

# 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 Neuron Disease Association

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# Contents

Executive Summary	3
Introduction	4
<b>Section 1: Dietitians</b>	
Progressive neurological conditions dietetics competency framework	9
Motor neurone disease	28
Multiple Sclerosis	31
Parkinson's disease	34
<b>Section 2: Occupational Therapists</b>	
Progressive neurological conditions occupational therapy competency framework	38
Motor neurone disease	56
Multiple Sclerosis	60
Parkinson's disease	64
<b>Section 3: Physiotherapists</b>	
Progressive neurological conditions physiotherapy competency framework	69
Motor neurone disease	85
Multiple Sclerosis	91
Parkinson's disease	96
<b>Section 4: Speech and Language Therapists</b>	
Speech and language therapy	101
Motor neurone disease	129
Multiple Sclerosis	135
Parkinson's disease	140
Acknowledgements	146
Further information	147
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 performance<sup>1</sup>. 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'<sup>2</sup> 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 sclerosis<sup>3</sup>; 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

2. 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 and the RCSLT guidance on professional accountability and autonomy. <https://www.rcslt.org/speech-and-language-therapy/rcslt-guidance-to-meet-hcpc-standards>. 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.

	<b>Band 5</b>	<b>Band 6</b>	<b>Band 7</b>	<b>Band 8</b>
<b>NHS Career Framework descriptions</b>	<b>Practitioner</b>	<b>Senior/specialist practitioner</b>	<b>Advanced Practitioner</b>	<b>Consultant Practitioner</b>
<b>Agenda for Change</b>	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
<b>Royal College of Occupational Therapists The Career Development Framework<sup>4</sup> (Levels)</b>	<b>Level 5</b> 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	<b>Level 6</b> 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	<b>Level 7</b> 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	<b>Level 8</b> 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
<b>NHS Career Framework descriptions</b>	Practitioner	Senior/specialist practitioner	Advanced Practitioner	Consultant Practitioner
<b>Chartered Society of Physiotherapy Physiotherapy Framework 2013<sup>5</sup></b>	<p><b>Complexity:</b> Own caseload of clients with complex needs</p> <p><b>Predictability:</b> Practice within complex &amp; generally predictable contexts</p> <p><b>Sphere of influence:</b> Clients on caseload; MDT; support workers (delegation)</p> <p><b>Personal autonomy:</b> Responsible for own actions. Practice according to professional codes &amp; Trust policies/ procedures</p>	<p><b>Complexity:</b> Own caseload of clients with complex needs</p> <p><b>Predictability:</b> Practice within complex &amp; increasingly unpredictable contexts</p> <p><b>Sphere of influence:</b> Clients on caseload; MDT; support workers (delegation &amp; supervision) &amp; students</p> <p><b>Personal autonomy:</b> Responsible for own actions. Practice according to professional codes &amp; Trust policies/ procedures</p>	<p><b>Complexity:</b> Specialised caseload of clients with complex needs</p> <p><b>Predictability:</b> Practice within complex &amp; unpredictable contexts which demands innovation</p> <p><b>Sphere of influence:</b> Clients; MDT; staff in primary &amp; secondary care; professional networks at local &amp; national level; students</p> <p><b>Personal autonomy:</b> Professionally &amp; legally accountable for own actions</p>	<p><b>Complexity:</b> Highly specialised caseload of clients with complex needs</p> <p><b>Predictability:</b> Practice within complex, unpredictable and normally specialised contexts demanding innovative work</p> <p><b>Sphere of influence:</b> Clients/carers on caseload; AHPs (clinical, professional &amp; education leadership); public/ other professions/policy makers at regional/ national level.</p> <p><b>Personal autonomy:</b> Accountable for own actions. Practice characterised by an element of risk taking - guided by own knowledge &amp; relevant professional codes/ standards /guidelines.</p>

## Fitness to practise

The Health and Care Professions Council (HCPC) Standards indicate 'fit to practise' as having, '...the skills knowledge, character and health they need to practice their profession safely and effectively'<sup>6</sup>

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'<sup>7</sup>. 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 identified 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 life<sup>8</sup>.

## 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 Council<sup>9</sup>:

- 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.hcpc-uk.org/assets/documents/10001314CPD\\_and\\_your\\_registration.pdf](http://www.hcpc-uk.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)
<b>a. Neurological knowledge and basic physiology</b>		
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	<p>Understands the most common progressive neurological conditions/diseases of the nervous system and can describe them</p> <p>Shows a good understanding of the impact of different diseases or disorders affecting the nervous system</p>	Expands level of knowledge about progressive neurological conditions/diseases of the nervous system and can explain them fully to specialist staff
<p>Demonstrates a basic knowledge and understanding; showing an awareness of the basic function of the following body systems &amp; processes, and the extent of involvement of the nervous system;</p> <ul style="list-style-type: none"> <li>· Immune</li> <li>· Respiratory</li> <li>· Digestive</li> <li>· Urinary</li> <li>· Skin</li> <li>· Nutrition, metabolism and homeostasis</li> <li>· Sleep physiology</li> <li>· Musculoskeletal including knowledge of normal tone, coordination, movement and gait</li> <li>· Pain</li> <li>· Speech and swallowing mechanisms</li> <li>· Vestibular system</li> <li>· Cognition, behaviour and mental health</li> <li>· Aging and dying</li> </ul>	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	<p>Demonstrates good knowledge of impact of neurological impairment on body systems and processes, and can explain these to own profession</p> <p>Demonstrates a broad range of knowledge of the treatments used in, and management of those with a progressive neurological condition</p>	<p>Extensive detailed knowledge of impact of neurological impairment on body systems and processes, and can teach all staff about new theory and research</p> <p>Demonstrates expert knowledge of the treatments used in, and management approaches involved, and can guide other staff in the appropriate use of these</p>

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

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

## 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 ADLs/function
- Participation
- Activity
- Basic Respiratory function
- Frequency of chest infections
- General pain
- 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

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 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

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

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 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

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:

- Anthropometry and body mass index
- Biochemical status
- Nitrogen balance
- Body composition
- Clinical history
- Dietary & fluid intake
- Social factors impacting nutritional intake
- Nutritional requirements
- 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
- Communicate the risks of feeding
- 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

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 dis-benefits of artificial feeding
- Provides emotional support
- Self-management strategies

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

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

Expertly interprets all available information

Uses comprehensive knowledge of practice to implement highly specialist interventions

Advises on expert management plans particularly in highly complex and distressing circumstances

Advises and supervises on highly specialist interventions

Demonstrates complete autonomy of practice and decision making to meet needs

Educates and provides advice and support to all staff regarding dietetics interventions; plays a pivotal role in guiding the service  
Expands knowledge of dietetics

- 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 be 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 decision-making 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 needed

Demonstrates ability to anticipate likely outcomes/progression using specialist knowledge and experience of working with people with progressive neurological conditions

Ensures appropriate monitoring without 'medicalising' the patient's life and collaborates with MDT and wider teams

### c. Symptom management

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
- 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)
- 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
- 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

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 ability to make recommendations to independent prescribers about which drugs may impact on nutritional status and management, and how they do this

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:

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

Demonstrates good knowledge of the drugs used for symptom management in neurological conditions, and their side effects, 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
- Vertigo/dizziness
- Oscillopsia

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

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 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 detailed knowledge of the mode of action of these drugs

Develops awareness of how drugs commonly used in progressive neurological conditions may affect other

Demonstrates good knowledge of how drugs commonly used in progressive neurological conditions may affect other

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/ complications affecting nutritional status and their management, including; <ul style="list-style-type: none"> <li>· Dysphagia – modified consistency diet/ fluids</li> <li>· Choking leading to aspiration pneumonia</li> <li>· Difficulty controlling food/fluid in the mouth</li> <li>· Reduced Activities of Daily living/loss of function</li> <li>· Reduced ability to perform fine motor task</li> <li>· Reduced motor function</li> <li>· Reduced activity/participation/vocation</li> </ul>	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
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- Reduced mobility
- Cognitive changes
- Lowered mood
- 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
- 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
- Isolation
- Respiratory problems including reduced lung volumes (use of NIPPV; long periods on ventilation), shortness of breath
- Posture issues
- 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

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

<ul style="list-style-type: none"> <li>· Friends/social networks</li> <li>· Intimate relationships</li> <li>· Professional</li> <li>· Spiritual/beliefs</li> </ul>		
<p>Act as an advocate for the person with a progressive neurological condition at team level to remove barriers to care and services</p> <p>Shows understanding of the:</p> <ul style="list-style-type: none"> <li>· Importance of meaningful activities to the person</li> <li>· Benefits of participation and work to a person's wellbeing</li> <li>· Importance of purpose and the person's work/life balance</li> <li>· Basic equipment provision and process</li> </ul> <p>Develops awareness of:</p> <ul style="list-style-type: none"> <li>· Services available to support and provide assistance</li> <li>· Role of social services and what they can do</li> <li>· Environment controls/adaptations provision and process</li> <li>· Advanced/specialised equipment provision and process</li> <li>· Legislation that support engagement in promoting independence e.g. employment rights</li> <li>· Impact of spiritual and emotional support on promoting independence</li> </ul>	<p>Act as an advocate for the person with a progressive neurological condition at community level</p> <p>Demonstrates extensive knowledge of the support services available to promote independence</p>	<p>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</p> <p>Identifies any gaps in local support services and collaborates with commissioners and service providers to initiate strategies to address these</p>
<p>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</p> <p>Shows awareness of how therapeutic interventions or activities could impact on the important roles and relationships in a person's life</p> <p>Demonstrates knowledge of interventions and advice to help maintain roles and relationships:</p> <ul style="list-style-type: none"> <li>· Strategies to help maximise independence with personal care</li> <li>· Strategies to help with domestic responsibilities</li> <li>· Advise on different methods of transport that are available</li> </ul> <p>Develops awareness of additional interventions and advice to help maintain roles and relationships:</p> <ul style="list-style-type: none"> <li>· Different methods of sexual expression/</li> </ul>	<p>Demonstrates good knowledge of understanding the responsibilities of the patient</p> <p>Demonstrates understanding of how progressive conditions can affect a person's ability to maintain their role</p> <p>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</p> <p>Demonstrates good knowledge of the interventions and advice to help maintain roles and relationships</p>	<p>Demonstrates expert knowledge and understanding of all aspects of the relationships, roles and responsibilities in a patient's life</p> <p>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</p>

<p>intimacy</p> <ul style="list-style-type: none"> <li>· Different communication aids to optimise roles and relationships</li> <li>· Psychological therapies and strategies</li> </ul>		
<p>Develops awareness of how the symptoms and complications of a progressive neurological condition can affect self-care, activity, participation and vocation</p>	<p>Demonstrates good knowledge of how the symptoms and complications of a progressive neurological condition can affect self-care, activity, participation and vocation</p>	<p>Demonstrates expert knowledge of how the symptoms and complications of a progressive neurological condition can affect self-care, activity, participation and vocation</p> <p>Demonstrates expertise in management strategies to maintain self-care, activity, participation and vocation</p>
<p>Develops an awareness of self-management strategies</p>	<p>Demonstrates excellent knowledge of self-management strategies, the barriers that exist and the support mechanisms available</p> <p>Encourages self-management approaches, and supports, implements and runs self-management programmes</p>	<p>Empowers people to identify and reach realistic goals for self-management</p> <p>Uses experience and expertise to influence others to improve care</p> <p>Creates opportunities to develop, and facilitates implementation of recognised self-management programmes and strategies across a health community</p>
<p>Develops awareness of the amount and type of support required to help a patient engage in self-management</p>	<p>Recognises the importance of providing appropriate and timely support mechanisms to patients engaging in self-management</p>	<p>Demonstrates an expert knowledge of what is needed to support effective self-management</p> <p>Works strategically to ensure these support mechanisms are available to people with a progressive neurological condition</p>
<p>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</p> <p>Develop knowledge to support a person in the work environment</p> <p>Develop awareness that it may be necessary to liaise with employers to make reasonable adjustments to maximise a person's performance</p>	<p>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</p> <p>Work flexibly within professional scope to liaise with employers and others to make reasonable adjustments to maximise a person's performance</p>	<p>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</p>
<p>Shows awareness of resources available to support a person living with a progressive neurological condition e.g.</p> <ul style="list-style-type: none"> <li>· Home enteral feeding support services</li> <li>· Self-management schemes</li> <li>· RADAR National key scheme</li> <li>· 'just can't wait/no waiting' card</li> <li>· Signposting to websites/services offering advice and additional support signposting e.g. Disability Living Foundation</li> <li>· Support for travel planning etc.</li> </ul>	<p>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</p>	<p>Works strategically and at a national level to establish nutritional support services for people living with a progressive neurological condition</p> <p>Works strategically to ensure the development of self-management schemes</p>

## Competency 2: Leadership, teamwork and collaboration

### a. Multidisciplinary Team and care pathways

<p>Recognises which team members makes up the MDT</p> <p>Establishes MDT working relationships</p>	<p>Maintains and expands MDT working</p> <p>Works flexibly within professional scope of practice to promote close working relationships</p>	<p>Identifies and responds to the developing needs of the MDT, justifying expansion where needed.</p> <p>Works strategically to improve communication flows and ensure local services are in place to support excellent MDT working</p>
<p>Understands the roles of MDT members</p> <p>Develops awareness of how own role impacts on service delivery</p>	<p>Develops interdisciplinary approach to team working</p>	<p>Facilitates and supports extended scope of practice working and puts in place processes that support this</p>
<p>Develops awareness of the importance of the following in long-term condition management:</p> <ul style="list-style-type: none"> <li>· Ease of access to MDT</li> <li>· Single point of contact</li> <li>· Timely interventions/actions</li> <li>· Flexible approach to respond to variability of needs throughout the condition</li> <li>· Tailored advice, involving family/friends/ carers where appropriate</li> <li>· Maintaining accessibility to the MDT from diagnosis to death (not discharging/ open access)</li> </ul>	<p>Uses clinical expertise and experience to describe the critical aspects of an effective MDT to people with progressive neurological conditions</p>	<p>Understands codes of practice of other professionals and the importance of defining responsibilities in an MDT</p> <p>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</p> <p>Demonstrates excellent skills to provide support to team members working in stressful and complex situations.</p>
<p>Understands and adheres to the care pathways that exist locally for progressive neurological conditions (including end of life care and urgent care)</p>	<p>With support, identifies and develops new ways of working within own profession, and contributes to development of new care pathways</p>	<p>Works at a strategic level to lead on designing and implementing new care pathways</p>
<p>Develops understanding of how the MDT works with and complements other services available locally</p>	<p>Demonstrates a good knowledge of how the MDT co-ordinates the care management in progressive neurological conditions</p> <p>Describes to the patient the professional relationships of the teams involved in their care</p>	<p>Develops and improves communication between services to ensure seamless care in progressive neurological conditions</p>
<p>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;</p> <ul style="list-style-type: none"> <li>· Clinical Psychology/neuro-psychology services</li> <li>· Community Neurological care teams</li> <li>· Wheelchair clinics</li> <li>· Pain clinics</li> <li>· Continence service</li> <li>· Respiratory services</li> <li>· Orthotics</li> <li>· Nutrition Support team &amp;</li> </ul>	<p>Understands the limitations of the care/ service that can be provided within the MDT.</p> <p>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</p>	<p>Identifies any gaps in service provision and initiates strategies to address these.</p> <p>Advises, supervises and co-ordinates peers to ensure needs of an individual with a progressive neurological condition are met.</p> <p>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</p>

<p>Gastroenterology</p> <ul style="list-style-type: none"> <li>· Hospice &amp; Specialist palliative care services</li> <li>· Social Care and Carer agencies</li> <li>· Housing teams</li> <li>· Sensory Support teams</li> <li>· Assistive technology service</li> <li>· Alternative and Augmentative Communication services (AAC)</li> <li>· Mental Health teams</li> <li>· Counsellors/spiritual advisor</li> <li>· Relationship counsellors</li> <li>· Benefits/welfare &amp; financial advice team</li> <li>· Social services</li> <li>· Job centre plus</li> <li>· Health Visitors</li> <li>· Safeguarding teams</li> <li>· Condition specific charitable organisations/support groups</li> <li>· General relevant voluntary organisations</li> </ul>		
<p>Demonstrates knowledge of local referral pathways for referring on within the MDT and implement them</p> <p>Demonstrates awareness of local referral pathways to services outside the MDT</p> <p>Seeks advice and support to make referrals outside the MDT as required.</p> <p>Develops awareness of the referral pathways for services outside the local area, and the processes involved in implementing these</p>	<p>Demonstrates good knowledge of all referral pathways that a person with a progressive neurological condition may require.</p> <p>Demonstrates good knowledge of best practice/recommendations for referral pathways and contributes to defining local referral pathways.</p> <p>Explains and describes referral pathways to other staff and people with a progressive neurological condition</p>	<p>Promotes best practice in the development of referral and care pathways</p> <p>Participates at a strategic level nationally to inform and contribute to national recommendations for pathways</p>
<p>Develops awareness of the existence and role of:</p> <ul style="list-style-type: none"> <li>· Statutory agencies e.g. local authority</li> <li>· Non-statutory/charitable organisations</li> </ul>	<p>Demonstrates a good knowledge of the roles of statutory agencies and non-statutory/charitable organisations.</p> <p>Describes these agencies to other staff and patients with progressive neurological conditions</p> <p>Develops and maintains professional relationships with these agencies</p>	<p>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</p> <p>Acts as an advocate for people with progressive neurological conditions at a strategic level within these agencies</p>
		<p>Develops and sustains productive partnerships, playing a part in development of managed clinical networks</p>
<b>b. Education</b>		
<p>Demonstrates ability to deliver introductory/progressive neurological condition awareness raising education sessions to patients and unqualified staff</p>	<p>Demonstrates ability to plan, resource and deliver in depth structured educational sessions about progressive neurological conditions to patients, staff and students</p>	<p>Demonstrates ability to educate experienced and specialist staff about progressive neurological conditions, and takes an active role in promoting education in progressive condition management</p>

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

### Competency 3: Personal and professional development

#### a. Accountability

<p>Maintains a record of, and shows evidence of learning e.g. a personal portfolio</p> <p>Shows understanding of the importance of keeping up-to date with relevant information associated with progressive neurological conditions and professional practice</p> <p>Applies current knowledge to clinical practice</p> <p>Manages own time and caseload, but seeks support when needed.</p> <p>Works within scope of practice and level of experience</p>	<p>Demonstrates participation in continued professional development</p> <p>Recognises need to provide support, advice and supervision to junior staff</p> <p>Demonstrates accountability in prioritising and managing workloads across the team in response to changing service priorities.</p> <p>Uses and interprets complex clinical information to inform clinical management plans</p>	<p>Accountable for taking a strategic overview of the service, ensuring services flex to adapt to changing need.</p> <p>Develops action learning sets to promote group learning</p> <p>Maximise the use of developing technologies to create and promote increased access to cost effective learning opportunities for staff</p>
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<p>Recognises importance of clinical supervision and attends on a regular basis</p> <p>Identifies critical incidents from which learning can occur</p> <p>Participates in performance appraisals</p> <p>Ensures own supervision needs are met at an appropriate level.</p> <p>Shows awareness of frameworks to inform personal learning needs</p> <p>Makes effective use of a mentor to explore ideas and devise a personal development plan</p>	<p>Uses positive and negative clinical experiences to inform development needs</p> <p>Demonstrates excellent knowledge of frameworks (e.g. Skills and Knowledge framework, Competency frameworks) and uses these to create personal learning plan</p> <p>Provides supervision, coaching and mentoring to other staff</p> <p>Seeks personal supervision to advance own learning</p>	<p>Demonstrate self-awareness by challenging own practice and service delivery, and seeking improvement</p> <p>Provides skilled supervision for members of the team</p> <p>Creates an environment that promotes and encourages innovative approaches and empowers staff to improve</p> <p>Acts as a role model at local, regional, national and international level to help others challenge practice and promote professional development</p> <p>Responsible for ensuring all staff are appraised and have a plan to meet the training needs that are identified</p>
<p>Seeks support to identify appropriate learning material</p> <p>Shows awareness of the types of learning opportunities available e.g.</p> <ul style="list-style-type: none"> <li>· Journals</li> <li>· Courses</li> <li>· Shadowing</li> <li>· Reflection</li> </ul> <p>Accesses/attends local educational activities for the MDT</p> <p>Participates in local network groups and accesses local learning opportunities</p>	<p>Identifies gaps in the evidence base and collaborates with others to address them</p> <p>Accesses/attends national learning opportunities</p> <p>Participates in regional network groups and learning opportunities</p>	<p>Promotes innovative ways to optimise learning</p> <p>Uses evaluation to develop new programmes for advanced practice</p> <p>Participates in national and international network groups and learning opportunities</p>
<p>Works within current Health and Care Professions Council (HCPC) scope of practice:</p> <ul style="list-style-type: none"> <li>· <i>Standards of conduct, performance and ethics (2016)</i> Health and Care Professions Council)</li> <li>· <i>Standards of proficiency: Dietitians (2013)</i> Health and Care Professions Council)</li> <li>· <i>Continuing professional development and your registration (2017)</i> Health and Care Professions Council)</li> </ul> <p>Demonstrates professional registration and qualification</p> <p>Demonstrates understanding of professional responsibility to report any concerns regarding unsafe or compromised service</p> <p>Shows awareness of relevant regulatory local policies e.g. whistleblowing, and managing appropriate relationships with commercial sector</p>	<p>Works flexibly within HCPC code of practice, and identifies and develops new ways of working</p> <p>Develops and maintains professional relationships with commercial sector for benefit of people with progressive neurological conditions</p> <p>Demonstrates good knowledge of relevant local policies including the regulatory ones already named e.g. access to treatment/waiting times</p> <p>Demonstrates knowledge of relevant national targets and policy regarding care provision</p>	<p>Shows awareness of the codes of practice across healthcare professionals and where duty of care and responsibility lies in the MDT</p> <p>Accountable for staff working within their scope of practice and having current professional registration</p> <p>Accountable for acting on and initiating investigation into any reports of unsafe or compromised service</p> <p>Uses experience and expertise to influence commercial sector to improve care/equipment provision to people with progressive neurological conditions</p> <p>Works strategically to influence national policy for the benefit of people with progressive neurological conditions</p>



**b. Service development**

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

## 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

Demonstrates good knowledge of relevant symptom specific guidance, such as:

- *Withholding and Withdrawing Life-prolonging Medical Treatment Guidelines (2007)* British Medical Association

Contributes towards peer review and creation of relevant symptom specific guidance

Shows awareness of NICE guidance, advice, quality standards and information services that may be relevant.

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

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 process

Shows understanding of why audit is undertaken

Develops awareness of audit tools

Participates in established or mandatory audits

Demonstrates good working knowledge 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

Collaborates at strategic level to facilitate 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: <ul style="list-style-type: none"> <li>· Equality Act (HMSO 2010)</li> <li>· Mental Capacity Act (2005)</li> <li>· Care Act (2014)</li> <li>· Human Rights Act (1998)</li> <li>· Suicide Act (1961)</li> <li>· Data protection Act (1998)</li> </ul>	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: <ul style="list-style-type: none"> <li>· <i>Our Health, Our Care, Our Say</i> (2006) Government white paper</li> <li>· <i>National Service Framework for long Term (Neurological) Conditions</i> (2005) Department of Health</li> </ul>	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: <ul style="list-style-type: none"> <li>· Lasting Power of Attorney (LPA)</li> <li>· Advance Decision to Refuse Treatment directives (ADRT)</li> </ul>	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

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# Motor neurone disease Dietetics competency framework

## Competency 1: Clinical knowledge and practice

Competent (BAND 5)	Specialist (BAND 6)	Highly Specialist/Advanced (BAND 7/8)
<b>a. Knowledge of MND</b>		
<p>Demonstrates a basic knowledge of what MND is:</p> <ul style="list-style-type: none"> <li>· What goes wrong (pathophysiology)</li> <li>· Types; Amyotrophic lateral sclerosis (ALS), Progressive bulbar palsy (PBP), Progressive muscular atrophy (PMA), Primary lateral sclerosis (PLS)</li> <li>· Causes (aetiology): Inherited, sporadic</li> <li>· Prevalence and incidence</li> <li>· How diagnosis is made</li> <li>· Main features</li> <li>· Progression and prognostic indicators</li> </ul>	<p>Demonstrates good knowledge and understanding of MND, including factors that contribute to motor neurone degeneration and its impact on motor control</p> <p>Demonstrates good knowledge and understanding of symptoms, problems and complications in MND</p> <p>Demonstrates good knowledge and understanding of the impact of the diagnosis of MND on the patient and the family</p> <p>Demonstrates an ability to describe the disease to people with MND and non-specialist staff</p>	<p>Demonstrates expert knowledge of all aspects of MND</p> <p>Demonstrates an ability to teach and educate specialist staff about MND, new theory and current research</p>
<b>b. Assessment and care planning</b>		
<p>Develops awareness of the importance of advance care planning due to the rapidly progressive nature of the disease, especially with regard to:</p> <ul style="list-style-type: none"> <li>· Feeding options including altered consistencies need to be considered in a timely manner</li> <li>· Feeding (tube) – options could be reduced as respiratory function deteriorates</li> <li>· Respiratory support</li> <li>· Provision of equipment</li> <li>· Establishing care support mechanisms and timely access to services</li> </ul>	<p>Demonstrates good knowledge of the importance of advance care planning and the importance of speed of provision of intervention</p> <p>Initiates advance care planning discussions and processes</p> <p>Describes advance care planning to people with MND and non-specialist health and social care professionals</p>	<p>Demonstrates expert knowledge of advance care planning</p> <p>Educates and supervises specialised staff in complex care planning</p> <p>Collaborates strategically to ensure care pathways to support seamless advance care planning exist and are followed</p>
<p>Develops awareness that much closer and more frequent monitoring may be required due to the rapid progression that can occur in MND</p> <p>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</p>	<p>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</p> <p>Co-ordinates and initiates MDT reviews to ensure all interventions remain appropriate and timely</p>	<p>Contributes to best practice guidance for Dietetics interventions for people with MND</p>

**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 non-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**

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
- Low back 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. *Transforming MND Care audit Tool (2017)* Motor Neurone Disease Association

Promotes service improvement by ensuring completion across the service of MND Care audits

Actively engages in local audits related to MND care

## Competency 5: Legal and ethical practice

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

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# Multiple Sclerosis

## Dietetics competency framework



### Competency 1: Clinical knowledge and practice

Competent (BAND 5)	Specialist (BAND 6)	Highly Specialist/Advanced (BAND 7/8)
<b>a. Knowledge of MS</b>		
<p>Demonstrates basic knowledge of what MS is:</p> <ul style="list-style-type: none"> <li>· What goes wrong (pathophysiology)</li> <li>· Types; relapsing-remitting, secondary progressive, primary progressive</li> <li>· Possible causes (aetiology); genetic predisposition, environmental factors, slow virus</li> <li>· Prevalence and incidence</li> <li>· Influencing factors; gender, latitude, vitamin D, smoking</li> <li>· Main features</li> <li>· How diagnosis is reached; MRI, lumbar puncture, visual evoked response</li> <li>· Monitoring &amp; measuring impact</li> <li>· Progression</li> </ul>	<p>Demonstrates good knowledge and understanding of MS, including;</p> <ul style="list-style-type: none"> <li>· Mechanisms of inflammation and healing (i.e. relapses); disruption of nerve conduction, plaque formation, axonal loss, T cells, blood-brain barrier</li> <li>· Symptoms, problems and complications</li> </ul> <p>Describes the disease to people with MS and non-specialist health and social care professionals</p>	<p>Demonstrates expert knowledge of all aspects of MS.</p> <p>Demonstrates an ability to teach and educate specialist staff about MS</p>
<b>b. Assessment and care planning</b>		
<p>Refer to the Progressive neurological conditions dietetics competency framework – no additional content</p>		
<b>c. Symptom management</b>		
<p>Develops knowledge and recognition of common symptoms in MS that may affect nutritional status and/or nutrition intake:</p> <ul style="list-style-type: none"> <li>· Neuropathic pain</li> <li>· Spasticity &amp; Spasms</li> <li>· Short circuiting in nerve conduction</li> <li>· Tremor; Intentional and Postural</li> <li>· Ataxia including ataxic gait</li> <li>· Gaze dysfunction</li> <li>· L'Hermitte's sign</li> <li>· Neurogenic bladder/bowel</li> <li>· Bladder overflow</li> <li>· Weakness of pelvic floor</li> <li>· Sensory disturbance &amp; alterations to sensory perception</li> <li>· Vertigo</li> <li>· Altered sensation</li> <li>· Flaccidity</li> <li>· Increased tone</li> <li>· Optic neuritis</li> <li>· Typical tonal patterns</li> <li>· Cognitive dysfunction</li> </ul>	<p>Demonstrates good knowledge of the common symptoms in MS that may affect nutritional status and/or nutrition intake</p> <p>Demonstrates good knowledge of the management strategies to address these</p> <p>Describes management options to people with MS</p>	<p>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</p> <p>Teaches and advises on management options to other staff</p>

**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; <ul style="list-style-type: none"> <li>· Mode of action</li> <li>· Aim of intervention</li> <li>· Effect on disease progression</li> <li>· Side-effects</li> <li>· Adverse effects</li> </ul>	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: <ul style="list-style-type: none"> <li>· Tremor/ataxia (eg beta blockers)</li> <li>· Anti-spasticity</li> <li>· Nerve conduction</li> </ul>	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**

Develops awareness of possible common complications associated with MS and how they can be managed: <ul style="list-style-type: none"> <li>· Increased risk of developing osteoporosis</li> <li>· Shortening and lengthening of soft tissues due to poor posture</li> <li>· Reduced ability to cope with physical temperature changes (heat)</li> <li>· Nociceptive pain</li> </ul>	Demonstrates good knowledge of common complications associated with MS that may affect nutritional status and/or nutrition intake  Demonstrates good knowledge of management strategies to address these  Describes management options to people with MS and staff	Demonstrates expert knowledge of the common complications associated with MS that may affect nutritional status and/or nutrition intake  Demonstrates expert knowledge of the management strategies to address these  Teaches and advises on management options to other staff  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
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Develops awareness of surgical/invasive procedures commonly used in MS;

- Phenol pumps & Phenol injections
- Baclofen pumps
- Tenotomy (cutting a tendon)
- Humidification

Demonstrates good knowledge of surgical/invasive procedures commonly used in MS

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.  
*Measuring Success (2007)* 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)
<b>a. Knowledge of Parkinson's</b>		
<p>Basic knowledge of what Parkinson's is:</p> <ul style="list-style-type: none"> <li>· What goes wrong (pathophysiology)</li> <li>· Causes (aetiology)</li> <li>· Prevalence and incidence</li> <li>· Main features</li> <li>· How diagnosis is made</li> <li>· Progression</li> </ul>	<p>Demonstrates good knowledge and understanding of Parkinson's, including;</p> <ul style="list-style-type: none"> <li>· Presentations: on-off, start hesitation, freezing</li> <li>· Symptoms, problems and complications</li> </ul> <p>Describes the disease to people with Parkinson's and none specialist staff</p>	<p>Demonstrates expert knowledge of all aspects of Parkinson's.</p> <p>Demonstrates an ability to teach specialist staff about Parkinson's</p>
<p>Shows awareness of the role of neurotransmitters.</p> <p>Develops knowledge about how each of the following work;</p> <ul style="list-style-type: none"> <li>· Dopamine</li> <li>· Noradrenaline</li> <li>· Serotonin</li> <li>· Glutamate</li> <li>· Gamma-aminobutyric acid</li> </ul>	<p>Demonstrates good knowledge of the role and function of neurotransmitters</p>	<p>Demonstrates expert knowledge of neurotransmitters</p> <p>Educates specialist staff about neurotransmitters</p>
<p>Develops awareness of the medical concepts:</p> <ul style="list-style-type: none"> <li>· Neuroprotection</li> <li>· Neurorescue</li> <li>· Neurorestoration</li> <li>· Neuromodulation</li> </ul>	<p>Demonstrates good knowledge of the medical concepts</p>	<p>Demonstrates expert knowledge of the medical concepts, with ability to teach specialist staff about them.</p>
<p>Develops awareness of Parkinsonism conditions:</p> <ul style="list-style-type: none"> <li>· Multiple System Atrophy (MSA)</li> <li>· Progressive Supranuclear Palsy (PSP)</li> <li>· Vascular Parkinsonism</li> <li>· Idiopathic Parkinson's</li> <li>· Drug induced Parkinsonism</li> <li>· Normal Pressure Hydrocephalus</li> </ul>	<p>Demonstrates good knowledge of Parkinsonism conditions</p> <p>Describes these to patients and non-specialist staff</p>	<p>Demonstrates expert knowledge of all Parkinsonism conditions</p> <p>Educates specialist staff about these.</p>
<p>Develops awareness of impact of Parkinson's on circadian rhythm and sleep</p>	<p>Demonstrates good knowledge of impact of Parkinson's on circadian rhythm and sleep</p>	<p>Demonstrates excellent knowledge of impact of Parkinson's on all aspects of sleep</p>

### 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
- 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

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

**d. Medicine 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	<p>Demonstrates knowledge of the effect of dietary factors (protein) on dopaminergic medications</p> <p>Shows ability to advise on dietary manipulation to ensure optimum drug effect and optimal nutritional intake</p>	Demonstrates expert knowledge of the effect of dietary factors (protein) on dopaminergic medications

### e. Problem/complication management

<p>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:</p> <ul style="list-style-type: none"> <li>· Mealtime fatigue</li> <li>· Fixed facial expression</li> <li>· Flexed posture</li> <li>· Scoliosis</li> <li>· Pisa syndrome</li> <li>· Camptocormia</li> <li>· Antecolles</li> <li>· Psychogenic parkinsonian gait</li> <li>· Hallucinations</li> <li>· Psychosis/delusions</li> <li>· Impulse control disorder</li> <li>· Blurred vision and dry eyes</li> <li>· Kyphosis</li> <li>· Nociceptive pain</li> <li>· REM sleep disorder</li> <li>· 'Wearing off' of medications</li> <li>· Reduced ability to cope with physical temperature changes (heat)</li> <li>· Agitation</li> </ul> <p>Develops awareness of the impact of these on nutritional status and/or nutritional intake</p>	<p>Demonstrates good knowledge of the common complications associated with Parkinson's that may affect nutritional status and/or nutritional intake</p> <p>Demonstrates good knowledge of the management strategies to address these</p> <p>Demonstrates good knowledge of the impact of these complications on nutritional status and/or nutritional intake and how to address them</p>	<p>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</p> <p>Teaches and advises other staff about symptom management and their effect on dietetic management</p> <p>Demonstrates expert knowledge of proactive interventions to help prevent the onset of complications</p>
<p>Demonstrates awareness of surgical/invasive procedures commonly used in Parkinson's:</p> <ul style="list-style-type: none"> <li>Deep brain stimulation</li> <li>Radiological localisation</li> <li>Physiological localisation</li> <li>Ablation/stimulation</li> <li>Humidification</li> <li>Continuous positive airway pressure</li> <li>Piped oxygen</li> <li>Baclofen pump</li> </ul>	<p>Describes all management options to people with Parkinson's and none specialist staff</p> <p>Demonstrates good knowledge of surgical/invasive procedures commonly used in Parkinson's.</p> <p>Describes these to people with Parkinson's and staff</p>	

### 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

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

### 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:

- 2017 UK Parkinson's Audit Dietetics: Standards and Guidance

Promotes service improvement by 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)
<b>a. Neurological knowledge and physiology</b>		
<p>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</p>	<p>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</p>	<p>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</p>
<p>Has factual knowledge of what happens in each of the most common progressive conditions/diseases of the nervous system, and the impact of these on the occupations of the individual.</p>	<p>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</p>	<p>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</p>
<p>Demonstrates factual knowledge of each of the body systems and processes; can describe each in detail, including involvement of the nervous system:</p> <ul style="list-style-type: none"> <li>· Immune</li> <li>· Respiratory</li> <li>· Digestive</li> <li>· Urinary</li> <li>· Skin</li> <li>· Nutrition, metabolism and homeostasis</li> <li>· Sleep physiology</li> <li>· Musculoskeletal including knowledge of normal tone, coordination, movement and gait</li> <li>· Pain</li> <li>· Speech and swallowing mechanisms</li> <li>· Vestibular system</li> <li>· Cognition, behaviour and mental health</li> <li>· Aging and dying</li> <li>· Uses clinical reasoning skills to understand how impairment in these impacts on occupational performance and participation</li> </ul>	<p>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</p>	<p>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.</p> <p>Can educate experienced staff across specialties</p>
<p>Has factual knowledge of how neurological impairment can affect the systems and processes listed above</p> <p>Reflects on the impact of these on occupational performance and participation in order to complete the OT</p>	<p>Demonstrates advanced knowledge and critical understanding of the impact of neurological impairment on body systems and processes, and can explain to own profession</p> <p>Uses advanced clinical reasoning skills</p>	<p>Extensive detailed knowledge of impact of neurological impairment on body systems and processes, and can teach staff about new theory and research</p> <p>Demonstrates expert knowledge and critical understanding of the treatments</p>

process (select appropriate assessment and intervention)

to understand how impairment in these impacts on occupational performance and participation within social and cultural environments

used in, and management approaches involved in long term neurological conditions

Demonstrates a broad range of knowledge of the treatments used in, and management of those with a progressive neurological condition

Has enhanced clinical reasoning skills to guide own, and others, appropriate use of interventions

Demonstrates awareness and has factual understanding of the impact of a diagnosis of a progressive neurological condition on a patient and their family; physically, emotionally, psychologically, financially and the impact on life roles and identity

Demonstrates advanced knowledge and critical understanding of the impact of a diagnosis of a progressive neurological condition on a patient and their family; physically, emotionally, psychologically, financially and the impact on life roles and identity

Demonstrates enhanced clinical reasoning skills to understand the range of responses by patients and families to 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

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

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 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

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

	<p>Demonstrates ability to lead discussions within MDT and recommend actions</p> <p>Demonstrates ability to discuss outcomes of holistic assessments with wider teams and make referrals as required</p>	
<p>Has factual knowledge of stages of disease progression and how these differ across conditions.</p> <p>Has factual and theoretical knowledge of the transition between palliative care and end of life care in progressive neurological conditions</p> <p>Develops awareness of advance care planning process and how to contribute to it</p>	<p>Demonstrates advanced knowledge and critical understanding of the different stages of disease progression across progressive neurological conditions and general management plans transitioning the different stages</p> <p>Initiates, coordinates and contributes to advance care planning process with the individual, their families and the multidisciplinary team</p> <p>Recognises the stage of disease a patient is at, and can explain this to them and help them plan ahead</p>	<p>Uses most advanced knowledge and critical understanding of disease progression and enhanced clinical reasoning to discuss and plan in detail different management strategies at each stage of disease progression across progressive neurological conditions, with the individual, their families and the multidisciplinary team</p> <p>Provides strategic leadership to establish pathways and processes to ensure advance care planning is implemented effectively across the multidisciplinary team and different service providers</p> <p>Demonstrates most advance knowledge and critical understanding of stages of diseases and uses enhanced clinical reasoning to guide discussions about this with patients and their cares, and other professionals within individual treatment plans and also in the wider context of education, and policy and guidance development</p>
<p>Has factual and theoretical knowledge of the range of basic occupational therapy assessments available.</p> <p>Demonstrates ability to complete one to one assessment of:</p> <ul style="list-style-type: none"> <li>· Breathing patterns during functional activity</li> <li>· Pain</li> <li>· Impact on ADLs/function (e.g. ICF)</li> <li>· Falls assessment</li> <li>· Mobility needs</li> <li>· Transfers</li> <li>· Range of movement</li> <li>· Gait (pattern/coordination, stride length)</li> <li>· Rest/activity cycles (actigraphy)</li> <li>· Environment</li> <li>· Fatigue</li> </ul> <p>Demonstrates ability to use the findings of the assessment to inform treatment options</p> <p>Has factual knowledge of specialised occupational therapy assessments and how to complete them and can interpret</p>	<p>Demonstrates advanced knowledge and critical understanding of the full range of specialised occupational therapy assessments available and ability to complete these, to assess:</p> <ul style="list-style-type: none"> <li>· Motor function and mobility, including wheelchair provision</li> <li>· Abnormal tone (high and low) and patterns of tone – impact on posture and mobility</li> <li>· Sensation/sensory changes (including use of body charts)</li> <li>· Impact of disease on functional activity/participation/vocation</li> <li>· Posture and positioning needs</li> <li>· Balance assessments</li> <li>· Cognition</li> <li>· Mood</li> </ul> <p>Implements best practice guidance and actively contributes to development of this guidance</p> <p>Has critical understanding of range of available assessments</p> <p>Has the ability to accurately interpret</p>	<p>Demonstrates critical thinking and enhanced clinical reasoning skills to select the most appropriate assessment for use in a variety of scenarios to most effectively inform treatment planning</p> <p>Advises clinical services and organisations / groups on the most suitable assessments to be used with progressive neurological conditions</p> <p>Contributes to the development and validation of new clinical assessments nationally and internationally</p> <p>Recognises and incorporates new assessments into practice, translating best evidence into practice</p> <p>Contributes to the education of other health care professionals locally, nationally and internationally to complete and interpret assessments accurately and use the findings to correctly choose treatment options</p>



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

Independently implements occupational therapy interventions and advice:

- Pressure relieving advice and provision of appropriate pressure relieving equipment/devices and highlighting risks for tissue damage e.g. burns
- Provision of aids & equipment as appropriate e.g. equipment to aid function in self-care, productivity and leisure activities.
- Maintaining independent functional activity/movement/manual therapy
- Manual handling techniques and equipment
- Improving the environment/ergonomics to aid function
- Advice on functional tasks and safety e.g. domestic tasks
- Awareness of falls risks and falls prevention
- Signposting – resources, advice, other services
- Fatigue management techniques
- Flexible approach to take account of cognitive, mental health, behaviour or memory problems
- Good sleep hygiene advice

Implements specialised occupational therapy interventions with guidance and supervision:

- Posture and positioning advice, including pressure care and relief, and in support of safe swallowing

Maintains safety, privacy, respect and dignity of person at all times

Demonstrates understanding of own limitations and seeks support and advice when needed

Establishes a therapeutic relationship with the patient during episodic contacts

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 advice
- Anxiety management
- Sensory reintegration
- Pain relief
- Postural management
- Emotional support
- CBT & Psychological strategies
- Vocational advice
- Writing techniques
- Self-care and self-management strategies
- Health promotion
- Public health

Develops a continuing relationship with a patient through ongoing contact.

Demonstrates complete autonomy of practice and decision making to meet needs

Provides expertise and support to team regarding occupational therapy interventions

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

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
- Patient reported outcome 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

Able to critically analyse assessment tools and evidence published and participate

Has highly specialised knowledge and critical understanding of appropriate measures to select for specific clinical outcome measurement

Identifies gaps in service/measures and initiates strategies to address them

Has highly specialist knowledge and critical understanding of a broad range of relevant clinical assessments and measures, the psychometric properties, and has advanced skills to interpret the results for individuals and groups of patients

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

### c. Symptom management

<p>Has factual knowledge of and can recognise common symptoms in progressive neurological conditions that fall directly within own professional scope of practice:</p> <ul style="list-style-type: none"> <li>· Fatigue</li> <li>· Muscle weakness and fatigability</li> <li>· Immobility</li> <li>· Balance problems</li> <li>· Stiffness</li> <li>· Pain</li> <li>· Gait problems including foot drop</li> </ul> <p>Demonstrates basic knowledge of the management strategies of these</p> <p>Has factual knowledge about, and can recognise, physical symptoms in progressive neurological conditions outside own direct scope of professional practice:</p> <ul style="list-style-type: none"> <li>· Bladder and bowel dysfunction (including urinary storage problems &amp; retention, bladder emptying problems – increased urgency or frequency)</li> <li>· Reduced gut motility (reduced appetite, nausea and constipation)</li> <li>· Swallowing problems</li> <li>· Speech difficulties</li> </ul>	<p>Has advanced knowledge of and has clinical reasoning skills to recognise and manage the symptoms of a progressive neurological condition</p> <p>Has advanced knowledge of a wide range of management strategies to address common and rarer symptoms experienced in progressive neurological conditions</p> <p>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</p> <p>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</p> <p>Uses clinical reasoning skills to recognise signs and symptoms early to trigger timely assessment and intervention</p>	<p>Has highly specialist knowledge and advanced clinical reasoning skills to recognise a variety of common and rarer symptoms experienced in progressive neurological conditions</p> <p>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</p> <p>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)</p> <p>Contributes to the education of health care professionals about common and rarer symptoms and their management, locally, nationally and internationally</p> <p>Works strategically at local, national and international levels to design and implement care pathways to ensure prompt and effective symptom</p>
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- 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

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

#### d. Medicine management

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

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

Has advanced knowledge of the drugs commonly and more rarely used therapeutically to treat diseases of the nervous system, and their impact

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 anti-diarrhoeals)
- Fatigue management
- Sleep management
- Pain management
- Urinary urgency and frequency
- Mood control
- Management of tone
- Disease modifying therapies

Demonstrates advanced knowledge of the evidence for drug therapies used for symptom management in neurological conditions, and their side effects, 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
- Vertigo/dizziness
- Oscillopsia

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

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

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

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

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
- Reduced quality of life
- Muscle and weight loss
- 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
- Weight gain
- Delayed wound healing
- Contractures
- Joint stiffness
- Isolation
- Respiratory problems including reduced lung volumes (use of NIPPV), shortness of breath
- Posture issues
- 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 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
- 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 factual knowledge of complementary approaches and interventions, including 'unproven' approaches

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 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 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 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 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 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 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
- Work/Education
- Hobbies
- Friends/social networks
- Intimate relationships
- Professional
- 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

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

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 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

<ul style="list-style-type: none"> <li>· Strategies to help maintain leisure interests</li> <li>· Strategies to help maintain relationships including expressions of intimacy and sexuality</li> <li>· Psychological therapies and strategies</li> </ul>		
<p>Has factual knowledge of self-management strategies</p>	<p>Has advanced knowledge and critical understanding of self-management strategies, the barriers that exist to these, and the support mechanisms available</p> <p>Encourages self-management approaches, and supports, implements and runs self-management programmes</p>	<p>Empowers people to identify and reach realistic goals for self-management</p> <p>Uses experience and expertise to influence others to improve care</p> <p>Creates opportunities to develop, critically appraise, and facilitates implementation of recognised self-management programmes and strategies across a health community</p>
<p>Uses clinical reasoning to determine the amount and type of support required to help a patient engage in self-management</p>	<p>Uses clinical reasoning skills to determine the importance of providing appropriate and timely support mechanisms to patients engaging in self-management</p>	<p>Has advanced knowledge and critical understanding of what is needed to support effective self-management</p> <p>Works strategically to ensure support mechanisms for effective self-management are available to people with a progressive neurological condition</p> <p>Works strategically to ensure the development of self-management schemes</p>
<p>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</p>	<p>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</p> <p>Work flexibly within professional scope to liaise with employers and others to make reasonable adjustments to maximise a person's performance</p>	<p>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</p>

## Competency 2: Leadership, teamwork and collaboration

### a. Multidisciplinary team and care pathways

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



<p>Develops awareness of the importance of the following in long-term condition management:</p> <ul style="list-style-type: none"> <li>· Ease of access to MDT</li> <li>· Single point of contact</li> <li>· Timely interventions/actions</li> <li>· Flexible approach to respond to variability of needs throughout the condition</li> <li>· Tailored advice, involving family/friends/ carers where appropriate</li> <li>· Maintaining accessibility to the MDT from diagnosis to death (not discharging/ open access)</li> <li>· Works across own and other organisational and agency boundaries within the MDT</li> </ul>	<p>Uses clinical expertise and experience to describe the critical aspects of an effective MDT to people with progressive neurological conditions</p> <p>Develops partnerships and works across own and other organisational and agency boundaries within the MDT</p>	<p>Understands and can define responsibilities of other professionals in an MDT</p> <p>Provides strategic leadership in quality improvement and development of MDT service delivery for people with long term neurological conditions</p> <p>Uses advanced clinical reasoning skills to support to team members working in stressful and complex situations</p>
<p>Has factual knowledge of, and understands, the care pathways that exist locally for progressive neurological conditions (including end of life care and urgent care)</p>	<p>Identifies and develops new ways of working within own profession, and contributes to development of new care pathways</p>	<p>Works at a strategic level locally and nationally to lead on designing and implementing new care pathways</p>
<p>Develops understanding of how the MDT works with and complements other services available locally</p>	<p>Has advanced knowledge of how the MDT co-ordinates the care management in progressive neurological conditions</p> <p>Describes to the patient the professional relationships of the teams involved in their care</p>	<p>Ensures teams provide timely, seamless, effective, safe care in progressive neurological conditions</p>
<p>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;</p> <ul style="list-style-type: none"> <li>· Clinical Psychology/neuro-psychology services</li> <li>· Community Neurological care teams</li> <li>· Wheelchair clinics</li> <li>· Pain clinics</li> <li>· Continence service</li> <li>· Respiratory services</li> <li>· Orthotics</li> <li>· Nutrition Support team &amp; Gastroenterology</li> <li>· Hospice &amp; Specialist palliative care services</li> <li>· Social Care and Carer agencies</li> <li>· Housing teams</li> <li>· Sensory Support teams</li> <li>· Assistive technology service</li> <li>· Alternative and Augmentative Communication services (AAC)</li> <li>· Mental Health teams</li> <li>· Counsellors/spiritual advisor</li> <li>· Relationship counsellors</li> </ul>	<p>Understands the limitations of the care/ service that can be provided within the MDT</p> <p>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</p>	<p>Advises, supervises and co-ordinates peers to ensure needs of an individual with a progressive neurological condition are met</p> <p>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</p>

<ul style="list-style-type: none"> <li>· Benefits/welfare &amp; financial advice team</li> <li>· Social services</li> <li>· Job centre plus</li> <li>· Health Visitors</li> <li>· Safeguarding teams</li> <li>· Condition specific charitable organisations/support groups</li> <li>· General relevant voluntary organisations</li> </ul>		
<p>Has factual knowledge of local referral pathways for referring on within the MDT and how to implement them</p> <p>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</p>	<p>Has advanced knowledge and critical understanding of best practice/ recommendations for referral pathways and contributes to defining local referral pathways.</p> <p>Explains and describes referral pathways to other staff and people with a progressive neurological condition</p>	<p>Contributes to the evidence base and promotes best practice in the development and evaluation of referral and care pathways.</p> <p>Participates at a strategic level nationally to inform and contribute to national recommendations for pathways</p>
<p>Has factual knowledge of the existence and role of:</p> <ul style="list-style-type: none"> <li>· Statutory agencies e.g. local authority</li> <li>· Non-statutory/charitable organisations relevant to long term neurological conditions</li> </ul>	<p>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</p> <p>Describes these agencies to other staff and patients with progressive neurological conditions</p> <p>Develops and maintains professional relationships with these agencies</p>	<p>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</p> <p>Acts as an advocate for people with progressive neurological conditions at a strategic level within these agencies</p>
		<p>Develops and sustains productive partnerships, including the development of managed clinical networks</p>

**b. Education**

<p>Demonstrates ability to deliver introductory/ progressive neurological condition awareness raising education sessions to patients and unqualified staff</p>	<p>Demonstrates ability to plan, resource and deliver structured educational sessions about progressive neurological conditions to patients, staff and students.</p> <p>Initiates and facilitates support/ educational groups for patients</p> <p>Uses a range of evaluation tools and feedback mechanisms to gather information to inform future sessions</p> <p>Shares expertise and knowledge at regional and national level</p> <p>Participates in identifying gaps in research and research priorities</p>	<p>Demonstrates ability to educate experienced and specialist staff about progressive neurological conditions, and takes an active role in promoting education in long-term condition management.</p> <p>Leads a managed clinical network to share expertise, knowledge and promote best practice</p> <p>Shares expertise and most advanced knowledge at an international level (conferences, publications etc.)</p> <p>Leads in identifying research gaps and research priorities</p>
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<p>Has factual knowledge of self-management strategies, motivations and barriers</p>	<p>Has advanced knowledge of self-management strategies, to plan, resource and deliver self-management programmes for patients with progressive neurological conditions</p> <p>Uses a range of evaluation tools and feedback mechanisms to gather information to inform future programmes</p> <p>Works collaboratively with colleagues in a clinical network to share best practice in self-management programmes</p>	<p>Creates opportunities to develop, and facilitates implementation of recognised self-management programmes and strategies across a health community</p>
<p>Identifies opportunities to join effective networking groups locally</p> <p>Follows best practice and adheres to guidance when available</p>	<p>Maximises the use of effective networking across social and health care boundaries</p> <p>Shares knowledge and best practice through participation in local and national specialist networks</p> <p>Disseminates knowledge by writing for publications and speaking at local and national conferences</p>	<p>Extends networking opportunities and participates on a national and international basis</p> <p>Contributes to the development of specialised courses on progressive neurological conditions at regional higher education institutions</p> <p>Disseminates knowledge by speaking at international conferences and through publication</p>

## Competency 3: Personal and professional development

### a. Accountability

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

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

## b. Service development

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

## 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

<p>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</p>	<p>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</p>	<p>Ensures that systems are in place to support all staff to meet their legal obligations with regard to consent and record and sharing information.</p>
<p>Shows awareness of the following legislation:</p> <ul style="list-style-type: none"> <li>· Equality Act (HMSO 2010)</li> <li>· Mental Capacity Act (2005)</li> <li>· Care Act (2014)</li> <li>· Human Rights Act (1998)</li> <li>· Suicide Act (1961)</li> <li>· Data protection Act (1998)</li> </ul>	<p>Demonstrates good working knowledge of relevant legislation and their implications in clinical management</p>	<p>Ensures that all staff are aware of, have access to, and understand the implication to their role of all relevant legislation</p>
<p>Shows awareness of the relevant legislation documents that influence health and social care provision.</p>	<p>Demonstrates good knowledge of all relevant legislation documents that influence health and social care provision</p>	<p>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</p>
<p>Shows awareness of the legal aspects of:</p> <ul style="list-style-type: none"> <li>· Lasting Power of Attorney (LPA)</li> <li>· Advance Decision to Refuse Treatment directives (ADRT)</li> </ul>	<p>Demonstrates good working knowledge of the legal aspects of LPA and ADRT's</p> <p>Demonstrates ability to discuss and describe these to patients and other staff</p> <p>Understands how to facilitate the process of creating these</p>	<p>Ensures support mechanisms are in place to allow all staff to access and understand the accountabilities &amp; responsibilities of legal aspects of LPA and ADRT's.</p> <p>Ensures mechanisms and processes exist to support patients and staff to create and implement these</p>

**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](mailto:mdtfeedback@mndassociation.org)**

# Motor neurone disease

## 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 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
- Main features
- 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 importance of advance care planning due to the rapidly progressive nature of the disease, especially with regard to:

- Feeding options including alternative cutlery, mobile arm supports, and other feeding aids and devises and the impact of using these on the individual and their family in the wider social context
- Provision of equipment to support independent living and participation in roles within a variety of environments
- Facilitate access to care support mechanisms and timely access to services

