to be **admitted** to the different parts of the register being the standards it considers necessary for safe and effective practice under that part of the register’ [emphasis added].

The central role of the standard established in the legislation is in determining entry to the register.

When the existing standards of proficiency were written in 2002/3 the Council therefore had to ensure that the standards were:

- (i) necessary competence standards for the safe and effective practise of a profession;
- (ii) relevant and applicable to prospective registrants applying to come on to the register for the first time; and
- (iii) relevant and applicable to existing registrants and their practice.

The Council also had to bear in mind its obligations under the Disability Discrimination Act 1995.

The current legal advice is that the Council will need to take these same considerations into account at the time of the present review.

## Examples

The following examples illustrate the above points:

1)

*1a.7: understand the obligation to maintain fitness to practise  
- understand the importance of caring for themselves including their health*

The wording ‘understand’ means that:

(i) the standard is applicable to prospective registrants (i.e: those who have not yet started practising and are applying to be registered for the first time). Prospective registrants are required to have an understanding of the importance of maintaining fitness to practise once they become registered;

(ii) the standard is relevant and applicable to existing registrants. For example, it could be easily applied in a fitness to practise case. In a case where a registrant had continued to work whilst medically unfit to do so, a panel could conclude that the registrant had broken this standard because their actions had shown a lack of understanding of the importance of maintaining their fitness to practise; and

(iii) the standard complies with the Disability Discrimination Act (i.e: it is a necessary standard which does not unfairly or unlawfully discriminate against disabled people).

Changing the wording of this standard, for example, to ‘maintain fitness to practise’ or something similar would mean that it could be interpreted as being no longer applicable to prospective registrants who have yet to start practising.

2)

*3a.3: understand and be able to apply appropriate moving and handling techniques (Paramedics).*

The wording ‘understand’ means that:

a) the standard is applicable to prospective registrants who have yet to start practising and therefore put into action the knowledge and skills they have acquired during their training;

b) the standard is relevant to existing registrants and could be easily applied to a registrant whose manual handling skills were called into question; and

c) the standard complies with the Council's obligations under the Disability Discrimination Act.

3)

3a.1:

*know the key concepts of the biological, physical, social, psychological and clinical sciences which are relevant to their profession-specific practice (Generic).*

*know the physical principles of radiation generation, interaction, modifications and protection underpinning the use of radiation for diagnosis or treatment (Radiographers).*

A number of standards in the 'knowledge, understanding and skills' section of the standards require registrants to 'know' or 'understand' a particular topic or technique.

The wording means that:

- (i) the standards are applicable to prospective registrants who have yet to start practising. The necessary knowledge and understanding will normally be acquired through having successfully completed an approved course;
- (ii) the standards are relevant to existing registrants; they could easily be applied to a registrant whose knowledge in relation to their practice was called into question; and
- (iii) the standards comply with the Disability Discrimination Act.

### **Standards of conduct, performance and ethics**

We can contrast the language of the Standards of proficiency with the Council's Standards of conduct, performance and ethics.

The standards of conduct, performance and ethics are the standards of professional attitudes and behaviour. Their central role is as standards which registrants (i.e: individuals who are already on the register) must abide by. They have a very limited role in registration decisions and when making an application for registration applicants have to sign to confirm that they have read these standards and will keep to them if they are registered.

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2006-01-26	a	POL	PPR	The standards and language	Draft DD: None	Confidential RD: None

They are therefore written in stronger, more ‘absolute’ terms. Each standard says that registrants **must or must not** undertake a certain action or demonstrate certain kinds of behaviour.

The language used in each set of standards is related and appropriate to their central function.

## **Conclusion**

The PLG is invited to consider the following conclusions:

The existing standards of proficiency are written in a way so that they:

- (i) are standards for minimum safe and effective practice to be admitted to the register (and therefore conform with Article 5 (2) (a) of the Order);
- (ii) can be relevant and applicable to practising registrants; and
- (iii) conform to the obligations of qualifications bodies under the Disability Discrimination Act.

The existing wording allows the standards to be flexibly applied both to prospective and existing registrants.

The group will wish to take the above into consideration when considering whether any amendments or additions to the standards are necessary.



ERROR: undefinedfilename  
OFFENDING COMMAND: c

STACK: