

**Standards of Proficiency – PLG
Meeting: 7th March 2006
Visitors' questionnaires**

Executive Summary and Recommendations

Introduction

At its meeting on 12th October the PLG approved a questionnaire to be distributed to visitors to ask them about their experience of using the standards of proficiency.

The attached paper analyses the responses received.

Decision

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

Background information

None

Resource implications

None

Financial implications

None

Background papers

None

Appendices

Appendix 1: Numbers of Visitors

Date of paper

23rd February 2006

Visitors' questionnaires

Introduction

Visitors are involved in assessing education programmes against the standards of education and training (SETs) to decide whether they should be approved for registration purposes. The standards of education and training cover such areas as practice placement, curriculum standards and admissions policies.

A course meeting the standards of education and training will allow a graduate of that programme to meet the standards of proficiency for their profession and therefore be eligible to apply for registration.

Visitors are normally registrants who have a background in clinical or academic practice. They consider documentary information from education providers and also visit institutions to assess whether the requisite standards have been met. They produce a report which recommends to the Council whether a course should be approved for registration purposes or not. The Council's approvals committee decides whether to implement the visitors' recommendations.

A number of visitors also perform roles as registration assessors and panel members. Some of those also hold positions as lecturers, course conveners and admissions tutors within higher education institutions.

Summary

Reponses were received from 38 visitors. A number of those who returned their questionnaires said that they had replied to the registration assessors' questionnaire and did not have anything further to add. A further number felt that as they had not yet been asked to act as a visitor they also had no comments to make.

Those who did respond were generally positive about the standards of proficiency and their role in education approvals. One visitor reported that education providers are 'confident in their own ability to apply the profession specific standards to the learning outcomes of their own programmes'.

Some of the visitors felt that education providers needed more guidance about the type of documentation that they needed to provide prior to a visit.¹ Another visitor felt that attention needed to be given to amending the standards of education and training and not the standards of proficiency.

¹ The Council has recently begun a consultation into guidance for education providers about meeting the SETs.

There were a small number of suggested changes to the standards themselves.

Using the Standards

The questionnaire asked visitors about their experience of using the standards in three areas:

- (i) their experience of how education providers allow students to meet the generic standards;
- (ii) their experience of how education providers allow students to meet the profession-specific standards;
- (iii) the standards and their ease of use in programme approval.

Generic standards

The majority of those who responded felt that education providers were largely successful in allowing students to meet the generic standards and in demonstrating clearly how those standards will be achieved. One physiotherapy visitor said: 'Education Providers are very successful. There has been an established history of education achievement in this profession. In addition, the generic standards reflect the qualities expected of newly qualified therapists.' Another visitor reported that most education providers enabled students to meet the generic standards by successful achievement of a number of modules.

One visitor in Arts Therapies noted that education providers had to satisfy a number of 'masters' including university regulations, QAA benchmark statements and HPC standards. She said that she was suggesting that her own institution should write learning outcomes against each module to 'directly reflect' HPC proficiencies.

A Paramedic visitor reported that though the generic standards are normally fulfilled without any problems, there are sometimes questions about career-long and life-long learning. A Prosthetist and Orthotist visitor said that there was 'some evidence of ineffective development of communication skills, particularly when a holistic approach is required'.

Profession-specific standards

Most of the visitors said that education providers were competent in articulating how students met the professions-specific standards. One said: 'Evidence of successful achievement of profession-specific standards is often mapped against practice based learning and in particular the assessment of such learning'. Another said that the standards were 'recognisably embedded in outcome and appropriate to the graduate level'.

An Operating Department Practitioner visitor felt that some education providers had not yet fully understood the importance of the standards of proficiency. This was related to the relatively recent change in approval of ODP programmes from the professional body to HPC. At an approvals visit, he reports, 95% of students questioned did not know about the standards and had not had a copy of the standards before.

Another visitor said that the standards were ‘not always measurable in the curriculum but need to be actively demonstrated in the clinical setting’ and education providers needed more explicit guidance about this.

Two visitors raised the importance of close monitoring as education providers tend to delegate the teaching of specialist clinical skills to clinical placements. Such monitoring would ensure that ‘the needs of the safety of the patient are ensured’.

Ease of use

Those who responded generally felt that the standards were easy to use in programme approval. One visitor concluded: ‘They offer clear criteria and enable objective decision-making and efficient report writing’.

A small number of visitors said that it was easy to use the standards in assessing documentation but that it was more difficult to ‘ensure that the actual outcomes of the programme match the standards of proficiency’. Two visitors noted that the standards became more problematic to apply when visiting more focused programmes, such as supplementary prescribing programmes.

Visiting education providers

The questionnaire asked visitors to tell us if they had recommended any conditions for a programme against SET 4.1 (“The learning outcomes must ensure that those who successfully complete the programme meet the standards of proficiency for their part of the Register”) and to tell us about the conditions given.

A small number of visitors reported that they had attended visits where a programme had failed to meet SET 4.1. In particular, they reported that programmes had failed to map the standards of proficiency against course curricula. These included:

An Occupational therapy programme had failed to meet the required standard because the education provider had not clearly cross-referenced the standards of proficiency against the programme and module aims and learning outcomes. The visitors set a condition that this should happen before approval could be given.

An Operating Department Practitioner visitor reported that two programmes were assessed not to have met this standard because they had failed to clearly cross-

reference the standards of proficiency against the course programme and modules. Conditions were given that the programme teams needed to map the standards of proficiency against all the course components.

A dietitian visitor reported that they had given conditions against SET 4.1 because the education provider had not clearly explained in the course documentation how standards of proficiency 2b.1 (research, reasoning, problem solving) were to be met. The education provider met this by selecting postgraduate students with prior education in quantitative research methods and arranged support from other relevant departments.

One visitor said that an occupational therapy programme had failed to meet all of SET 4 because of the part time delivery of the course. The visitors recommended a change to the mode of delivery.

Another visitor said that a physiotherapy programme had failed to meet SET 4.1 because of a university policy which would, in some circumstances, allow a student to pass a module when not all the learning outcomes had been achieved. In the visitors' opinion this impacted upon the ability of the programme to confirm that students are meeting the standards of proficiency.

Content, style, clarity

The questionnaire asked visitors to comment on the style and clarity of the standards and whether they felt any standards needed amendment, addition or removal.

The following lists the comments made in certain professions about the standards. A large number of those who responded made no comment about the content, style and clarity of the standards.

Arts Therapists

One visitor said that the existing standards were clearly presented. Another suggested that we might consider aligning the standards of proficiency with the QAA benchmark statements.

Chiropodists and Podiatrists

Two visitors felt that we needed to more closely link the standards of proficiency to clear outcomes. In particular, they suggested that we might consider strengthening standards 2c.1 and 2c.2 with profession-specific standards.

These standards presently read:

be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly [2c.1]

be able to audit, reflect on and review practice [2c.2]

There are no profession-specific standards in these areas for chiropodists and podiatrists in the existing standards.

Operating Department Practitioners

One visitor suggested that we should consider using one style of font and colour to ensure that registrants consider all aspects equally.

There was also the suggestion that we might reword standard 1a.8 to read:

*'understand the importance of career-long self-directed learning **and CPD**'*

Occupational Therapists

One visitor said that they would not like many changes as they were only now becoming familiar with the standards. Another said that they had fed back their views to the College of Occupational Therapists.

Paramedics

A visitor suggested that the paramedic-specific standards were made clearer and advised that suggestions for how this might be achieved were coming via the British Paramedic Association.

Physiotherapists

One visitor said that it was important that we reviewed the standards given the changing NHS climate. They suggested that some aspects might be made more explicit to emphasise 'taking a client-centred, negotiating rehabilitation approach'.

Another visitor said that, having used the standards for a while, they met expected requirements.

Prosthetists and Orthotists

The visitor who responded said that he felt that the standards needed to include something which recognised the 'lifetime care required by the prosthetist or orthotist

of patients for whom they are responsible as opposed to the episodal care pathways employed by the other professions’.

Speech and Language Therapy

One visitor felt that reference to sociology in 3a.1 was ‘misleading’ and felt that standard 2c.1 was ‘unclear’.

3a.1 (profession-specific) reads:

Understand, in relation to the practice of speech and language therapy, sociology, including its applicant to educational, health and workplace settings and within multi-cultural societies.

Conclusions

The PLG is invited to discuss the following conclusions:

- (i) The views of the visitors who responded broadly correspond with those of the registration assessors;
- (ii) The standards are generally well received by the visitors who find they generally easy to apply to the task of programme approval;
- (iii) An important factor in programme approval is whether education providers clearly map course content and outcomes against the standards of proficiency; and
- (iv) The conditions given against SET 4.1 do not immediately suggest any necessary changes to the standards.

The group will wish to take account of the small number of comments about specific standards as their work progresses.

A questionnaire has been sent to education providers asking for their feedback on the standards and a paper will be presented at the PLG meeting on 25th April 2006.

Numbers of Visitors

Profession	No. of Visitors	No. of Visitors trained	No. of responses
AS	23	20	3
BS	12	11	3
CH	23	18	6
CS	43	12	4
DT	14	8	4
ODP	14	11	3
OT	22	18	4
OR	12	6	1
PA	25	21	1
PH	20	17	4
PO	2	2	1
RA	33	29	1
SL	25	16	3
			Total: 38

Notes:

Only visitors who have received training are asked to visit education providers.

Some professions have high numbers of visitors owing to the size of the profession or because there are a number of distinct modalities.

There are also differences in the number of programmes approved for registration for each profession and in the approval system.

For example, only 2 programmes are approved for Prosthetists and Orthotists. The Council does not presently directly approve programmes for Biomedical Scientists and Clinical Scientists.

Key:

AS: Arts Therapists

BS: Biomedical Scientists

CH: Chiropodists/ Podiatrists

CS: Clinical Scientists

DT: Dietitians

OT: Occupational Therapists

ODP: Operating Department Practitioners

OR: Orthoptists

PH: Physiotherapists

PA: Paramedics

PO: Prosthetists and Orthotists

RA: Radiographers

SL: Speech and Language Therapists

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