Demonstrates advanced knowledge and critical understanding of the importance of advance care planning and importance of speed of provision of appropriate equipment to support independent living and participation in roles within a variety of environments

Works collaboratively with individual and the MDT to initiate the development of an advanced care plan

Facilitates learning about advance care planning to people with MND and non-specialist health and social care professionals

Demonstrates highly specialist knowledge and understanding of advance care planning processes for people living with MND and their families and the wider social and political implications of advanced care planning

Educates and provides supervision and support of other staff involved in the complex care planning involved in MND

Collaborates strategically at local, national and international level to ensure care pathways support seamless advance care planning in MND

Can clinically reason the need to adopt different approach to assessment and intervention in different circumstances specific to MND

Demonstrates advanced knowledge of, and uses advanced clinical reasoning to select and use appropriate assessments used specifically in MND

Contributes to the development of any specialised MND assessments and outcome measures that will support more effective occupational therapy intervention and outcomes for the person living with MND

Has factual knowledge of specialised occupational therapy interventions that are used in people with MND

Demonstrates advanced knowledge and critical understanding of specialised interventions that are used in people with MND, including;

Contributes to best practice guidance at local, national and international level for occupational therapy interventions for 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 devices.
- 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 ALSFRS, 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)

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

Has knowledge and skills to implement any new tools / assessments developed specifically in the use of MND

### c. Symptom management

Has factual knowledge of and recognises common symptoms in MND;

- Fasciculation
- Spasticity
- Flail arms
- Significant and rapid muscle wasting
- Ineffective cough
- Neck weakness
- Emotional lability
- Thick secretions
- 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 carers 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 factual knowledge of anticipatory medicines used in MND e.g. MND Association Just in Case kit

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 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

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

**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;

- *NG42 Motor Neurone Disease: Assessment and Management (2016) NICE*
- *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*
- *MND Association wheelchair provision pathway*

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 tool and MND Association's Transforming Care Audit tool

Has factual knowledge of NICE Management of MND Audit tool and MND Association's Transforming Care Audit tool

Critically evaluates data from MND 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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# 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 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 effectiveness and adapt as appropriate.

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, including:

- Ataxia strategies
- Fatigue management (including FACETS programme)
- Postural advice and adaptations
- Standing programmes

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

- 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 monitoring tools used in MS

Develops skills to perform these, including;

- Extended Disability Status Scale (EDSS)
- Ashworth Scale
- Modified Ashworth Scale
- Tardieu Scale
- Penn Spasm Frequency Scale
- Scale for the Assessment and Rating of Ataxia (SARA)
- 9-hole peg test
- MSIS-29

Demonstrates advanced knowledge and critical understanding of standardised outcome measures or monitoring tools used specifically in MS and how to interpret the results and the clinical reasoning skills to know when appropriate to use

Develops awareness and skills to implement any new tools / assessments developed specifically in the use of MS

### c. Symptom Management

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.:

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

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

### d. Medicine management

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

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

- Mode of action
- Aim of intervention
- Effect on disease progression
- 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

	<ul style="list-style-type: none"> <li>· Adverse effects</li> </ul>	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	<p>Has advanced knowledge and critical understanding of frequently used drugs used for symptomatic relief in MS, their mode of action and side effects:</p> <ul style="list-style-type: none"> <li>· Tremor/ataxia (eg beta blockers)</li> <li>· Anti-spasticity</li> <li>· Nerve conduction</li> </ul>	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	<p>Has advanced knowledge and critical understanding of complementary interventions in MS and translates evidence into practice in terms of usage of these</p> <p>Describes potential benefits and dis-benefits of these to people with MS and none specialised staff</p>	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

### e. Problem/complication management

<p>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:</p> <ul style="list-style-type: none"> <li>· Increased risk of developing osteoporosis</li> <li>· Shortening and lengthening of soft tissues due to changes in muscle tone</li> <li>· Postural limitations</li> <li>· Reduced ability to cope with physical temperature changes (heat)</li> <li>· Nociceptive pain</li> </ul>	<p>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,</p> <p>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</p> <p>Facilitates the learning of people with MS, their carers and staff working in MS about these complications</p>	<p>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</p> <p>Provides formal and informal education to people with MS, their carers and qualified and unqualified staff about the management of complex issues in MS</p>
<p>Has factual knowledge of surgical/invasive procedures commonly used in MS;</p> <ul style="list-style-type: none"> <li>· Phenol pumps &amp; Phenol injections</li> <li>· Baclofen pumps</li> <li>· Tenotomy (cutting a tendon)</li> <li>· Humidification</li> </ul>	<p>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</p> <p>Uses advanced clinical reasoning to recognise requirement for surgical/ invasive procedures with the MDT and make appropriate onward referrals</p>	<p>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</p> <p>Uses enhanced clinical reasoning to recognise requirement for surgical/ invasive procedures with person with MS, the MDT and make appropriate onward referrals</p>

**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. *Measuring Success (2007)* 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



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

Competent (BAND 5)	Specialist (BAND 6)	Highly Specialist/Advanced (BAND 7/8)
<b>a. Knowledge of Parkinson's</b>		
<p>Has a factual knowledge of what Parkinson's is:</p> <ul style="list-style-type: none"> <li>· What goes wrong (pathophysiology)</li> <li>· Causes (aetiology)</li> <li>· Prevalence and incidence</li> <li>· Main features</li> <li>· How diagnosis is made</li> <li>· Progression</li> </ul>	<p>Has advanced knowledge and critical understanding of Parkinson's, including;</p> <ul style="list-style-type: none"> <li>· Presentations: on-off, start hesitation, freezing</li> <li>· Symptoms, problems and complications</li> </ul> <p>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</p>	<p>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</p> <p>Provides formal and informal education opportunities to staff about Parkinson's locally, nationally and internationally</p>
<p>Has factual knowledge of the role of neurotransmitters and the effect of impairment has on occupational performance and participation in social and cultural environments.</p> <p>Has factual knowledge about how each of the following work;</p> <ul style="list-style-type: none"> <li>· Dopamine</li> <li>· Noradrenaline</li> <li>· Serotonin</li> <li>· Glutamate</li> <li>· Gamma-aminobutyric acid</li> </ul>	<p>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</p>	<p>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</p> <p>Provides formal and informal education opportunities to staff about the role of neurotransmitters in Parkinson's locally, nationally and internationally</p>
<p>Has factual knowledge of the medical concepts:</p> <ul style="list-style-type: none"> <li>· Neuroprotection</li> <li>· Neurorescue</li> <li>· Neurorestoration</li> <li>· Neuromodulation</li> </ul> <p>And the implications of impairment on occupational performance and participation in social and cultural environments</p>	<p>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</p>	<p>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</p>
<p>Has factual knowledge of Parkinsonism conditions:</p> <ul style="list-style-type: none"> <li>· Multiple System Atrophy (MSA)</li> <li>· Progressive Supranuclear Palsy (PSP)</li> <li>· Vascular Parkinsonism</li> <li>· Idiopathic Parkinson's</li> <li>· Drug induced Parkinsonism</li> <li>· Normal Pressure Hydrocephalus</li> </ul>	<p>Has advanced knowledge and critical understanding of Parkinsonism conditions</p> <p>Facilitates the learning of people with Parkinson's and non-specialist health and social care professionals about Parkinsonism conditions</p>	<p>Has highly specialist knowledge and critical understanding of all Parkinsonism conditions including rarer presentations.</p> <p>Provides formal and informal education opportunities to health care professionals about these locally nationally and internationally</p>



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
- Sexual health issues
- Insomnia
- Emotional problems
- Meal time fatigue
- 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

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 carers and other staff on condition management options

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

#### 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

Has advanced knowledge and critical understanding of different types of 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 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

Develops awareness of risks associated with sudden cessation of dopaminergic medications and the impact of this on occupational performance

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 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 factual knowledge of risks of overdosing with dopaminergic medications and the impact of this on occupational performance

Has advanced knowledge and critical understanding of risks of overdosing with 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 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 factual knowledge of drugs used for symptom management in Parkinson's, and their side effects and how this impacts on occupational performance

Has advanced knowledge and critical understanding of drugs used for symptom management in Parkinson's, and their side effects, for tremor for example.

Has highly specialist knowledge and critical understanding about drug usage including timings of medications.

Has advanced clinical reasoning skills to understand how this can impact of occupational performance.

Uses enhanced clinical reasoning to understand the potential affects of these occupational performance and can discuss this with patients as required and appropriate

Has factual knowledge about the effect of timing of medication on Parkinson's symptoms and how this impacts on 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

### e. Problem/complication management

Has factual knowledge of possible common complications associated with Parkinson's, and how these impact on occupational performance in a variety of environments and how they can be managed:

- Mealtime fatigue
- Low volume and/or slurred speech
- Fixed facial expression
- Flexed posture
- Scoliosis
- Pisa syndrome
- Camptocormia
- Antecolles
- Psychogenic parkinsonian gait
- Hallucinations
- Psychosis/delusions
- Impulse control disorder
- Reduced attention, concentration and processing speed
- Blurred vision and dry eyes
- Risk of backwards falls
- Kyphosis
- Nociceptive pain
- REM sleep disorder
- 'Wearing off' of medications
- Reduced ability to cope with physical temperature changes (heat)
- Agitation
- Age & frailty
- Reduced intake due to mucous

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 factual knowledge of surgical/ invasive procedures commonly used in Parkinson's:

- Deep brain stimulation
- Continuous positive airway pressure
- Baclofen pump

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 on occupational performance, roles

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

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)
<b>Clinical knowledge and practice:</b> <ul style="list-style-type: none"> <li>· Neurological knowledge and physiology</li> <li>· Assessment and care planning</li> <li>· Symptom management</li> <li>· Medicine management</li> <li>· Problem/complication management</li> <li>· Promoting independence</li> </ul>	Maps largely to: 2: Physiotherapy knowledge 3: Practice skills	Maps largely to Standards: 1, 8, 13, 14	Maps largely to Standards: 2, 3
<b>Leadership, team-work and collaboration</b> <ul style="list-style-type: none"> <li>· Multidisciplinary team and care pathways</li> <li>· Education</li> </ul>	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
<b>Personal and professional development</b> <ul style="list-style-type: none"> <li>· Accountability</li> <li>· Service Development</li> </ul>	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
<b>Research and audit</b> <ul style="list-style-type: none"> <li>· Research and evidence</li> <li>· Audit</li> </ul>	Maps largely to: 4: Generic behaviour, knowledge and skills	Maps largely to Standards: 9, 11, 12, 14	
<b>Legal and ethical practice</b>	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)	Specialist (BAND 6)	Highly Specialist/Advanced (BAND 7/8)
<p><b>CAREER STAGE:</b> ENTRY-LEVEL GRADUATE</p> <p><b>Expected ability:</b> 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)</p>	<p><b>CAREER STAGE:</b> EXPERIENCED GRADUATE</p> <p><b>Expected ability:</b> 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 &amp; Trust policies/procedures (CSP Physiotherapy Framework, CSP, 2011).</p>	<p><b>CAREER STAGE:</b> ADVANCED OR EXPERT PRACTITIONER</p> <p><b>Expected ability:</b> Manage a specialised caseload of individuals with complex needs, and practice within involved &amp; unpredictable contexts. The role demands innovation. Liaison is with individuals/carers on caseload, other professionals for clinical, professional &amp; 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 &amp; relevant professional codes/standards /guidelines (CSP Physiotherapy Framework, CSP, 2011).</p>

#### a. Neurological knowledge and physiology

<p>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</p> <p>Can describe the basic structure and function of the nervous system to people with the condition</p>	<p>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</p> <p>Demonstrates the ability to teach other health care professionals including junior colleagues</p>	<p>Demonstrates expert knowledge at macro and micro level of the organisation, structure and function of the central and peripheral nervous systems</p> <p>Demonstrates the ability to educate other health care professionals at local and national level</p>
<p>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</p> <p>Can describe the basic features to people living with the condition</p>	<p>Demonstrates knowledge and understanding of progressive neurological conditions of the nervous system</p> <p>Shows an understanding of the impact of these conditions on the individual and people significant to them</p> <p>Can teach health professionals about the conditions</p>	<p>Demonstrates knowledge at an expert level and advanced critical understanding of progressive neurological conditions</p> <p>Shows an expert understanding of the biopsychosocial impact of the neurological condition on the individual and significant others</p> <p>Demonstrates expert clinical reasoning skills and can manage individuals with complex presentations</p>
<p>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</p>	<p>Demonstrates an understanding of each of the body systems</p> <p>Can describe each in detail, including the impact of nervous system degeneration</p>	<p>Demonstrates an expert knowledge and understanding of each of the body systems</p> <p>Can educate experienced staff across</p>

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

## b. Assessment, goal setting, management implementation and evaluation

<p>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.</p> <p>Demonstrates ability to interpret findings of assessments to inform guided action</p> <p>Demonstrates awareness of risk factors</p> <p>Develops interpersonal and active listening skills further to ensure the individual's needs can be expressed</p> <p>Discusses findings with the MDT and able to implement recommended actions</p>	<p>Demonstrates ability to assess complex holistic needs and independently prioritise action, including the following areas:</p> <ul style="list-style-type: none"> <li>· Impact on relationships including sexual</li> <li>· Cognitive function</li> <li>· Executive function, memory and behaviour</li> <li>· Psychological impact of illness</li> </ul> <p>Demonstrates excellent interpersonal and active listening skills, encouraging individuals to fully communicate all needs.</p> <p>Demonstrates good awareness of the impact of the progressive condition on family and carers.</p> <p>Demonstrates person-centred approach to adapt fully to situation presented to them</p> <p>Analyses and interprets findings of assessments accurately to independently inform clinical management and care plan</p> <p>Demonstrates good skills to provide person-centred support for making decisions regarding treatment options</p> <p>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</p> <p>Demonstrates ability to discuss outcomes of holistic assessments with wider teams and make referrals as required</p>	<p>Prioritises care in complex cases; makes a justifiable assessment of individual's needs in the shorter and longer term</p> <p>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</p> <p>Demonstrates ability to develop a holistic understanding of the world of an individual living with a progressive neurological condition and their family.</p> <p>Demonstrates expertise in detecting subtle changes based on extensive knowledge, skills and understanding of the progressive condition.</p> <p>Develops and implements care pathways to facilitate holistic care needs being seamlessly addressed</p>
<p>Shows awareness of progression and how these differ in different conditions</p> <p>Shows awareness of advance care</p>	<p>Demonstrates knowledge of progression in progressive neurological conditions and the general management plans</p>	<p>Discusses in detail the different management strategies at each stage of a progressive neurological conditions</p>

