Allied Health Professionals' competency framework for progressive neurological conditions

With additional content specific to multiple sclerosis, Parkinson's disease and motor neurone disease



Produced in partnership and sponsored by MS Trust, Parkinson's UK and the Motor Neurone Disease Association

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Contents

| Executive Summary | 3 |
|-------------------|---|
| Introduction | 4 |

Section 1: Dietitians

| Progressive neurological conditions dietetics | |
|---|----|
| competency framework | 9 |
| Motor neurone disease | 28 |
| Multiple Sclerosis | 31 |
| Parkinson's disease | 34 |

Section 2: Occupational Therapists

| Progressive neurological conditions | |
|---|----|
| occupational therapy competency framework | 38 |
| Motor neurone disease | 56 |
| Multiple Sclerosis | 60 |
| Parkinson's disease | 64 |

Section 3: Physiotherapists

| Progressive neurological conditions | |
|-------------------------------------|----|
| physiotherapy competency framework | 69 |
| Motor neurone disease | 85 |
| Multiple Sclerosis | 91 |
| Parkinson's disease | 96 |

| Acknowledgements | 101 |
|---------------------|-----|
| Further information | 102 |
| Glossary | |

Executive Summary

This competency framework was developed in consultation with allied health professionals. It aims to recognise the activities and responsibilities of allied health professionals working with patients with progressive neurological conditions. It has additional sections which focus specifically on Parkinson's disease, multiple sclerosis and motor neurone disease.

Competence may be defined as the ability to do something safely, well or effectively. A competency framework therefore is a collection of the knowledge, skills and personal traits necessary to be effective in a role: a collection of competencies central to effective performance¹. The framework provides a standard list of the knowledge and skills required within each level of practice. It sets out a clear career progression pathway. It may also be used to inform effective commissioning of specialist Allied Health Professional (AHP) services.

It aims to:

- Create a framework that promotes greater consistency in allied health professional services for people with progressive neurological conditions
- Create a list of competencies, approved by relevant professional bodies, that support practitioners to achieve and maintain high quality, safe and effective care to people with progressive neurological conditions
- Support continued professional development at individual and team level
- Support professional revalidation, recruitment and retention of specialist roles

1. Competency Framework for health professionals using patient group directions.(GPG2) NICE, January 2014 p.3

Introduction

Who is this framework intended for?

The framework is intended for

- Graduate level Allied Health Professionals, focussing particularly on occupational therapists and dietitians, physiotherapists and speech and language therapists to assist their career progression; and
- Other career points (for example specialists or those who work in different areas such as academia or research)
- Managers and commissioners (or anyone who develops services) to inform role development, recruitment and workforce planning.

Which conditions does it cover?

The framework maps knowledge and skills required to meet the needs of people living with progressive neurological conditions. It further identifies particular considerations for the care of people with:

- Multiple sclerosis (MS);
- Parkinson's disease; and
- Motor neurone disease (MND)

These conditions were chosen as a starting point as they have 'common patterns of impact on quality of life arising from wide ranging physical deterioration and resulting disabilities'² and further based on their prevalence, and the availability of supporting guidelines. NICE guidelines provide important evidence based recommendations for the care of people with specific conditions. Outside of dementia, Parkinson's has the largest prevalence of the progressive neurological conditions, followed by multiple sclerosis³; and MND is the rarest of such conditions to have a NICE guideline.

Why do AHPs need this?

In 2015 the MS Trust and Parkinson's UK conducted a survey of AHPs in contact with their organisations. One of the outcomes from the research was that AHPs expressed a need for profession-specific, peer-reviewed set of common competencies in the area of progressive neurological conditions

- · Against which to review their strengths and identify any areas for development and
- To inform performance appraisal reviews and support constructive and appropriate professional development plans;
- To develop the specific knowledge and skills needed when working with people with MS, Parkinson's and MND and
- To ensure that people with these conditions receive good care wherever they are in the country.

The aim of the framework

The ultimate aim of the framework is to help support effective care of people with progressive neurological conditions by providing supporting materials for practitioners, managers and commissioners it offers.

- A structure through which to promote greater consistency in the delivery of services by allied health professional for people with progressive neurological conditions
- A list of competencies, approved by relevant professional bodies, that support practitioners to achieve and maintain high quality, safe and effective care to people with progressive neurological conditions

 Fitzpatrick, R, et al The needs and experiences of services by individuals with long term progressive neurological conditions, and their carers. A benchmarking study. Department of Health 2010.

3. Neuro Numbers, Neurological Alliance. 2014

- A measured means by which to monitor continued professional development at individual and team level
- A framework by which to support professional revalidation, recruitment and retention of specialist roles

The framework does not provide the basis for salary negotiation or pay banding.

The competencies

This competency framework sets out condition specific skills and knowledge to be interpreted in the context of other key documents. It is not intended to replace any professional competence frameworks or similar documents such as codes of ethics and conduct. It is essential that allied health professionals and their managers refer to these relevant guidance documents and ensure compliance with the requirements of their profession, for example the British Dietetic Association's Professional Code of Conduct, the RCOT Career framework and Code of Ethics and Professional Conduct, or the Chartered Society of Physiotherapy's Physiotherapy Framework. Links to these documents may be found in relevant professional sections.

The methodology for the project incorporated a consensus building approach to develop the competency framework. A core project group representing the different allied health professions, the range of settings in which AHPs work and the identified conditions, proposed a set of common domains. This was further tested with representative practitioner groups for each profession who then developed the detailed competencies ensuring that the resources met their needs. Details of those involved can be found in the acknowledgements section.

The framework identifies 5 competency areas:

Clinical knowledge and practice

Neurological knowledge and physiology Assessment and care planning Symptom management Medicine management Problem/complication management Promoting independence

· Leadership, team work and collaboration

Multidisciplinary team and care pathways Education

- Personal and professional development
 Accountability
 Service Development
- Research and audit

Research and evidence Audit

• Legal and ethical practice

This framework focuses on knowledge and skills at clinical practice level. It does not include work or institution-related behaviours such as health and safety issues, equality and diversity, information governance, the breadth of managerial responsibilities or specific work-related values. These are covered by the professional bodies in their Codes of Conduct, other guidelines and individual employing organisation specific protocols.

Making career progress

It is clear that there are many interpretations of career levels e.g., bands, levels, and grades being a few. For this framework the term 'band' has been adopted – which, it is noted, is the term used in the Agenda for Change – but it is not the wholly the same. Definitions from Agenda for Change and other documents have been used to broadly align them with the levels of required skills and knowledge for the care of those with progressive neurological conditions. This competency framework should therefore not be used as a means to determine pay banding under the Agenda for Change.

This table gives an indication of the level/band descriptors taken into consideration in the development of this framework.

| | Band 5 | Band 6 | Band 7 | Band 8 |
|---|--|--|---|---|
| NHS Career Framework descriptions | Practitioner | Senior/specialist practitioner | Advanced Practitioner | Consultant Practitioner |
| Agenda for Change | Understanding of a range of work procedures and practices, which require expertise within a specialism or discipline underpinned by theoretical knowledge and/or limited practical experience. | Specialist knowledge across the range of work procedures and practices underpinned by theoretical knowledge or relevant practical experience. | Highly developed specialist knowledge across a range of work procedures and practices, underpinned by thorough theoretical knowledge and relevant practical experience. | Advanced theoretical and practical knowledge of a range of work procedures and practices, or specialist knowledge over more than one discipline/ function acquired over a significant period of time |
| Royal College of Occupational Therapists The Career Development Framework ⁴ (Levels) | Level 5 Comprehensive, specialised, factual and theoretical knowledge and understanding of occupational therapy and of the boundaries of that knowledge creative problem-solver; makes judgements within own scope of work; actively contributes to service improvement and self-development; may have responsibility for supervision of staff or students; may be eligible for registration with the Health and Care Professions Council (the regulatory body in the United Kingdom) as an occupational therapist, or may be non-regulated and have own specialist trade or craft e.g. posture and seating skills | Level 6 Critical understanding of theory and practical occupational therapy knowledge leads in a specific area with some responsibility for service and team performance; creative problem- solver; supervises staff / students; consistently undertakes self- development | Level 7 highly specialised knowledge and critical awareness specialist practice-based, technical or scientific skills; innovative; responsible for service development in complex environments; leads within services/ research/ education contexts; supervises staff / students; proactively self-develops | Level 8 most advanced and specialised knowledge at the forefront of the profession; strategic leader; political influencer; original thinker; responsible for finances, service development and / or multiple teams; supervises staff / students; intuitively self- develops |

4. The Career Development Framework: Guiding Principles for Occupational Therapy. Royal College of Occupational Therapists, 2017

| | Band 5 | Band 6 | Band 7 | Band 8 |
|--|---|--|--|--|
| NHS Career Framework descriptions | Practitioner | Senior/specialist practitioner | Advanced Practitioner | Consultant Practitioner |
| Chartered Society of Physiotherapy Framework 2013 ⁵ | Complexity: Own caseload of clients with complex needs Predictability: Practice within complex & generally predictable contexts Sphere of influence: Clients on caseload; MDT; support workers (delegation) Personal autonomy: Responsible for own actions. Practice according to professional codes & Trust policies/ procedures | Complexity: Own caseload of clients with complex needs Predictability: Practice within complex & increasingly unpredictable contexts Sphere of influence: Clients on caseload; MDT; support workers (delegation & supervision) & students Personal autonomy: Responsible for own actions. Practice according to professional codes & Trust policies/ procedures | Complexity: Specialised caseload of clients with complex needs Predictability: Practice within complex & unpredictable contexts which demands innovation Sphere of influence: Clients; MDT; staff in primary & secondary care; professional networks at local & national level; students Personal autonomy: Professionally & legally accountable for own actions | Complexity: Highly specialised caseload of clients with complex needs Predictability: Practice within complex, unpredictable and normally specialised contexts demanding innovative work Sphere of influence: Clients/carers on caseload; AHPs (clinical, professional & education leadership); public/ other professions/policy makers at regional/ national level. Personal autonomy: Accountable for own actions. Practice characterised by an element of risk taking - guided by own knowledge & relevant professional codes/ standards /guidelines. |

Fitness to practise

The Health and Care Professions Council (HCPC) Standards indicate 'fit to practise' as having,

'...the skills knowledge, character and heath they need to practice their profession safely and effectively' $^{\rm 6}$

This framework sets out interventions and actions appropriate within each band and can help identify existing skills and knowledge and those that a practitioner needs or wants to develop. However effective application of the framework depends significantly on behavioural and judgement skills, as does developmental progress from one competence level to another. It is this constant process of reflection and clinical reasoning that enables practitioners to decide on the best course of action and these skills'lie at the heart of professional practice'⁷. Such skills are most likely to be developed through experience and supported by individuals' performance management processes. Each professional organisation has its own guidance on these critical underpinning aptitudes which should be consulted.

It is assumed that the framework will be used within a philosophy of person centred practice. There is no absolute agreed definition of person centred care, however the Health Foundation has identifies four principles of person-centred care:

- 5. Physiotherapy Framework. Chartered Society of Physiotherapy 2011 (updated 2013)
- 6. Standards of conduct, performance and ethics, HCPC 2016 p.5
- 7. RCSLT Competencies Project: Support practitioners Framework, August, 2002 p.4

- Affording people dignity, compassion and respect.
- Offering coordinated care, support or treatment.
- Offering personalised care, support or treatment.
- Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life⁸.

How to use this framework

For practitioners

It can help you identify the skills and knowledge you already have or those you wish to develop. You may find that you have skills which sit in different levels. Finding this out may encourage and support your career development plans.

Select a profession and go to the relevant section e.g. Progressive Neurological Conditions, Dietetics. Choose the grade/level at which you currently work and read through the competencies to identify your knowledge and experience within them. Identify areas that require further development. Alongside this, look at the grade above to identify first, any criteria you are already fulfilling and second those you need to develop to enable your career progression. You can then choose a condition specific framework in addition, if required e.g., Motor Neurone Disease Dietetics Competency Framework.

For managers and planners

Select the profession you are seeking to support with personal development planning, or to recruit to. Read through the level you believe will meet the needs of the position or team you are creating. If the expectations and responsibilities of the role call for more knowledge and skills move up to the next level. You may find the framework is useful guidance when developing roles appropriate to your particular setting. It can be used in conjunction with the relevant Agenda for Change profiles produced by the NHS Job Evaluation Group (JEG).

For both managers and practitioners

The framework can be used as an integral part of CPD documentation. As knowledge and skills are acquired and levels met, these can be recorded and evidenced accordingly.

Evidencing competence

The following is a list of suggested ways in which to demonstrate competence according to the Health and Care Professions Council⁹:

- · observation and critical analysis of everyday practice
- · critical appraisal of journal articles/literature
- case presentations
- · certificate of attendance to study days/post-graduate courses
- demonstration of evidenced-based practice with supporting literature
- active involvement with clinical supervision, mentorship, peer review and multidisciplinary meetings
- testimonials to demonstrate ability to liaise with the MDT and external agencies
- contribution to local and/or national documents, journals and websites
- · leading or contributing to teaching and learning sessions
- research involvement

8. Person-centred care made simple. What everyone should know about person-centred care. The Health Foundation, 2014. p.6

9. http://www.hcpcuk.org/assets/ documents/10001314CPD_ and_your_registration.pdf

Progressive neurological conditions dietetics competency framework

Competency 1: Clinical knowledge and practice

| Competent (BAND 5) | Specialist (BAND 6) | Highly Specialist/Advanced (BAND 7/8) | | |
|---|---|--|--|--|
| a. Neurological knowledge and basic physiology | | | | |
| Demonstrates a basic knowledge and understanding of the central and peripheral nervous systems; has overview of the organisation of the central and peripheral nervous systems | Demonstrates a thorough knowledge and understanding of the central and peripheral nervous systems, including all functional units of the systems; ability to demonstrate detailed knowledge to own profession | Demonstrates expert knowledge and understanding of the central and peripheral nervous systems, including the mechanism and transmission of nerve impulses, and all associated cells of the nervous system; ability to teach and educate other staff on the subject | | |
| Shows awareness of the most common progressive conditions/diseases of the nervous system, and understands at a basic level what happens in each | Understands the most common progressive neurological conditions/ diseases of the nervous system and can describe them Shows a good understanding of the impact of different diseases or disorders affecting the nervous system | Expands level of knowledge about progressive neurological conditions/ diseases of the nervous system and can explain them fully to specialist staff | | |
| Demonstrates a basic knowledge and understanding; showing an awareness of the basic function of the following body systems & processes, and the extent of involvement of the nervous system; Immune Respiratory Digestive Urinary Skin Nutrition, metabolism and homeostasis Sleep physiology Musculoskeletal including knowledge of normal tone, coordination, movement and gait Pain Speech and swallowing mechanisms Vestibular system Cognition, behaviour and mental health Aging and dying | Demonstrates a good knowledge and understanding of each of the body systems and processes; can describe each in detail, including involvement of the nervous system | Demonstrates an excellent knowledge and understanding of each of the body systems and processes and the involvement of the nervous system in each; can educate experienced staff across specialties | | |
| Develops knowledge about how neurological impairment can affect the systems and processes listed above, and is aware of the most frequently used approaches to treatment and management | Demonstrates good knowledge of impact of neurological impairment on body systems and processes, and can explain these to own profession Demonstrates a broad range of knowledge of the treatments used in, and management of those with a progressive neurological condition | Extensive detailed knowledge of impact of neurological impairment on body systems and processes, and can teach all staff about new theory and research Demonstrates expert knowledge of the treatments used in, and management approaches involved, and can guide other staff in the appropriate use of these | | |

Demonstrates awareness and develops understanding of the impact of a diagnosis of a progressive neurological condition on a patient and their family

b. Assessment and care planning

Demonstrates ability to undertake basic holistic assessments to establish normal patterns and determine accurately actual and potential issues, particularly in the following areas;

- · Swallowing
- · Cough effectiveness
- · Communicating
- Toileting (including use of Bristol stool chart)
- · Sleeping/fatigue
- · Impact on quality of life e.g. EQ-5D
- · Skin integrity (including Waterlow)
- · Mobility & falls
- · Impact on ADL's/function
- Participation
- $\cdot \text{ Activity}$
- \cdot Basic Respiratory function
- \cdot Frequency of chest infections
- · General pain
- \cdot Mental capacity
- · Mood
- · Resilience

Shows ability to adapt to take account of individual circumstances

Demonstrates ability to interpret findings of assessments to inform guided action

Demonstrates awareness of risk factors

Develops interpersonal and active listening skills further to ensure needs can be expressed

Discusses findings with the MDT and able to implement recommended actions

Shows awareness of the concept of stages of disease and how these differ across conditions

Shows awareness of the difference between palliative care and end of life care in progressive neurological conditions

Develops awareness of advance care planning process and how to contribute to it Demonstrates good knowledge and understanding of the impact of a diagnosis of a progressive neurological condition on a patient and their family Demonstrates appreciation of the range of responses by patients and families to the diagnosis of a progressive neurological condition, and can adapt accordingly

Demonstrates ability to assess complex holistic needs and independently prioritise action, including the following areas:

- \cdot Impact on relationships including sexual
- \cdot Cognitive function
- Executive function, memory and behaviour
- · Psychological impact of illness

Demonstrates excellent interpersonal and active listening skills, encouraging patients to fully communicate all needs

Demonstrates good awareness of the impact of the progressive condition on family and carers

Demonstrates person-centred approach to adapt fully to situation presented to them

Analyses and interprets findings of assessments accurately to independently inform clinical management and care plan

Demonstrates good skills to provide person-centred support for making decisions regarding treatment options

Demonstrates excellent communication skills to ensure all relevant people (subject to patient's agreement) are fully informed about the care plan

Demonstrates ability to lead discussions within MDT and recommend actions

Demonstrates ability to discuss outcomes of holistic assessments with wider teams and make referrals as required

Demonstrates knowledge of the different stages of disease across progressive neurological conditions and the general management plans

Initiates, coordinates and contributes to advance care planning process

Recognises the stage of disease a patient is at, and can explain this to them and help them plan ahead Prioritises care in complex cases; makes a justifiable assessment of people's needs in the shorter and longer term

Demonstrates the ability to transfer and apply previous experience and extensive knowledge to new needs and issues, explaining clearly the reasoning process as the assessment proceeds

Demonstrates ability to develop a holistic understanding of the world of a person living with a progressive neurological condition, and their family

Demonstrates expertise in detecting subtle changes based on extensive knowledge, skills and understanding of the progressive condition

Develops and implements care pathways to facilitate holistic care needs being seamlessly addressed

Discusses in detail the different management strategies at each stage of disease across progressive neurological conditions

Establishes pathways and processes to ensure advance care planning is implemented effectively

Expert in being able to describe and discuss stages of diseases with patients and other professionals

Demonstrates knowledge of the range of basic dietetics assessments available

Demonstrates ability to complete assessment of:

- \cdot Anthropometry and body mass index
- \cdot Biochemical status
- Nitrogen balance
- \cdot Body composition
- \cdot Clinical history
- · Dietary & fluid intake
- · Social factors impacting nutritional intake
- \cdot Nutritional requirements
- \cdot Fluid requirements
- Optimum method of administration of fluids & food
- · Weight history

Demonstrates ability to use the findings of the assessment to inform treatment options

Develops knowledge of specialised dietetics assessments/techniques (e.g. the best anthropometric technique to use in given situations/most appropriate biochemical markers)

Develops skills to complete specialised assessments/techniques

Demonstrates ability to teach others about how to identify malnutrition using standardised assessment (Malnutrition Universal Screening Tool – MUST)

Agrees treatment plan with patient and MDT

Independently implements basic dietetics interventions and advice:

- Advice on optimum diet &/or fluid intake that is realistic and will best meet requirements, whilst taking into account any modifications recommended for swallowing
- Interpret swallowing recommendations and describe in terms of the national descriptors for food and fluids
- \cdot Communicate the risks of feeding
- \cdot Provide food fortification advice
- Advice on eating patterns, portion sizes, timings of meals and appropriate foods
 Food safety advice
- · Advice on dietary supplements
- Advice & information about alternative methods of feeding
- Liaises with nutrition nurse to advise on optimum tube care with alternative feeding

Demonstrates knowledge of the full range of specialised dietetics assessments/ techniques available and ability to complete these

Implements best practice guidance and actively contributes to defining this

Ability to accurately interpret comprehensive assessments and generate appropriate treatment options, which may be complex

Liaises with the MDT to support nutritional management where needed

Teaches non-specialist dietitians about specialist assessments/techniques and supervises them to complete these Demonstrates skills and knowledge to complete highly specialist assessments

Demonstrates expert judgement and skills to select the most appropriate assessment for use in each scenario to most effectively inform care planning

Expert in interpreting highly complex information to inform the best treatment options available

Coordinates the MDT to support complex nutritional interventions

Recommends the assessments to be used by the team locally

Works nationally and/or internationally to develop and validate new and improved clinical assessments

Recognises and incorporates new assessments into practice

Expertly interprets all available

Uses comprehensive knowledge of

practice to implement highly specialist

Advises on expert management plans

Advises and supervises on highly specialist

Demonstrates complete autonomy of

practice and decision making to meet

Educates and provides advice and

interventions; plays a pivotal role in

Expands knowledge of dietetics

guiding the service

support to all staff regarding dietetics

particularly in highly complex and

distressing circumstances

information

interventions

interventions

needs

Teaches other staff to complete and interpret assessments accurately and use the findings to correctly choose treatment options

Interprets and acts on clinical findings to identify the most appropriate interventions to assist nutritional management

Discusses with patients the best treatment plan to meet their needs

Demonstrates ability to communicate complex treatment strategies effectively

Collaborates with patient and MDT about care priorities

Undertakes specialist interventions independently:

- Discusses advance directives with regard to artificial feeding
- · Discusses the legal and ethical elements of artificial feeding
- · Explains the potential benefits and disbenefits of artificial feeding
- · Provides emotional support
- · Self-management strategies

- Works closely with speech and language
- therapist to ensure safe dietary intake
 Provides first line swallowing advice when dysphagia is identified
- Advice regarding basic equipment that may useful e.g. adapted cutlery
- Advice regarding locally available catering provision/support
- Arranging support systems for individuals e.g. for home enteral feeding
- Liaising with other professionals to support nutritional interventions e.g. requesting prescriptions, equipment, support for social services
- · Good oral hygiene advice
- Adaptable approach to take account of cognitive, mental health, behaviour or memory problems
- · Good sleep hygiene advice
- Signposting resources, advice, other services

Maintains safety, privacy, respect and dignity of person at all times, and acknowledges a patient's right to make their own decisions, even if these go against the advice provided

Demonstrates understanding of own limitations and seeks support and advice when needed, including onward referrals as required

Develops a relationship with the patient during episodic contacts

Develops knowledge of specialist interventions

Demonstrates ability to agree goals (that are specific, measurable, achievable, realistic and time limited) and actions in collaboration with patient (including relatives and carers where relevant) and communicate these to the MDT

Ensures the patient is given all information to make an informed decision, and is at the centre of decision making Implements highly specialist interventions with support as needed:

- Supports the patient to make decisions about withdrawing from artificial feeding
- Initiates discussions and best interests meetings about feeding, where the patient lacks capacity to make their own decisions

Develops a continuing relationship with a patient through ongoing contact

Provides expertise and support to team regarding dietetic interventions

therapeutic options by sharing experiences and networking with experts at a national level

Demonstrates ability to proactively promote good individualised nutritional management strategies, designed around the patient's needs and personal priorities

Shows understanding of how relevant past events and experiences can impact on a patient's current situation and future planning

Demonstrates ability to align expectations of care; with patient, family, carers and professionals

Demonstrates ability to design and promote complex nutritional management strategies that incorporate and rely on multi-professional interventions to meet a patient's needs and personal priorities

Demonstrates taking a patient's previously expressed preferences into account and verifying them to still be relevant, where the patient is unable to communicate this

Shows sensitivity and understanding in emotionally distressing situations, whilst remaining supportive of the patient's decisions

Demonstrates expert skill in supporting team members in reflection and decisionmaking discussion

| Demonstrates understanding of the importance of : • Tailored and timely advice • Availability of consistent and accessible support Develops awareness of the differing time- scales that define appropriate monitoring across progressive neurological conditions | Ensures that the service provides the level of specialist assessment, planning, implementation and evaluation it is commissioned to Identifies any delays or problems in service provision and reports these to senior management Supports varied levels/frequencies of dietetic interventions across progressive neurological conditions, and ensures these are factored into caseload management | Influences commissioning decisions to configure services that enable patients with progressive neurological conditions to receive skilled assessment, care planning and evaluation for the duration of their disease Identifies any gaps in service provision and works with commissioners to address these Works within specialist networks and with local commissioners to define acceptable workload and caseload levels for dietitians working with progressive neurological conditions Develops a culture that constantly evolves the assessment and care planning processes |
|--|---|--|
| Shows awareness of a range of standardised outcome measures and monitoring tools Demonstrates ability to use a measure for: • Malnutrition (MUST) • Weight – Body Mass Index • Grade of pressure ulcers • Quality of life measures • Patient reported outcome measures (PROM's) Demonstrate ability to use the following monitoring tools: • Visual Analogue Scale (VAS) • Food intake charts/food diaries • Fluid balance charts • Bowel movement charts/diaries • Urinary frequency/urgency diaries | Demonstrates good knowledge of a range of standardised outcome measures and monitoring tools Understands significance of validity and reliability data when using standardised measures Demonstrates ability to use a measure for: • Carer burden scales • Palliative care outcome scales (e.g. POS and OACC) • Therapy outcome measures (e.g. TOM's) Demonstrate ability to use the following monitoring tools: Uses and interprets results from a range of outcome measures to inform management options Understands limitations, peer reviews existing measures and works towards developing new ones Establish team standards for outcome measurement and recommends the most appropriate monitoring tools to use | Identifies appropriate measures for specific clinical outcome measurement Identifies gaps in service/measures and initiates strategies to address them Demonstrates excellent knowledge of a broad range of relevant clinical assessments and measures, the psychometric properties, and has an expert skills to interpret the results for individuals and groups of patients |
| Evaluates the effect of dietetics interventions with the patient Compares progress to the desired outcome for specified goals Liaises with the MDT and others as necessary to achieve the desired outcomes | Demonstrates ability to apply critical evaluation skills and objectively evaluate complex interventions and progress towards specific goals Demonstrates good clinical decision making skills when adapting management plans to meet changing need | Leads and participates in complex case review activities Establishes processes to embed collaborative care reviews into routine practice throughout the MDT |

Independently adapts approach to ensure
desired outcomes are achieved or seeks
support as neededDemonstrates ability to anticipate likely
outcomes/progression using specialist
knowledge and experience of working
with people with progressive neurological
conditionsEnsures appropriate monitoring without
'medicalising' the patient's life and
collaborates with MDT and wider teamsEnsures appropriate monitoring without
medicalising' the patient's life and
collaborates with MDT and wider teamsDemonstrates expert knowledge andDemonstrates knowledge and recognitionDemonstrates good knowledge and
Demonstrates expert knowledge andDemonstrates expert knowledge and

Demonstrates knowledge and recognition of common symptoms in progressive neurological conditions that can be managed within own professional scope of practice:

- Malnutrition
- · Dehydration
- Reduced gut motility; nausea, constipation
- Anorexia
- Premature satiety
- \cdot Unplanned weight loss
- Problems with body weight control (weight gain)
- · Dysphagia
- Bladder and bowel dysfunction (including urinary storage problems & retention, bladder emptying problems – increased urgency or frequency)
- \cdot Skin problems; dry, delayed wound
- healing, loss of elasticity, oedema · Fatigue
- Thick tenacious saliva, mucous and phlegm
- · Muscle wastage/loss
- · Low mood/anxiety

Demonstrates knowledge of the management strategies of these

Develops knowledge and recognition of physical symptoms in progressive neurological conditions that impact on nutritional management:

- · Problems with saliva management
- · Bulbar weakness and fatigability
- · Increased coughing on fluid or food
- · Wet or gurgly sounding voice
- · Spiking temperature
- · Frequent chest infections
- Fatigue and cognitive changes that may contribute to eating and drinking difficulties
- · Communication difficulties
- · Muscle weakness and fatigability
- Immobility
- Stiffness
- Pain

Demonstrates good knowledge and recognition of common symptoms affecting nutritional management in progressive neurological conditions

Demonstrates good knowledge of the full range of management strategies to address the common symptoms affecting nutritional management in progressive neurological conditions

Demonstrates ability to describe and explain common symptoms and their management to other professionals and patients

Uses experience and knowledge of psychological factors to respond and manage needs appropriately, including referring on for psychological specialist care as required

Develops expertise in recognising signs and symptoms early to trigger timely assessment and intervention

Demonstrates ability to utilise specialist skills, knowledge and experience to provide comprehensive care

Acts as a positive role model to colleagues, promoting the profession

Demonstrates ability to provide support and supervision to junior staff working with people with progressive neurological conditions Demonstrates expert knowledge and highly refined skills to recognise and manage the symptoms of a progressive neurological condition

Demonstrates excellent ability to accurately and quickly determine when referral to other specialist areas are needed

Demonstrates ability to provide advice about appropriate actions for all symptom management as required (including those not usually managed by the dietitian)

Educates experienced and specialist professionals about common symptoms and their management

Works strategically to design and implement care pathways to ensure prompt and effective symptom management

Demonstrates highly refined skills to take the lead as an autonomous practitioner in highly complex case management

- · Dystonia
- · Ataxia
- · Tremor
- · Spasticity
- · Respiratory problems
- · Altered tone
- · Impaired vision
- · Gait problems
- · Lack of sleep

Develops awareness of psychological and emotional factors/symptoms and develops recognition of presenting of these :

- · Memory and attention problems
- Mood changes/apathy/depression/ anxiety
- · Cognitive impairment
- · Motivation problems
- \cdot Issues with executive function

Develops awareness of symptom management strategies

Develops knowledge of who to refer to and when for each symptom identified

d. Medicine management

Develops knowledge drugs commonly used therapeutically to treat diseases of the nervous system

Develops knowledge of the classes of drugs used for symptom management in neurological conditions, and awareness of their side effects, to include those used for:

- \cdot Malnutrition
- · Anti-emetic/gut motility agents
- · Bowel management (laxatives and antidiarrhoeals)
- · Fatigue management
- Sleep management
- · Pain management
- · Urinary urgency and frequency
- · Mood control
- \cdot Management of tone

Demonstrates ability to make

recommendations about the most appropriate drug regime for treating malnutrition, including vitamin and mineral preparations, modular and complete nutritional supplements, and tube feeds

Develops awareness of how drugs commonly used in progressive neurological conditions may affect other Demonstrates good knowledge of the drugs commonly used therapeutically to treat diseases of the nervous system, including the types/classes of drugs and their mode of action

Demonstrates good knowledge of the drugs used for symptom management in neurological conditions, and their side effects, including those used for:

- \cdot Nerve conduction
- · Saliva management
- Respiratory problems e.g. to loosen secretions, dilate airways, relaxants to manage shortness of breath, supplementary oxygen, NIPPV
- · Vertigo/dizziness
- · Oscillopsia

Discusses and explains drugs used for symptom management with patients and staff

Develops detailed knowledge of the mode of action of these drugs

Demonstrates good knowledge of how drugs commonly used in progressive neurological conditions may affect other Demonstrates ability to make recommendations to independent prescribers about which drugs may impact on nutritional status and management, and how they do this

Demonstrates ability to identify which drugs may be having a negative impact on nutritional status, and discuss alternatives with the independent prescriber

Demonstrates excellent knowledge of drugs that may be available via trials or as unlicensed products, and shows ability to discuss these with the patient and other staff

Demonstrates expert knowledge of any progressive of any drugs used in progressive neurological conditions that

| body systems/processes | body systems/processes e.g. dry mouth, constipation, altered mood etc | may impact on nutritional status and management | |
|---|---|---|--|
| Develops awareness of the possible need for different drug presentations in progressive neurological conditions e.g. crushable tablets, dispersible, liquid, etc. | Demonstrates good knowledge of the need for, and availability of, different drug presentations in progressive neurological conditions | Demonstrates expert knowledge of how different drugs can be given and is able to make recommendations to independent prescribers regarding the most appropriate format Liaises with industry (drug companies) to ensure different presentations of drugs are available | |
| Develops awareness of how unintentional overdosing can occur | Establishes if medication is being correctly administered as instructed and identifies any reason for non-compliance Demonstrates good knowledge of when it is necessary to report findings to the prescriber/medical staff | Demonstrates an ability to liaise with prescribers to optimise drug regime's and help the patient manage their drug intake more effectively | |
| Develops awareness of the extended roles available to dietitians with regard to prescribing within progressive neurological conditions (patient specific directives (PSD), patient group directives (PGD) and supplementary prescribers) Demonstrates knowledge of the products that are covered by the Advisory Committee on Borderline Substances | Good knowledge of the differences between PSD's and PGD's and their role in progressive neurological conditions Good knowledge of the differences between supplementary and independent prescribing in practice in progressive neurological conditions Develops role to facilitate optimum use of nutritional medicines to ensure best possible outcomes Understands requirement to work within scope of practice and legal framework for prescribing | Expands role to become a supplementary prescriber working closely with local medicines management team Influences prescribing policy at local and national levels Advises and supports other professionals in medicine management Awareness of MHRA alerts and impact on practice Works within legislative framework for supplementary and independent prescribers | |
| Develops awareness that some medications may have on the reproductive system and sexual activity | Demonstrates good knowledge of the medications that may have on the reproductive system and sexual activity, and their effects | | |
| e. Problem/complication management | | | |
| Shows awareness of some likely problems/ | Demonstrates good knowledge of | Demonstrates expert knowledge of likely | |

Shows awareness of some likely problems/ complications affecting nutritional status and their management, including;

- · Dysphagia modified consistency diet/ fluids
- Choking leading to aspiration pneumonia
- Difficulty controlling food/fluid in the mouth
- Reduced Activities of Daily living/loss of function
- Reduced ability to perform fine motor task
- \cdot Reduced motor function
- · Reduced activity/participation/vocation

Demonstrates good knowledge of likely problems/complications affecting nutritional status and their management

Demonstrates ability to anticipate problems and initiate avoidance strategies based on good knowledge of the progressive neurological condition

Demonstrates excellent interdisciplinary working to ensure all problems/ complications are managed appropriately Demonstrates expert knowledge of likely problems/comcations affecting nutritional status and their management

Provides expert advice to specialist professionals in complex case management

Demonstrates highly refined skills to take the lead in highly complex case management

- · Reduced mobility
- · Cognitive changes
- · Lowered mood
- \cdot Reduced resistance to infection
- Increased dependence/loss of independence
- · Reduced quality of life
- · Muscle and weight loss
- · Increased fatigue
- Reduced tissue viability leading to Pressure ulcers
- \cdot Delayed wound healing
- · Communication difficulties e.g. inaudible speech
- · Age and frailty
- · Altered biochemical markers

Develops awareness of further likely problems/complications which could impact nutritional status and their management, including;

- · Reduced interaction/relationships
- Contractures
- Joint stiffness
- \cdot Isolation
- Respiratory problems including reduced lung volumes (use of NIPPV; long periods on ventilation), shortness of breath
- · Posture issues
- \cdot Negative effects on emotional wellbeing
- \cdot Possible effects on work and relationships
- Possible negative impact on sexual relationships
- · Increased risk of infections e.g. UTI's, chest, wounds
- Faecal overflow secondary to constipation
- · Poor sleep
- \cdot Psychological effects and depression
- \cdot Problems with mucous/phlegm
- Nocturia

Demonstrates ability to identify current problems being experienced by a patient

Develops awareness of appropriate actions to manage identified problems

Develops awareness of likely progression and collaborates with team to establish appropriate monitoring

Identifies possible signs of concurrent illness and discusses with MDT, with supervision as required

Ability to refer to appropriate MDT member as required

Uses clinical expertise to manage crisis confidently

Develops knowledge and skill to coordinate highly complex case management

Refers to and liaises with specialist services outside the MDT as required and in a timely manner

| Demonstrates knowledge of nutrition related surgical/invasive procedures commonly used in neurological conditions; • Artificial feeding (tube) methods • Bowel surgery e.g. colostomy • Bowel irrigation • Anal plugs Develops awareness of surgical/ invasive procedures commonly used in neurological conditions: • Brain surgery/stimulation • Botulinum toxin • Intermittent self-catheterisation • Indwelling catheter • Suprapubic catheters • Suctioning • Tracheostomy • Assisted ventilation | Demonstrates good knowledge of surgical/invasive procedures commonly used in progressive neurological conditions Explains and discusses surgical/invasive options with patient and MDT Some dietitians may choose to extend their scope of practice to include working towards developing skills to perform some invasive procedures ; • Placing Nasogastric tubes • Replacing some gastrostomy tubes | Demonstrates expert knowledge of surgical/invasive procedures commonly used in neurological conditions Some dietitians may have chosen to extend their scope of practice and demonstrate expert skills to independently perform some invasive procedures; • Placing Nasogastric tubes • Replacing some gastrostomy tubes Teaches specialist dietitians about techniques to perform invasive procedures, arranges formal training programmes and supervision their progress |
|---|--|--|
| Shows awareness of some red flags: • Falls • Coughing/spluttering/chest infections • Pressure ulcers • Injury danger/Spilling drinks • Cyanosis • Shortness of breath • Gurgly voice after eating or drinking • Deviation of body position Develops awareness of further red flags: • Drooling • Sudden sensory changes (potential spinal issue) • Recurrent UTI's • Stridor • Signs of infection/fever • Psychological distress • Inability to communicate effectively • Contractures | Demonstrates good knowledge of red flags | Demonstrates excellent knowledge of red flags |
| Develops awareness of complementary approaches and interventions, including 'unproven' approaches | Demonstrates good knowledge of complementary approaches and interventions, including 'unproven' approaches Explains and discusses alternative approaches with patient and MDT | Demonstrates expert knowledge of complementary approaches and interventions, including 'unproven' approaches |
| f. Promoting independence | | |
| Shows awareness of the roles and relationships in a person's life, and the potential impact of their condition on these: • Family • Community • Work/Education • Hobbies | Understands the extent and significance of the roles and relationships in a person's life, and the potential impact of their condition on these | Demonstrates an excellent understanding of the person with a progressive condition's 'world', having built a strong and trusted professional relationship with the patient |
| | | |

- · Friends/social networks
- · Intimate relationships
- \cdot Professional
- Spiritual/beliefs

Act as an advocate for the person with a progressive neurological condition at team level to remove barriers to care and services

Shows understanding of the:

- · Importance of meaningful activities to the person
- Benefits of participation and work to a person's wellbeing
- Importance of purpose and the person's work/life balance
- · Basic equipment provision and process

Develops awareness of:

- · Services available to support and provide assistance
- Role of social services and what they can do
- Environment controls/adaptations provision and process
- · Advanced/specialised equipment provision and process
- Legislation that support engagement in promoting independence e.g. employment rights
- Impact of spiritual and emotional support on promoting independence

Demonstrates understanding of the importance of establishing the responsibilities the patient has in their life, and develops understanding of how their progressive neurological condition may affect these

Shows awareness of how therapeutic interventions or activities could impact on the important roles and relationships in a person's life

Demonstrates knowledge of interventions and advice to help maintain roles and relationships:

- · Strategies to help maximise
- independence with personal care • Strategies to help with domestic responsibilities
- Advise on different methods of transport that are available

Develops awareness of additional interventions and advice to help maintain roles and relationships:

 \cdot Different methods of sexual expression/

Act as an advocate for the person with a progressive neurological condition at community level

Demonstrates extensive knowledge of the support services available to promote independence Act as an advocate for people with a progressive neurological condition at a strategic and commissioning level to ensure services are developed and delivered effectively

Identifies any gaps in local support services and collaborates with commissioners and service providers to initiate strategies to address these

Demonstrates good knowledge of understanding the responsibilities of the patient

Demonstrates understanding of how progressive conditions can affect a person's ability to maintain their role

Demonstrates good knowledge of how therapeutic interventions or activities could impact on the important roles and relationships in a person's life, and uses clinical expertise to ensure these are positive

Demonstrates good knowledge of the interventions and advice to help maintain roles and relationships

Demonstrates expert knowledge and understanding of all aspects of the relationships, roles and responsibilities in a patient's life

Shows an excellent appreciation of the impact of all aspects of care on a patient's life, and is expert at balancing care input to ensure the impact is always positive in all respects

| intimacy • Different communication aids to optimise roles and relationships • Psychological therapies and strategies | | |
|--|---|--|
| Develops awareness of how the symptoms and complications of a progressive neurological condition can affect self-care, activity, participation and vocation | Demonstrates good knowledge of how the symptoms and complications of a progressive neurological condition can affect self-care, activity, participation and vocation | Demonstrates expert knowledge of how the symptoms and complications of a progressive neurological condition can affect self-care, activity, participation and vocation |
| | | Demonstrates expertise in management strategies to maintain self-care, activity, participation and vocation |
| Develops an awareness of self- management strategies | Demonstrates excellent knowledge of self-management strategies, the barriers that exist and the support mechanisms available | Empowers people to identify and reach realistic goals for self-management Uses experience and expertise to |
| | Encourages self-management | influence others to improve care |
| | approaches, and supports, implements and runs self-management programmes | Creates opportunities to develop, and facilitates implementation of recognised self-management programmes and strategies across a health community |
| Develops awareness of the amount and type of support required to help a patient engage in self-management | Recognises the importance of providing appropriate and timely support mechanisms to patients engaging in self- | Demonstrates an expert knowledge of what is needed to support effective self- management |
| | management | Works strategically to ensure these support mechanisms are available to people with a progressive neurological condition |
| Recognise that advice may be needed about the work environment, work related tasks and information needed to help a person make decisions about continued employment and/or alternatives | Use clinical expertise to support a person with a progressive condition perform to their best ability in a work, education and recreation environment and discuss with them options available | Demonstrates excellent knowledge of the drugs commonly used therapeutically to treat diseases of the nervous system, and their impact on speech, language, communication and swallowing |
| Develop knowledge to support a person in the work environment | Work flexibly within professional scope to liaise with employers and others to make reasonable adjustments to maximise a | |
| Develop awareness that it may be necessary to liaise with employers to make reasonable adjustments to maximise a person's performance | person's performance | |
| Shows awareness of resources available to support a person living with a progressive neurological condition e.g. • Home enteral feeding support services • Self-management schemes • RADAR National key scheme • 'just can't wait/no waiting' card • Signposting to websites/services offering advice and additional support signposting e.g. Disability Living Foundation • Support for travel planning etc. | Demonstrates good knowledge of resources available to support a person living with a progressive neurological condition and be able to support the person and their families to access these | Works strategically and at a national level to establish nutritional support services for people living with a progressive neurological condition Works strategically to ensure the development of self-management schemes |

Competency 2: Leadership, teamwork and collaboration

a. Multidisciplinary Team and care pathways

| Recognises which team members makes up the MDT Establishes MDT working relationships | Maintains and expands MDT working Works flexibly within professional scope of practice to promote close working relationships | Identifies and responds to the developing needs of the MDT, justifying expansion where needed. Works strategically to improve communication flows and ensure local services are in place to support excellent MDT working |
|--|--|---|
| Understands the roles of MDT members Develops awareness of how own role impacts on service delivery | Develops interdisciplinary approach to team working | Facilitates and supports extended scope of practice working and puts in place processes that support this |
| Develops awareness of the importance of the following in long-term condition management: • Ease of access to MDT • Single point of contact • Timely interventions/actions • Flexible approach to respond to variability of needs throughout the condition • Tailored advice, involving family/friends/ carers where appropriate • Maintaining accessibility to the MDT from diagnosis to death (not discharging/ open access) | Uses clinical expertise and experience to describe the critical aspects of an effective MDT to people with progressive neurological conditions | Understands codes of practice of other professionals and the importance of defining responsibilities in an MDT Accountable for recommending service redesign across the team and justifies additional resources to ensure the MDT functions to the benefit of people with long-term conditions Demonstrates excellent skills to provide support to team members working in stressful and complex situations. |
| Understands and adheres to the care pathways that exist locally for progressive neurological conditions (including end of life care and urgent care) | With support, identifies and develops new ways of working within own profession, and contributes to development of new care pathways | Works at a strategic level to lead on designing and implementing new care pathways |
| Develops understanding of how the MDT works with and complements other services available locally | Demonstrates a good knowledge of how the MDT co-ordinates the care management in progressive neurological conditions Describes to the patient the professional relationships of the teams involved in their care | Develops and improves communication between services to ensure seamless care in progressive neurological conditions |
| Shows awareness of the extended specialist care services available locally and their role, including the following services that are frequently accessed by people with progressive neurological conditions; · Clinical Psychology/neuro-psychology services · Community Neurological care teams · Wheelchair clinics · Pain clinics · Continence service · Respiratory services · Orthotics · Nutrition Support team & | Understands the limitations of the care/ service that can be provided within the MDT. Demonstrates good knowledge of the extended/specialist care services available both locally and nationally, and their role in improving care for a person with a progressive neurological condition | Identifies any gaps in service provision and initiates strategies to address these. Advises, supervises and co-ordinates peers to ensure needs of an individual with a progressive neurological condition are met. Collaborates at local, regional and national level to identify gaps or deficits in service provision, develop resources and improve/standardise access to services for people with a long term neurological condition |

| Gastroenterology • Hospice & Specialist palliative care services • Social Care and Carer agencies • Housing teams • Sensory Support teams • Assistive technology service • Alternative and Augmentative Communication services (AAC) • Mental Health teams • Counsellors/spiritual advisor • Relationship counsellors • Benefits/welfare & financial advice team • Social services • Job centre plus • Health Visitors • Safeguarding teams • Condition specific charitable organisations/support groups • General relevant voluntary organisations | | |
|--|--|---|
| Demonstrates knowledge of local referral pathways for referring on within the MDT and implement them Demonstrates awareness of local referral pathways to services outside the MDT Seeks advice and support to make referrals outside the MDT as required. Develops awareness of the referral pathways for services outside the local area, and the processes involved in implementing these | Demonstrates good knowledge of all referral pathways that a person with a progressive neurological condition may require. Demonstrates good knowledge of best practice/recommendations for referral pathways and contributes to defining local referral pathways. Explains and describes referral pathways to other staff and people with a progressive neurological condition | Promotes best practice in the development of referral and care pathways Participates at a strategic level nationally to inform and contribute to national recommendations for pathways |
| Develops awareness of the existence and role of: • Statutory agencies e.g. local authority • Non-statutory/charitable organisations | Demonstrates a good knowledge of the roles of statutory agencies and non- statutory/charitable organisations. Describes these agencies to other staff and patients with progressive neurological conditions Develops and maintains professional relationships with these agencies | Influences and creates opportunities for statutory and non-statutory/charitable agencies to become an integral part of the care pathway for people with progressive neurological conditions Acts as an advocate for people with progressive neurological conditions at a strategic level within these agencies Develops and sustains productive partnerships, playing a part in development of managed clinical networks |
| b. Education | | |

Demonstrates ability to deliver introductory/progressive neurological condition awareness raising education sessions to patients and unqualified staff Demonstrates ability to plan, resource and deliver in depth structured educational sessions about progressive neurological conditions to patients, staff and students Demonstrates ability to educate experienced and specialist staff about progressive neurological conditions, and takes an active role is promoting education in progressive condition management

| | Initiates and facilitates support/ educational groups for patients Uses a range of evaluation tools and feedback mechanisms to gather information to inform future sessions Shares expertise and specialist knowledge at a regional and national level | Leads a managed clinical network to share expertise, knowledge and promote best practice Shares expertise and highly specialist knowledge at an international level (conferences, publications etc.) |
|--|---|--|
| Develops awareness of self-management strategies, motivations and barriers. | Uses specialist knowledge of self- management strategies, to plan, resource and deliver self-management programmes for patients with progressive neurological conditions Uses a range of evaluation tools and feedback mechanisms to gather information to inform future programmes Works collaboratively with colleagues in a clinical network to share best practice in self-management programmes | Creates opportunities to develop, and facilitates implementation of recognised self-management programmes and strategies across a health community |
| Identifies opportunities to join effective networking groups locally Follows best practice and adheres to guidance when available | Maximises the use of effective networking across social and health care boundaries Shares knowledge and best practice through participation in local and national specialist networks Disseminates knowledge by writing for publications and speaking at local and national conferences | Initiates new networking opportunities and participates on a national and international basis Leads on the development of specialised courses on progressive neurological conditions at regional higher education institutions Disseminates knowledge by speaking at international conferences |

Competency 3: Personal and professional development

a. Accountability

Maintains a record of, and shows evidence of learning e.g. a personal portfolio professional development Shows understanding of the importance of keeping up-to date with relevant information associated with progressive neurological conditions and professional practice Applies current knowledge to clinical priorities. practice

Manages own time and caseload, but seeks support when needed.

Works within scope of practice and level of experience

Demonstrates participation in continued

Recognises need to provide support, advice and supervision to junior staff

Demonstrates accountability in prioritising and managing workloads across the team in response to changing service

Uses and interprets complex clinical information to inform clinical management plans

Accountable for taking a strategic overview of the service, ensuring services flex to adapt to changing need.

Develops action learning sets to promote group learning

Maximise the use of developing technologies to create and promote increased access to cost effective learning opportunities for staff

| Recognises importance of clinical supervision and attends on a regular basis Identifies critical incidents from which learning can occur Participates in performance appraisals Ensures own supervision needs are met at an appropriate level. Shows awareness of frameworks to inform personal learning needs Makes effective use of a mentor to explore ideas and devise a personal development plan | Uses positive and negative clinical experiences to inform development needs Demonstrates excellent knowledge of frameworks (e.g. Skills and Knowledge framework, Competency frameworks) and uses these to create personal learning plan Provides supervision, coaching and mentoring to other staff Seeks personal supervision to advance own learning | Demonstrate self-awareness by challenging own practice and service delivery, and seeking improvement Provides skilled supervision for members of the team Creates an environment that promotes and encourages innovative approaches and empowers staff to improve Acts as a role model at local, regional, national and international level to help others challenge practice and promote professional development Responsible for ensuring all staff are appraised and have a plan to meet the training needs that are identified |
|---|---|---|
| Seeks support to identify appropriate learning material Shows awareness of the types of learning opportunities available e.g. • Journals • Courses • Shadowing • Reflection Accesses/attends local educational activities for the MDT Participates in local network groups and accesses local learning opportunities | Identifies gaps in the evidence base and collaborates with others to address them Accesses/attends national learning opportunities Participates in regional network groups and learning opportunities | Promotes innovative ways to optimise learning Uses evaluation to develop new programmes for advanced practice Participates in national and international network groups and learning opportunities |
| Works within current Health and Care Professions Council (HCPC) scope of practice: Standards of conduct, performance and ethics (2016) Health and Care Professions Council) Standards of proficiency: Dietitians (2013) Health and Care Professions Council) Continuing professional development and your registration (2017) Health and Care Professions Council) Demonstrates professional registration and qualification Demonstrates understanding of professional responsibility to report any concerns regarding unsafe or compromised service Shows awareness of relevant regulatory local policies e.g. whistleblowing, and managing appropriate relationships with commercial sector | Works flexibly within HCPC code of practice, and identifies and develops new ways of working Develops and maintains professional relationships with commercial sector for benefit of people with progressive neurological conditions Demonstrates good knowledge of relevant local policies including the regulatory ones already named e.g. access to treatment/waiting times Demonstrates knowledge of relevant national targets and policy regarding care provision | Shows awareness of the codes of practice across healthcare professionals and where duty of care and responsibility lies in the MDT Accountable for staff working within their scope of practice and having current professional registration Accountable for acting on and initiating investigation into any reports of unsafe or compromised service Uses experience and expertise to influence commercial sector to improve care/equipment provision to people with progressive neurological conditions Works strategically to influence national policy for the benefit of people with progressive neurological conditions |

b. Service development

| Shows awareness of hierarchy of own profession & team within local organisation Understand management structure within local organisation Shows awareness of how neurological services are structured and managed | Demonstrates good knowledge of the management structures and hierarchies of teams regionally Demonstrates good knowledge of how neurological services are structured and managed locally and regionally Shows awareness of differences in | Demonstrates expert knowledge of management structures and hierarchies of teams nationally Demonstrates expert knowledge of how neurological services are structured and managed nationally Demonstrates good knowledge of |
|---|---|--|
| locally Shows awareness of local work related | neurological service structures and management nationally Demonstrates good knowledge of local | differences in neurological service structures and management across the home countries and internationally Contributes to and ensures implementation |
| policies and procedures | and regional work related policies and procedures | of local, regional and national work related policies and procedures |
| Shows awareness of professional role in supporting and supervising unqualified staff | Demonstrates provision of support, advice and supervision to junior staff | Demonstrates expertise in recognising the development needs of staff |
| | Demonstrates accountability in managing junior staff across the team | Accountable for ensuring the service is run efficiently and effectively and meets the needs of service users |
| Develops and manages own caseload, recognising problems and identifying when it is appropriate to seek support | Demonstrates accountability in prioritising and managing workload in response to changing service priorities | Takes strategic overview of a service, exploring alternatives for managing caseloads |
| Manages own time effectively | Manages own team effectively Demonstrates good knowledge of leadership skills and management techniques. | Accountable for recommending redesign of the service, involving other professionals and justifying additional members for the team Demonstrates expert leadership skills and |
| | Shows ability to apply knowledge in practice | management techniques |
| Shows awareness of importance of discussing clinical management plans with the MDT | Uses clinical expertise to advise other staff on clinical management plans | Provides highly specialist and expert knowledge to assist others to plan complex clinical management plans |
| | | Questions and reviews practice and responds innovatively |
| Develops awareness of complexity of factors involved in service development | Participates in service development activities e.g. users groups | Evaluates service provision in line with local need and works strategically to improve services |
| | Evaluates a service by gathering data from a variety of sources and using standardised tools | Interprets and analyses complex data to benchmark services and initiate strategies to continually improve them |
| | Identifies gaps in service provision and/or ways to improve the service | Creates opportunities for service users to contribute to service development |
| | Use appraisals to inform service development and redesign | |
| | Understands the role of users in service development | |

Competency 4: Research and audit

a. Research and evidence

| Understands what is meant by evidence based care Shows awareness of research methodologies used Demonstrates knowledge of critical appraisal techniques Shows awareness of evidence hierarchies and weighing evidence Develops skill in applying critical appraisal techniques Demonstrates understanding of how research findings influence practice Explains to patients the meaning of common terms and concepts used in trials | Demonstrates excellent knowledge of research methodologies used Demonstrates excellent knowledge of evidence hierarchies and weighing evidence Demonstrates excellent critical appraisal skills, to differentiate between research that will improve practice or promote change Contributes to the design and implementation of local research projects Enables patients to have a realistic expectation about participating in research | Disseminates and interprets relevant research to team members, and uses findings to facilitate service change as indicated by new evidence. Uses research findings to influence policy at local, regional and national levels. Identifies questions relevant to daily practice and collaborates with others to design and implement research projects to address these |
|--|--|--|
| Shows awareness of relevant symptom specific guidance, such as: • Manual Handling guidelines • Pressure Ulcer guidelines • European Association for Palliative Care guidelines Shows awareness of NICE guidance, advice, quality standards and information services that may be relevant. | Demonstrates good knowledge of relevant symptom specific guidance, such as: • Withholding and Withdrawing Life- prolonging Medical Treatment Guidelines (2007) British Medical Association Demonstrates good working knowledge of NICE guidance, advice, quality standards and information services that may be relevant, and ensures the service is working to meet these guidelines | Contributes towards peer review and creation of relevant symptom specific guidance Ensures services are adhering to any NICE guidance that may be relevant – if/where gaps are identified, liaise with senior managers and commissioners to ensure these are addressed. Contributes to the creation and review of evidence based guidance and standards, engaging regionally and nationally where able, e.g. with NICE, NHS England |
| b. Audit | | |
| Shows understanding of the audit | Demonstrates good working knowledge | Collaborates at strategic level to facilitate |
| process Shows understanding of why audit is undertaken Develops awareness of audit tools Participates in established or mandatory audits | of audit cycles and processes. Identifies appropriate audits to complete, including national ones Carries out audit of key aspects of own service Initiates and implements audits within professional area, and within MDT | benchmarking of services regionally and nationally through the use of audit |
| Develops awareness of where and how to share findings from audit | Demonstrates good working knowledge of where and how to share audit findings | Develops and improves communication channels to ensure audit findings are shared widely and are used to inform |

| | | improvement as widely as possible |
|---|---|---|
| Recognises uses of audit findings | Recognises importance of benchmarking and compares performance with other services locally and regionally | Analyses benchmarking data to inform service development |
| Develops awareness of using audit findings to inform and influence own practice | Demonstrates continual analysis of service in order to respond to constantly changing needs and improvement of the service | Reviews outcome of audit and uses these to facilitate service improvement Creates a working environment where continued service improvement is normal |

Competency 5: Legal and ethical practice

| Demonstrate understanding of the legal aspects around consent and disclosure of information between and across agencies, especially when collaborating with none health care organisations | Demonstrates excellent knowledge of legal frameworks for gaining consent, and for recording and sharing information | Ensures that systems are in place to support all staff to meet their legal obligations with regard to consent and record and sharing information |
|---|---|--|
| Shows awareness of the following legislation: • Equality Act (HMSO 2010) • Mental Capacity Act (2005) • Care Act (2014) • Human Rights Act (1998) • Suicide Act (1961) • Data protection Act (1998) | Demonstrates excellent knowledge of relevant legislation and their implications in clinical management. | Ensures that all staff are aware of, have access to, and understand the implication to their role of all relevant legislation |
| Shows awareness of the relevant documents that influence health and social care provision: Our Health, Our Care, Our Say (2006) Government white paper National Service Framework for long Term (Neurological) Conditions (2005) Department of Health | Demonstrates good knowledge of all relevant documents that influence health and social care provision | Liaises at a strategic level to ensure all relevant documents that influence health and social care provision are communicated to staff |
| Shows awareness of the legal aspects of: Lasting Power of Attorney (LPA) Advance Decision to Refuse Treatment directives (ADRT) | Demonstrates excellent knowledge of the legal aspects of LPA and ADRT's Demonstrates ability to discuss and describe these to patients and other staff Understands how to facilitate the process of creating these | Ensures support mechanisms are in place to allow all staff to access and understand the legal aspects of LPA and ADRT's. Ensures mechanisms and processes exist to support patients and staff to create and implement these |

Your feedback is really important as it helps improve resources. If you would like to provide feedback on this resource please email mdtfeedback@mndassociation.org

Motor neurone disease dietetics competency framework

Competency 1: Clinical knowledge and practice



| Competent (BAND 5) | Specialist (BAND 6) | Highly Specialist/Advanced (BAND 7/8) |
|---|---|---|
| a. Knowledge of MND | | |
| Demonstrates a basic knowledge of what MND is: • What goes wrong (pathophysiology) • Types; Amyotrophic lateral sclerosis (ALS), Progressive bulbar palsy (PBP), Progressive muscular atrophy (PMA), • Primary lateral sclerosis (PLS) • Causes (aetiology): Inherited, sporadic • Prevalence and incidence • How diagnosis is made • Main features • Progression and prognostic indicators | Demonstrates good knowledge and understanding of MND, including factors that contribute to motor neurone degeneration and its impact on motor control Demonstrates good knowledge and understanding of symptoms, problems and complications in MND Demonstrates good knowledge and understanding of the impact of the diagnosis of MND on the patient and the family Demonstrates an ability to describe the disease to people with MND and non- specialist staff | Demonstrates expert knowledge of all aspects of MND Demonstrates an ability to teach and educate specialist staff about MND, new theory and current research |
| p. Assessment and care planning | | |
| Develops awareness of the importance of advance care planning due to the rapidly progressive nature of the disease, especially with regard to: • Feeding options including altered consistencies need to be considered in a timely manner • Feeding (tube) – options could be reduced as respiratory function deteriorates • Respiratory support • Provision of equipment • Establishing care support mechanisms and timely access to services | Demonstrates good knowledge of the importance of advance care planning and the importance of speed of provision of intervention Initiates advance care planning discussions and processes Describes advance care planning to people with MND and non-specialist health and social care professionals | Demonstrates expert knowledge of advance care planning Educates and supervises specialised staff in complex care planning Collaborates strategically to ensure care pathways to support seamless advance care planning exist and are followed |
| Develops awareness that much closer and more frequent monitoring may be required due to the rapid progression that can occur in MND Develops awareness that a holistic and co-ordinated MDT approach is required to ensure that any intervention is fully evaluated so that any benefit outweighs the cost of participation for the individual | Demonstrates responsive service that is flexible to rapidly changing requirements and need; intensive input may at times be indicated, at others a need to allow the patient time and space Co-ordinates and initiates MDT reviews to ensure all interventions remain appropriate and timely | Contributes to best practice guidance for Dietetics interventions for people with MND |

c. Symptom management

| Develops knowledge and recognition of common symptoms in MND that may affect nutritional status and/or intake; • Fasciculation • Flail arms • Significant and rapid muscle wasting • Ineffective cough • Neck weakness • Emotional lability • Thick secretions • Muscle cramps • Fronto-temporal dementia | Demonstrates good knowledge of the common symptoms in MND that may affect nutritional status and/or intake Demonstrates good knowledge of management strategies to address these Describes and advises on management options to people with MND and staff | Demonstrates expert knowledge of the common symptoms in MND that may affect nutritional status and/or intake Demonstrates expert knowledge of management strategies to address these symptoms Teaches and advises others about symptom management and minimising effects on nutritional status and/or intake |
|--|--|---|
| d. Medicine management | | |
| Shows awareness of disease slowing treatments used in MND; • riluzole | Demonstrates good knowledge of disease slowing treatments used in MND, including mode of action, aim of intervention, effect on disease, side-effects and adverse effects Demonstrates good knowledge of the care pathway for the provision of riluzole Describes the access to riluzole pathway to people with MND and none specialised staff Understands the differences in access to riluzole across the country | Demonstrates awareness of all current ongoing clinical trials of drug treatments in MND and of drugs which may be licensed in other countries, but not in the UK Demonstrates awareness of and keeps up to date with literature related to medications used in MND and shares with relevant others |
| Shows awareness of restrictions for the provision of riluzole Develops awareness of anticipatory medicines used in MND e.g. Breathing Space kit | Demonstrates good knowledge of anticipatory medicines used in MND Describes these to person with MND and non-specialised staff | Demonstrates ability to describe experimental drugs and their effects to people with MND and non-specialised staff |
| e. Problem/complication management | nt | |
| | | |

Develops awareness of possible common complications associated with MND that may affect nutritional status and/or nutritional intake, and how they can be managed:

 Difficulties caused by postural changes resulting from neck weakness – may include pain, discomfort, difficulty sleeping and feeding (devices used to aid neck weakness may also cause problems)

Flexed posture

 $\cdot \operatorname{Low} \operatorname{back} \operatorname{pain}$

• Pressure management on nose (from face mask usage)

Demonstrates good knowledge of common complications associated with MND that may affect nutritional status and/or intake

Demonstrates good knowledge of management strategies to address these

Describes management options to people with MND and staff

Demonstrates expert knowledge of the common complications associated with MND that may affect nutritional status and/or intake

Demonstrates expert knowledge of management strategies to address these, and supporting patients in highly complex situations

Teaches and advises others about complication/issue management and minimising effects on nutritional status and/or intake

Works strategically with service providers to ensure local pathways exist that minimise waiting times and ensure complexities are managed efficiently

f. Promoting independence

Refer to the Progressive neurological conditions dietetics competency framework – no additional content

Competency 2: Leadership, teamwork and collaboration

a. Multidisciplinary Team and care pathways

| Develops awareness that the MDT should additionally include : • Respiratory physiologist/specialist capable of performing assessment of respiratory function • A professional with expertise in Palliative | |
|---|--|
| Care | |

b. Education

Refer to the Progressive neurological conditions dietetics competency framework - no additional content

Competency 3: Personal and professional development

a. Accountability

Refer to the Progressive neurological conditions dietetics competency framework - no additional content

b. Service Development

Refer to the Progressive neurological conditions dietetics competency framework - no additional content

Competency 4: Research and audit

a. Research and evidence

| Develops awareness of specific guidance for MND care, including utilising the Motor Neurone Disease Association resources | Demonstrates good knowledge of specific guidance for MND care, including; NG42 Motor Neurone Disease: Assessment and Management (2016) NICE NICE Quality Standards for Motor Neurone Disease (QS127) Withdrawal of Assisted Ventilation at the request of a patient with MND: Guidance for Professionals (2015) Association for Palliative Medicine of Great Britain and Ireland Augmentative and Alternative communication for MND: Best Practice for Professionals (un dated) Motor Neurone Disease Association | Contributes to national projects/research to advance knowledge and care in MND Demonstrates excellent knowledge of specific guidance for MND care, and ensures this is incorporated into local standards of practice |
|---|---|---|
| b. Audit | | |
| Shows awareness of MND Care Audit tool | Actively engages in MND care audit e.g. <i>Transforming MND Care audit Tool (2017)</i> Motor Neurone Disease Association Actively engages in local audits related to MND care | Promotes service improvement by ensuring completion across the service of MND Care audits |

Competency 5: Legal and ethical practice

Refer to the Progressive neurological conditions dietetics competency framework - no additional content

Your feedback is really important as it helps improve resources. If you would like to provide feedback on this resource please email mdtfeedback@mndassociation.org

Multiple Sclerosis dietetics competency framework

Competency 1: Clinical knowledge and practice



| Competent (BAND 5) | Specialist (BAND 6) | Highly Specialist/Advanced (BAND 7/8) |
|--|---|---|
| a. Knowledge of MS | | |
| Demonstrates basic knowledge of what MS is: • What goes wrong (pathophysiology) • Types; relapsing-remitting, secondary progressive, primary progressive • Possible causes (aetiology); genetic predisposition, environmental factors, slow virus • Prevalence and incidence • Influencing factors; gender, latitude, vitamin D, smoking • Main features • How diagnosis is reached; MRI, lumbar puncture, visual evoked response • Monitoring & measuring impact • Progression | Demonstrates good knowledge and understanding of MS, including; Mechanisms of inflammation and healing (i.e. relapses); disruption of nerve conduction, plaque formation, axonal loss, T cells, blood-brain barrier Symptoms, problems and complications Describes the disease to people with MS and non-specialist health and social care professionals | Demonstrates expert knowledge of all aspects of MS. Demonstrates an ability to teach and educate specialist staff about MS |

b. Assessment and care planning

Refer to the Progressive neurological conditions dietetics competency framework – no additional content

c. Symptom management

Develops knowledge and recognition of common symptoms in MS that may affect nutritional status and/or nutrition intake:

- · Neuropathic pain
- Spasticity & Spasms
- \cdot Short circuiting in nerve conduction
- \cdot Tremor; Intentional and Postural
- \cdot Ataxia including ataxic gait
- \cdot Gaze dysfunction
- \cdot L'Hermitte's sign
- · Neurogenic bladder/bowel
- · Bladder overflow
- \cdot Weakness of pelvic floor
- Sensory disturbance & alterations to sensory perception
- · Vertigo
- \cdot Altered sensation
- Flaccidity
- \cdot Increased tone
- \cdot Optic neuritis
- \cdot Typical tonal patterns
- \cdot Cognitive dysfunction

Demonstrates good knowledge of the common symptoms in MS that may affect nutritional status and/or nutrition intake

Demonstrates good knowledge of the management strategies to address these

Describes management options to people with MS

Demonstrates an expert ability to manage highly complex issues, using expert reasoning skills and clinical knowledge to create individualised management plans to best meet patient's needs

Teaches and advises on management options to other staff

| d. Medicine management | | |
|--|--|---|
| Shows awareness of the different types of disease modifying treatments used in MS | Demonstrate good knowledge of disease modifying treatments used in MS, including; • Mode of action • Aim of intervention • Effect on disease progression • Side-effects • Adverse effects | Demonstrates awareness of all current ongoing clinical trials of drug treatments in MS |
| Develops awareness of steroid use in relapse management | Demonstrates good knowledge of steroid use, including impact, side effects and risks. Demonstrates ability to explain possible nutritional effects of their use to the person with MS | Demonstrates expert knowledge of steroid use |
| Develops awareness of frequently used drugs used for symptomatic relief in MS | Demonstrates good knowledge of frequently used drugs used for symptomatic relief in MS, their mode of action and side effects: • Tremor/ataxia (eg beta blockers) • Anti-spasticity • Nerve conduction | Demonstrates expert knowledge of the impact on nutritional status and/or intake of frequently used drugs used for symptomatic relief in MS Demonstrates expert knowledge of how drug usage can affect outcomes |
| Develops awareness of commonly used unproven interventions in MS; hyperbaric oxygen, cannabis, modified diets including gluten free, Swank diet, vitamin/ mineral supplementation etc. | Demonstrates good knowledge of commonly used unproven interventions in MS Describes potential benefits and dis- benefits of these to people with MS and none specialised staff | Demonstrates expert knowledge of the strength of evidence for the unproven interventions and is able to communicate this in an understandable way to patients and other professionals Demonstrates ability to discuss the implications of implementing unproven interventions on nutritional status and/or nutritional intake with a person with MS, and support them in their decisions |

e. Problem/complication management

Demonstrates good knowledge of Develops awareness of possible common Demonstrates expert knowledge of the complications associated with MS and common complications associated with common complications associated with how they can be managed: MS that may affect nutritional status and/ MS that may affect nutritional status and/ · Increased risk of developing or nutrition intake or nutrition intake osteoporosis · Shortening and lengthening of soft Demonstrates good knowledge of Demonstrates expert knowledge of the tissues due to poor posture management strategies to address these management strategies to address these · Reduced ability to cope with physical temperature changes (heat) Describes management options to people Teaches and advises on management with MS and staff options to other staff · Nociceptive pain Demonstrates expert knowledge of proactive interventions to help prevent the onset of complications

> Educates patients and other professionals on the prevention and management of complications

| Develops awareness of surgical/invasive procedures commonly used in MS; • Phenol pumps & Phenol injections • Baclofen pumps | Demonstrates good knowledge of surgical/invasive procedures commonly used in MS | |
|--|---|--|
| Tenotomy (cutting a tendon) Humidification | Describes these to people with MS and staff | |

f. Promoting independence

Refer to the Progressive neurological conditions dietetics competency framework - no additional content

Competency 2: Leadership, teamwork and collaboration

a. Multidisciplinary team and care pathways

Refer to the Progressive neurological conditions dietetics competency framework - no additional content

b. Education

Refer to the Progressive neurological conditions dietetics competency framework - no additional content

Competency 3: Personal and professional development

a. Accountability

Refer to the Progressive neurological conditions dietetics competency framework - no additional content

b. Service development

Refer to the Progressive neurological conditions dietetics competency framework - no additional content

Competency 4: Research and audit

a. Research and evidence

| Develops awareness of MS specific guidance & resources e.g. : · MS Trust · MS Society | Demonstrates good knowledge of MS resources and guidance | Ensures condition specific guidance is implemented and followed locally |
|--|---|---|
| b. Audit | | |
| Shows awareness of MS audit tool | Actively engages in MS service provision audits e.g. <i>Measuring Success (2007)</i> MS Society | Promotes service improvement by ensuring completion across the service of national MS care audit tool |

Competency 5: Legal and ethical practice

Refer to the Progressive neurological conditions dietetics competency framework - no additional content

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Parkinson's disease dietetics competency framework

Competency 1: Clinical knowledge and practice



| Competent (BAND 5) | Specialist (BAND 6) | Highly Specialist/Advanced (BAND 7/8) |
|---|---|---|
| a. Knowledge of Parkinson's | | |
| Basic knowledge of what Parkinson's is: · What goes wrong (pathophysiology) · Causes (aetiology) · Prevalence and incidence · Main features · How diagnosis is made · Progression | Demonstrates good knowledge and understanding of Parkinson's, including; Presentations: on-off, start hesitation, freezing Symptoms, problems and complications Describes the disease to people with Parkinson's and none specialist staff | Demonstrates expert knowledge of all aspects of Parkinson's. Demonstrates an ability to teach specialist staff about Parkinson's |
| Shows awareness of the role of neurotransmitters. Develops knowledge about how each of the following work; • Dopamine • Noradrenaline • Serotonin • Glutamate • Gamma-aminobutyric acid | Demonstrates good knowledge of the role and function of neurotransmitters | Demonstrates expert knowledge of neurotransmitters Educates specialist staff about neurotransmitters |
| Develops awareness of the medical concepts: • Neuroprotection • Neurorescue • Neurorestoration • Neuromodulation | Demonstrates good knowledge of the medical concepts | Demonstrates expert knowledge of the medical concepts, with ability to teach specialist staff about them. |
| Develops awareness of Parkinsonism conditions: • Multiple System Atrophy (MSA) • Progressive Supranuclear Palsy (PSP) • Vascular Parkinsonism • Idiopathic Parkinson's • Drug induced Parkinsonism • Normal Pressure Hydrocephalus | Demonstrates good knowledge of Parkinsonism conditions Describes these to patients and none- specialist staff | Demonstrates expert knowledge of all Parkinsonism conditions Educates specialist staff about these. |
| Develops awareness of impact of Parkinson's on circadian rhythm and sleep | Demonstrates good knowledge of impact of Parkinson's on circadian rhythm and sleep | Demonstrates excellent knowledge of impact of Parkinson's on all aspects of sleep |

b. Assessment and care planning

Refer to the Progressive neurological conditions dietetics competency framework – no additional content

c. Symptom management

Develops knowledge of, and recognition of common symptoms in Parkinson's that may affect nutritional status and/or nutritional intake:

- Bradykinesia
- · Rigidity (Cogwheel)
- Tremor; Resting, postural, action and orthostatic
- · Postural instability
- · Autonomic dysfunction
- · Neuropsychiatric problems
- · Dementia
- \cdot On-off episodes
- · Freezing
- · Dyskinesia
- · Reduced sense of smell and taste
- · Dry mouth
- · Festinating gait
- · Freezing of gait
- · Behavioural changes
- · Ataxia (Atypical Parkinsonism)
- · Dystonia
- · Akathisia

Develops awareness of the impact of these on nutritional status and/or nutritional intake

d. Medicine management

Demonstrates good knowledge of the common symptoms in Parkinson's that may affect nutritional status and/or nutritional intake

Demonstrates good knowledge of the management strategies to address these

Demonstrates good knowledge of the impact of these symptoms on nutritional status and/or nutritional intake and how to address them

Describes all management options to people with Parkinson's and none specialist staff Demonstrates expert knowledge of the common symptoms in Parkinson's, their management, impact on nutritional status and/or nutritional intake and how to address these

Teaches and advises other staff about symptom management and their effect on dietetic management

| Shows awareness of different types of disease specific treatments used in Parkinson's | Demonstrates good knowledge of different types of disease specific treatments used in Parkinson's, including mode of action, aim of intervention, effect on disease, side-effects and adverse effects: • Dopamine agonists • Levodopa • MAO-B inhibitors • COMT inhibitors • Glutamate antagonists • Anticholinergics/antimuscarinics | Demonstrates awareness of all current ongoing clinical trials of drug treatments in Parkinson's |
|--|--|--|
| Develops awareness of risks associated with sudden cessation of dopaminergic medications | Demonstrates good knowledge of risks associated with sudden cessation of dopaminergic medications | Demonstrates ability to communicate the risks of the sudden cessation of dopaminergic medications to patients in an understandable way. |
| Develops awareness of risks of overdosing with dopaminergic medications | Demonstrates good knowledge of risks of overdosing with dopaminergic medications | Demonstrates ability to communicate the risks of overdosing with dopaminergic medications to patients in an understandable way. |
| Develops awareness of drugs used for symptom management in Parkinson's, and their side effects | Demonstrates good knowledge of drugs used for symptom management in Parkinson's, and their side effects, for: • Tremor • Ataxia | Demonstrates expert knowledge of how drug usage can affect outcomes and be used to best effect |

| Develops an appreciation of effect of timing of medication on Parkinson's symptoms | Demonstrates a good appreciation of effect of timing of medication on Parkinson's symptoms | Demonstrates ability to advise on the appropriate timings of medication to provide optimal effect |
|--|--|---|
| Develops awareness of the effect of dietary factors (protein) on dopaminergic medications | Demonstrates knowledge of the effect of dietary factors (protein) on dopaminergic medications Shows ability to advise on dietary manipulation to ensure optimum drug effect and optimal nutritional intale | Demonstrates expert knowledge of the effect of dietary factors (protein) on dopaminergic medications |
| e. Problem/complication manageme | ent | |
| Develops awareness of possible common complications associated with Parkinson's that may affect nutritional status and/or nutritional intake, and how they can be managed: • Mealtime fatigue • Fixed facial expression • Flexed posture • Scoliosis • Pisa syndrome • Camptocormia • Antecolles • Psychogenic parkinsonian gait • Hallucinations • Psychogenic parkinsonian gait • Hallucinations • Psychosis/delusions • Impulse control disorder • Blurred vision and dry eyes • Kyphosis • Nociceptive pain • REM sleep disorder • 'Wearing off' of medications • Reduced ability to cope with physical temperature changes (heat) • Agitation Develops awareness of the impact of these on nutritional status and/or nutritional intake | Demonstrates good knowledge of the common complications associated with Parkinson's that may affect nutritional status and/or nutritional intake Demonstrates good knowledge of the management strategies to address these Demonstrates good knowledge of the impact of these complications on nutritional status and/or nutritional intake and how to address them | Demonstrates expert knowledge of the common complications associated with Parkinson's, their management, impact on nutritional status and/or nutritional intake and how to address these Teaches and advises other staff about symptom management and their effect on dietetic management Demonstrates expert knowledge of proactive interventions to help prevent the onset of complications |
| Demonstrates awareness of surgical/ invasive procedures commonly used in Parkinson's: Deep brain stimulation Radiological localisation Physiological localisation Ablation/stimulation Humidification Continuous positive airway pressure Piped oxygen Baclofen pump | Describes all management options to people with Parkinson's and none specialist staff Demonstrates good knowledge of surgical/invasive procedures commonly used in Parkinson's. Describes these to people with Parkinson's and staff | |

f. Promoting independence Refer to the Progressive neurological conditions dietetics competency framework – no additional content
Competency 2: Leadership, teamwork and collaboration

a. Multidisciplinary team and care pathways

Refer to the Progressive neurological conditions dietetics competency framework – no additional content

b. Education

Refer to the Progressive neurological conditions dietetics competency framework - no additional content

Competency 3: Personal and professional development

a. Accountability

Refer to the Progressive neurological conditions dietetics competency framework - no additional content

b. Service development

Refer to the Progressive neurological conditions dietetics competency framework - no additional content

Competency 4: Research and audit

a. Research and evidence

| Develops awareness of symptom or impairment specific guidance, including, but not limited to: • CG 35 Parkinson's disease in over 20's: Diagnosis and Management (2006) NICE Develops awareness of where to find further/condition specific support, resources and information: • UK Parkinson's Excellence Network • Parkinsons UK b. Audit | Demonstrates good knowledge of symptom or impairment specific guidance Demonstrates good knowledge of where to find further/condition specific support, resources and information | Ensures condition specific guidance is implemented and followed locally |
|---|--|---|
| Shows awareness of Parkinson's audit | Actively engages in Parkinson's service | Promotes service improvement by |
| tool | quality improvement by participating audits of Parkinson's service provision: 2017 UK Parkinson's Audit Dietetics: Standards and Guidance | ensuring completion across the service of national Parkinson's care audit tool |

Competency 5: Legal and ethical practice

a. Research and evidence

Refer to the Progressive neurological conditions dietetics competency framework - no additional content

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Progressive neurological conditions occupational therapy competency framework

Competency 1: Clinical knowledge and practice

| Competent (BAND 5) | Specialist (BAND 6) | Highly Specialist/Advanced (BAND 7/8) |
|--|---|--|
| a. Neurological knowledge and phys | iology | |
| Demonstrates comprehensive factual knowledge and understanding of the central and peripheral nervous systems; has overview of the organisation of the central and peripheral nervous systems | Demonstrates critical understanding and in depth knowledge and a comprehensive understanding of the central and peripheral nervous systems, including all functional units of the systems; ability to demonstrate detailed knowledge to own profession and facilitate others learning | Demonstrates expert knowledge and critical understanding of the central and peripheral nervous systems, including the mechanism and transmission of nerve impulses, and all associated cells of the nervous system; ability to teach and educate others within this area of practice |
| Has factual knowledge of what happens in each of the most common prgressive conditions/diseases of the nervous system, and the impact of these on the occupations of the individual. | Advanced knowledge of the most common progressive neurological conditions/diseases of the nervous system and can critically reflect on how these impact on the occupations of the individual | Advanced and specialist level of knowledge and critical understanding about progressive neurological conditions/diseases of the nervous system and enhanced level of clinical reasoning skills on how these impact of these on the occupations of the individual, their families and the wider socio-economic implications |
| Demonstrates factual knowledge of each of the body systems and processes; can describe each in detail, including involvement of the nervous system: • Immune • Respiratory • Digestive • Urinary • Skin • Nutrition, metabolism and homeostasis • Sleep physiology • Musculoskeletal including knowledge of normal tone, coordination, movement and gait • Pain • Speech and swallowing mechanisms • Vestibular system • Cognition, behaviour and mental health • Aging and dying • Uses clinical reasoning skills to understand how impairment in these impacts on occupational performance and participation | Demonstrates a specialist knowledge and understanding of each of the body systems and processes; can describe each in detail, including involvement of the nervous system. and uses advanced clinical reasoning skills to manage how impairment in these impacts on occupational performance and participation within social and cultural environments | Demonstrates an excellent knowledge and understanding of each of the body systems and processes. Uses enhanced level of clinical reasoning skills to understand and manage how impairment impacts on the individual and wider society in terms of occupational performance of individuals and their participation in occupation within social and cultural environments. Can educate experienced staff across specialties |
| Has factual knowledge of how neurological impairment can affect the systems and processes listed above Reflects on the impact of these on | Demonstrates advanced knowledge and critical understanding of the impact of neurological impairment on body systems and processes, and can explain to own profession | Extensive detailed knowledge of impact of neurological impairment on body systems and processes, and can teach staff about new theory and research |

Reflects on the impact of these on occupational performance and participation in order to complete the OT

Uses advanced clinical reasoning skills

Demonstrates expert knowledge and critical understanding of the treatments

| process (select appropriate assessment and intervention) Demonstrates awareness and has factual understanding of the impact of a diagnosis of a progressive neurological | to understand how impairment in these impacts on occupational performance and participation within social and cultural environments Demonstrates a broad range of knowledge of the treatments used in, and management of those with a progressive neurological condition Demonstrates advanced knowledge and critical understanding of the impact of a diagnosis of a progressive neurological | used in, and management approaches involved in long term neurological conditions Has enhanced clinical reasoning skills to guide own, and others, appropriate use of interventions Demonstrates enhanced clinical reasoning skills to understand the range of responses by patients and families to |
|--|--|---|
| condition on a patient and their family; physically, emotionally, psychologically, financially and the impact on life roles and identity | condition on a patient and their family; physically, emotionally, psychologically, financially and the impact on life roles and identity | the diagnosis of a progressive neurological condition and the impact of this on them physically, emotionally, psychologically, financially and their life roles and identity, and can adapt approaches to assessment and intervention accordingly |
| b. Assessment and care planning | | |
| Demonstrates ability to undertake basic holistic assessments to establish normal patterns and determine accurately actual and potential issues, particularly in the following areas; • Eating & drinking, including swallowing, eating patterns and catering provision • Weight • Communicating • Toileting (including use of Bristol stool chart) • Sleeping/fatigue • Impact on quality of life e.g. EQ-5D • Skin integrity (including Waterlow) • General pain • Breathing • Mental capacity • Mood • Resilience Demonstrates empathy and understands the need to adopt a range of approaches to assessment and intervention in different circumstances Demonstrates ability to interpret findings of assessments to inform guided action Demonstrates awareness of risk factors | Demonstrates ability to assess complex holistic needs and independently prioritise action, including the following areas: Impact on relationships including sexual Cognitive function Executive function, memory and behaviour Psychological impact of illness Demonstrates excellent interpersonal and active listening skills, encouraging patients to fully communicate all needs Demonstrates empathy and critical understanding of the impact of the progressive condition on family and carers Demonstrates person-centred approach to adapt fully to situation presented to them Analyses and interprets findings of assessments accurately to independently inform clinical management and care plan Demonstrates advanced skills to provide person-centred support for making | Prioritises care in complex cases; makes a justifiable assessment of people's needs in the shorter and longer term Demonstrates the ability to transfer most advanced and specialist skills and knowledge, using enhanced clinical reasoning by applying previous experience to situations where no precedent may have been set, explaining clearly the clinical reasoning process as the assessment proceeds Demonstrates ability to develop a holistic understanding of the world of a person living with a progressive neurological condition, and their family Demonstrates expertise in detecting subtle changes based on extensive knowledge, skills and understanding of the long-term condition Develops and implements care pathways to facilitate holistic care needs being seamlessly addressed |
| Develops interpersonal and active listening skills further to ensure the individual and their family's needs can be expressed Discusses findings with the MDT and able to implement recommended actions | person-centred support for making decisions regarding treatment options Demonstrates excellent communication skills to ensure all relevant people (subject to patient's agreement) are fully informed about the care plan | |

| results to help identify impairments | the outcome of assessments and uses advanced clinical reasoning to generate appropriate person centred treatment options | |
|--|---|--|
| | Teaches others about specialist assessments and supervises more junior staff in completing them | |
| Works collaboratively with patient, their family and the MDT to develop a treatment plan | Uses clinical reasoning skills to Interpret and act on clinical findings to identify the most appropriate interventions to assist management of the condition, maximising independence in all areas of human occupation Uses clinical reasoning and judgement in collaboration with patient and MDT about care priorities and the best treatment plan to meet their needs. Undertakes specialist interventions independently: • Posture and positioning advice, including pressure care and relief, and seating/ sleep systems • Compensation techniques/strategies • Cueing strategies • Splinting • Use of standing frames and walking aids • Wheelchair provision • Environmental adaptations • Environmental controls, communication aids and other specialist technology solutions • Fatigue management • Stress management • Stress management • Stress management • Stress management • Envirolmal support • CBT & Psychological strategies • Vocational advice • Writing techniques • Vocational advice • Writing techniques • Self-care and self-management strategies • Health promotion • Public health Develops a continuing relationship with a patient through ongoing contact. | Uses advanced specialist knowledge of practice and enhanced clinical reasoning to critically appraise all available information to offer the best possible treatment/management advice to meet the patient's needs Advises on management plans including assessments and interventions particularly in highly complex and distressing circumstances, and where no precedent may have been set Ensures the role of the Occupational Therapist is understood by all members of the MDT, service managers, and commissioners ensuring appropriate representation in service delivery Contributes to the knowledge base of occupational therapy and therapeutic options through actively participating in research and adding to the evidence base Ensures dissemination of evidence of best practice by a variety of means including publications, presentations and networking with experts at a national and international level |
| when needed | Demonstrates complete autonomy of practice and decision making to meet | |

Provides expertise and support to team regarding occupational therapy interventions

the patient during episodic contacts

| Demonstrates ability to agree goals (that are specific, measurable, achievable, realistic and time limited) and actions in collaboration with patient (including relatives and carers where relevant) and communicate these to the MDT Ensures the patient is given all information to make an informed decision, and is at the centre of decision making | Demonstrates ability to proactively promote good individualised management strategies, designed around the patient's needs and personal priorities Uses clinical reasoning skills to reflect on how relevant past events and experiences can impact on a patient's current situation and future planning Demonstrates ability to align expectations of care | Uses advanced specialist knowledge and critical understanding of neurological disease and impairment and enhanced clinical reasoning skills to promote and design individualised management strategies around the patient's needs and personal priorities, within highly complex situations, where no precedent may have been set Demonstrates advanced clinical reasoning skill in supporting team members in reflection and decision-making discussion |
|--|---|---|
| Demonstrates understanding of the importance of: • Tailored and timely advice • Availability of consistent and accessible support | Critically evaluates service delivery to ensure it provides the level of specialist assessment, planning, implementation and evaluation it is commissioned to. Identifies any delays or problems in service provision and reports these to senior management | Influences commissioning decisions to configure services that enable patients with progressive neurological conditions to receive skilled assessment, care planning and evaluation for the duration of their disease Critically evaluates services to identify any gaps in provision and works collaboratively with commissioners to address these Develops a culture that constantly evolves the assessment and care planning processes |
| Has factual knowledge of standardised outcome measures and monitoring tools Demonstrates ability to use a measure for: • Malnutrition (MUST) • Weight – Body Mass Index • Grade of pressure ulcers • Quality of life measures (PROM's) • Carer Strain (Index Score) Demonstrate ability to use the following monitoring tools: • Visual Analogue Scale (VAS) • Fluid balance charts | Demonstrates advanced knowledge and critical understanding of a range of standardised assessments, outcome measures and monitoring tools Understands significance of validity and reliability data when using standardised measures Demonstrates ability to use a measure for: • Pain • Carer burden scales • Palliative care outcome scales (e.g. POS and OACC) • Functional outcome measures (e.g. FIM/ FAM) • Performance measures (e.g. COPM) • Patient Activation Demonstrate ability to use the following monitoring tools: • Diaries (Food, bowel movement, urinary frequency, urinary urgency etc.) Uses and interprets results from a range of outcome measures to inform management options | <text></text> |

| | in developing an evidence base for new assessment tools under guidance / supervision from Principal Investigators. Of research Establish team standards for outcome measurement and recommends the most appropriate monitoring tools to use based on the best evidence (translating this into practice) | |
|---|--|---|
| Evaluates the effect of occupational therapy interventions with the patient Compares progress to the desired outcome Liaises with the MDT and others as necessary to achieve the desired outcomes for specified goals Independently adapts approach to ensure desired outcomes are achieved or seeks support as needed | Demonstrates ability to apply critical evaluation skills and objectively evaluate complex interventions and progress towards specific goals Demonstrates advanced clinical reasoning skills when adapting management plans to meet the changing needs of client group Demonstrates ability to anticipate likely outcomes/progression using specialist knowledge and experience of working with people with progressive neurological conditions Ensures adequate monitoring of the person, their family and carers needs throughout disease progression | Provides leadership and participates in complex case review activities Manage and influence processes locally, nationally and internationally to embed collaborative care into routine practice throughout the MDT |
| c. Symptom management | | |

Has factual knowledge of and can recognise common symptoms in progressive neurological conditions that fall directly within own professional scope of practice:

- Fatigue
- · Muscle weakness and fatigability
- Immobility
- · Balance problems
- · Stiffness
- Pain

· Gait problems including foot drop Demonstrates basic knowledge of the management strategies of these

Has factual knowledge about, and can recognise, physical symptoms in progressive neurological conditions outside own direct scope of professional practice:

· Bladder and bowel dysfunction (including urinary storage problems & retention, bladder emptying problems increased urgency or frequency)

- · Reduced gut motility (reduced appetite, nausea and constipation)
- Swallowing problems
- · Speech difficulties

Has advanced knowledge of and has clinical reasoning skills to recognise and manage the symptoms of a progressive neurological condition

Has advanced knowledge of a wide range of management strategies to address common and rarer symptoms experienced in progressive neurological conditions

Uses clinical reasoning and understanding of long term neurological conditions to describe and explain common and rarer symptoms and their management to other professionals and patients

Uses clinical reasoning skills and advanced knowledge of psychological factors experienced in progressive neurological conditions to respond and manage these needs appropriately, including referring on for psychological specialist care as required

Uses clinical reasoning skills to recognise signs and symptoms early to trigger timely assessment and intervention

Has highly specialist knowledge and advanced clinical reasoning skills to recognise a variety of common and rarer symptoms experienced in progressive neurological conditions

Uses advanced clinical reasoning to appraise common and rarer symptoms experienced in long term conditions to accurately and quickly determine when referral to other specialists are required

Has highly advanced knowledge of and advanced clinical reasoning skills to provide advice about appropriate actions for all symptom management as required (including those not usually managed by the occupational therapist)

Contributes to the education of health care professionals about common and rarer symptoms and their management, locally, nationally and internationally

Works strategically at local, national and international levels to design and implement care pathways to ensure prompt and effective symptom

- Problems with body weight control
- (weight loss or weight gain)
- · Problems with saliva management

Has factual knowledge about the psychological and emotional factors/ symptoms and can recognise these:

- Memory and attention problems
- Mood changes/apathy/depression/ anxiety
- · Cognitive impairment
- · Motivation problems
- · Issues with executive function

Has factual knowledge of further symptoms that own professional interventions can alleviate: Altered tone (including associated pain) Neuropathic pain

Has factual knowledge of symptom management strategies

d. Medicine management

Has factual knowledge drugs commonly used therapeutically to treat diseases of the nervous system

Has factual knowledge of the classes of drugs used for symptom management in neurological conditions, and awareness of their side effects, to include those used for:

- · Anti-emetic/gut motility agents
- · Bowel management (laxatives and antidiarrhoeals)
- · Fatigue management
- · Sleep management
- · Pain management
- · Urinary urgency and frequency
- Mood control
- · Management of tone
- · Disease modifying therapies

Has factual knowledge of how drugs commonly used in progressive neurological conditions may affect other body systems/processes and impact on the occupational performance of an individual including the reproductive system and sexual activity, and their effects Acts as a positive role model to colleagues, promoting the profession.

Provides support and supervision to junior staff working with people with progressive neurological conditions management.

Has advanced clinical reasoning skills to take the lead as an autonomous practitioner in highly complex case management, where no precedent in management may have been set

Has advanced knowledge and critical understanding of the drugs commonly used therapeutically to treat diseases of the nervous system, including the types/ classes of drugs and their mode of action

Demonstrates advanced knowledge of the evidence for drug therapies used for symptom management in neurological conditions, and their side effects, including those used for:

including those used for

- Nerve conduction
- · Saliva management
- Respiratory problems e.g. to loosen secretions, dilate airways, relaxants to manage shortness of breath, supplementary oxygen, NIPPV
- \cdot Vertigo/dizziness
- \cdot Oscillopsia

Uses clinical reasoning skills to guide discussions about drugs used for symptom management with patients and staff

Has advanced knowledge and critical understanding of how drugs commonly used in progressive neurological conditions may affect other body systems/processes e.g. dry mouth, constipation, altered mood etc. and impact on the occupational performance of an individual including the reproductive system and sexual activity, and their effects Has advanced knowledge of the drugs commonly and more rarely used therapeutically to treat diseases of the nervous system, and their impact

Has critical understanding of evidence for drug therapies that may be available via trials or as unlicensed products, and has enhanced clinical reasoning skills to guide discussions about these with the patient and with other staff, as appropriate

Provides guidance to relevant organisations of the impact of drugs used within progressive neurological conditions on the occupational performance of an individual Has factual knowledge and understanding of the possible need for different drug presentations in progressive neurological conditions e.g. crushable tablets, dispersible, liquid etc. Has advanced knowledge and critical understanding of the need for different drug presentations in progressive neurological conditions such, as the availability of a drug in liquid form etc.

e. Problem/complication management

Has factual knowledge of problems/ complications and their management, including;

- · Reduced Activities of Daily living/loss of function
- · Reduced ability to perform fine motor task
- · Reduced motor function
- · Reduced activity/participation/vocation
- · Reduced mobility
- Increased dependence/loss of independence
- \cdot Reduced quality of life
- \cdot Muscle and weight loss
- \cdot increased fatigue
- · Reduced tissue viability leading to Pressure ulcers
- · Malnutrition & feeding difficulties
- Dehydration
- Swallowing problems that can lead to aspiration pneumonia
- Communication difficulties e.g. inaudible speech, reduced clarity
- Micrographia
- · Reduced interaction/relationships
- $\cdot \, \text{Weight gain}$
- \cdot Delayed wound healing
- Contractures
- \cdot Joint stiffness
- \cdot Isolation
- Respiratory problems including reduced lung volumes (use of NIPPV), shortness of breath
- · Posture issues
- \cdot Negative effects on emotional wellbeing
- Possible effects on work and relationships
- Possible negative impact on sexual relationships
- Increased risk of infections e.g. UTI's, chest, wounds
- Faecal overflow secondary to constipation
- · Poor sleep
- · Psychological effects and depression
- · Problems with mucous/phlegm
- Nocturia

Has clinical reasoning skills to identify current problems being experienced by a patient and select appropriate interventions to manage of identified problems Has advanced knowledge and critical understanding of likely problems/ complications and their management.

Has clinical reasoning skills to anticipate problems and initiate avoidance strategies based on advanced knowledge of the progressive neurological condition

Demonstrates excellent interdisciplinary working to ensure all problems/ complications including crisis are managed appropriately

Has advanced knowledge and clinical reasoning skills to coordinate highly complex case management

Recognises boundaries of own service provision and the need for timely referral and liaison with other specialist services outside the immediate MDT as required Has advanced knowledge of a wide range of problems/complications and uses advanced clinical reasoning to manage these

Uses advanced clinical reasoning skills to take the lead on highly complex cases and advises other health care professionals in complex case management especially where no precedent has been set

| Has factual knowledge of the likely progression of the disease and collaborates with team to establish appropriate monitoring Uses clinical reasoning skills to identify possible signs of concurrent illness and discusses with and refer to other members of the MDT, with supervision as required Has factual knowledge about surgical/ invasive procedures commonly used in neurological conditions: • Brain surgery/stimulation • Botulinum toxin • Intermittent self-catheterisation • Indwelling catheter • Suprapubic catheters • Bowel irrigation • Anal plugs • Bowel surgery e.g. colostomy • Artificial feeding (tube) methods • Suctioning • Tracheostomy • Assisted ventilation | Has advanced knowledge of surgical/ invasive procedures commonly used in progressive neurological conditions and has clinical reasoning skills to discuss the impact of these on occupational performance with the patient as appropriate | Has advanced knowledge of surgical/ invasive procedures used in neurological conditions and has advanced clinical reasoning skills to be able to discuss the impact of these on occupational performance with the patient and their families and / or to refer them on to a more appropriate specialist to discuss. |
|---|---|--|
| Has factual knowledge of symptoms which may be warning of a complication within the progressive neurological condition: • Falls • Coughing/spluttering/chest infections • Malnutrition and weight loss • Malnutrition and weight loss • Pressure ulcers • Injury danger/Spilling drinks • Cyanosis • Shortness of breath • Gurgly voice after eating or drinking • Deviation of body position • Drooling • Dehydration • Sudden sensory changes (potential spinal issue) • Recurrent UTI's • Stridor • Signs of infection/fever • Psychological distress • Inability to communicate effectively • Contractures | Has advanced knowledge of recognised symptoms that can reflect complications within a progressive neurological disease and uses clinical reasoning skills to act on them appropriately | Has advanced knowledge and critical understanding of symptoms resulting from medical and social complications within a progressive neurological disease Uses advanced clinical reasoning skills, to identify these complications in a patient and can act on these ensuring that they are managed appropriately |
| Has factual knowledge of complementary approaches and interventions, including 'unproven' approaches | Has advanced knowledge and critical understanding of a wide range of complementary approaches and interventions Critically evaluates and uses clinical reasoning skills to discuss alternative approaches with patient and MDT | Has advanced knowledge and critical understanding of complementary approaches and interventions Uses advanced clinical reasoning skills to link evidence to practice and can discuss these approaches with patients, their families, staff groups locally and nationally |

f. Promoting independence

Provides person / client centred care

Shows understanding of the:

- · Importance of meaningful activities to the person
- Benefits of participation and work to a person's wellbeing
- · Importance of purpose and the person's work/life balance
- · Basic equipment provision and process

Develops awareness of services available to support and provide assistance including:

- Scope of services provided by social care
 Environment controls (adaptations
- Environment controls/adaptations provision and process
- · Advanced/specialised equipment provision and process
- Signposting to websites/services offering advice and additional support signposting e.g. Disability Living Foundation

Has factual knowledge of

- Legislation that support engagement in promoting independence e.g. employment rights
- · Impact of spiritual and emotional support on promoting independence

Shows awareness of the roles and relationships in a person's life, and the potential impact of their condition on these:

- · Family
- · Community
- \cdot Work/Education
- \cdot Hobbies
- · Friends/social networks
- · Intimate relationships
- · Professional
- \cdot Spiritual/beliefs

Has factual knowledge and understanding of how the symptoms and complications of a progressive neurological condition can affect self-care, activity, participation and vocation

Has factual knowledge of interventions and advice to help maintain occupations, roles and relationships:

- Strategies to help maximise
- independence with personal care · Strategies to help with domestic responsibilities
- Strategies to help maintain work / educational roles

Implements practices to promote person / client centred care that reflect the person and their carers /family's choices within own service and others locally

Demonstrates advanced knowledge and critical understanding about a range of statutory and non-statutory support services and networks available to promote independence and quality of life Contributes to the development of service delivery models with a range of providers that promote the person and their family's choices and needs

Contributes, facilitates, and works with other organisations to develop local and national resources to support people living with progressive neurological condition and their families

Uses clinical reasoning skills to understand the extent and significance of the roles, responsibilities and relationships in a person's life, and the potential impact of their condition on these, and develops strategies to help manage this

Has advanced knowledge and critical understanding of how the symptoms and complications of a progressive neurological condition can affect self-care, activity, participation and vocation

Uses clinical reasoning skills to ensure the outcome of interventions used with people with progressive neurological disease has a positive impact on their roles, responsibilities and relationships, and or implement additional strategies to compensate for any negative impact interventions may have Uses advanced clinical reasoning to understand the person with a progressive condition's 'world', including their roles and responsibilities, having built a strong and trusted professional relationship with the patient and their personal network of support. Uses this understanding to inform ongoing management of the case

Uses advanced knowledge and critical understanding of how the symptoms and complications of a progressive neurological condition can affect self-care, activity, participation and vocation within a variety of environments when advising on policy and strategy for condition management at local, national and international level

| Strategies to help maintain leisure interests Strategies to help maintain relationships including expressions of intimacy and sexuality Psychological therapies and strategies | | |
|--|--|--|
| Has factual knowledge of self-management strategies | Has advanced knowledge and critical understanding of self-management strategies, the barriers that exist to these, and the support mechanisms available Encourages self-management approaches, and supports, implements and runs self-management programmes | Empowers people to identify and reach realistic goals for self-management Uses experience and expertise to influence others to improve care Creates opportunities to develop, critically appraise, and facilitates implementation of recognised self-management programmes and strategies across a health community |
| Uses clinical reasoning to determine the amount and type of support required to help a patient engage in self- management | Uses clinical reasoning skills to determine the importance of providing appropriate and timely support mechanisms to patients engaging in self-management | Has advanced knowledge and critical understanding of what is needed to support effective self-management Works strategically to ensure support mechanisms for effective self- management are available to people with a progressive neurological condition Works strategically to ensure the development of self-management schemes |
| Has factual knowledge about supporting a person in the work environment and able to provide support to facilitate maintaining the work role as desired but the person | Has knowledge about vocational rehabilitation and uses advanced clinical reasoning skills to support a person with a progressive condition in a work or education role Work flexibly within professional scope to liaise with employers and others to make reasonable adjustments to maximise a person's performance | Works strategically to ensure policy supports inclusive environments within workplaces and educational environments, enabling people with long term neurological diseases to maximise their work / education roles |

Competency 2: Leadership, teamwork and collaboration

a. Multidisciplinary team and care pathways

| Has factual knowledge about which team members make up the MDT and their respective roles within the MDT Works effectively as part of MDT | Maintains and expands MDT working Works flexibly within professional scope of practice to promote close working relationships | Identifies and positively challenges the developing needs of the MDT, justifying expansion where needed Works strategically to improve communication flows and ensure local services are in place to support excellent MDT working |
|--|--|--|
| Has professional confidence to understand impact of own role within the MDT | Develops interdisciplinary approach to team working | Facilitates and supports extended scope of practice working and puts in place processes that support this |

| Develops awareness of the importance of the following in long-term condition management: • Ease of access to MDT • Single point of contact • Timely interventions/actions • Flexible approach to respond to variability of needs throughout the condition • Tailored advice, involving family/friends/ carers where appropriate • Maintaining accessibility to the MDT from diagnosis to death (not discharging/ open access) • Works across own and other organisational and agency boundaries within the MDT | Uses clinical expertise and experience to describe the critical aspects of an effective MDT to people with progressive neurological conditions Develops partnerships and works across own and other organisational and agency boundaries within the MDT | Understands and can define responsibilities of other professionals in an MDT Provides strategic leadership in quality improvement and development of MDT service delivery for people with long term neurological conditions Uses advanced clinical reasoning skills to support to team members working in stressful and complex situations |
|---|--|--|
| Has factual knowledge of, and understands, the care pathways that exist locally for progressive neurological conditions (including end of life care and urgent care) | Identifies and develops new ways of working within own profession, and contributes to development of new care pathways | Works at a strategic level locally and nationally to lead on designing and implementing new care pathways |
| Develops understanding of how the MDT works with and complements other services available locally | Has advanced knowledge of how the MDT co-ordinates the care management in progressive neurological conditions Describes to the patient the professional relationships of the teams involved in their care | Ensures teams provide timely, seamless, effective, safe care in progressive neurological conditions |
| Has factual knowledge of the extended specialist care services available locally and their role, including the following services that are frequently accessed by people with progressive neurological conditions; • Clinical Psychology/neuro-psychology services • Community Neurological care teams • Wheelchair clinics • Pain clinics • Continence service • Respiratory services • Orthotics • Nutrition Support team & Gastroenterology • Hospice & Specialist palliative care services • Social Care and Carer agencies • Housing teams • Sensory Support teams • Assistive technology service • Alternative and Augmentative Communication services (AAC) • Mental Health teams • Counsellors/spiritual advisor • Relationship counsellors | Understands the limitations of the care/ service that can be provided within the MDT Has advanced knowledge of the extended/specialist care services available both locally and nationally, and their role in improving care for a person with a progressive neurological condition | Advises, supervises and co-ordinates peers to ensure needs of an individual with a progressive neurological condition are met Collaborates at local, regional and national level to identify gaps or deficits in service provision, develop resources and improve/standardise access to services for people with a progressive neurological condition |

SECTION TWO - OCCUPATIONAL THERAPISTS

| Benefits/welfare & financial advice team Social services Job centre plus Health Visitors Safeguarding teams Condition specific charitable organisations/support groups General relevant voluntary organisations | | |
|---|---|--|
| Has factual knowledge of local referral pathways for referring on within the MDT and how to implement them Has factual knowledge of local referral pathways to services outside the MDT and also outside the local area and seeks advice and support to do this as required | Has advanced knowledge and critical understanding of best practice/ recommendations for referral pathways and contributes to defining local referral pathways. Explains and describes referral pathways to other staff and people with a progressive neurological condition | Contributes to the evidence base and promotes best practice in the development and evaluation of referral and care pathways. Participates at a strategic level nationally to inform and contribute to national recommendations for pathways |
| Has factual knowledge of the existence and role of: • Statutory agencies e.g. local authority • Non-statutory/charitable organisations relevant to long term neurological conditions | Has advanced knowledge of the roles of statutory agencies and non-statutory/ charitable organisations and how to involve them in the care of people living with a progressive neurological condition Describes these agencies to other staff and patients with progressive neurological conditions Develops and maintains professional relationships with these agencies | Influences and creates opportunities for statutory and non-statutory/charitable agencies to become an integrated part of the care pathway for people with progressive neurological conditions Acts as an advocate for people with progressive neurological conditions at a strategic level within these agencies |
| | | Develops and sustains productive partnerships, including the development of managed clinical networks |
| b. Education | | |
| Demonstrates ability to deliver introductory/ progressive neurological condition awareness raising education sessions to patients and unqualified staff | Demonstrates ability to plan, resource and deliver structured educational sessions about progressive neurological conditions to patients, staff and students. Initiates and facilitates support/ educational groups for patients Uses a range of evaluation tools and feedback mechanisms to gather information to inform future sessions Shares expertise and knowledge at regional and national level Participates in identifying gaps in research | Demonstrates ability to educate experienced and specialist staff about progressive neurological conditions, and takes an active role is promoting education in long-term condition management. Leads a managed clinical network to share expertise, knowledge and promote best practice Shares expertise and most advanced knowledge at an international level (conferences, publications etc.) Leads in identifying research gaps and |
| | and research priorities | research priorities |

and research priorities

research priorities

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| Has factual knowledge of self- management strategies, motivations and barriers | Has advanced knowledge of self- management strategies, to plan, resource and deliver self-management programmes for patients with progressive neurological conditions Uses a range of evaluation tools and feedback mechanisms to gather information to inform future programmes Works collaboratively with colleagues in a clinical network to share best practice in self-management programmes | Creates opportunities to develop, and facilitates implementation of recognised self-management programmes and strategies across a health community |
|--|--|---|
| Identifies opportunities to join effective networking groups locally Follows best practice and adheres to guidance when available | Maximises the use of effective networking across social and health care boundaries Shares knowledge and best practice through participation in local and national specialist networks Disseminates knowledge by writing for publications and speaking at local and national conferences | Extends networking opportunities and participates on a national and international basis Contributes to the development of specialised courses on progressive neurological conditions at regional higher education institutions Disseminates knowledge by speaking at international conferences and through publication |

Competency 3: Personal and professional development

a. Accountability

| Maintains a record, and shows evidence, of continuing professional development e.g. a personal portfolio | Demonstrates participation in continued professional development activities and supports others to do the same | Responsible for the workload of others within one or more service or department |
|---|---|---|
| Ensures knowledge is up-to date with relevant information associated with progressive neurological conditions and professional practice Applies current evidence based knowledge to clinical practice with support Manages own time and caseload. Works within scope of practice and level of experience | Provides support, advice and supervision to junior staff Demonstrates accountability in prioritising and managing workloads across the team in response to changing service priorities. Access and contributes to a range of learning platforms Effectively and critically translates evidence into practice Uses and interprets complex clinical | Develops and facilitates learning opportunities and educational resources and promotes group learning Maximise the use of developing technologies to create and promote increased access to cost effective learning opportunities for staff Contributes to and provides innovative leadership in translating best evidence into clinical practice of the service |
| | information to inform clinical management plans | |
| Recognises importance of clinical supervision and takes responsibility to make sure own needs are met | Thinks critically and uses reflection of complex situations and experiences to inform own and service development needs | Manages and influences the political and economic climate and the impact of these on service delivery |

| Using reflection in action and can identify critical incidents from which learning can occur | Uses knowledge and critical understanding of knowledge frameworks to inform own and others learning needs | Provides effective supervision coaching and mentorship for members of the team |
|---|---|---|
| Participates in performance appraisals Has factual knowledge of frameworks to inform personal learning needs Makes effective use of a supervisor or mentor to explore ideas and devise a personal development plan Contribute to the supervision of unqualified staff | Provides effective supervision, coaching and mentoring to other staff Seeks personal supervision to advance own learning | Creates an environment that promotes and encourages innovative approaches and empowers staff to improve their skills and knowledge Acts as a role model at local, regional, national and international level to help others challenge practice and promote professional development Responsible for ensuring all staff are appraised and have a plan to meet the training needs that are identified |
| Seeks support to identify appropriate learning materials | Identifies gaps in the evidence base and collaborates with others to address them | Promotes innovative ways to optimise learning of self and others. |
| Has factual knowledge of the types of learning opportunities available including self-directed learning, work based / professional activity learning and formal education Accesses/attends local learning and educational activities for the MDT such as journal clubs, peer reflection, training workshops etc. Participates in local network groups and accesses local learning opportunities | Accesses/attends local, national and international learning opportunities including self-directed learning, work based / professional activity learning and formal education Participates in regional network groups and learning opportunities | Uses critical reflection and evaluation of best evidence to develop new programmes for advanced practice Contributes to and participates in national and international network groups and learning opportunities Supports learning and development ensuring systems and processes are in place for financial support, for example back-fill posts to cover for secondment opportunity etc. |
| Works within current Health and Care Professions Council (HCPC) scope of practice | Contributes to the learning of others Works flexibly within HCPC code of practice, and identifies and develops new ways of working | Shows awareness of the codes of practice across healthcare professionals and where duty of care and responsibility lies in the MDT |
| Demonstrates professional registration and qualification Demonstrates understanding of professional responsibility to report any concerns regarding unsafe or compromised service Shows awareness of relevant regulatory local policies e.g. whistleblowing, and managing appropriate relationships with commercial sector | Develops and maintains professional relationships with commercial sector for benefit of people with progressive neurological conditions Demonstrates good knowledge of relevant local policies including the regulatory ones already named e.g. access to treatment/waiting times Demonstrates knowledge of relevant national targets and policy regarding care provision | Responsible for acting on and initiating investigation into any reports of unsafe or compromised service Uses experience and expertise to influence manufacturers and care providers to improve equipment development and care provider competencies for people with progressive neurological conditions Works strategically to influence national policy for the benefit of people with progressive neurological conditions |
| b. Service development | | |

Has factual knowledge of organisational structure for own service / department and overall agency working for and where Demonstrates advanced knowledge of the management structures and hierarchies of teams regionally Demonstrates expert knowledge of management structures of services and teams nationally

| current role fits within this Shows awareness of how neurological services are structured and managed locally | Demonstrates in depth understanding of how neurological services are structured, managed locally and can differ regionally in order to inform strategies for service development Demonstrates understanding of multiple government agencies involved with the structure of services such as NHS, Social Care Services, NICE, Department of Health etc. | Understands how political influencers can impact on service delivery models Demonstrates detailed understanding of how neurological services are structured and managed nationally. Has critical understanding about the differences in how neurological services are structured and managed across the home countries and internationally |
|--|---|--|
| Has factual knowledge of local work related policies and procedures | Has in depth knowledge of local and regional work related policies and procedures | Contributes to the development of local, regional and national work related policies and procedures |
| Has full understanding of professional role in supporting and supervising unqualified staff | Provides informal and formal support, advice and supervision to junior staff Demonstrates accountability in managing junior staff across the team | Demonstrates expertise in recognising the development needs of staff. Accountable for ensuring the service is run efficiently and effectively and meets the needs of service users |
| Develops and manages own caseload, recognising problems and identifying when it is appropriate to seek support Manages own time effectively | Has accountability in prioritising and managing workload in response to changing service priorities Manages own team effectively Demonstrates advanced knowledge of leadership skills and management techniques. Shows ability to apply knowledge in practice | Takes strategic overview of a service, ensuring clinical and cost effective service delivery Leads service redesign and quality improvement of the service. Including managing effective skill mix of staff, adequate staffing levels and manage resources issues Demonstrates expert leadership skills and management techniques Monitors practice across the service |
| Has factual knowledge of the importance of the MDT delivery of clinical management plans | Uses clinical expertise and clinical reasoning to advise other staff on clinical management plans Critically evaluates own and others practice | Provides highly specialist and expert knowledge to assist others to plan complex clinical management plans Critically evaluates own and others practice and responds innovatively |
| Develops awareness of complexity of factors involved in service development such as capacity, resource management, audit etc. | Participates in service development activities e.g. users groups, audit, recruitment etc. Identifies gaps in service provision and/or ways to improve the service Use appraisals to inform staff development and service redesign Understands the role of users in service development | Evaluates service provision in line with local need and works strategically to improve services Uses data from a variety of local sources (such as benchmarking, audit, user surveys etc.) and from national data sets and research to inform on local service delivery and help formulate innovative and visionary ways to improve services at local national and international levels. Creates opportunities for collaboration with service users to contribute to service development |

Competency 4: Research and audit

a. Research and evidence

| Demonstrates evidence based practice by incorporating critically appraised published literature into work practices. Shows critical understanding of research methodologies Shows critical understanding of evidence hierarchies and weighting of evidence Explains to patients, their carers and other health care professionals the outcomes of relevant research that influences interventions | Translates and applies evidence into practice and facilitates others to do the same through supervision, training and education Contributes to the design and implementation of local research projects with other health care professionals Enables patients to participate in research as appropriate to them. Contributes to the development of guidelines and frameworks at local and national level with support of colleagues | Translates and applies critically appraised evidence into practice and facilitates others to do the same through supervision, training and education Undertakes research and audit and provides supervision to other health care professionals involved with research Disseminates and interprets relevant research to team members, and uses findings to facilitate service change as indicated by new evidence. Identifies trends and outcomes in health care and wellbeing to inform and influence policy at local and national level and areas for further service evaluation and research |
|---|--|---|
| Shows critical understanding of relevant symptom specific guidance, such as: Relevant symptom guidance such as NICE guidelines and Quality Standards etc | Has advanced knowledge and critical understanding of relevant symptom specific guidance and incorporates into practice, such as: NICE guidelines and Quality Standards etc. | Ensures services are adhering to any NICE guidance that may be relevant – if/where gaps are identified, liaise with senior managers and commissioners to ensure these are addressed Contributes to the creation and review of evidence based guidance and standards, engaging regionally and nationally where able, e.g. with NICE, NHS |
| b. Audit | | |
| Demonstrates knowledge of the audit process and audit tools and why audit is undertaken Participates in service audits | Demonstrates advanced knowledge and critical understanding of audit cycles and processes. Identifies and completes appropriate local and national audits | Collaborates at strategic level to facilitate benchmarking of services regionally and nationally through the use of audit. |
| Demonstrates understanding of where and how to share findings from audit Using audit findings to inform and influence own practice | Disseminates outcomes of audit and formulates wider service development plans as a result of audit to team | Disseminates outcomes of audit locally, nationally and internationally |
| | Recognises importance of benchmarking and compares performance with other services locally and regionally | Analyses benchmarking data to inform service development |
| | Demonstrates continual analysis of service in order to respond to constantly changing needs and improvement of the service | Reviews outcome of audit and uses these to facilitate service improvement Creates a working environment where continued service improvement is normal |

Competency 5: Legal and ethical practice

| Demonstrates good working knowledge of legal frameworks for gaining consent, and for recording and sharing information across agencies, especially when collaborating with non-health care organisations | Demonstrates good working knowledge of legal frameworks for gaining consent, and for recording and sharing information across agencies, especially when collaborating with non-health care organisations | Ensures that systems are in place to support all staff to meet their legal obligations with regard to consent and record and sharing information. |
|--|--|--|
| Shows awareness of the following legislation: • Equality Act (HMSO 2010) • Mental Capacity Act (2005) • Care Act (2014) • Human Rights Act (1998) • Suicide Act (1961) • Data protection Act (1998) | Demonstrates good working knowledge of relevant legislation and their implications in clinical management | Ensures that all staff are aware of, have access to, and understand the implication to their role of all relevant legislation |
| Shows awareness of the relevant legislation documents that influence health and social care provision. | Demonstrates good knowledge of all relevant legislation documents that influence health and social care provision | Liaises at a strategic level to ensure all relevant documents that influence service provision in health and social care provision are communicated to staff and how these influence clinical practice |
| Shows awareness of the legal aspects of: Lasting Power of Attorney (LPA) Advance Decision to Refuse Treatment directives (ADRT) | Demonstrates good working knowledge of the legal aspects of LPA and ADRT's Demonstrates ability to discuss and describe these to patients and other staff Understands how to facilitate the process of creating these | Ensures support mechanisms are in place to allow all staff to access and understand the accountabilities & responsibilities of legal aspects of LPA and ADRT's. Ensures mechanisms and processes exist to support patients and staff to create and implement these |

Your feedback is really important as it helps improve resources. If you would like to provide feedback on this resource please email mdtfeedback@mndassociation.org

Motor neurone disease Occupational Therapy Competency Framework



Competency 1: Clinical knowledge and practice

| Competent | Specialist | Highly Specialist/Advanced |
|------------------|------------|----------------------------|
| (BAND 5) | (BAND 6) | (BAND 7/8) |

a. Knowledge of MND

Has factual knowledge of what MND is:

- What goes wrong (pathophysiology)
 Types; Amyotrophic lateral sclerosis (ALS), Progressive bulbar palsy (PBP), Progressive muscular atrophy (PMA),
- Primary lateral sclerosis (PLS)
- · Causes (aetiology): Inherited, sporadic
- Prevalence and incidence
- How diagnosis is made
- \cdot Main features
- \cdot Progression and prognostic indicators

Demonstrates critical understanding and in depth knowledge of MND, symptoms, problems and complications in MND and factors that contribute to motor neurone degeneration and its impact on motor control.

Demonstrates advanced clinical reasoning to understand the impact of the diagnosis of MND on the patient and their family.

Facilitates the learning of people with MND and non-specialist health and social care professionals about MND and the impact of the disease on occupational performance and participation in social and cultural environments Demonstrates highly specialist knowledge and critical understanding of all aspects of MND and the impact of the disease on the occupational performance and roles of the individual, their family and the wider socio economic implications

Demonstrates an ability to teach and educate specialist staff about MND, new theory and research

b. Assessment and care planning

Has factual understanding of the Demonstrates advanced knowledge and Demonstrates highly specialist knowledge importance of advance care planning due critical understanding of the importance and understanding of advance care to the rapidly progressive nature of the of advance care planning and importance planning processes for people living disease, especially with regard to: of speed of provision of appropriate with MND and their families and the · Feeding options including alternative equipment to support independent living wider social and political implications of cutlery, mobile arm supports, and other and participation in roles within a variety advanced care planning feeding aids and devises and the impact of environments of using these on the individual and their Educates and provides supervision and family in the wider social context Works collaboratively with individual and support of other staff involved in the · Provision of equipment to support the MDT to initiate the development of an complex care planning involved in MND independent living and participation in advanced care plan roles within a variety of environments Collaborates strategically at local, national · Facilitate access to care support Facilitates learning about advance care and international level to ensure care mechanisms and timely access to planning to people with MND and pathways support seamless advance care services non-specialist health and social care planning in MND professionals Can clinically reason the need to adopt Demonstrates advanced knowledge of, Contributes to the development of different approach to assessment and and uses advanced clinical reasoning to any specialised MND assessments and intervention in different circumstances select and use appropriate assessments outcome measures that will support specific to MND used specifically in MND more effective occupational therapy intervention and outcomes for the person living with MND Has factual knowledge of specialised Demonstrates advanced knowledge Contributes to best practice guidance at occupational therapy interventions that and critical understanding of specialised local, national and international level for are used in people with MND interventions that are used in people with occupational therapy interventions for MND, including; people with MND

| Has factual knowledge that a collaborative, holistic and co-ordinated MDT approach is required to ensure that any intervention is fully evaluated to ensure it is truly client centred and in the best interest of the person and their carers | Postural management advice including muscle weakness and cramp management advice and wheelchairs and orthotic devises. Fatigue management Management of cognitive and behavioural impairment Housing adaptations and equipment to support functional independence Assistive technology | |
|--|---|---|
| Has factual knowledge of standardised outcome measures or monitoring tools used specifically in MND such as ALS FRS, and develops skills to perform these. | Demonstrates advanced knowledge and critical understanding of standardised outcome measures or monitoring tools used specifically in MND and how to interpret the results and the clinical reasoning skills to know when appropriate to use, including; • ALSFRS-R • Edinburgh cognitive and behavioural ALS screen (ECAS) Has knowledge and skills to implement any new tools / assessments developed specifically in the use of MND | Demonstrates highly specialist knowledge and critical understanding of standardised outcome measures or monitoring tools used specifically in MND and advanced clinical reasoning skills in the selection and use of them clinically and in research |

c. Symptom management

Has factual knowledge of and recognises common symptoms in MND;

- \cdot Fasciculation
- Spasticity
- \cdot Flail arms
- \cdot Significant and rapid muscle wasting
- · Ineffective cough
- · Neck weakness
- · Emotional lability
- \cdot Thick secretions
- \cdot Muscle cramps
- · Fronto-temporal dementia

Uses clinical reasoning to understand the impact of these impairments on occupational performance, and participation in roles within a variety of social and physical environments Has advanced knowledge of the common and more rare symptoms in MND and uses advanced clinical reasoning skills to interpret the impact of these on the occupational performance and participation in roles in social and cultural environments.

Works collaboratively with the individual, their family and the wider MDT on specific management strategies of these impairments and act as coordinator of care as required and that is appropriate for the situation.

Facilitates the learning of people with MND, their family and cares and other staff on condition management options Has highly specialist knowledge of the common and rarer symptoms in MND, and uses enhanced clinical reasoning to understand the impact of these on the occupational performance and participation in roles in social and cultural environments of the individual and also the wider socio economic implications

Demonstrates highly specialist knowledge and enhanced clinical reasoning to select appropriate management strategies to address these symptoms including where no precedent may have been set

Provides formal and informal educational opportunities for people with MND, their family and carers and staff on the management of MND, at a local, national and international level

d. Medicine management

| Has factual knowledge of disease slowing treatments used in MND; • riluzole Has factual knowledge of restrictions for the provision of riluzole | Has advanced knowledge and critical understanding of the medical treatments used in MND including riluzole, medicines for managing muscle cramps, tone and spasticity; secretion management; pain and management of mood changes including emotional lability . Has advanced understanding of the differences in access to medicines (especially riluzole) across the country | Has knowledge clinical trials of drug treatments in MND and of drugs which may be licensed in other countries but not in the UK Uses advanced critical understanding and enhanced clinical reasoning to be able to answer questions from an individual or their family / carer about relevant clinical trials of drug treatments and can refer to other resources as appropriate |
|---|--|---|
| Has factual knowledge of anticipatory medicines used in MND e.g. MND Association Just in Case kit | Has advanced knowledge of anticipatory medicines used in MND Uses advanced clinical reasoning to facilitate discussions about the use of anticipatory medicines with people living with MND, their family and carers and other staff | |

e. Problem/complication Management

Uses clinical reasoning to establish possible complications associated with the management of symptoms and how these impact on occupational performance, roles and participation in social and cultural environments, such as:

- Difficulties caused by postural changes including: neck weakness, reduced sitting posture, difficulty with bed positioning which may result in reduced functional abilities and pain, and that there may be contraindications of using management strategies for these
- Statutory provision of services may have policies which can be restrictive to accessing aids/adaptations in a timely way
- Delays in provision of appropriate services including equipment can result in them no longer meeting an individual's needs due to disease progression

Facilitates the learning of people with MND, their carers in MND about these complications

Has advanced knowledge and critical understanding of complications arising from contraindications of symptom management strategies and the impact of these on occupational performance, roles and participation in social and cultural environments

Uses advanced clinical reasoning skills to effectively manage the complexities involved with the contraindications of symptom management strategies in collaboration with the person, their carers and the wider MDT

Provides learning opportunities for people with MND, their carers and staff working in MND about these complications

Has highly specialist knowledge of and enhanced clinical reasoning skills to select appropriate management strategies for highly complex issues and novel situations including integration of equipment and services to promote independence and improve quality of life, where no precedent may have been set

Works strategically across service providers and sectors to ensure guidelines, policies and pathways exist to ensure effective service provision and outcomes for individuals

Provides formal and informal education to people with MND, their carers and qualified and unqualified staff about the management of complex issues in MND.

Contributes to the knowledge base and critical understanding of management strategies for complex issues

f. Promoting independence

Refer to the Progressive neurological conditions occupational therapy framework – no additional content

Competency 2: Leadership, teamwork and collaboration

a. Multidisciplinary team and care pathways

Refer to the Progressive neurological conditions occupational therapy framework – no additional content

b. Education

Refer to the Progressive neurological conditions occupational therapy framework - no additional content

Competency 3: Personal and professional development

a. Accountability

Refer to the Progressive neurological conditions occupational therapy framework - no additional content

b. Service development

Refer to the Progressive neurological conditions occupational therapy framework – no additional content

Competency 4: Research and audit

a. Research and evidence

| Has factual knowledge of specific guidance for MND care, including NICE guidelines and utilising the Motor Neurone Disease Association resources | Has advanced knowledge and critical understanding of specific guidance for MND care, including; <i>NG42 Motor Neurone Disease: Assessment and Management (2016) NICE</i> <i>Withdrawal of Assisted Ventilation at the request of a patient with MND: Guidance for Professionals (2015)</i> Association for Palliative Medicine of Great Britain and Ireland <i>Augmentative and Alternative communication for MND: Best Practice for Professionals (un dated)</i> Motor Neurone Disease Association <i>MND Association wheelchair provision pathway</i> | Contributes to the development and critical appraisal of specific guidance for MND care at local, national and international level, and ensures this is incorporated into standards of practice. Participates in and works in collaboration with others on research projects related to MND and occupational therapy in MND |
|---|---|--|
| b. Audit | | |
| Has factual knowledge of NICE Management of MND Audit too and MND | Has factual knowledge of NICE Management of MND Audit too and MND | Critically evaluates data from MND specific audits to improve service delivery at local, |

Association's Transforming Care Audit

tool

Association's Transforming Care Audit tool

audits to improve service delivery at local, national and international level

Competency 5: Legal and ethical practice

Refer to the Progressive neurological conditions occupational therapy framework - no additional content

Your feedback is really important as it helps improve resources. If you would like to provide feedback on this resource please email mdtfeedback@mndassociation.org

Multiple Sclerosis Occupational Therapy Competency Framework



Competency 1: Clinical knowledge and practice

| Competent (BAND 5) | Specialist (BAND 6) | Highly Specialist/Advanced (BAND 7/8) |
|---|--|--|
| a. Knowledge of MS | | |
| Has factual knowledge of what MS is: What goes wrong (pathophysiology) Types; relapsing-remitting, secondary progressive, primary progressive Possible causes (aetiology); genetic predisposition, environmental factors, slow virus Prevalence and incidence Influencing factors; gender, latitude, vitamin D, smoking Main features How diagnosis is reached; MRI, lumbar puncture, visual evoked response Monitoring & measuring impact Progression | Has advanced knowledge and critical understanding of symptoms problems and complications in MS, including; Mechanisms of inflammation and healing (i.e. relapses); disruption of nerve conduction, plaque formation, axonal loss, T cells, blood-brain barrier Symptoms, problems and complications Facilitates the learning of people with MS and non-specialist health and social care professionals about MS and the impact of the disease on occupational performance and participation in social and cultural environments | Demonstrates highly specialist knowledge of all aspects of MS and enhanced clinical reasoning relating the impact of the disease on the occupational performance and roles of the individual, their family and the wider socio economic implications Demonstrates an ability to teach and educate specialist staff about MS |
| b. Assessment and care planning | | |
| Has factual knowledge about specialised and holistic occupational therapy assessments used in MS e.g. neurological assessments such as Modified Fatigue Impact Scale (MFIS). | Has advanced knowledge and critical understanding of specialised and holistic occupational therapy assessment used in MS to support independent living and participation in roles within a variety of environments Uses advanced clinical reasoning in the selection and use of these assessments including those used to assess; • Spasms • Tremor • Ataxia • Coordination • Mobility, Postural management • Cognition | Contributes to the development of specialised and holistic occupational therapy assessments me measures for use with people with MS at a national level Critically appraises and uses enhanced clinical reasoning in the selection and use of new assessments that would be appropriate to use with people with MS |
| Demonstrates ability to deliver collaborative occupational therapy interventions for people with MS, to support independent living and participation in roles within a variety of environments and monitor their | Has advanced knowledge and clinical reasoning skills to identify and use occupational therapy interventions used in people with MS to support independent living and participation in roles within a variety of environments, | Contributes to the development of any specialised MS interventions that will support more effective occupational therapy outcomes for the person living with MS |

Critically appraises and uses enhanced clinical reasoning in the selection and use of new interventions that would be appropriate to use with people with MS

programme) · Postural advice and adaptations

· Fatigue management (including FACETS

- · Standing programmes

· Ataxia strategies

including:

effectiveness and adapt as appropriate.

| | Temperature control advice Long term pain management strategies Equipment provision and management of environments Use of assistive technology Cognitive strategies |
|---|---|
| Has factual knowledge and understanding of standardised outcome measures or | Demonstrates advanced knowledge and critical understanding of standardised |
| monitoring tools used in MS | outcome measures or monitoring tools used specifically in MS and how |
| Develops skills to perform these, | to interpret the results and the clinical |
| including; | reasoning skills to know when appropriate |
| Extended Disability Status Scale (EDSS) Ashworth Scale | to use |
| · Modified Ashworth Scale | Develops awareness and skills to |
| · Tardieu Scale | implement any new tools / assessments |
| Penn Spasm Frequency Scale | developed specifically in the use of MS |
| Scale for the Assessment and Rating of Ataxia (SARA) | |
| \cdot 9-hole peg test | |
| · MSIS-29 | |

Has factual knowledge and recognition of common symptoms in MS and what the impact of these are on the occupational performance, and participation in roles within a variety of social and physical environments.:

- \cdot Neuropathic pain
- · Spasticity & Spasms
- · Short circuiting in nerve conduction
- · Tremor; Intentional and Postural
- · Ataxia including ataxic gait
- \cdot Gaze dysfunction
- \cdot L'Hermitte's sign
- · Neurogenic bladder/bowel
- \cdot Bladder overflow
- · Weakness of pelvic floor
- · Sensory disturbance & alterations to
- sensory perception
- · Vertigo
- \cdot Altered sensation
- $\cdot \ {\sf Flaccidity}$
- \cdot Increased tone
- \cdot Optic neuritis
- \cdot Typical tonal patterns
- \cdot Cognitive dysfunction

d. Medicine management

Has factual knowledge of the different types of disease modifying treatments used in MS:

Has advanced knowledge of the common symptoms in MS and uses clinical reasoning skills to understand what the impact of these are on the occupational performance, and participation in roles within a variety of social and physical environments.:

Works collaboratively with the individual, their family and the wider MDT on specific management strategies of these impairments and act as coordinator of care as required and that is appropriate for the situation Has highly specialist knowledge of the common and rarer symptoms in MS, and uses enhanced clinical reasoning to understand the impact of these on the occupational performance and participation in roles in social and cultural environments of the individual and also the wider socio-economic implications.

Has highly specialist knowledge and critical understanding of the management strategies for complex and novel issues, including integration of equipment and services in order to manage symptoms effectively promoting independence and improving quality of life, often where no precedent has been set

Has advanced knowledge and critical understanding of disease modifying treatments used in MS, including;

- Mode of action
- · Aim of intervention
- \cdot Effect on disease progression
- $\cdot \ \text{Side-effects}$

Has knowledge of all current clinical trials of drug treatments in MS

Uses advanced critical understanding and enhanced clinical reasoning to be able to answer questions from an individual or their family / carer about relevant clinical

| ECTION TWO - OCCUPATIONAL THER | | |
|--|--|---|
| | · Adverse effects | trials of drug treatments and can refer to other resources as appropriate |
| Has factual knowledge of steroid use in relapse management | Has advanced knowledge and critical understanding of steroid use, including impact, side effects and risks. | |
| Has factual knowledge of frequently used drugs used for symptomatic relief in MS and the potential impact of these on function | Has advanced knowledge and critical understanding of frequently used drugs used for symptomatic relief in MS, their mode of action and side effects: • Tremor/ataxia (eg beta blockers) • Anti-spasticity • Nerve conduction | Has highly specialist knowledge and critical understanding of how drug usage can affect outcomes on occupational performance. Shows understanding of differences in access to different drugs in different areas nationally and internationally |
| Develops critical understanding of commonly used complementary interventions in MS; hyperbaric oxygen, cannabis, modified diet including gluten free, vitamin/mineral supplementation | Has advanced knowledge and critical understanding of complementary interventions in MS and translates evidence into practice in terms of usage of these Describes potential benefits and dis- benefits of these to people with MS and none specialised staff | Has highly specialist knowledge and critical understanding of the balance of evidence for a variety of complementary and medical interventions and can discuss with people with MS, their families and carers and other health care professionals |
| . Problem/complication manageme | nt | |
| Has factual knowledge of possible complications associated with the management of symptoms and how these impact on occupational performance, roles and participation in social and cultural environments, such as: • Increased risk of developing osteoporosis • Shortening and lengthening of soft tissues due to changes in muscle tone • Postural limitations • Reduced ability to cope with physical temperature changes (heat) • Nociceptive pain | Has advanced knowledge and critical understanding of common complications associated with MS and how these impact on occupational performance, roles and participation in social and cultural environments, Uses advanced clinical reasoning to manage the complexities involved with the contraindications of symptom management strategies in collaboration with the person, their carers and the wider MDT Facilitates the learning of people with MS, their carers and staff working in MS about these complications | Has highly specialist knowledge and enhanced clinical reasoning skills to implement proactive interventions to help prevent the onset of complications in order to manage symptoms effectively promoting independence and improving quality of life Provides formal and informal education to people with MS, their carers and qualified and unqualified staff about the management of complex issues in MS |
| Has factual knowledge of surgical/invasive procedures commonly used in MS; • Phenol pumps & Phenol injections • Baclofen pumps • Tenotomy (cutting a tendon) • Humidification | Has advanced knowledge and critical understanding of surgical/invasive procedures commonly used in MS and the impact of having these on the person and their carers and can describes these to people with MS and staff Uses advanced clinical reasoning to recognise requirement for surgical/ invasive procedures with the MDT and make appropriate opward referrals | Has highly specialist knowledge and critical understanding of surgical/invasive procedures commonly used in MS and the impact of having these on the person's occupational performance roles and participation in social and cultural environments Uses enhanced clinical reasoning to recognise requirement for surgical/ invasive procedures with person with MS |

make appropriate onward referrals

Uses enhanced clinical reasoning to recognise requirement for surgical/ invasive procedures with person with MS, the MDT and make appropriate onward referrals

f. Promoting independence

Refer to the Progressive neurological conditions occupational therapy framework - no additional content

Competency 2: Leadership, teamwork and collaboration

a. Multidisciplinary team and care pathways

Refer to the Progressive neurological conditions occupational therapy framework - no additional content

b. Education

Refer to the Progressive neurological conditions occupational therapy framework – no additional content

Competency 3: Personal and professional development

a. Accountability

Refer to the Progressive neurological conditions occupational therapy framework - no additional content

b. Service development

Refer to the Progressive neurological conditions occupational therapy framework - no additional content

Competency 4: Research and audit

a. Research and evidence

| Has factual knowledge of symptom specific guidance e.g. Ataxia UK guidelines, Spasticity guidelines | Has advanced knowledge and critical understanding of symptom or impairment specific guidance and able to implement these into practice | Contributes to the development and critical review of specific guidance for MS care at local, national and international level, and ensures this is incorporated into standards of practice |
|--|--|---|
| Has factual knowledge of MS specific guidance & resources e.g. : · MS Trust · MS Society | Has advanced knowledge and critical understanding of and contributes to MS resources and guidance for health care professionals and people living with MS and their families | Participates in and works in collaboration with others on research projects related to MS and Occupational Therapy in MS |
| b. Audit | | |
| Shows awareness of MS audit tool | Actively engages in MS service provision audits e.g. <i>Measuring Success (2007)</i> MS Society | Critically evaluates data collected from MS specific audits to improve service delivery at local, national and international level |

Competency 5: Legal and ethical practice

Refer to the Progressive neurological conditions occupational therapy framework - no additional content

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Parkinson's disease Occupational Therapy Competency Framework

Specialist



Highly Specialist/Advanced

Has highly specialist knowledge and

critical understanding of all Parkinsonism

conditions including rarer presentations.

Provides formal and informal education

about these locally nationally and

internationally

opportunities to health care professionals

Competency 1: Knowledge of Parkinson's disease (PD)

| Competent (BAND 5) | Specialist (BAND 6) | Highly Specialist/Advanced (BAND 7/8) |
|--|---|--|
| a. Knowledge of Parkinson's | | |
| Has a factual knowledge of what Parkinson's is: • What goes wrong (pathophysiology) • Causes (aetiology) • Prevalence and incidence • Main features • How diagnosis is made • Progression | Has advanced knowledge and critical understanding of Parkinson's, including; Presentations: on-off, start hesitation, freezing Symptoms, problems and complications Provides learning opportunities of people with Parkinson's and non-specialist health and social care professionals about Parkinson's and the impact of the disease on occupational performance and participation in social and cultural environments | Has highly specialist knowledge and critical understanding of all aspects of Parkinson's and the impact of the disease on the occupational performance and roles of the individual, their family and the wider socio economic implications Provides formal and informal education opportunities to staff about Parkinson's locally, nationally and internationally |
| Has factual knowledge of the role of neurotransmitters and the effect of impairment has on occupational performance and participation in social and cultural environments. Has factual knowledge about how each of the following work; • Dopamine • Noradrenaline • Serotonin • Glutamate • Gamma-aminobutyric acid | Has advanced knowledge and critical understanding of the role and function of neurotransmitters and the impact of impairment has on occupational performance and participation in social and cultural environments | Has highly specialist knowledge and critical understanding of the role and function of neurotransmitters and the impact of impairment has on occupational performance and participation in social and cultural environments Provides formal and informal education opportunities to staff about the role of neurotransmitters in Parkinson's locally, nationally and internationally |
| Has factual knowledge of the medical concepts: • Neuroprotection • Neurorescue • Neurorestoration • Neuromodulation | Has advanced knowledge and critical understanding of the medical concepts neurotransmitters and the impact of impairment has on occupational performance and participation in social and cultural environments | Has highly specialist knowledge and critical understanding of the medical concepts and the impact impairment has on occupational performance and participation in social and cultural environments |

Has advanced knowledge and critical

Facilitates the learning of people with

Parkinson's and non-specialist health

and social care professionals about

Parkinsonism conditions

understanding of Parkinsonism

conditions

Neuromodulation
 And the implications of impairment
 on occupational performance and
 participation in social and cultural
 environments

Has factual knowledge of Parkinsonism conditions:

- Multiple System Atrophy (MSA)
- · Progressive Supranuclear Palsy (PSP)
- · Vascular Parkinsonism
- · Idiopathic Parkinson's
- \cdot Drug induced Parkinsonism
- \cdot Normal Pressure Hydrocephalus

| Has factual knowledge of impact of Parkinson's on circadian rhythm and sleep and how this can influence occupational performance and participation in social and cultural environments | Has advanced knowledge and critical understanding of impact of Parkinson's on circadian rhythm and sleep and how this can influence occupational performance and participation in social and cultural environments | Has highly specialist knowledge and critical understanding of impact of Parkinson's on all aspects of sleep and how this can influence occupational performance and roles of the individual, their family |
|--|---|--|
| b. Assessment and care planning | | |
| Has factual knowledge of appropriate specialised Occupational Therapy assessments used in Parkinson's e.g. • Nottingham Extended Activities of Daily Living Assessment (NEADL) | Has advanced knowledge and critical understanding of, and has appropriate skills to complete, specialised occupational therapy assessments used in Parkinson's, including to assess: • Postural management including pelvic position and obliquity and specific measures e.g. Tragus to wall distance • Motor function including rigidity, tremor, ataxia co-ordination and mobility Lindop Parkinson's Assessment Scale • Cognition | Contributes to the development of and critically appraises specialised Parkinson's assessments and outcome measures that will support more effective Occupational Therapy intervention and outcomes for the person living with Parkinson's Collaborates strategically, locally, nationally and internationally to develop and critically evaluate evidence based guidelines and care pathways for Parkinson's and integrate into clinical practice |
| Has factual knowledge of common occupational therapy interventions used in Parkinson's | Has advanced knowledge and critical understanding of common occupational therapy interventions used in Parkinson's: Management techniques for dystonia Postural management Upper limb functional coordination exercises Tremor management techniques and advice to improve function Temperature control advice to maximise occupational performance Long term pain management strategies to maximise occupational performance | Has highly specialist knowledge and critical understanding of all current occupational therapy interventions used in Parkinson's Contributes to the development of emerging interventions, involving research, critical appraisal and translating evidence into practice |
| Has factual knowledge of standardised outcome measures or monitoring tools used in Parkinson's. Develops skills to perform these, including: • Unified Parkinson's Disease Rating Scale (tremor and tone in Parkinson's) • Non-motor Scale • PDQ39 • PDQ8 | Has advanced knowledge and critical understanding and appropriate skills to complete standardised outcome measures or monitoring tools used in Parkinson's Has advanced clinical reasoning skills to select most appropriate tool and interpret the results | |

c. Symptom Management

Has factual knowledge of, and recognition of common symptoms in Parkinson's:

- · Bradykinesia
- · Rigidity (Cogwheel)
- · Tremor; Resting, postural, action and orthostatic
- · Postural instability
- · Autonomic dysfunction
- · Neuropsychiatric problems

Has advanced knowledge and critical understanding of the common symptoms in Parkinson's and the impact of these on the occupational performance and participation in roles in social and cultural environments

Uses advanced clinical reasoning skills to work collaboratively with the individual,

Has highly specialist knowledge and critical understanding of the common symptoms in Parkinson's, the impact of these on the occupational performance and participation in roles in social and cultural environments of the individual and also the wider socio economic implications

| · Dementia |
|------------|
| |

- · Festinating gait
- · Freezing of gait
- · On-off episodes
- · Freezing
- · Dyskinesia
- · Behavioural changes
- \cdot Sexual health issues
- · Insomnia
- · Emotional problems
- · Meal time fatique
- · Reduced sense of smell and taste
- · Dry mouth
- · Drooling
- · Vertigo
- · Ataxia (Atypical Parkinsonism)
- · Akathisia

Uses clinical reasoning to identify impact of these impairments on occupational performance, and participation in roles within a variety of social and physical environments

d. Medicine management

Has factual knowledge of different types of disease specific medical treatments used in Parkinson's and how these can impact on occupational performance

Develops awareness of risks associated

with sudden cessation of dopaminergic

medications and the impact of this on

occupational performance

Has factual knowledge of risks of

medications and the impact of this on

overdosing with dopaminergic

occupational performance

their family and the wider MDT on specific management strategies of these impairments and act as coordinator of care as required and that is appropriate for the situation.

Facilitates the learning of people with Parkinson's, their family and cares and other staff on condition management options

Has advanced knowledge and critical

understanding of different types of

Uses enhanced clinical reasoning to implement highly complex and novel management strategies including where there is no precedent

Provides formal and informal educational opportunities for people with Parkinson's, their family and carers and staff on the management of Parkinson's, at a local, national and international level

disease specific medical treatments used in Parkinson's, including mode of action, aim of intervention, effect on disease, side-effects and adverse effects: · Dopamine agonists · Levodopa · MAO-B inhibitors · COMT inhibitors · Glutamate antagonists · Anticholinergics/antimuscarinics Uses advanced clinical reasoning skills to evaluate how these can affect the occupational performance of an individual with Parkinson's Has advanced knowledge and critical understanding of risks associated with sudden cessation of dopaminergic medications and uses advanced clinical reasoning to recognise the clinical presentation of this on occupational performance and refer to other agencies as appropriate Has advanced knowledge and critical understanding of risks of overdosing with dopaminergic medications and

uses advanced clinical reasoning to

other agencies as appropriate

recognise the clinical presentation of this

on occupational performance and refer to

Has knowledge and critical understanding of relevant clinical trials of drug treatments in Parkinson's and of drugs which may be licensed in other countries but not in the UK to be able to answer questions from an individual or their family / carer and ref to more specialist source as appropriate

Has highly specialist knowledge and critical understanding about the risks of the sudden cessation of dopaminergic medications & uses enhanced clinical reasoning to understand and manage the impact of these on occupational performance and can discuss this with patients as required and appropriate

Has highly specialist knowledge and critical understanding about the risks of overdosing with dopaminergic medications & uses enhanced clinical reasoning to understand the impact of these on occupational performance and can discuss this with patients and other staff as required and appropriate

| Has advanced knowledge and critical understanding of drugs used for symptom management in Parkinson's, and their side effects, for tremor for example. Has advanced clinical reasoning skills to understand how this can impact of occupational performance. | Has highly specialist knowledge and critical understanding about drug usage including timings of medications. Uses enhanced clinical reasoning to understand the potential affects of these occupational performance and can discuss this with patients as required and appropriate |
|--|--|
| Has advanced knowledge and critical understanding of effect of timing of medication on Parkinson's symptoms and uses advanced clinical reasoning to understand how this can impact on occupational performance | |
| nt | |
| Has advanced knowledge and critical understanding of common and rarer complications associated with Parkinson's and how these impact on occupational performance, roles and participation in social and cultural environments Uses advanced clinical reasoning skills to effectively manage the complexities involved with the contraindications of symptom management strategies in collaboration with the person, their carers and the wider MDT Facilitates the learning of people with Parkinson's, their carers and staff working in MS about these complications | Has highly specialist knowledge and critical understanding of common and rarer complication associated with Parkinson's skills Uses enhanced clinical reasoning to implement proactive interventions to manage complex and novel situations including prevention and management of symptoms to effectively promote independence and improve quality of life Provides formal and informal education to people with Parkinson's, their carers and qualified and unqualified staff about the management of complex issues in Parkinson's |
| Has advanced knowledge and critical understanding of surgical/invasive procedures commonly used in Parkinson's. Uses advanced clinical reasoning skills to understand the impact of having these | Has highly specialist knowledge and critical understanding of common and rarer surgical / invasive procedures used in Parkinson's Uses enhanced clinical reasoning skills to understand and discuss with people living with Parkinson's, their carers and |
| | understanding of drugs used for symptom management in Parkinson's, and their side effects, for tremor for example. Has advanced clinical reasoning skills to understand how this can impact of occupational performance. Has advanced knowledge and critical understanding of effect of timing of medication on Parkinson's symptoms and uses advanced clinical reasoning to understand how this can impact on occupational performance Mas advanced knowledge and critical understanding of common and rarer complications associated with Parkinson's and how these impact on occupational performance, roles and participation in social and cultural environments Uses advanced clinical reasoning skills to effectively manage the complexities involved with the contraindications of symptom management strategies in collaboration with the person, their carers and the wider MDT Facilitates the learning of people with Parkinson's, their carers and staff working in MS about these complications Has advanced knowledge and critical understanding of surgical/invasive procedures commonly used in Parkinson's. Uses advanced clinical reasoning skills to |

and participation in social and cultural environments

staff the impact of these procedures on occupational performance, roles and participation in social and cultural environments

f. Promoting independence

Refer to the Progressive neurological conditions occupational therapy framework – no additional content

Competency 2: Leadership, teamwork and collaboration

a. Multidisciplinary team and care pathways

Refer to the Progressive neurological conditions occupational therapy framework - no additional content

b. Education

Refer to the Progressive neurological conditions occupational therapy framework - no additional content

Competency 3: Personal and professional development

a. Accountability

Refer to the Progressive neurological conditions occupational therapy framework - no additional content

b. Service development

Refer to the Progressive neurological conditions occupational therapy framework - no additional content

Competency 4: Research and audit

a. Research and evidence

| Has factual knowledge of symptom or impairment specific guidance, including, but not limited to; • Occupational Therapy for people with Parkinson's; Best Practice Guidelines (2010) College of Occupational Therapy • NG 71 Parkinson's disease in adults (2017) NICE | Has advanced knowledge and critical understanding of symptom or impairment specific guidance and can translate these to in these into practice. | Contributes to the development and critical evaluation of specific guidance for Parkinson's care at local, national and international level, and ensures this is incorporated into standards of practice |
|---|--|--|
| Has factual knowledge of further/ condition specific support, resources and information: · UK Parkinson's Excellence Network · Parkinson's UK | Has advanced knowledge and critical understanding of and contributes to Parkinson's resources and guidance | Participates in and works in collaboration with others on research projects related to Parkinson's and Occupational Therapy in Parkinson's |
| b. Audit | | |
| Has factual knowledge about Parkinson's audit tools | Actively engages in Parkinson's service quality improvement by participating audits of Parkinson's service provision: • 2017 UK Parkinson's Audit Occupational Therapy: Standards and Guidance | Critically evaluates data collected from Parkinson's specific audits to improve service delivery at local, national and international level |

Competency 5: Legal and ethical practice

Refer to the Progressive neurological conditions occupational therapy framework - no additional content

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Progressive neurological conditions physiotherapy competency framework

The framework identifies 5 competency areas, which have been mapped to profession-relevant documents for physiotherapists

| Competency area of framework | Physiotherapy framework practice elements (CSP 2011) | Standards of proficiency – Physiotherapists (HCPC 2013) | Standards of conduct, performance and ethics (HCPC 2016) |
|---|--|---|--|
| Clinical knowledge and practice: • Neurological knowledge and physiology • Assessment and care planning • Symptom management • Medicine management • Problem/complication management • Promoting independence | Maps largely to: 2: Physiotherapy knowledge 3: Practice skills | Maps largely to Standards: 1, 8, 13, 14 | Maps largely to Standards: 2, 3 |
| Leadership, team-work and collaboration • Multidisciplinary team and care pathways • Education | Maps largely to: 1: Physiotherapy values 2: Physiotherapy knowledge 4: Generic behaviour, knowledge and skills | Maps largely to Standards: 8, 9, 11, 13 | Maps largely to Standards: 1, 2, 3 |
| Personal and professional development · Accountability · Service Development | Maps largely to: 2: Physiotherapy knowledge | Maps largely to Standards: 1, 3, 4, 7, 9, 10, 11, 12 | Maps largely to Standards: 3, 4, 6, 7, 8, 9 |
| Research and audit · Research and evidence · Audit | Maps largely to: 4: Generic behaviour, knowledge and skills | Maps largely to Standards: 9, 11, 12, 14 | |
| Legal and ethical practice | Maps largely to: 1: Physiotherapy values 4: Generic behaviour, knowledge and skills | Maps largely to Standards: 2, 3, 4, 5, 6, 7, 10, 14 | Maps largely to Standards: 1, 2, 3, 4, 5, 7, 8, 9, 10 |

Progressive neurological conditions physiotherapy competency framework

Competency 1: Clinical knowledge and practice

Competent (BAND 5)

CAREER STAGE: ENTRY-LEVEL GRADUATE

Expected ability: Manage own caseload of individuals in a supported clinical environment, including some with complex needs, but their practice should be within generally predictable contexts and aim to develop confidence and competencies. (based on the CSP Physiotherapy Framework, CSP, 2011)

Specialist (BAND 6)

CAREER STAGE: EXPERIENCED GRADUATE

Expected ability: Manage own caseload of individuals with complex needs, and practice with some unpredictable contexts; liaison is with clients/carers on caseload, MDT members, support workers (for delegation and supervision), and students; responsible for own actions, and practices according to professional codes & Trust policies/procedures (CSP Physiotherapy Framework, CSP, 2011).

Highly Specialist/Advanced (BAND 7/8)

CAREER STAGE: ADVANCED OR EXPERT PRACTITIONER

Expected ability: Manage a specialised caseload of individuals with complex needs, and practice within involved & unpredictable contexts. The role demands innovation. Liaison is with individuals/ carers on caseload, other professionals for clinical, professional & education leadership, public/ other professions/ policy makers at regional and national level, developing into international spheres. Accountable for own actions, and the more expert practice is characterised by an element of risk taking - guided by own knowledge & relevant professional codes/standards /guidelines (CSP Physiotherapy Framework, CSP, 2011).

a. Neurological knowledge and physiology

| Demonstrates a basic knowledge of the structure, organisation and function of the central and peripheral nervous systems including the mechanism and transmission of nerve impulses Can describe the basic structure and function of the nervous system to people with the condition | Demonstrates understanding, over the basic level, of the organisation and function of the central and peripheral nervous systems including all functional units of the nervous systems Demonstrates the ability to teach other health care professionals including junior colleagues | Demonstrates expert knowledge at macro and micro level of the organisation, structure and function of the central and peripheral nervous systems Demonstrates the ability to educate other health care professionals at local and national level |
|--|---|--|
| Has basic knowledge of what happens in each of the most common progressive conditions of the nervous system and a basic understanding of the impact these conditions have at impairment, activity and participation level Can describe the basic features to people living with the condition | Demonstrates knowledge and understanding of progressive neurological conditions of the nervous system Shows an understanding of the impact of these conditions on the individual and people significant to them Can teach health professionals about the conditions | Demonstrates knowledge at an expert level and advanced critical understanding of progressive neurological conditions Shows an expert understanding of the biopsychosocial impact of the neurological condition on the individual and significant others Demonstrates expert clinical reasoning skills and can manage individuals with complex presentations |
| Demonstrates a basic knowledge and understanding of each of the bodily systems and processes and has a basic understanding of how progressive neurological conditions can affect each | Demonstrates an understanding of each of the body systems Can describe each in detail, including the impact of nervous system degeneration | Demonstrates an expert knowledge and understanding of each of the body systems Can educate experienced staff across |

| of these systems e.g. musculoskeletal, respiration, speech and swallowing mechanisms, vestibular system, cognition, behaviour and mental health | on the bodily systems and processes | specialties |
|--|--|--|
| Develops an understanding of the impact of a diagnosis of a progressive neurological condition on the individual, their family and significant others, physically, emotionally, psychologically and financially | Demonstrates good knowledge and understanding of the impact of a diagnosis of a progressive neurological condition on an individual and their family and significant others and the impact on identity and life roles | Demonstrates appreciation of the range of responses by individuals and families to the diagnosis of a progressive neurological condition, and can adapt accordingly |

Demonstrates ability to undertake basic holistic neurological assessments to determine actual and potential issues, set goals, implement management and treatment regimes, evaluate interventions, give advice, educate and refer if appropriate.

Demonstrates ability to interpret findings of assessments to inform guided action

Demonstrates awareness of risk factors

Develops interpersonal and active listening skills further to ensure the individual's needs can be expressed

Discusses findings with the MDT and able to implement recommended actions

Demonstrates ability to assess complex holistic needs and independently prioritise action, including the following areas:

- · Impact on relationships including sexual
- \cdot Cognitive function
- Executive function, memory and behaviour
- · Psychological impact of illness

Demonstrates excellent interpersonal and active listening skills, encouraging individuals to fully communicate all needs.

Demonstrates good awareness of the impact of the progressive condition on family and carers.

Demonstrates person-centred approach to adapt fully to situation presented to them

Analyses and interprets findings of assessments accurately to independently inform clinical management and care plan

Demonstrates good skills to provide person-centred support for making decisions regarding treatment options

Demonstrates excellent communication skills to ensure all relevant people (subject to individual's agreement) are fully informed about the care plan Demonstrates ability to lead discussions within MDT and recommend actions

Demonstrates ability to discuss outcomes of holistic assessments with wider teams and make referrals as required

Shows awareness of progression and how these differ in different conditions Shows awareness of advance care

Demonstrates knowledge of progression in progressive neurological conditions and the general management plans Prioritises care in complex cases; makes a justifiable assessment of individual's needs in the shorter and longer term

Demonstrates the ability to transfer and apply previous experience and extensive knowledge to new needs and issues, explaining clearly the reasoning process as the assessment proceeds

Demonstrates ability to develop a holistic understanding of the world of an individual living with a progressive neurological condition and their family.

Demonstrates expertise in detecting subtle changes based on extensive knowledge, skills and understanding of the progressive condition.

Develops and implements care pathways to facilitate holistic care needs being seamlessly addressed

Discusses in detail the different management strategies at each stage of a progressive neurological conditions

| planning, palliative care and end of life care in progressive neurological conditions | Initiates, coordinates and contributes to advance care planning process | Establishes pathways and processes to ensure advance care planning is implemented effectively |
|--|--|--|
| Demonstrates knowledge and ability to conduct a comprehensive range of basic physiotherapy assessments Demonstrates ability to use the findings of the assessment to inform management and treatment options Demonstrates an awareness of specialised physiotherapy assessments | Demonstrates knowledge of the full range of specialised physiotherapy assessments available and ability to complete these, including: Muscle fatigue-ability (stamina/ endurance) Respiratory function and rate e.g. blood gases, breath counts and Forced Expiratory Volume Implements best practice guidance and actively contributes to defining this Ability to accurately interpret comprehensive assessments and generate appropriate treatment options Develops skills to complete specialised assessments Teaches non-specialist physiotherapists about specialist assessments and supervises them to complete them. | Demonstrates skills and knowledge to complete highly specialist assessments Demonstrates expert judgement and skills to select the most appropriate assessment for use in each scenario to most effectively inform care planning. Recommends the assessments to be used by the team locally Participates in review of efficacy of existing condition specific outcome measure and interventions Teaches other staff to complete and interpret assessments accurately and use the findings to correctly choose treatment options |
| Agrees treatment plan with the individual and MDT Independently implements basic physiotherapy interventions and advice Implements specialised physiotherapy interventions with guidance and supervision | Interprets and acts on clinical findings to identify the most appropriate interventions to assist management of symptoms Discusses with individuals the best treatment plan to meet their needs. Collaborates with the individual and MDT about care priorities Provides expertise and support to team regarding physiotherapy interventions | Expertly interprets all available informationAdvises on expert management plans particularly in highly complex and distressing circumstancesAdvises and supervises on highly specialist interventionsDemonstrates complete autonomy of practice and decision making to meet needsEducates and provides advice and support to all staff regarding physiotherapy interventions; plays a pivotal role in guiding the serviceExpands knowledge of physiotherapy therapeutic options by sharing experiences and networking with experts at a national level |
| Demonstrates ability to agree goals (that are specific, measurable, achievable, realistic and time limited) and actions in collaboration with individual (including relatives and carers where relevant) and communicate these to the MDT Ensures the individual is given all | Demonstrates ability to proactively promote good individualised management strategies, designed around the individual's needs and personal priorities. Shows understanding of how relevant | Demonstrates ability to expertly promote and design individualised management strategies around the individual's needs and personal priorities, within complex situations. Demonstrates expert skill in supporting |
| information to make an informed decision, and is at the centre of decision making | past events and experiences can impact on an individual's current situation and future planning. Demonstrates ability to align expectations of care | team members in reflection and decision- making discussion |
|---|---|---|
| Shows awareness of a range of standardised outcome measures and monitoring tools | Demonstrates good knowledge of a range of standardised outcome measures and monitoring tools Understands significance of validity and reliability data when using standardised measures Uses and interprets results from a range of outcome measures to inform management options. Understands limitations, peer reviews existing measures and works towards developing new ones Establish team standards for outcome measurement and recommends the most appropriate monitoring tools to use | Identifies appropriate measures for specific clinical outcome measurement. Demonstrates excellent knowledge of a broad range of relevant clinical assessments and measures, including the psychometric properties, and has expert skills to interpret the results for individuals and groups of people with the same condition. |

c. Symptom management

Demonstrates basic knowledge and recognition of common symptoms of progressive neurological conditions (See also condition specific competencies within this framework. <u>MND page 85</u> <u>MS page 91 PD page 96</u>

Demonstrates basic knowledge of the symptoms and management strategies of progressive neurological condition

Develops knowledge and recognition of physical symptoms in progressive neurological conditions outside own direct scope of professional practice including:

- Bladder and bowel dysfunction (including urinary storage problems & retention, bladder emptying problems – increased urgency or frequency)
- Reduced gut motility (reduced appetite, nausea and constipation)
- \cdot Swallowing problems
- Respiratory
- \cdot Speech difficulties
- Problems with body weight control (weight loss or weight gain)
- Problems with saliva management

 \cdot Sexual dysfunction

Develops awareness of psychological and emotional factors/symptoms and

Demonstrates knowledge and recognition of common symptoms in progressive neurological conditions

Demonstrates knowledge of the full range of management strategies to address the common symptoms of progressive neurological conditions.

Demonstrates ability to describe and explain common symptoms and their management to other professionals and patients

Uses experience and knowledge of psychological factors to respond and manage needs appropriately, including referring on for psychological specialist care as required

Develops expertise in recognising signs and symptoms early to trigger timely assessment and intervention

Demonstrates ability to provide support and supervision to junior staff working with people with progressive neurological conditions Demonstrates expert knowledge to recognise and manage the symptoms, including uncommon symptoms, of a progressive neurological condition.

Demonstrates ability to referral to other specialists or other members of the MDT in a timely fashion

Educates experienced and specialist professionals about progressive neurological conditions and their management

Works strategically to design and implement care pathways to ensure best practice for all individuals with progressive neurological conditions

| develops recognition of presentation of these, including: • Memory and attention problems • Mood changes/apathy/depression/ anxiety • Cognitive changes • Motivation problems • Issues with executive function • Psychological impact Develops knowledge of further symptoms that own professional interventions can alleviate: • Impaired vision and oscillopsia • Altered tone (including associated pain) • Neuropathic pain • Respiratory problems; thoracic and abdominal muscle weakness, bulbar muscle weakness, loss of coordination on respiration, impaired cough, postural abnormalities, nocturnal hypoventilation | | |
|--|---|---|
| d. Medicine management Develops knowledge of the drugs commonly used therapeutically to treat progressive neurological conditions | Demonstrates good knowledge of the drugs commonly used therapeutically to treat diseases of the nervous system, including the types/classes of drugs and their mode of action | Demonstrates expert knowledge of the drugs commonly used therapeutically to treat diseases of the nervous system, and their impact. |
| Develops knowledge of drugs used for symptom management in progressive neurological conditions, and awareness of their side effects | Demonstrates knowledge of the drugs used for symptom management in progressive neurological conditions, and their side effects Discusses and explains drugs used for symptom management with individuals and staff Develops detailed knowledge of the mode of action of these drugs | Demonstrates excellent knowledge of drugs that may be available via trials or as unlicensed products, and shows ability to discuss these with the individual and other staff |
| Develops awareness of how drugs commonly used in progressive neurological conditions may affect other body systems/processes (side effects) | Demonstrates good knowledge of how drugs commonly used in progressive neurological conditions may affect other body systems/processes (side effects) | Demonstrates an expert ability to liaise with prescribers to modify medications to reduce problematic side effects and ensuring the optimum treatment is provided |
| Develops awareness of how unintentional overdosing can occur | Establishes if medication is being correctly administered as instructed and identifies any reason for non-compliance | Demonstrates an ability to liaise with prescribers to optimise drug regime's and help the individual manage their drug regime more effectively. |
| Develops awareness of the extended roles available to physiotherapists with regard to prescribing within progressive neurological conditions | Demonstrates knowledge of the differences between supplementary and independent prescribing in practice in progressive neurological conditions Develops role to facilitate optimum use | May expand role to become a prescriber (non-medical independent prescriber or supplementary prescriber) working closely with local medicines management team Influences prescribing policy at local and |
| | | |

| | of medicines to ensure best possible outcomes Understands requirement to work within scope of practice and legal framework for prescribing | national levels Advises and supports other professionals in medicine management Awareness of MHRA alerts and impact on practice Works within legislative framework for supplementary and independent prescribers |
|---|--|---|
| Develops awareness that some medications may have on the reproductive system and sexual activity | Demonstrates good knowledge of the medications that may have on the reproductive system and sexual activity, and their effects | Demonstrates an expert knowledge of the impact of some medications on sexual and reproductive function, and shows the ability to liaise with prescribers to amend drug regimes as necessary |
| e. Problem/complication manageme | nt | |
| Shows awareness of some likely problems/complications and their management, including: Reduced Activities of Daily living Reduced activity/participation/vocation Reduced mobility Loss of independence Social isolation Reduced quality of life Deconditioning Reduced tissue viability leading to pressure ulcers Malnutrition Dehydration Relationship problems Sexual dysfunction Weight loss or gain Infection Develops awareness of appropriate actions to manage identified problems Develops awareness of likely progression and collaborates with team to establish appropriate monitoring Identifies possible signs of concurrent illness and discusses with MDT, with supervision as required. | Demonstrates knowledge of likely problems/complications and their management. Demonstrates ability to anticipate problems and initiate avoidance strategies based on good knowledge of the progressive neurological condition Demonstrates excellent interdisciplinary working to ensure all problems/ complications are managed appropriately Uses clinical expertise to manage crisis confidently Develops knowledge and skill to coordinate highly complex case management Refers to and liaises with specialist services outside the MDT as required and in a timely manner | Demonstrates expert knowledge of likely problems/complications and their management Provides expert advice to specialist professionals in complex case management Demonstrates the skills and ability to lead highly complex case management |

member as required

| Develops awareness of surgical/ invasive procedures commonly used in neurological conditions: • Brain surgery/stimulation • Botulinum toxin • Intermittent self-catheterisation • Indwelling catheter • Suprapubic catheters • Bowel irrigation • Anal plugs • Bowel surgery e.g. colostomy • Artificial feeding (tube) methods • Suctioning • Tracheostomy • Assisted ventilation Shows awareness of some red flags: • Falls • Coughing/spluttering/chest infections • Malnutrition and weight loss • Pressure ulcers • Injury danger/Spilling drinks • Cyanosis • Shortness of breath • Gurgly voice after eating or drinking • Deviation of body position • Drooling • Dehydration • Sudden sensory changes (potential spinal issue) • Recurrent UTI's • Stridor • Signs of infection/fever • Psychological distress • Inability to communicate effectively • Contractures | Demonstrates good knowledge of surgical/invasive procedures commonly used in progressive neurological conditions. Explains and discusses surgical/invasive options with individual and MDT, to help them make an informed choice about their treatment options Develops skills to perform some invasive procedures; • Botulinum toxin • Suctioning • Assisted ventilation Demonstrates knowledge of red flags and appropriate referrals or action to take | Demonstrates expert knowledge of surgical/invasive procedures commonly used in neurological conditions Demonstrates expert skills to independently perform some invasive procedures; • Botulinum toxin • Suctioning • Assisted ventilation Teaches specialist physiotherapists about techniques to perform invasive procedures, and supervises their progress. Demonstrates knowledge of red flags and able to raise concerns with appropriate health professionals. |
|---|---|---|
| Develops awareness of complementary approaches and interventions, including 'unproven' approaches | Demonstrates knowledge of complementary approaches and interventions, including 'unproven' approaches Demonstrates ability to explains and discusses complementary approaches with individual and MDT | Demonstrates knowledge of complementary approaches and interventions, including 'unproven' approaches, and aware of research into them |
| e. Promoting independence | | |
| Demonstrates a basic understanding of the importance of roles and relationships in an individual's life and the potential impact of their progressive neurological condition on: • Family • Community • Work/Education • Hobbies • Friends/social networks • Intimate relationships • Professional • Spiritual/beliefs | Understands the extent and significance of the roles and relationships in an individual's life, and the potential impact of their progressive neurological condition on these | Qonstrates an excellent understanding of the individua I's 'world', having built a strong and trusted professional relationship with them |

Act as an advocate for the individual at team level to remove barriers to care and services

Shows understanding of the:

- · Importance of meaningful activities to the individual
- · Benefits of participation and work to an individual's wellbeing
- · Importance of sense of purpose and the individual's work/life balance
- · Basic equipment provision and process

Develops awareness of:

- Services available to support and provide assistance
- Role of social services and what they can do
- Environment controls/adaptations provision and process
- · Advanced/specialised equipment provision and process
- Legislation that support engagement in promoting independence e.g. employment rights
- · Impact of spiritual and emotional support on promoting independence

Demonstrates understanding of the importance of establishing the responsibilities the individual has in their life and develops understanding of how the progressive neurological condition may affect these.