<p>planning, palliative care and end of life care in progressive neurological conditions</p>	<p>Initiates, coordinates and contributes to advance care planning process</p>	<p>Establishes pathways and processes to ensure advance care planning is implemented effectively</p>
<p>Demonstrates knowledge and ability to conduct a comprehensive range of basic physiotherapy assessments</p> <p>Demonstrates ability to use the findings of the assessment to inform management and treatment options</p> <p>Demonstrates an awareness of specialised physiotherapy assessments</p>	<p>Demonstrates knowledge of the full range of specialised physiotherapy assessments available and ability to complete these, including:</p> <ul style="list-style-type: none"> <li>· Muscle fatigue-ability (stamina/ endurance)</li> <li>· Respiratory function and rate e.g. blood gases, breath counts and Forced Expiratory Volume</li> </ul> <p>Implements best practice guidance and actively contributes to defining this</p> <p>Ability to accurately interpret comprehensive assessments and generate appropriate treatment options</p> <p>Develops skills to complete specialised assessments</p> <p>Teaches non-specialist physiotherapists about specialist assessments and supervises them to complete them.</p>	<p>Demonstrates skills and knowledge to complete highly specialist assessments</p> <p>Demonstrates expert judgement and skills to select the most appropriate assessment for use in each scenario to most effectively inform care planning.</p> <p>Recommends the assessments to be used by the team locally</p> <p>Participates in review of efficacy of existing condition specific outcome measure and interventions</p> <p>Teaches other staff to complete and interpret assessments accurately and use the findings to correctly choose treatment options</p>
<p>Agrees treatment plan with the individual and MDT</p> <p>Independently implements basic physiotherapy interventions and advice</p> <p>Implements specialised physiotherapy interventions with guidance and supervision</p>	<p>Interprets and acts on clinical findings to identify the most appropriate interventions to assist management of symptoms</p> <p>Discusses with individuals the best treatment plan to meet their needs.</p> <p>Collaborates with the individual and MDT about care priorities</p> <p>Provides expertise and support to team regarding physiotherapy interventions</p>	<p>Expertly interprets all available information</p> <p>Advises on expert management plans particularly in highly complex and distressing circumstances</p> <p>Advises and supervises on highly specialist interventions</p> <p>Demonstrates complete autonomy of practice and decision making to meet needs</p> <p>Educates and provides advice and support to all staff regarding physiotherapy interventions; plays a pivotal role in guiding the service</p> <p>Expands knowledge of physiotherapy therapeutic options by sharing experiences and networking with experts at a national level</p>
<p>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</p> <p>Ensures the individual is given all</p>	<p>Demonstrates ability to proactively promote good individualised management strategies, designed around the individual's needs and personal priorities.</p> <p>Shows understanding of how relevant</p>	<p>Demonstrates ability to expertly promote and design individualised management strategies around the individual's needs and personal priorities, within complex situations.</p> <p>Demonstrates expert skill in supporting</p>



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.

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

Identifies appropriate measures for specific clinical outcome measurement.

Understands significance of validity and reliability data when using standardised measures

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.

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

### c. Symptom management

Demonstrates basic knowledge and recognition of common symptoms of progressive neurological conditions (See also condition specific competencies within this framework. [MND page 85](#) [MS page 91](#) [PD page 96](#))

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)
- Swallowing problems
- Respiratory
- Speech difficulties
- Problems with body weight control (weight loss or weight gain)
- Problems with saliva management
- 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

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

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

Develops detailed knowledge of the mode of action of these drugs

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

May expand role to become a prescriber (non-medical independent prescriber or supplementary prescriber) working closely with local medicines management team

Develops role to facilitate optimum use

Influences prescribing policy at local and

	<p>of medicines to ensure best possible outcomes</p> <p>Understands requirement to work within scope of practice and legal framework for prescribing</p>	<p>national levels</p> <p>Advises and supports other professionals in medicine management</p> <p>Awareness of MHRA alerts and impact on practice</p> <p>Works within legislative framework for supplementary and independent prescribers</p>
<p>Develops awareness that some medications may have on the reproductive system and sexual activity</p>	<p>Demonstrates good knowledge of the medications that may have on the reproductive system and sexual activity, and their effects</p>	<p>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</p>

### e. Problem/complication management

<p>Shows awareness of some likely problems/complications and their management, including:</p> <ul style="list-style-type: none"> <li>· Reduced Activities of Daily living</li> <li>· Reduced activity/participation/vocation</li> <li>· Reduced mobility</li> <li>· Loss of independence</li> <li>· Social isolation</li> <li>· Reduced quality of life</li> <li>· Deconditioning</li> <li>· Reduced tissue viability leading to pressure ulcers</li> <li>· Malnutrition</li> <li>· Dehydration</li> <li>· Respiratory problems</li> <li>· Communication difficulties</li> <li>· Contractures</li> <li>· Relationship problems</li> <li>· Sexual dysfunction</li> <li>· Weight loss or gain</li> <li>· Infection</li> </ul> <p>Demonstrates ability to identify current problems being experienced by the individual</p> <p>Develops awareness of appropriate actions to manage identified problems</p> <p>Develops awareness of likely progression and collaborates with team to establish appropriate monitoring</p> <p>Identifies possible signs of concurrent illness and discusses with MDT, with supervision as required.</p> <p>Ability to refer to appropriate MDT member as required</p>	<p>Demonstrates knowledge of likely problems/complications and their management.</p> <p>Demonstrates ability to anticipate problems and initiate avoidance strategies based on good knowledge of the progressive neurological condition</p> <p>Demonstrates excellent interdisciplinary working to ensure all problems/ complications are managed appropriately</p> <p>Uses clinical expertise to manage crisis confidently</p> <p>Develops knowledge and skill to coordinate highly complex case management</p> <p>Refers to and liaises with specialist services outside the MDT as required and in a timely manner</p>	<p>Demonstrates expert knowledge of likely problems/complications and their management</p> <p>Provides expert advice to specialist professionals in complex case management</p> <p>Demonstrates the skills and ability to lead highly complex case management</p>
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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

Develops awareness of complementary approaches and interventions, including 'unproven' approaches

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 knowledge of complementary approaches and interventions, including 'unproven' approaches

Demonstrates ability to explain and discuss complementary approaches with individual and MDT

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.

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

Constrates an excellent understanding of the individual'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

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

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 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

<p>Develops awareness of how the symptoms and complications of a progressive neurological condition can affect self-care, activity, participation and vocation</p>	<p>Demonstrates good knowledge of how the symptoms and complications of a progressive neurological condition can affect self-care, activity, participation and vocation</p>	<p>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</p>
<p>Develops an awareness of self-management strategies</p> <p>Basic understanding of the importance of life-long engagement with physical activity</p> <p>Develops awareness of the amount and type of support required to help a patient engage in self-management</p>	<p>Demonstrates knowledge of self-management strategies, the barriers that exist and the support mechanisms available</p> <p>Encourages self-management approaches, and supports, implements and runs self-management programmes</p> <p>Recognises the importance of providing appropriate and timely support mechanisms to patients engaging in self-management</p>	<p>Empowers people to identify and reach realistic goals for self-management</p> <p>Uses experience and expertise to influence others to improve care</p> <p>Creates opportunities to develop, and facilitates implementation of recognised self-management programmes and strategies across a health community</p> <p>Demonstrates an expert knowledge of what is needed to support effective self-management</p> <p>Works strategically to ensure these support mechanisms are available to people with a progressive neurological condition</p>
<p>Recognise that advice may be needed about the work environment, work related tasks and information needed to help an individual make decisions about continued employment and/or alternatives.</p> <p>Develop knowledge to support an individual in the work environment</p> <p>Develop awareness that it may be necessary to liaise with employers to make reasonable adjustments to maximise an individual's performance</p>	<p>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</p> <p>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</p> <p>Work flexibly within professional scope to liaise with employers and others to make reasonable adjustments to maximise an individual's performance</p> <p>Provides medical summaries/references for use by individuals with employers to ensure reasonable adjustments to the workplace or job roles are made</p>	<p>Provides medical summaries/references for use by individuals with employers to ensure reasonable adjustments to the workplace or job roles are made.</p>
<p>Shows awareness of resources available to support an individual living with a progressive neurological condition e.g. community resources and services</p>	<p>Demonstrates knowledge of resources available to support an individual and ability to signpost or refer the person and their families to these.</p>	<p>Works strategically to ensure the development of self-management schemes, especially those promoting life-long activity.</p> <p>Works with providers of leisure facilities to facilitate training of staff and ensure appropriate facilities are available for individuals with a disability</p>

## Competency 2: Leadership, teamwork and collaboration

### a. Multidisciplinary team and care pathways

<p>Recognises which team members make up an integrated MDT and understands the role of each member</p> <p>Understands how own role impacts on service delivery</p> <p>Establishes and maintains good MDT working relationships</p>	<p>Maintains and expands coordinated MDT working</p> <p>Demonstrates active promotion of close and effective working relationships</p> <p>Develops interdisciplinary approach to team working</p>	<p>Demonstrates forward thinking by identifying the changing needs of the MDT; justifying and facilitating expansion/change where needed</p>
<p>Develops awareness of the importance of the following in progressive condition management:</p> <ul style="list-style-type: none"> <li>· Ease of access to MDT</li> <li>· Single point of contact</li> <li>· Timely interventions/actions</li> <li>· Flexible approach to respond to variability of needs throughout the condition</li> <li>· Tailored advice, involving family/friends/carers where appropriate</li> <li>· Maintaining accessibility to the MDT from diagnosis to death (not discharging/open access)</li> </ul>	<p>Uses clinical expertise and experience to describe the critical aspects of an effective MDT to individuals with progressive neurological conditions</p>	<p>Understands codes of practice of other professionals and the importance of defining responsibilities in an MDT</p> <p>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</p> <p>Demonstrates leadership skills to provide support to team members working in stressful and complex situations.</p>
<p>Understands and adheres to the care pathways that exist locally for progressive neurological conditions (including end of life care and urgent care)</p>	<p>With support, identifies and develops new ways of working within own profession, and contributes to development of new care pathways</p>	<p>Works at a strategic level to instigate and lead on the design and implementation of new care pathways</p>
<p>Develops understanding of how the MDT works with and complements other services available locally</p>	<p>Demonstrates a good knowledge of how the MDT co-ordinates the care management in progressive neurological conditions</p> <p>Describes to the patient the professional relationships of the teams involved in their care</p>	<p>Develops and improves communication between services to ensure seamless care in progressive neurological conditions</p>
<p>Shows awareness of the extended specialist care services available locally including support from local and national third sector organisations</p>	<p>Understands the limitations of the care/service that can be provided within the MDT.</p> <p>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</p>	<p>Identifies any gaps in service provision and initiates strategies to address these.</p> <p>Advises, supervises and co-ordinates peers to ensure needs of an individual with a progressive neurological condition are met</p> <p>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.</p>
<p>Demonstrates knowledge of local referral pathways for referring on within the MDT and implement them</p>	<p>Demonstrates knowledge of all referral pathways that an individual with a progressive neurological condition may require.</p>	<p>Can show active engagement with the development of effective referral and care pathways.</p>

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.

Demonstrates ability to educate experienced and specialist staff about progressive neurological conditions and takes an active role in promoting education in progressive condition management.

Initiates and facilitates support/ educational groups for individuals

Leads a managed clinical network to share expertise, knowledge and promote best practice

Uses a range of evaluation tools and feedback mechanisms to gather information to inform future sessions

Shares expertise and specialist knowledge at an international level (conferences, publications etc.)