Shows awareness of how therapeutic interventions or activities could impact on the important roles and relationships in an individual's life

Demonstrates knowledge of interventions and advice to help maintain roles and relationships:

- Strategies to help maximise
- independence with personal care • Strategies to help with domestic
- responsibilities
- Advise on different methods of transport that are available

Develops awareness of additional interventions and advice to help maintain roles and relationships:

- Different methods of sexual expression/ intimacy
- Different communication aids to optimise roles and relationships
- · Psychological therapies and strategies

Act as an advocate for the individual at community level

Demonstrates extensive knowledge of the support services available to promote independence Act as an advocate for individuals with a progressive neurological condition at a strategic and commissioning level to ensure services are developed and delivered effectively

Identifies any gaps in local support services and collaborates with commissioners and service providers to initiate strategies to address these

Demonstrates good knowledge of understanding the responsibilities of the individual.

Demonstrates understanding of how individuals maintain their roles

Demonstrates good knowledge of how therapeutic interventions or activities could impact on the important roles and relationships in an individual's life, and uses clinical expertise to ensure these are positive

Demonstrates good knowledge of the interventions and advice to help maintain roles and relationships including sexual relationships Demonstrates expert knowledge and understanding of all aspects of the relationships, roles and responsibilities in an individual's life.

Shows appreciation of the impact of all aspects of care on an individual's life, and is expert at balancing care input to ensure the impact is always positive in all respects

| Demonstrates good knowledge of how the symptoms and complications of a progressive neurological condition can affect self-care, activity, participation and vocation Demonstrates knowledge of self- management strategies, the barriers that exist and the support mechanisms available Encourages self-management approaches, and supports, implements and runs self-management programmes Recognises the importance of providing appropriate and timely support mechanisms to patients engaging in self- management | Demonstrates expert knowledge of the effects of symptoms and complications of a progressive neurological on self-care, activity, participation and vocation – and management strategies to address these Empowers people to identify and reach realistic goals for self-management Uses experience and expertise to influence others to improve care Creates opportunities to develop, and facilitates implementation of recognised self-management programmes and strategies across a health community Demonstrates an expert knowledge of what is needed to support effective selfmanagement Works strategically to ensure these support mechanisms are available to people with a progressive neurological condition |
|---|---|
| Use clinical expertise to support a person with a progressive condition perform to their best ability in a work, education and recreation environment and discuss with them options available Attends workplace meetings with individuals to support them in liaison with employers regarding adjustments in workplace, hours or support in returning to work after a period of absence Work flexibly within professional scope to liaise with employers and others to make reasonable adjustments to maximise an individual's performance Provides medical summaries/references for use by individuals with employers to ensure reasonable adjustments to the workplace or job roles are made | Provides medical summaries/references for use by individuals with employers to ensure reasonable adjustments to the workplace or job roles are made. |
| Demonstrates knowledge of resources available to support an individual and ability to signpost or refer the person and their families to these. | Works strategically to ensure the development of self-management schemes, especially those promoting life- long activity. Works with providers of leisure facilities to facilitate training of staff and ensure appropriate facilities are available for individuals with a disability |
| | the symptoms and complications of a progressive neurological condition can affect self-care, activity, participation and vocation Demonstrates knowledge of self-management strategies, the barriers that exist and the support mechanisms available Encourages self-management approaches, and supports, implements and runs self-management programmes Recognises the importance of providing appropriate and timely support mechanisms to patients engaging in self-management Use clinical expertise to support a person with a progressive condition perform to their best ability in a work, education and recreation environment and discuss with them options available Attends workplace meetings with individuals to support in returning to work after a period of absence Work flexibly within professional scope to liaise with employers and others to make reasonable adjustments to the workplace or job roles are made Demonstrates knowledge of assences for use by individuals with employers to ensure reasonable adjustments to the workplace or job roles are made |

Competency 2: Leadership, teamwork and collaboration

a. Multidisciplinary team and care pathways

| | • | |
|--|--|---|
| Recognises which team members make up an integrated MDT and understands the role of each member Understands how own role impacts on service delivery Establishes and maintains good MDT working relationships | Maintains and expands coordinated MDT working Demonstrates active promotion of close and effective working relationships Develops interdisciplinary approach to team working | Demonstrates forward thinking by identifying the changing needs of the MDT; justifying and facilitating expansion/ change where needed |
| Develops awareness of the importance of the following in progressive condition management: • Ease of access to MDT • Single point of contact • Timely interventions/actions • Flexible approach to respond to variability of needs throughout the condition • Tailored advice, involving family/friends/ carers where appropriate • Maintaining accessibility to the MDT from diagnosis to death (not discharging/open access) | Uses clinical expertise and experience to describe the critical aspects of an effective MDT to individuals with progressive neurological conditions | Understands codes of practice of other professionals and the importance of defining responsibilities in an MDT Accountable for recommending service redesign across the team and justifies additional resources to ensure the MDT functions to the benefit of individuals with progressive neurological conditions Demonstrates leadership skills to provide support to team members working in stressful and complex situations. |
| Understands and adheres to the care pathways that exist locally for progressive neurological conditions (including end of life care and urgent care) | With support, identifies and develops new ways of working within own profession, and contributes to development of new care pathways | Works at a strategic level to instigate and lead on the design and implementation of new care pathways |
| Develops understanding of how the MDT works with and complements other services available locally | Demonstrates a good knowledge of how the MDT co-ordinates the care management in progressive neurological conditions Describes to the patient the professional relationships of the teams involved in their care | Develops and improves communication between services to ensure seamless care in progressive neurological conditions |
| Shows awareness of the extended specialist care services available locally including support from local and national third sector organisations | Understands the limitations of the care/ service that can be provided within the MDT. Demonstrates knowledge of the extended/specialist care services available both locally and nationally, and their role in improving care for an individual with a progressive neurological condition | Identifies any gaps in service provision and initiates strategies to address these. Advises, supervises and co-ordinates peers to ensure needs of an individual with a progressive neurological condition are met Collaborates at local, regional and national level to identify gaps or deficits in service provision, and to develop resources and improve/standardise access to services for individuals with a progressive neurological condition. |
| Demonstrates knowledge of local referral pathways for referring on within the MDT and implement them | Demonstrates knowledge of all referral pathways that an individual with a progressive neurological condition may require. | Can show active engagement with the development of effective referral and care pathways. |

| Demonstrates awareness of local referral pathways to services outside the MDT. Seeks advice and support to make referrals outside the MDT as required. Develops awareness of the referral pathways for services outside the local area, and the processes involved in implementing these | Demonstrates ability to make effective referrals as necessary Explains referral pathways to other staff and individuals with a progressive neurological condition, supporting access to services where necessary | Participates at a strategic level nationally to inform and contribute to national recommendations for pathways |
|---|--|--|
| b. Education | | |
| Demonstrates ability to deliver introductory/progressive neurological condition awareness raising education sessions to individuals with a progressive long term neurological condition and junior staff and students | Demonstrates ability to plan, resource and deliver in depth structured educational sessions about progressive neurological conditions to individuals, staff and students. Initiates and facilitates support/ educational groups for individuals Uses a range of evaluation tools and feedback mechanisms to gather information to inform future sessions Shares expertise and specialist knowledge at regional and national level | Demonstrates ability to educate experienced and specialist staff about progressive neurological conditions and takes an active role in promoting education in progressive condition management. Leads a managed clinical network to share expertise, knowledge and promote best practice Shares expertise and specialist knowledge at an international level (conferences, publications etc.) |
| Identifies opportunities to join effective networking groups locally Follows best practice and adheres to guidance when available | Maximises the use of effective networking across social and health care boundaries Shares knowledge and best practice through participation in local and national specialist networks Disseminates knowledge by writing for publications and speaking at local and national conferences | Initiates new networking opportunities and participates on a national and international basis Leads on the development of specialised courses on progressive neurological conditions including other health professionals and at regional higher education institutions Disseminates knowledge by speaking at local, national and international conferences |

Competency 3: Personal and professional development

a. Accountability

Maintains a record of, and shows evidence of learning e.g. a personal portfolio

Shows understanding of the importance of keeping up-to date with relevant information associated with progressive neurological conditions and professional practice

Applies current knowledge to clinical practice

Manages own time and caseload, and

Proactively sets personal stretch targets for their own?? continued professional development (may be through annual appraisal process)

Recognises need and provides support, advice and supervision to junior staff

Demonstrates accountability in prioritising and managing workloads across the team in response to changing service priorities. Accountable for taking a strategic overview of the service, ensuring services adapt to changing need.

Develops action learning sets to promote group learning

Creates and promotes accessible, cost effective learning opportunities for staff

| seeks support when needed | | |
|---|---|--|
| Recognises importance of clinical supervision and attends on a regular basis | Uses positive and negative clinical experiences to inform development needs | Demonstrates self-awareness by challenging own practice and service delivery, and seeking improvement |
| Identifies critical incidents from which learning can occur Participates in performance appraisals Shows awareness of frameworks to inform personal learning needs Makes effective use of a mentor to explore ideas and devise a personal development plan | Demonstrates excellent knowledge of frameworks (e.g. Skills and Knowledge framework, Competency frameworks) and uses these to create a personal learning plan and for setting objectives/learning plans with direct reports Provides supervision, coaching and mentoring to other staff Seeks personal supervision to advance own learning | Provides skilled supervision for members of the team Creates an environment that promotes and encourages innovative approaches and empowers staff to improve Acts as a role model at local, regional, national and international level to help others challenge practice and promote professional development Responsible for ensuring all staff are appraised that training needs are met. |
| Seeks support to identify appropriate learning material | Identifies gaps in the evidence base and collaborates with others to address them | Promotes innovative ways to optimise learning. |
| Shows awareness of the types of learning opportunities | Accesses/attends national learning opportunities | Uses evaluation to develop new programmes for advanced practice |
| Accesses/attends local educational activities for the MDT | Participates in regional network groups and learning opportunities | Participates in national and international network groups and learning opportunities |
| Participates in local network groups and accesses local learning opportunities | | |
| b. Service development | | |
| Shows awareness of hierarchy of own profession and team within local organisation | Demonstrates knowledge of the management structures and hierarchies of teams regionally. | Demonstrates expert knowledge of management structures and hierarchies of teams nationally. |
| Understand management structure within | | |
| local organisation | Demonstrates knowledge of how neurological services are structured and managed locally and regionally. | Demonstrates expert knowledge of how neurological services are structured and managed nationally. |
| local organisation Shows awareness of how neurological services are structured and managed locally | neurological services are structured and | neurological services are structured and |
| Shows awareness of how neurological services are structured and managed | neurological services are structured and managed locally and regionally. Shows awareness of neurological service | neurological services are structured and managed nationally. Demonstrates knowledge of differences in neurological service structures and management across the home countries |
| Shows awareness of how neurological services are structured and managed locally Shows awareness of local work-related | neurological services are structured and managed locally and regionally. Shows awareness of neurological service structures and management nationally Demonstrates knowledge of local and regional work- related policies and | neurological services are structured and managed nationally. Demonstrates knowledge of differences in neurological service structures and management across the home countries and internationally Contributes to and ensures implementation of local, regional and national work-related policies and |

| | Demonstrates good knowledge of leadership skills and management techniques. Shows ability to apply knowledge in practice | Monitors practice across the service. |
|--|---|--|
| Shows awareness of importance of discussing clinical management plans with the MDT | Uses clinical expertise to advise other staff on clinical management plans | Provides highly specialist and expert knowledge to assist others to plan complex clinical management plans Questions and reviews practice and responds innovatively |
| Develops awareness of complexity of factors involved in service development | Participates in service development activities e.g. users' groups Evaluates a service by gathering data from a variety of sources and using standardised tools Identifies gaps in service provision and/or ways to improve the service Use appraisals to inform service development and redesign Understands the role of users in service development | Evaluates service provision in line with local need and works strategically to improve services Interprets and analyses complex data to benchmark services and initiate strategies to continually improve them Creates opportunities for service users to contribute to service development |

Competency 4: Research and audit

a. Research and evidence

| Understands what is meant by evidence- based care Shows awareness of research methodologies used Demonstrates knowledge of critical appraisal techniques Shows awareness of evidence hierarchies and weighing evidence | Demonstrates t knowledge of research methodologies used Demonstrates knowledge of evidence hierarchies and weighing eviQ Demonstrates ability to use critical appraisal skills, to differentiate between research that will improve practice or promote change Contributes to the design and implementation of local research | Disseminates and interprets relevant research to team members and uses findings to facilitate service change as indicated by new evidence. Uses research findings to influence policy at local, regional and national levels. Identifies questions relevant to daily practice and collaborates to design and implement research projects to address these |
|---|--|--|
| Develops skill in applying critical appraisal techniques | projects | these |
| Demonstrates understanding of how research findings influence practice | Enables patients to have a realistic expectation about participating in research | |
| Explains to patients the meaning of common terms and concepts used in trials | | |
| Shows awareness of relevant symptom specific guidance, such as: · Splinting guidelines · Manual Handling guidelines | Demonstrates good knowledge of relevant symptom specific guidance | Contributes towards peer review and creation of relevant symptom specific guidance |

| Pressure Ulcer guidelines European Association for Palliative Care guidelines | | |
|--|--|--|
| Shows awareness of NICE guidance, advice, quality standards and information services that may be relevant. | Demonstrates working knowledge of NICE guidance, advice, quality standards and information services that may be relevant, and ensures the service is working to meet these guidelines. | Ensures services are adhering to any NICE guidance that may be relevant – if/where gaps are identified, liaise with senior managers and commissioners to ensure these are addressed. |
| | | Contributes to the creation and review of evidence-based guidance and standards, engaging regionally and nationally where able. |
| b. Audit | | |
| Shows understanding of the audit process | Demonstrates working knowledge of audit cycles and processes. | Collaborates at strategic level using audit findings to benchmark services regionally and nationally. |
| Shows understanding of why audit is undertaken | Identifies appropriate audits to complete, including national ones | |
| Develops awareness of audit tools | Carries out audit of key aspects of own service | |
| Participates in established or mandatory audits | Initiates and implements audits within professional area, and within MDT | |
| Develops awareness of where and how to share findings from audit | Understands the benefits of sharing audit data and demonstrates working knowledge of where and how to do so. | Develops and improves communication channels to ensure audit findings are shared widely and are used to inform improvement |
| Recognises uses of audit findings | Recognises importance of benchmarking and compares performance with other services locally and regionally | Analyses regional and national benchmarking data to inform service development |
| Develops awareness of using audit findings to inform and influence own practice | Demonstrates ability to conduct continual analysis of service in order to respond to changing needs and ensure improvement | Reviews audit outcomes to facilitate and oversee service improvement |
| procince | of the service | Creates a working environment where continued service improvement is normal |

Competency 5: Legal and ethical practice

| Demonstrate understanding of the legal aspects around consent and disclosure of information between and across agencies, especially when collaborating with non- health care organisations | Demonstrates knowledge of legal frameworks for gaining consent, and for recording and sharing information | Ensures that systems are in place to support all staff to meet their legal obligations with regard to consent and record and sharing information. |
|--|---|--|
| Shows awareness of the following legislation: • Equality Act (HMSO 2010) • Mental Capacity Act (2005) • Care Act (2014) • Human Rights Act (1998) | Demonstrates knowledge of relevant legislation and their implications in clinical management. | Ensures that all staff are aware of, have access to, and understand the implication for their role of all relevant legislation |

| • Suicide Act (1961) • Data protection Act (1998) | | |
|---|---|---|
| Shows awareness of the relevant documents that influence health and social care provision | Demonstrates good knowledge of all relevant documents that influence health and social care provision | Liaises at a strategic level to ensure all relevant documents that influence health and social care provision are communicated to staff |
| Shows awareness of the legal aspects of: Lasting Power of Attorney (LPA) Advance Decision to Refuse Treatment directives (ADRT) | Demonstrates knowledge of the legal aspects of LPA and ADRT's Demonstrates ability to discuss and describe these to individuals and other staff Understands how to facilitate the process of creating these – and can evidence this | Ensures support mechanisms are in place for all staff to access and understand the legal aspects of LPA and ADRT's. Ensures mechanisms and processes exist to support individuals and staff to create and implement these LPA and ADRT |

Your feedback is really important as it helps improve resources. If you would like to provide feedback on this resource please email mdtfeedback@mndassociation.org

Motor neurone disease physiotherapy competency framework

Competency 1: Clinical knowledge and practice

Competent (BAND 5)

CAREER STAGE: ENTRY-LEVEL GRADUATE

Expected ability: Manage own caseload of individuals with complex needs, and practice within generally predictable contexts; liaison is with individuals on caseload, MDT members, and support workers (for delegation); responsible for own actions, and practices according to professional codes & Trust policies/ procedures (CSP 2011).

Specialist (BAND 6)

CAREER STAGE: EXPERIENCED GRADUATE

Expected ability: Manage own caseload of individuals with complex needs, and practice with some unpredictable contexts; liaison is with clients/carers on caseload, MDT members, support workers (for delegation and supervision), and students; responsible for own actions, and practices according to professional codes & Trust policies/procedures (CSP 2011).

Highly Specialist/Advanced (BAND 7/8)

CAREER STAGE: ADVANCED OR EXPERT PRACTITIONER

Expected ability: Manage a specialised caseload of individuals with complex needs, and practice within involved & unpredictable contexts. The role demands innovation. Liaison is with individuals/ carers on caseload, other professionals for clinical, professional & education leadership, public/ other professions/ policy makers at regional and national level, developing into international spheres. Accountable for own actions, and the more expert practice is characterised by an element of risk taking - guided by own knowledge & relevant professional codes/standards /guidelines (CSP 2011).

a. Knowledge of MND

Demonstrates a basic knowledge of what MND is:

- \cdot What goes wrong (pathophysiology)
- Types; Amyotrophic lateral sclerosis (ALS), Progressive bulbar palsy (PBP), Progressive muscular atrophy (PMA), Primary lateral sclerosis (PLS)
- \cdot Causes (aetiology): Inherited, sporadic
- · Prevalence and incidence
- Main features
- \cdot How diagnosis is made
- Progression and prognostic (using medical and social models)
- \cdot Impact on patient and family
- \cdot Goal setting and shared management

Demonstrates understanding of MND above the basic level, including factors that contribute to motor neurone degeneration and its impact on motor control.

Demonstrates knowledge and understanding of symptoms, problems and complications in MND.

Demonstrates knowledge and understanding of the impact of the diagnosis of MND on the patient and the family.

Demonstrates an ability to describe the disease to people with MND and non-specialist health and social care professionals. Demonstrates ability to apply expert knowledge of all aspects of MND.

Ability to provide education to specialist and non-specialist staff about MND, new theory and current research.

b. Assessment and care planning

Develops awareness of the importance of advance care planning due to the rapidly progressive nature of the disease, especially with regard to:

 Feeding options including altered consistencies should be considered in a timely manner. Feeding (tube) – options Demonstrates knowledge of the importance of advance care planning and importance of speed of provision of appropriate equipment.

Initiates advance care planning discussions and processes

Demonstrates expert knowledge of advance care planning.

Educates and supervises specialised staff in complex care planning

Collaborates strategically to ensure best



| could be reduced as respiratory function deteriorates • Respiratory support • Provision of equipment • Establishing care support mechanisms and timely access to services | Describes advance care planning to people with MND and non-specialist health and social care professionals. | standards of care are in place, including care pathways to support seamless advance care planning exist and are followed. |
|---|--|--|
| Is able to recognise signs of respiratory decline; • Early morning headaches • Chest infections • Weak cough • Shortness of breath Is able to refer on to an appropriate team to deal with respiratory issues | Is able to complete a basic neuromuscular respiratory assessment. Including: • Peak cough flow • FVC • Subjective assessment • Auscultation Is able to recognise a patient who may be at risk of respiratory decline due to MND Is able to refer on to appropriate team to manage this Is able to provide basic respiratory management: • Breathstacking • Manually assisted cough • Deep breathing techniques • Sniff techniques Is able to recognise when an issue may be impacting respiratory function ie bulbar dysfunction | Is able to recognise a patient who may be at risk of respiratory decline due to MND and provide management plan Is able to provide respiratory management: • Breathstacking • Manually assisted cough • Deep breathing techniques • Sniff techniques • Lung volume recruitment bag Is able to complete assessments with other MDT member ie SLT to troubleshoot respiratory issues |
| Demonstrates awareness of appropriate specialised physiotherapy assessments used specifically in MND • Neurological assessment of strength, ROM, tone • Functional assessment of transfers, mobility, activities of daily living • Neuro-respiratory assessment of cough and secretion management | Demonstrates good knowledge of, and completes appropriate specialised physiotherapy assessments used specifically in MND | Contributes to audit, service development and research development of specialised assessments for use with people with MND at local and national level and possibly at international level. Uses audit data to develop assessment and care planning processes. |
| Develops awareness of specialised physiotherapy interventions that are used in people with MND • Respiratory interventions (as above) • Splinting as required for function and comfort http://www.acpin.net/Downloads/ Splinting_Guidelines/Splinting_ Guidelines.pdf • Collars and neck support • Headmaster collar • Head up collar • Hereford collar | Demonstrates knowledge of specialised physiotherapy interventions that are used in people with MND | Demonstrates knowledge of all current physiotherapy interventions for people with MND and is up to date with novel management being considered/investigated as potential new interventions. |
| Develops awareness that a holistic and co-ordinated MDT approach is required to ensure that any intervention is fully evaluated so that any benefit outweighs the cost of participation for the individual | | |

Shows awareness of standardised outcome measures or monitoring tools used specifically in MND and develops skills to perform these.

- ALSFRS https://jnnp.bmj.com/ content/88/5/381
- · Peak Cough Flow
- Bulbar Function Scale mostly used by SLTs but good for physios to know about https://onlinelibrary.wiley.com/doi/ full/10.1111/ene.13638
- Edinburgh Cognitive and Behavioural ALS Screen (ECAS) – cognitive screen, mostly used by OTs but good for physios to know about
- MiND-B behavioural screen, mostly used by OTs but good for physios to know about

c. Symptom management

Develops knowledge and recognition of common symptoms in MND;

- \cdot Fasciculation
- · Spasticity
- · Flail arms
- · Significant and rapid muscle wasting
- · Ineffective cough
- · Neck weakness
- · Emotional lability
- \cdot Thick secretions
- \cdot Muscle cramps
- · Fronto-temporal dementia
- Ventilatory failure

d. Medicine management

Shows awareness of disease slowing treatments used in MND; • riluzole

Shows awareness of restrictions for the provision of riluzole

Demonstrates knowledge of the common

symptoms in MND

as required.

Demonstrates knowledge of standardised

complete relevant standardised outcome

Implements new measures as indicated

outcome measures or monitoring tools

Demonstrates appropriate skills to

measures or monitoring tools,

and how to interpret results.

used specifically in MND.

Demonstrates knowledge of management strategies and, using good clinical reasoning skills, clinical knowledge and guidelines, agrees appropriate action to address these, including onward referral

Describes management options to people with MND and non specialist staff. Agrees individualised goals and management plans with the individual. Demonstrates expert knowledge of standardised outcome measures or monitoring tools used specifically in MND

Demonstrates expert skills in using appropriate standardised outcome measures or monitoring tools.

Participates in review of efficacy of existing condition-specific outcome measures and interventions and is active in in the development of new measures.

Demonstrates expert knowledge of the issues arising from common symptoms in MND and by using expert clinical reasoning skills, clinical knowledge and guidelines and with the individual agrees individualised goals and management plans.

Demonstrates expert knowledge of management strategies to address these

Demonstrates ability to educate specialist staff about management options.

Demonstrates awareness of all current

in MND and of drugs which may be

Demonstrates an awareness of, and

UK.

relevant others.

ongoing clinical trials of drug treatments

licensed in other countries, but not in the

keeps up to date with literature related to medications used in MND and shares with

Demonstrates knowledge of disease slowing medical treatments used in MND, including mode of action, aim of intervention, effect on disease, sideeffects and adverse effects

Demonstrates knowledge of the care pathway for the provision of riluzole

Describes the access to riluzole pathway to people with MND and non-specialised staff

Understands the differences in access to riluzole across the country

Shows awareness of medications to support symptoms:

- · Saliva management hyoscine, glycoperonium, carbocystine
- · Pain management

| | • End of life care medication including syringe drivers | |
|--|--|--|
| Develops awareness of the possible need for different drug presentations MND e.g. crushable tablets, dispersible, liquid, etc. | Demonstrates good knowledge of the need for, and availability of, different drug presentations in MND | Liaises with industry (drug companies) to ensure different presentations of drugs are available. |
| Develops awareness of anticipatory medicines used in MND e.g. Just In Case kit | Demonstrates knowledge of anticipatory medicines used in MND Demonstrates the ability to describe these to people with MND and non-specialised staff | Demonstrates ability to describe experimental drugs and their effects to people with MND and non-specialised staff |
| e. Problem/complication managemen | nt | |
| Develops awareness of possible common complications associated with MND and how they can be managed: Difficulties caused by postural changes resulting from neck weakness – may include pain, discomfort, difficulty sleeping and feeding (devices used to aid neck weakness may also cause problems) Flexed posture Local policies may restrict access to aids/ adaptations Length of time for provision of equipment can result in them no longer meeting needs due to disease progression Low back pain Pressure management on nose (from | Demonstrates knowledge of common complications associated with MND Demonstrates knowledge of management strategies to address these Describes management options to people with MND and staff | Demonstrates effective strategic work with service providers to ensure local pathways exist that minimise waiting times and ensure complexities are managed efficiently. Demonstrates expert knowledge of the management strategies for supporting patients with progressive complex symptoms. |

f. Promoting independence

face mask usage)

Refer to the Neurological Long-term conditions Framework - no additional content

Competency 2: Leadership, teamwork and collaboration

a. Multidisciplinary team and care pathways

Develops awareness that the MDT should additionally include:

- Respiratory physiologist/specialist capable of performing assessment of respiratory function
- · A professional with expertise in Palliative Care
- Speech and language therapist to assess communication, swallowing and secretion management. Early referral to SLT for communication review and advice eg voice banking
- Occupational therapy to support with equipment provision, functional tasks, upper limb splinting and cognitive screening

- \cdot Psychology to support with cognitive
- screening and psychological support
- Dietician to support with nutritional intake and alternative feeding routes
- Clinical nurse specialists in MND,
- ventilation and palliative care
- · Consultant physicians in MND, respiratory and palliative care
- Social workers to provide support and access to care packages
- · MND co-ordinators from local MND Care Centre
- · Local wheelchair services
- Alternative and augmented

communication (AAC) teams

b. Education

Refer to the Neurological Long-term conditions Framework - no additional content

Competency 3: Personal and professional development

a. Accountability

Refer to the Neurological Long-term conditions Framework - no additional content

b. Service Development

Refer to the Neurological Long-term conditions Framework - no additional content

Competency 4: Research and audit

a. Research and evidence

| Develops awareness of specific guidance for MND care, including utilising the Motor Neurone Disease Association resources. | Demonstrates knowledge of specific guidance for MND care, including; NG42 Motor Neurone Disease: Assessment and Management (2016) NICE Outcome Standards (2015) Motor Neurone Disease Association Withdrawal of Assisted Ventilation at the request of a patient with MND: Guidance for Professionals (2015) Association for Palliative Medicine of Great Britain and Ireland Guidelines for the Physiotherapy management of MND (2014) Irish MND Association Augmentative and Alternative communication for MND: Best Practice for Professionals (un dated) Motor Neurone Disease Association | Demonstrates excellent knowledge of specific guidance for MND care, and ensures this is incorporated into local standards of practice. Participates in and leads on research. |
|--|---|---|
| b. Audit | | |
| Shows awareness of MND Care Audit tool | Actively engages in MND care audit e.g. Transforming MND Care audit Tool) Motor Neurone Disease Association Actively engages in local audits related to MND care. | Promotes service improvement by ensuring completion across the service of MND Care audits |

Competency 5: Legal and ethical practice

Refer to the Neurological Long-term conditions Framework - no additional content

Your feedback is really important as it helps improve resources. If you would like to provide feedback on this resource please email mdtfeedback@mndassociation.org

Multiple Sclerosis physiotherapy competency framework

Competency 1: Clinical knowledge and practice

Competent (BAND 5)

CAREER STAGE: ENTRY-LEVEL GRADUATE

Expected ability: Manage own caseload of individuals with complex needs, and practice within generally predictable contexts; liaison is with individuals on caseload, MDT members, and support workers (for delegation); responsible for own actions, and practices according to professional codes & Trust policies/ procedures (CSP 2011).

Specialist (BAND 6)

CAREER STAGE: EXPERIENCED GRADUATE

Expected ability: Manage own caseload of individuals with complex needs, and practice with some unpredictable contexts; liaison is with clients/carers on caseload, MDT members, support workers (for delegation and supervision), and students; responsible for own actions, and practices according to professional codes & Trust policies/procedures (CSP 2011).

Multiple Sclerosis Trust MS

Highly Specialist/Advanced (BAND 7/8)

CAREER STAGE: ADVANCED OR EXPERT PRACTITIONER

Expected ability: Manage a specialised caseload of individuals with complex needs, and practice within involved & unpredictable contexts. The role demands innovation. Liaison is with individuals/ carers on caseload, other professionals for clinical, professional & education leadership, public/ other professions/ policy makers at regional and national level, developing into international spheres. Accountable for own actions, and the more expert practice is characterised by an element of risk taking - guided by own knowledge & relevant professional codes/standards/guidelines (CSP 2011).

a. Knowledge of MS

| Basic knowledge (or awareness only, but knows where to source additional information) of what multiple sclerosis is: What goes wrong (pathophysiology) Potential causes (aetiology) Prevalence and incidence Main symptoms How diagnosis is made Progression (using medical and social models) Impact of diagnosis on the individual, their family and significant others | Demonstrates an understanding of multiple sclerosis over the basic level Demonstrates knowledge and understanding of common and uncommon presentations and symptoms, secondary complications and more complex presentations Demonstrates the ability to describe the complexities and challenges of the condition to people with MS, their carers and non-specialist staff | Demonstrates an expert understanding of all aspects of MS and has the ability to apply expert knowledge to manage people with complex presentations Demonstrates ability to provide education to specialist and non-specialist staff about MS |
|--|--|---|
| Basic knowledge (or awareness only, but knows where to source additional information) of the neuro-physiological concepts of: CNS inflammation and impact on the myelin sheath Repair and neurorestoration Use of disease modifying treatments (DMT) | Demonstrates knowledge of the neuro-physiological concepts and how treatment methods might be tailored to affect people with based upon these principles including: • Use of disease modifying treatments • Side effects of DMTs | Demonstrates knowledge of the neuro- physiological concepts at an expert level, with ability to teach specialist staff about the differences, and potential treatment options to treat each |
| Basic knowledge (or awareness only, but knows where to source additional information) of different presentations and course of MS: | Demonstrates knowledge of MS presentations and courses at a level where they recognise the main symptoms and transition phases | Demonstrates knowledge at an expert level, differentiating between the main MS presentations and stages |

| Relapsing remitting Secondary progressive Primary progressive Basic knowledge (or awareness only, but knows where to source additional information) of impact of external factors on MS e.g. temperature | Is able to describe these to individuals, carers and non-specialist staff Is able to explain how diagnosis of MS is made using McDonald criteria Able to explain clinically isolated syndrome (CIS) Demonstrates knowledge of impact of MS on many aspects of life at a level where they are able to describe these to individuals, carers and non-specialist staff | Educates specialist staff about these. Able to explain radiologically isolated syndrome (RIS) Demonstrates knowledge of impact of MS on all aspects of life at an expert level, with ability to teach specialist staff about them |
|--|---|---|
| b. Assessment and care planning | | |
| Basic knowledge of how to conduct a neurological assessment and use condition-specific physiotherapy assessment tools | Demonstrates knowledge of condition- specific, recommended neurological assessment and outcome tools appropriate to people with MS including: • Balance • Fatigue • ADL • Gait • Transfers • Posture • Functional mobility • Spasticity | Contributes to audit, service development and research at local and national levels and possibly at international level Collaborates strategically to ensure best standards of care are in place and are followed, including care pathways, to support people with MS |
| Demonstrates awareness of common physiotherapy interventions used in MS, and knowledge of where to seek sources of up-to-date information | Demonstrates knowledge of common physiotherapy interventions and rehabilitation approaches used in the management of MS including: • Exercise • Balance • Vestibular rehabilitation • Management techniques for disorders of tone • Core stability exercises • Treadmill training • Postural advice • Upper limb exercises • Breathing exercises to increase lung volume • Tremor and ataxia management techniques, advice and compensatory strategies | Demonstrates knowledge of all current physiotherapy interventions used in MS and is up to date with novel treatment and management interventions being considered/investigated as potential new interventions |
| Shows awareness of standardised outcome measures or monitoring tools used in MS and knowledge of where to seek sources of up to date information Develops skills to perform those validated for MS | Demonstrates knowledge of standardised outcome measures or monitoring tools used in MS Demonstrates appropriate skills to complete appropriate standardised outcome measures or monitoring tools used in MS | Participates in review of efficacy for existing condition-specific outcome measures and interventions Contributes towards the development of new outcome measures |

c. Symptom management

| c. Symptom management | | |
|--|--|---|
| Develops knowledge of and recognition of common symptoms in MS including: • Fatigue • Weakness • Ataxia and tremor • Disorders of tone including spasticity and spasms • Bladder and bowel dysfunction • Cognitive impairment • Sensory disturbance Using guidelines and clinical reasoning to agree individualised goals and management plans with the individual and family/carers as necessary. Demonstrates ability to recognise when referral on to other services and professionals is necessary to support management beyond physiotherapy | Demonstrates knowledge of the other symptoms of MS and their impact on lifestyle including: Altered sensation including pain L'Hermitte's sign MS hug Eyesight disorders Sexual dysfunction Demonstrates knowledge of symptoms and using good clinical reasoning skills, clinical knowledge, and guidelines, agrees individualised goals and management plans with the individual Describes management options to people with MS, their families and carers and non- specialist staff Demonstrates a knowledge of the contribution of other members of the MDT in the management of people with MS and refers appropriately | Demonstrates expert knowledge of the issues and by using expert clinical reasoning skills and clinical knowledge and guidelines is able to agree person- centred goals and management plans with the individual, their family and significant others Able to discuss role of other members of the MDT and knowledge of basic interventions in the domains that these professionals may work in. |
| d. Medicine management | | |
| Shows awareness of different types of disease modifying treatments available to slow down the rate of progression and where to source relevant information Develops awareness of drugs used for symptom management e.g. anti-spasticity medication and their side-effects | Demonstrates knowledge of different disease modifying treatments including, side-effects and adverse effects Demonstrates good knowledge of use of drugs for symptom management and how potential side-effects can impact on | Demonstrates expert knowledge of how drug usage can affect outcomes and be used to best effect Demonstrates awareness of current ongoing clinical trials of drug treatments in MS including repurposing of other medication and stem cell treatment Demonstrates ability to communicate |
| | other aspects of MS | the risks and benefits of taking drugs for symptom management Demonstrates ability to monitor, change or instigate change of symptomatic drug regimes in order to maximise their benefit and lessen any side-effects or negative impact e.g. correct dosing of anti- spasticity medication |
| Awareness of the importance of timing of medication for some drugs prescribed to relieve symptoms e.g. anti-spasticity drugs | Demonstrates appreciation of importance of timing of some medications on some MS symptoms | Demonstrates ability to advise on the appropriate timings of medication to provide optimal effect |
| e. Problem/complication management | nt | |
| Awareness of how problems and secondary complications associated with MS develop and how they can be managed, including: • Deconditioning from inactivity | Demonstrates knowledge of potential secondary complications of immobility Demonstrates knowledge of management strategies to address these | Demonstrates expert knowledge of proactive interventions to help prevent the onset of secondary complications Demonstrates expert knowledge of management strategies for supporting |
| · Anxiety | | individuals with MS |

| Depression Postural problems Contractures Constipation Infections Musculoskeletal pain | Describes prevention and management options to people with MS, family, carers and significant others | Ability to recognise "red flags " and offer condition-specific intervention and management advice |
|---|--|--|
| Demonstrates awareness of surgical/ invasive procedures used in MS including: • Supra-pubic catheterisation | Demonstrates good knowledge of surgical/invasive procedures used in MS including: • Enteral feeding • Botulinum toxin injections • Phenol injections • Intrathecal baclofen/phenol Describes these to people with MS, their family, carers and staff | Demonstrates expert knowledge of surgical/invasive procedures that can be used in MS including: • Surgical interventions to reduce upper limb tremor |

f. Promoting independence

Refer to the HCPC (2013) Standards of proficiency – Physiotherapists; CSP (2011) Physiotherapy Framework practice elements; HCPC (2016) Standards of conduct, performance and ethics; NSF (2005) Neurological Long-term conditions Framework – no additional content

Competency 2: Leadership, teamwork and collaboration

a. Multidisciplinary team and care pathways

Refer to the HCPC (2013) Standards of proficiency – Physiotherapists; CSP (2011) Physiotherapy Framework practice elements; HCPC (2016) Standards of conduct, performance and ethics; NSF (2005) Neurological Long-term conditions Framework – no additional content

b. Education

Refer to the HCPC (2013) Standards of proficiency – Physiotherapists; CSP (2011) Physiotherapy Framework practice elements; HCPC (2016) Standards of conduct, performance and ethics; NSF (2005) Neurological Long-term conditions Framework – no additional content

Competency 3: Personal and professional development

a. Accountability

Refer to the HCPC (2013) Standards of proficiency – Physiotherapists; CSP (2011) Physiotherapy Framework practice elements; HCPC (2016) Standards of conduct, performance and ethics; NSF (2005) Neurological Long-term conditions Framework – no additional content

b. Service development

Refer to the HCPC (2013) Standards of proficiency – Physiotherapists; CSP (2011) Physiotherapy Framework practice elements; HCPC (2016) Standards of conduct, performance and ethics; NSF (2005) Neurological Long-term conditions Framework – no additional content

Competency 4: Research and audit

a. Research and evidence

| Demonstrates awareness of how to source relevant research | Demonstrates good knowledge of how to source relevant research and can interpret this for individuals with MS, family/carers | Ensures a current knowledge and understanding of relevant MS research and can explain this to specialist staff |
|---|--|--|
| Demonstrates basic understanding of research methodology, relevance and | and non-specialist staff | Ensures that service is evidence based and |
| hierarchy of research | Keeps abreast of new research in the field of MS and ensures that interventions are | that pragmatic interventions are clinically reasoned and supported by appropriate |
| | evidence based or clinically reasoned, | outcomes |

| | supported by appropriate outcomes Demonstrates good knowledge of | Contributes to developing and implementing research in the field of MS |
|--|---|---|
| | symptom or impairment specific guidance | |
| Develops awareness of symptom or impairment specific guidance, including, but not limited to: • NICE MS Guidelines 2014 • NICE Quality Standards for MS 2016 • Splinting for the correction of contractures in adults with neurological dysfunction. ACPIN 2015 Develops awareness of where to find further/condition specific support, resources and information: • Therapists in MS (TiMS) • MS Society • MS Trust • ACPIN | Demonstrates good knowledge of where to find further/condition specific support, resources and information including: Management of the Ataxias. Ataxia UK Guidelines 2016 Spasticity in adults: management using botulinum toxin. RCP 2018 | Ensures condition specific guidance is implemented and followed locally Ensures condition specific guidance is followed and may contribute to develop of guidelines and policies at local, national or international level |
| b. Audit | | |
| Shows basic understanding of how to contribute to an audit of MS services | Actively engages in MS service quality improvement by participating in audits of service provision | Promotes service improvement by ensuring completion across the service of audit of services provided to people with MS |
| | | Contributes to national programmes of work to improve services for people with MS |

Competency 5: Legal and ethical practice

Refer to the HCPC (2013) Standards of proficiency – Physiotherapists; CSP (2011) Physiotherapy Framework practice elements; HCPC (2016) Standards of conduct, performance and ethics; NSF (2005) Neurological Long-term conditions Framework – no additional content

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Parkinson's disease Physiotherapists Competency Framework

Competency 1: Clinical knowledge and practice



(BAND 5)

CAREER STAGE: ENTRY-LEVEL GRADUATE

Expected ability: Manage own caseload of individuals with complex needs, and practice within generally predictable contexts; liaison is with individuals on caseload, MDT members, and support workers (for delegation); responsible for own actions, and practices according to professional codes & Trust policies/ procedures (CSP 2011).

Specialist (BAND 6)

CAREER STAGE: EXPERIENCED GRADUATE

Expected ability: Manage own caseload of individuals with complex needs, and practice with some unpredictable contexts; liaison is with clients/carers on caseload, MDT members, support workers (for delegation and supervision), and students; responsible for own actions, and practices according to professional codes & Trust policies/procedures (CSP 2011).

Highly Specialist/Advanced (BAND 7/8)

CAREER STAGE: ADVANCED OR EXPERT PRACTITIONER

UK PARKINSON'

Excellence Network

Expected ability: Manage a specialised caseload of individuals with complex needs, and practice within involved & unpredictable contexts. The role demands innovation. Liaison is with individuals/ carers on caseload, other professionals for clinical, professional & education leadership, public/ other professions/ policy makers at regional and national level, developing into international spheres. Accountable for own actions, and the more expert practice is characterised by an element of risk taking - guided by own knowledge & relevant professional codes/standards /guidelines (CSP 2011).

a. Knowledge of Parkinson's

Basic knowledge (or awareness only, but knows where to source additional information) of what Parkinson's is:

- \cdot What goes wrong (pathophysiology)
- \cdot Causes (aetiology)
- \cdot Prevalence and incidence
- \cdot Main features (motor and non-motor)
- How diagnosis is made (at clinical and pre-clinical stages)
- Progression (using medical and social models)
- · Impact on patient and family

· Goal-setting for shared management Basic knowledge (or awareness only, but knows where to source additional information) of the role of neurotransmitters.

Awareness about the function of dopamine in Parkinson's.

Demonstrates an understanding of Parkinson's over the basic level, and includes knowledge of:

- On-off symptoms and how these present
- Movement challenges of start hesitation and freezing

Demonstrates knowledge and understanding of symptoms, problems and complications in Parkinson's in their ability to describe the complexities and challenges to people with Parkinson's, their carers and non-specialist staff Demonstrates knowledge of the role and interaction between the various neurotransmitters and how these might affect people with Parkinson's physically and psychologically

In addition to the role of dopamine, have awareness that movement is also affected by:

- \cdot Noradrenaline
- · Serotonin
- · Glutamate
- · Acetylcholine

Demonstrates ability to apply expert knowledge of all aspects of Parkinson's in complex situations. This may be illustrated by others asking for advice, plus attendance on condition-specific courses (for continued professional development), at least annually.

Ability to provide education to specialist & non-specialist staff about Parkinson's

Demonstrates knowledge of the role and interactions of neurotransmitters at a level permitting the physiotherapists to educate other staff about the role of neurotransmitters in Parkinson's symptoms.

| Basic knowledge (or awareness only, but knows where to source additional information) of the neuro-physiological concepts of: • Neuroprotection • Neurorescue • Neurorestoration • Neuromodulation | Demonstrates knowledge of the neuro-physiological concepts and how treatment methods might be tailored to affect people with Parkinson's based upon these principles | Demonstrates knowledge of the neuro- physiological concepts at an expert level, with ability to teach specialist staff about the differences, and potential treatment options to treat each. |
|--|--|--|
| Basic knowledge (or awareness only, but knows where to source additional information) of Parkinsonism conditions: · Idiopathic Parkinson's · Multiple System Atrophy (MSA) · Progressive Supranuclear Palsy (PSP) · Corticobasal degeneration (CBD) · Vascular Parkinsonism · Drug induced Parkinsonism · Normal Pressure Hydrocephalus | Demonstrates knowledge of Parkinsonism conditions at a level where they recognise the main symptoms In addition acknowledge functional (psychogenic) Parinsonism as a separate entity or in addition to the condition. Is able to describe these to patients, carers and non-specialist staff | Demonstrates knowledge at an expert level, differentiating between the main Parkinsonism conditions. Is able to identify and manage functional neurological Parkinsonism or is able to refer to appropriate services. Educates specialist staff about these. |
| Basic knowledge (or awareness only, but knows where to source additional information) of impact of Parkinson's on circadian rhythm and sleep | Demonstrates knowledge of impact of Parkinson's on circadian rhythm and sleep at a level where they are able to describe these to patients, carers and non-specialist staff | Demonstrates knowledge of impact of Parkinson's on all aspects of sleep at an expert level, with ability to teach specialist staff about them. |
| Develops an understanding of the impact of a diagnosis of a long-term, progressive neurological condition on the person, their family and significant others | Demonstrates good knowledge and understanding of the impact of a diagnosis of a long-term neurological condition on a patient and their family. | Demonstrates appreciation of the range of responses by patients and families to the diagnosis of a long-term neurological condition, and can adapt accordingly. |
| b. Assessment and care planning | | |
| Basic knowledge of condition-specific physiotherapy assessment tools. E.g. those recommended in European Guideline for physiotherapy in Parkinson's Disease (Keus SHJ, Munneke M, Graziano M et al. European Physiotherapy Guideline for Parkinson's disease. The Netherlands: KNGF/ParkinsonNet; 2014. | Demonstrates knowledge of condition- specific, recommended assessment & outcome tools appropriate to people with Parkinson's including: • Balance • Gait, including dual tasking • Transfers • Posture • Functional mobility | Contributes to audit, service development and research at local and national levels, and possibly at international level. Uses audit data to develop and monitor assessment and care planning processes Collaborates strategically to ensure best standards of care are in place, including care pathways, to support people with Parkinson's, and are followed. |
| Demonstrates awareness of common physiotherapy interventions used in Parkinson's, and knowledge of where to seek sources of upto date information. | Demonstrates knowledge of common physiotherapy interventions used in Parkinson's: • Exercise • Cueing and movement strategies • Management techniques for dystonia • Core stability exercises • Treadmill training • Postural advice • Upper limb coordination exercises • Breathing exercise to increase lung volume • Tremor management techniques and advice | Demonstrates knowledge of all current physiotherapy interventions used in Parkinson's, and is up to date with novel management being considered/ investigated as potential new interventions |
| Shows awareness of standardised outcome measures or monitoring tools | Demonstrates knowledge of standardised outcome measures or monitoring | Participates in review of efficacy for existing condition-specific outcome |

used in Parkinson's, and knowledge of where to seek sources of upto date information, including those recommended in European Guidelines for Physiotherapy in Parkinson's

Develops skills to perform those validated for Parkinson's

c. Symptom management

Develops knowledge of, and recognition of common symptoms in Parkinson's including:

- · Bradykinesia
- · Rigidity (Cogwheel)
- · Tremor
- · Postural instability & falls
- Freezing of gait
- \cdot Cognitive decline
- · Anxiety
- Fatigue

Using guidelines and clinical reasoning, agrees individualised goals and management plans with the patient and immediate family/carers as necessary. Ability to recognise when to refer on to other services and professionals to support management beyond physiotherapy.

d. Medicine management

tools used in Parkinson's. E.g. those recommended in European Guidelines for Physiotherapy in Parkinson's Demonstrates appropriate skills to complete appropriate standardised outcome measures or monitoring tools used in Parkinson's.

Demonstrates knowledge of the common

symptoms in Parkinson's, as for entry-level

· Types of tremor; resting, postural, action

· Altered sensation, including pain and

reasoning skills, clinical knowledge, and

Describes management options to people

with Parkinson's and non specialist staff

Demonstrates knowledge of the

guidelines, with the patient.

management plans

Agrees individualised goals and

symptoms and using good clinical

graduate, plus:

akathisia

and orthostatic

measures and interventions.

Demonstrates expert knowledge of the issues, and by using expert clinical reasoning skills and clinical knowledge, and guidelines, with the patient, agrees individualised goals and management plans

| Shows awareness of different types of disease specific pharmacological treatments used in Parkinson's and their common side effects, and knows where to source relevant information | Demonstrates knowledge of different Parkinson's medications including, side- effects and adverse effects | Demonstrates expert knowledge of how drug usage can affect outcomes and be used to best effect Demonstrates awareness of current ongoing clinical trials of drug treatments in Parkinson's, including repurposing of other medication |
|---|--|---|
| Develops awareness of risks associated with sudden cessation of dopaminergic medications | Demonstrates knowledge of risks associated with sudden cessation of dopaminergic medications | Demonstrates ability to communicate the risks of the sudden cessation of dopaminergic medications to patients in an understandable way. |
| Develops awareness of risks of overdosing with dopaminergic medications | Demonstrates good knowledge of risks of overdosing with dopaminergic medications | Demonstrates ability to communicate the risks of overdosing with dopaminergic medications to patients in an understandable way. |
| Awareness of the importance of timing of medication on Parkinson's symptoms | Demonstrates appreciation of importance of timing of medication on Parkinson's symptoms | Demonstrates ability to advise on the appropriate timings of medication to provide optimal effect |
| Develops awareness of the effect of dietary factors (protein) on dopaminergic medications | Demonstrates knowledge of the effect of dietary factors (protein) on dopaminergic medications | Deonstrates ability to advise on the effects of dietary factors (protein) on dopaminergic medications |

e. Problem/complication management

| Awareness of non-motor symptoms and complications associated with Parkinson's and how they can be managed, including: • Anxiety • Fatigue • Communication problems e.g., Low pitch voice, slurred speech • Posture problems - including kyphosis, scoliosis, Antecollis, Pisa syndrome and camptocormia • Hallucinations • Psychosis/delusions • Impulse control disorder • Swallowing problems | Demonstrates knowledge of non-motor symptoms and complications associated with Parkinson's Demonstrates knowledge of management strategies to address these. As for entry-level graduate, plus: • Functional (psychogenic) parkinsonian gait • Blurred vision and dry eyes • REM sleep behaviour disorder Ability to recognise "red flags " of Atypical Parkinson's, and offer condition-specific intervention Describes management options to people with Parkinson's and staff | Demonstrates expert knowledge of proactive interventions to help prevent the onset of complications Demonstrates expert knowledge of management strategies for supporting patients with progressive complex conditions Ability to recognise "red flags " of Atypical Parkinson's and offer condition-specific intervention |
|---|--|---|
| Demonstrates awareness of surgical/ invasive procedures commonly used in Parkinson's: · Deep brain stimulation | Demonstrates good knowledge of surgical/invasive procedures commonly used in Parkinson's. Describes these to people with Parkinson's, carers and staff. | Demonstrates good knowledge of surgical/invasive procedures used in Parkinson's. Understands the impact of surgical/invasive on motor and non-motor symptoms. |

f. Promoting independence

Refer to the HCPC (2013) Standards of proficiency – Physiotherapists; CSP (2011) Physiotherapy Framework practice elements; HCPC (2016) Standards of conduct, performance and ethics; NSF (2005) Neurological Long-term conditions Framework – no additional content

Competency 2: Leadership, teamwork and collaboration

a. Multidisciplinary team and care pathways

Refer to the HCPC (2013) Standards of proficiency – Physiotherapists; CSP (2011) Physiotherapy Framework practice elements; HCPC (2016) Standards of conduct, performance and ethics; NSF (2005) Neurological Long-term conditions Framework – no additional content

b. Education

Refer to the HCPC (2013) Standards of proficiency – Physiotherapists; CSP (2011) Physiotherapy Framework practice elements; HCPC (2016) Standards of conduct, performance and ethics; NSF (2005) Neurological Long-term conditions Framework – no additional content

Competency 3: Personal and professional development

a. Accountability

Refer to the HCPC (2013) Standards of proficiency – Physiotherapists; CSP (2011) Physiotherapy Framework practice elements; HCPC (2016) Standards of conduct, performance and ethics; NSF (2005) Neurological Long-term conditions Framework – no additional content

b. Service development

Refer to the HCPC (2013) Standards of proficiency – Physiotherapists; CSP (2011) Physiotherapy Framework practice elements; HCPC (2016) Standards of conduct, performance and ethics; NSF (2005) Neurological Long-term conditions Framework – no additional content

Competency 4: Research and audit

a. Research and evidence

Develops awareness of symptom or impairment specific guidance, including, but not limited to;

 \cdot European Physiotherapy Guideline for

Demonstrates good knowledge of symptom or impairment specific guidance Ensures condition specific guidance is implemented and followed locally

| Parkinson's Disease (2014) Association of Physiotherapists in Parkinson's Disease Keus SHJ, Munneke M, Graziano M et al. European Physiotherapy Guideline for Parkinson's disease. The Netherlands: KNGF/ParkinsonNet; 2014 • CG 35 Parkinson's Disease in over 20's: Diagnosis and Management (NG71) NICE . NICE Guideline for Parkinson's in Adults 2017 https://www.nice.org.uk/guidance/ ng71 • NICE Quality Standards for Parkinson's (2018) https://www.nice.org.uk/guidance/ qs164 Develops awareness of where to find further/condition specific support, resources and information: • UK Parkinson's Excellence Network • Parkinson's UK site • AHP Hub • Exercise hub | Demonstrates good knowledge of where to find further/condition specific support, resources and information | |
|--|---|--|
| | | |
| b. Audit | | |
| Shows awareness of Parkinson's audit tool | Actively engages in Parkinson's service quality improvement by participating audits of Parkinson's service provision: • UK Parkinson's Audit Physiotherapy: Standards and Guidance https://www.parkinsons.org.uk/ professionals/past-audits | Promotes service improvement by ensuring completion across the service of national Parkinson's care audit tool |

Competency 5: Legal and ethical practice

Refer to the HCPC (2013) Standards of proficiency – Physiotherapists; CSP (2011) Physiotherapy Framework practice elements; HCPC (2016) Standards of conduct, performance and ethics; NSF (2005) Neurological Long-term conditions Framework – no additional content

Your feedback is really important as it helps improve resources. If you would like to provide feedback on this resource please email mdtfeedback@mndassociation.org

Acknowledgements

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Further information

Motor neurone disease

NICE Guideline NG42 www.nice.org.uk/guidance/ng42

MND Association For professionals *www.mndassociation.org/forprofessionals*

MND audit – Transforming MND Care www.mndassociation.org/forprofessionals/transforming-mnd-care

MS

NICE Guideline CG186 www.nice.org.uk/guidance/cg186

MS Trust professionals' information www.mstrust.org.uk/health-professionals

Parkinson's disease

NICE Guideline NG71 www.nice.org.uk/guidance/ng71

Parkinson's UK www.parkinsons.org.uk/professionals/resources-professionals