Shares expertise and specialist knowledge at regional and national level

Identifies opportunities to join effective networking groups locally

Maximises the use of effective networking across social and health care boundaries

Initiates new networking opportunities and participates on a national and international basis

Follows best practice and adheres to guidance when available

Shares knowledge and best practice through participation in local and national specialist networks

Leads on the development of specialised courses on progressive neurological conditions including other health professionals and at regional higher education institutions

Disseminates knowledge by writing for publications and speaking at local and national conferences

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

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

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

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

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

Develops action learning sets to promote group learning

Applies current knowledge to clinical practice

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

Creates and promotes accessible, cost effective learning opportunities for staff

Manages own time and caseload, and



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	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 skilled supervision for members of the team
Participates in performance appraisals		Creates an environment that promotes and encourages innovative approaches and empowers staff to improve
Shows awareness of frameworks to inform personal learning needs	Provides supervision, coaching and mentoring to other staff	Acts as a role model at local, regional, national and international level to help others challenge practice and promote professional development
Makes effective use of a mentor to explore ideas and devise a personal development plan	Seeks personal supervision to advance own learning	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.
Shows awareness of how neurological services are structured and managed locally	Shows awareness of neurological service structures and management nationally	Demonstrates knowledge of differences in neurological service structures and management across the home countries and internationally
Shows awareness of local work-related policies and procedures	Demonstrates knowledge of local and regional work-related policies and procedures	Contributes to and ensures implementation of local, regional and national work-related policies and procedures
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 expert leadership skills and management techniques

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

## Competency 4: Research and audit

### a. Research and evidence

<p>Understands what is meant by evidence-based care</p> <p>Shows awareness of research methodologies used</p> <p>Demonstrates knowledge of critical appraisal techniques</p> <p>Shows awareness of evidence hierarchies and weighing evidence</p> <p>Develops skill in applying critical appraisal techniques</p> <p>Demonstrates understanding of how research findings influence practice</p> <p>Explains to patients the meaning of common terms and concepts used in trials</p>	<p>Demonstrates knowledge of research methodologies used</p> <p>Demonstrates knowledge of evidence hierarchies and weighing evidence</p> <p>Demonstrates ability to use critical appraisal skills, to differentiate between research that will improve practice or promote change</p> <p>Contributes to the design and implementation of local research projects</p> <p>Enables patients to have a realistic expectation about participating in research</p>	<p>Disseminates and interprets relevant research to team members and uses findings to facilitate service change as indicated by new evidence.</p> <p>Uses research findings to influence policy at local, regional and national levels.</p> <p>Identifies questions relevant to daily practice and collaborates to design and implement research projects to address these</p>
<p>Shows awareness of relevant symptom specific guidance, such as:</p> <ul style="list-style-type: none"> <li>· Splinting guidelines</li> <li>· Manual Handling guidelines</li> </ul>	<p>Demonstrates good knowledge of relevant symptom specific guidance</p>	<p>Contributes towards peer review and creation of relevant symptom specific guidance</p>

<ul style="list-style-type: none"> <li>· Pressure Ulcer guidelines</li> <li>· European Association for Palliative Care guidelines</li> </ul>		
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.	<p>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.</p> <p>Contributes to the creation and review of evidence-based guidance and standards, engaging regionally and nationally where able.</p>

## b. Audit

<p>Shows understanding of the audit process</p> <p>Shows understanding of why audit is undertaken</p> <p>Develops awareness of audit tools</p> <p>Participates in established or mandatory audits</p>	<p>Demonstrates working knowledge of audit cycles and processes.</p> <p>Identifies appropriate audits to complete, including national ones</p> <p>Carries out audit of key aspects of own service</p> <p>Initiates and implements audits within professional area, and within MDT</p>	Collaborates at strategic level using audit findings to benchmark services regionally and nationally.
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 of the service	<p>Reviews audit outcomes to facilitate and oversee service improvement</p> <p>Creates a working environment where continued service improvement is normal</p>

## 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.
<p>Shows awareness of the following legislation:</p> <ul style="list-style-type: none"> <li>· Equality Act (HMSO 2010)</li> <li>· Mental Capacity Act (2005)</li> <li>· Care Act (2014)</li> <li>· Human Rights Act (1998)</li> </ul>	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

<ul style="list-style-type: none"> <li>· Suicide Act (1961)</li> <li>· Data protection Act (1998)</li> </ul>		
<p>Shows awareness of the relevant documents that influence health and social care provision</p>	<p>Demonstrates good knowledge of all relevant documents that influence health and social care provision</p>	<p>Liaises at a strategic level to ensure all relevant documents that influence health and social care provision are communicated to staff</p>
<p>Shows awareness of the legal aspects of:</p> <ul style="list-style-type: none"> <li>· Lasting Power of Attorney (LPA)</li> <li>· Advance Decision to Refuse Treatment directives (ADRT)</li> </ul>	<p>Demonstrates knowledge of the legal aspects of LPA and ADRT's</p> <p>Demonstrates ability to discuss and describe these to individuals and other staff</p> <p>Understands how to facilitate the process of creating these – and can evidence this</p>	<p>Ensures support mechanisms are in place for all staff to access and understand the legal aspects of LPA and ADRT's.</p> <p>Ensures mechanisms and processes exist to support individuals and staff to create and implement these LPA and ADRT</p>

**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](mailto:mdtfeedback@mndassociation.org)**

# Motor neurone disease Physiotherapy competency framework

## Competency 1: Clinical knowledge and practice

Competent (BAND 5)	Specialist (BAND 6)	Highly Specialist/Advanced (BAND 7/8)
<p><b>CAREER STAGE:</b> <b>ENTRY-LEVEL GRADUATE</b></p> <p><b>Expected ability:</b> 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 &amp; Trust policies/procedures (CSP 2011).</p>	<p><b>CAREER STAGE:</b> <b>EXPERIENCED GRADUATE</b></p> <p><b>Expected ability:</b> 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 &amp; Trust policies/procedures (CSP 2011).</p>	<p><b>CAREER STAGE:</b> <b>ADVANCED OR EXPERT PRACTITIONER</b></p> <p><b>Expected ability:</b> Manage a specialised caseload of individuals with complex needs, and practice within involved &amp; unpredictable contexts. The role demands innovation. Liaison is with individuals/carers on caseload, other professionals for clinical, professional &amp; 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 &amp; relevant professional codes/standards /guidelines (CSP 2011).</p>

### a. Knowledge of MND

<p>Demonstrates a basic knowledge of what MND is:</p> <ul style="list-style-type: none"> <li>· What goes wrong (pathophysiology)</li> <li>· Types; Amyotrophic lateral sclerosis (ALS), Progressive bulbar palsy (PBP), Progressive muscular atrophy (PMA), Primary lateral sclerosis (PLS)</li> <li>· Causes (aetiology): Inherited, sporadic</li> <li>· Prevalence and incidence</li> </ul> <p>Main features</p> <ul style="list-style-type: none"> <li>· How diagnosis is made</li> <li>· Progression and prognostic (using medical and social models)</li> <li>· Impact on patient and family</li> <li>· Goal setting and shared management</li> </ul>	<p>Demonstrates understanding of MND above the basic level, including factors that contribute to motor neurone degeneration and its impact on motor control.</p> <p>Demonstrates knowledge and understanding of symptoms, problems and complications in MND.</p> <p>Demonstrates knowledge and understanding of the impact of the diagnosis of MND on the patient and the family.</p> <p>Demonstrates an ability to describe the disease to people with MND and non-specialist health and social care professionals.</p>	<p>Demonstrates ability to apply expert knowledge of all aspects of MND.</p> <p>Ability to provide education to specialist and non-specialist staff about MND, new theory and current research.</p>
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### b. Assessment and care planning

<p>Develops awareness of the importance of advance care planning due to the rapidly progressive nature of the disease, especially with regard to:</p> <ul style="list-style-type: none"> <li>· Feeding options including altered consistencies should be considered in a timely manner. Feeding (tube) – options</li> </ul>	<p>Demonstrates knowledge of the importance of advance care planning and importance of speed of provision of appropriate equipment.</p> <p>Initiates advance care planning discussions and processes</p>	<p>Demonstrates expert knowledge of advance care planning.</p> <p>Educates and supervises specialised staff in complex care planning</p> <p>Collaborates strategically to ensure best</p>
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<p>could be reduced as respiratory function deteriorates</p> <ul style="list-style-type: none"> <li>· Respiratory support</li> <li>· Provision of equipment</li> <li>· Establishing care support mechanisms and timely access to services</li> </ul>	<p>Describes advance care planning to people with MND and non-specialist health and social care professionals.</p>	<p>standards of care are in place, including care pathways to support seamless advance care planning exist and are followed.</p>
<p>Is able to recognise signs of respiratory decline;</p> <ul style="list-style-type: none"> <li>· Early morning headaches</li> <li>· Chest infections</li> <li>· Weak cough</li> <li>· Shortness of breath</li> </ul> <p>Is able to refer on to an appropriate team to deal with respiratory issues</p>	<p>Is able to complete a basic neuromuscular respiratory assessment. Including:</p> <ul style="list-style-type: none"> <li>· Peak cough flow</li> <li>· FVC</li> <li>· Subjective assessment</li> <li>· Auscultation</li> </ul> <p>Is able to recognise a patient who may be at risk of respiratory decline due to MND</p> <p>Is able to refer on to appropriate team to manage this</p> <p>Is able to provide basic respiratory management:</p> <ul style="list-style-type: none"> <li>· Breathstacking</li> <li>· Manually assisted cough</li> <li>· Deep breathing techniques</li> <li>· Sniff techniques</li> </ul> <p>Is able to recognise when an issue may be impacting respiratory function ie bulbar dysfunction</p>	<p>Is able to recognise a patient who may be at risk of respiratory decline due to MND and provide management plan</p> <p>Is able to provide respiratory management:</p> <ul style="list-style-type: none"> <li>· Breathstacking</li> <li>· Manually assisted cough</li> <li>· Deep breathing techniques</li> <li>· Sniff techniques</li> <li>· Lung volume recruitment bag</li> </ul> <p>Is able to complete assessments with other MDT member ie SLT to troubleshoot respiratory issues</p>
<p>Demonstrates awareness of appropriate specialised physiotherapy assessments used specifically in MND</p> <ul style="list-style-type: none"> <li>· Neurological assessment of strength, ROM, tone</li> <li>· Functional assessment of transfers, mobility, activities of daily living</li> <li>· Neuro-respiratory assessment of cough and secretion management</li> </ul>	<p>Demonstrates good knowledge of, and completes appropriate specialised physiotherapy assessments used specifically in MND</p>	<p>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.</p>
<p>Develops awareness of specialised physiotherapy interventions that are used in people with MND</p> <ul style="list-style-type: none"> <li>· Respiratory interventions (as above)</li> <li>· Splinting as required for function and comfort</li> </ul> <ul style="list-style-type: none"> <li>· Collars and neck support</li> <li>· Headmaster collar</li> <li>· Head up collar</li> <li>· Hereford collar</li> </ul> <p><a href="https://www.acpin.net/pdfs/Neurosplinting_Quick_Reference_Guide.pdf">https://www.acpin.net/pdfs/Neurosplinting_Quick_Reference_Guide.pdf</a></p> <p>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</p>	<p>Demonstrates knowledge of specialised physiotherapy interventions that are used in people with MND</p>	<p>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.</p>

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

Demonstrates knowledge of standardised outcome measures or monitoring tools used specifically in MND.

Demonstrates appropriate skills to complete relevant standardised outcome measures or monitoring tools, and how to interpret results.

Implements new measures as indicated

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.

### c. Symptom management

Develops knowledge and recognition of common symptoms in MND;

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

Demonstrates knowledge of the common symptoms 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 as required.

Describes management options to people with MND and non specialist staff. Agrees individualised goals and management plans with the individual.

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.

### 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 disease slowing medical treatments used in MND, including mode of action, aim of intervention, effect on disease, side-effects 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, glycopyperonium, carbocystine
- Pain management

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 an awareness of, and keeps up to date with literature related to medications used in MND and shares with relevant others.

	· 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	Liases 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 management

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 face mask usage)	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.
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## f. Promoting independence

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		
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- 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

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# Multiple Sclerosis Physiotherapy competency framework



## Competency 1: Clinical knowledge and practice

Competent (BAND 5)	Specialist (BAND 6)	Highly Specialist/Advanced (BAND 7/8)
<p><b>CAREER STAGE:</b> <b>ENTRY-LEVEL GRADUATE</b></p> <p><b>Expected ability:</b> 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 &amp; Trust policies/procedures (CSP 2011).</p>	<p><b>CAREER STAGE:</b> <b>EXPERIENCED GRADUATE</b></p> <p><b>Expected ability:</b> 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 &amp; Trust policies/procedures (CSP 2011).</p>	<p><b>CAREER STAGE:</b> <b>ADVANCED OR EXPERT PRACTITIONER</b></p> <p><b>Expected ability:</b> Manage a specialised caseload of individuals with complex needs, and practice within involved &amp; unpredictable contexts. The role demands innovation. Liaison is with individuals/carers on caseload, other professionals for clinical, professional &amp; 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 &amp; relevant professional codes/standards /guidelines (CSP 2011).</p>

### a. Knowledge of MS

<p>Basic knowledge (or awareness only, but knows where to source additional information) of what multiple sclerosis is:</p> <ul style="list-style-type: none"> <li>· What goes wrong (pathophysiology)</li> <li>· Potential causes (aetiology)</li> <li>· Prevalence and incidence</li> <li>· Main symptoms</li> <li>· How diagnosis is made</li> <li>· Progression (using medical and social models)</li> <li>· Impact of diagnosis on the individual, their family and significant others</li> </ul>	<p>Demonstrates an understanding of multiple sclerosis over the basic level</p> <p>Demonstrates knowledge and understanding of common and uncommon presentations and symptoms, secondary complications and more complex presentations</p> <p>Demonstrates the ability to describe the complexities and challenges of the condition to people with MS, their carers and non-specialist staff</p>	<p>Demonstrates an expert understanding of all aspects of MS and has the ability to apply expert knowledge to manage people with complex presentations</p> <p>Demonstrates ability to provide education to specialist and non-specialist staff about MS</p>
<p>Basic knowledge (or awareness only, but knows where to source additional information) of the neuro-physiological concepts of:</p> <ul style="list-style-type: none"> <li>· CNS inflammation and impact on the myelin sheath</li> <li>· Repair and neurorestoration</li> <li>· Use of disease modifying treatments (DMT)</li> </ul>	<p>Demonstrates knowledge of the neuro-physiological concepts and how treatment methods might be tailored to affect people with based upon these principles including:</p> <ul style="list-style-type: none"> <li>· Use of disease modifying treatments</li> <li>· Side effects of DMTs</li> </ul>	<p>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</p>
<p>Basic knowledge (or awareness only, but knows where to source additional information) of different presentations and course of MS:</p>	<p>Demonstrates knowledge of MS presentations and courses at a level where they recognise the main symptoms and transition phases</p>	<p>Demonstrates knowledge at an expert level, differentiating between the main MS presentations and stages</p>

<ul style="list-style-type: none"> <li>· Relapsing remitting</li> <li>· Secondary progressive</li> <li>· Primary progressive</li> </ul>	<p>Is able to describe these to individuals, carers and non-specialist staff</p> <p>Is able to explain how diagnosis of MS is made using McDonald criteria</p> <p>Able to explain clinically isolated syndrome (CIS)</p>	<p>Educates specialist staff about these.</p> <p>Able to explain radiologically isolated syndrome (RIS)</p>
<p>Basic knowledge (or awareness only, but knows where to source additional information) of impact of external factors on MS e.g. temperature</p>	<p>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</p>	<p>Demonstrates knowledge of impact of MS on all aspects of life at an expert level, with ability to teach specialist staff about them</p>

## b. Assessment and care planning

<p>Basic knowledge of how to conduct a neurological assessment and use condition-specific physiotherapy assessment tools</p>	<p>Demonstrates knowledge of condition-specific, recommended neurological assessment and outcome tools appropriate to people with MS including:</p> <ul style="list-style-type: none"> <li>· Balance</li> <li>· Fatigue</li> <li>· ADL</li> <li>· Gait</li> <li>· Transfers</li> <li>· Posture</li> <li>· Functional mobility</li> <li>· Spasticity</li> </ul>	<p>Contributes to audit, service development and research at local and national levels and possibly at international level</p> <p>Collaborates strategically to ensure best standards of care are in place and are followed, including care pathways, to support people with MS</p>
<p>Demonstrates awareness of common physiotherapy interventions used in MS, and knowledge of where to seek sources of up-to-date information</p>	<p>Demonstrates knowledge of common physiotherapy interventions and rehabilitation approaches used in the management of MS including:</p> <ul style="list-style-type: none"> <li>· Exercise</li> <li>· Balance</li> <li>· Vestibular rehabilitation</li> <li>· Management techniques for disorders of tone</li> <li>· Core stability exercises</li> <li>· Treadmill training</li> <li>· Postural advice</li> <li>· Upper limb exercises</li> <li>· Breathing exercises to increase lung volume</li> <li>· Tremor and ataxia management techniques, advice and compensatory strategies</li> </ul>	<p>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</p>
<p>Shows awareness of standardised outcome measures or monitoring tools used in MS and knowledge of where to seek sources of up to date information</p> <p>Develops skills to perform those validated for MS</p>	<p>Demonstrates knowledge of standardised outcome measures or monitoring tools used in MS</p> <p>Demonstrates appropriate skills to complete appropriate standardised outcome measures or monitoring tools used in MS</p>	<p>Participates in review of efficacy for existing condition-specific outcome measures and interventions</p> <p>Contributes towards the development of new outcome measures</p>

### 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

Awareness of the importance of timing of medication for some drugs prescribed to relieve symptoms e.g. anti-spasticity drugs

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 other aspects of MS

Demonstrates appreciation of importance of timing of some medications on some MS symptoms

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 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

Demonstrates ability to advise on the appropriate timings of medication to provide optimal effect

### e. Problem/complication management

Awareness of how problems and secondary complications associated with MS develop and how they can be managed, including:

- Deconditioning from inactivity
- Anxiety

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 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

Demonstrates expert knowledge of surgical/invasive procedures that can be used in MS including:

- Surgical interventions to reduce upper limb tremor

Describes these to people with MS, their family, carers and staff

## 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 basic understanding of research methodology, relevance and hierarchy of research

Demonstrates good knowledge of how to source relevant research and can interpret this for individuals with MS, family/carers and non-specialist staff

Keeps abreast of new research in the field of MS and ensures that interventions are evidence based or clinically reasoned,

Ensures a current knowledge and understanding of relevant MS research and can explain this to specialist staff

Ensures that service is evidence based and that pragmatic interventions are clinically reasoned and supported by appropriate outcomes

	<p>supported by appropriate outcomes</p> <p>Demonstrates good knowledge of symptom or impairment specific guidance</p>	<p>Contributes to developing and implementing research in the field of MS</p>
<p>Develops awareness of symptom or impairment specific guidance, including, but not limited to:</p> <ul style="list-style-type: none"> <li>· NICE MS Guidelines 2014</li> <li>· NICE Quality Standards for MS 2016</li> <li>· Splinting for the correction of contractures in adults with neurological dysfunction. ACPIN 2015</li> </ul> <p>Develops awareness of where to find further/condition specific support, resources and information:</p> <ul style="list-style-type: none"> <li>· Therapists in MS (TiMS)</li> <li>· MS Society</li> <li>· MS Trust</li> <li>· ACPIN</li> </ul>	<p>Demonstrates good knowledge of where to find further/condition specific support, resources and information including:</p> <ul style="list-style-type: none"> <li>· Management of the Ataxias. Ataxia UK Guidelines 2016</li> <li>· Spasticity in adults: management using botulinum toxin. RCP 2018</li> </ul>	<p>Ensures condition specific guidance is implemented and followed locally</p> <p>Ensures condition specific guidance is followed and may contribute to develop of guidelines and policies at local, national or international level</p>

## b. Audit

<p>Shows basic understanding of how to contribute to an audit of MS services</p>	<p>Actively engages in MS service quality improvement by participating in audits of service provision</p>	<p>Promotes service improvement by ensuring completion across the service of audit of services provided to people with MS</p> <p>Contributes to national programmes of work to improve services for people with MS</p>
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## 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

Competent (BAND 5)	Specialist (BAND 6)	Highly Specialist/Advanced (BAND 7/8)
<p><b>CAREER STAGE:</b> <b>ENTRY-LEVEL GRADUATE</b></p> <p><b>Expected ability:</b> 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 &amp; Trust policies/procedures (CSP 2011).</p>	<p><b>CAREER STAGE:</b> <b>EXPERIENCED GRADUATE</b></p> <p><b>Expected ability:</b> 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 &amp; Trust policies/procedures (CSP 2011).</p>	<p><b>CAREER STAGE:</b> <b>ADVANCED OR EXPERT PRACTITIONER</b></p> <p><b>Expected ability:</b> Manage a specialised caseload of individuals with complex needs, and practice within involved &amp; unpredictable contexts. The role demands innovation. Liaison is with individuals/carers on caseload, other professionals for clinical, professional &amp; 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 &amp; relevant professional codes/standards /guidelines (CSP 2011).</p>

### a. Knowledge of Parkinson's

<p>Basic knowledge (or awareness only, but knows where to source additional information) of what Parkinson's is:</p> <ul style="list-style-type: none"> <li>· What goes wrong (pathophysiology)</li> <li>· Causes (aetiology)</li> <li>· Prevalence and incidence</li> <li>· Main features (motor and non-motor)</li> <li>· How diagnosis is made (at clinical and pre-clinical stages)</li> <li>· Progression (using medical and social models)</li> <li>· Impact on patient and family</li> <li>· Goal-setting for shared management</li> </ul> <p>Basic knowledge (or awareness only, but knows where to source additional information) of the role of neurotransmitters.</p> <p>Awareness about the function of dopamine in Parkinson's.</p>	<p>Demonstrates an understanding of Parkinson's over the basic level, and includes knowledge of:</p> <ul style="list-style-type: none"> <li>· On-off symptoms and how these present</li> <li>· Movement challenges of start hesitation and freezing</li> </ul> <p>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</p> <p>Demonstrates knowledge of the role and interaction between the various neurotransmitters and how these might affect people with Parkinson's physically and psychologically</p> <p>In addition to the role of dopamine, have awareness that movement is also affected by:</p> <ul style="list-style-type: none"> <li>· Noradrenaline</li> <li>· Serotonin</li> <li>· Glutamate</li> <li>· Acetylcholine</li> </ul>	<p>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.</p> <p>Ability to provide education to specialist &amp; non-specialist staff about Parkinson's</p> <p>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.</p>
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<p>Basic knowledge (or awareness only, but knows where to source additional information) of the neuro-physiological concepts of:</p> <ul style="list-style-type: none"> <li>· Neuroprotection</li> <li>· Neurorescue</li> <li>· Neurorestoration</li> <li>· Neuromodulation</li> </ul>	<p>Demonstrates knowledge of the neuro-physiological concepts and how treatment methods might be tailored to affect people with Parkinson's based upon these principles</p>	<p>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.</p>
<p>Basic knowledge (or awareness only, but knows where to source additional information) of Parkinsonism conditions:</p> <ul style="list-style-type: none"> <li>· Idiopathic Parkinson's</li> <li>· Multiple System Atrophy (MSA)</li> <li>· Progressive Supranuclear Palsy (PSP)</li> <li>· Corticobasal degeneration (CBD)</li> <li>· Vascular Parkinsonism</li> <li>· Drug induced Parkinsonism</li> <li>· Normal Pressure Hydrocephalus</li> </ul>	<p>Demonstrates knowledge of Parkinsonism conditions at a level where they recognise the main symptoms In addition acknowledge functional (psychogenic) Parkinsonism as a separate entity or in addition to the condition.</p> <p>Is able to describe these to patients, carers and non-specialist staff</p>	<p>Demonstrates knowledge at an expert level, differentiating between the main Parkinsonism conditions.</p> <p>Is able to identify and manage functional neurological Parkinsonism or is able to refer to appropriate services. Educates specialist staff about these.</p>
<p>Basic knowledge (or awareness only, but knows where to source additional information) of impact of Parkinson's on circadian rhythm and sleep</p>	<p>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</p>	<p>Demonstrates knowledge of impact of Parkinson's on all aspects of sleep at an expert level, with ability to teach specialist staff about them.</p>
<p>Develops an understanding of the impact of a diagnosis of a long-term, progressive neurological condition on the person, their family and significant others</p>	<p>Demonstrates good knowledge and understanding of the impact of a diagnosis of a long-term neurological condition on a patient and their family.</p>	<p>Demonstrates appreciation of the range of responses by patients and families to the diagnosis of a long-term neurological condition, and can adapt accordingly.</p>

## b. Assessment and care planning

<p>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.</p>	<p>Demonstrates knowledge of condition-specific, recommended assessment &amp; outcome tools appropriate to people with Parkinson's including:</p> <ul style="list-style-type: none"> <li>· Balance</li> <li>· Gait, including dual tasking</li> <li>· Transfers</li> <li>· Posture</li> <li>· Functional mobility</li> </ul>	<p>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.</p>
<p>Demonstrates awareness of common physiotherapy interventions used in Parkinson's, and knowledge of where to seek sources of upto date information.</p>	<p>Demonstrates knowledge of common physiotherapy interventions used in Parkinson's:</p> <ul style="list-style-type: none"> <li>· Exercise</li> <li>· Cueing and movement strategies</li> <li>· Management techniques for dystonia</li> <li>· Core stability exercises</li> <li>· Treadmill training</li> <li>· Postural advice</li> <li>· Upper limb coordination exercises</li> <li>· Breathing exercise to increase lung volume</li> <li>· Tremor management techniques and advice</li> </ul>	<p>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</p>
<p>Shows awareness of standardised outcome measures or monitoring tools</p>	<p>Demonstrates knowledge of standardised outcome measures or monitoring</p>	<p>Participates in review of efficacy for existing condition-specific outcome</p>

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

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.

measures and interventions.

### 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
- 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.

Demonstrates knowledge of the common symptoms in Parkinson's, as for entry-level graduate, plus:

- Types of tremor; resting, postural, action and orthostatic
- Altered sensation, including pain and akathisia

Demonstrates knowledge of the symptoms and using good clinical reasoning skills, clinical knowledge, and guidelines, with the patient.

Agrees individualised goals and management plans

Describes management options to people with Parkinson's and non specialist staff

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

### d. Medicine management

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 awareness of surgical/invasive procedures commonly used in Parkinson's:

- Deep brain stimulation

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 good knowledge of surgical/invasive procedures commonly used in Parkinson's.

Describes these to people with Parkinson's, carers 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 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;

- European Physiotherapy Guideline for

Demonstrates good knowledge of symptom or impairment specific guidance

Ensures condition specific guidance is implemented and followed locally

<p>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</p> <ul style="list-style-type: none"> <li>· CG 35 Parkinson's Disease in over 20's: Diagnosis and Management (NG71) NICE . NICE Guideline for Parkinson's in Adults 2017 <a href="https://www.nice.org.uk/guidance/ng71">https://www.nice.org.uk/guidance/ng71</a></li> <li>· NICE Quality Standards for Parkinson's (2018) <a href="https://www.nice.org.uk/guidance/qs164">https://www.nice.org.uk/guidance/qs164</a></li> </ul>		
<p>Develops awareness of where to find further/condition specific support, resources and information:</p> <ul style="list-style-type: none"> <li>· UK Parkinson's Excellence Network</li> <li>· Parkinson's UK site</li> <li>· AHP Hub</li> <li>· Exercise hub</li> </ul>	<p>Demonstrates good knowledge of where to find further/condition specific support, resources and information</p>	

**b. Audit**

<p>Shows awareness of Parkinson's audit tool</p>	<p>Actively engages in Parkinson's service quality improvement by participating audits of Parkinson's service provision:</p> <ul style="list-style-type: none"> <li>· UK Parkinson's Audit Physiotherapy: Standards and Guidance <a href="https://www.parkinsons.org.uk/professionals/past-audits">https://www.parkinsons.org.uk/professionals/past-audits</a></li> </ul>	<p>Promotes service improvement by ensuring completion across the service of national Parkinson's care audit tool</p>
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**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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# Progressive neurological conditions

## Speech and Language Therapists



### Competency 1: Clinical knowledge and practice

Competent (BAND 5)	Specialist (BAND 6)	Highly Specialist/ Advanced (BAND 7)	Expert/Consultant Practitioner (BAND 8)
<p><b>CAREER STAGE:</b> ENTRY-LEVEL GRADUATE</p> <p>As defined by NHS Career Framework Descriptions</p> <p><b>Expected ability:</b> Has graduate level knowledge (as specified under RCSLT curriculum guidelines) of CNS/PNS and progressive neurological conditions and the psycho-social impact being diagnosed with and living with these can have on the individual and their family.</p>	<p><b>CAREER STAGE:</b> EXPERIENCED GRADUATE</p> <p>As defined by NHS Career Framework Descriptions</p> <p><b>Expected ability:</b> Has beyond graduate level/generalist knowledge of specific patho-physiological mechanisms associated with onset and changes in progressive neurological conditions and can use this knowledge to apply appropriate condition specific assessments and choose condition specific evidence based interventions for their client. Has clear understanding of how primary condition may interact with other likely co-morbid conditions, including normal ageing. Fully understands when and how to make appropriate onward referrals for more specialist SLT and non-SLT evaluations and intervention.</p>	<p><b>CAREER STAGE:</b> ADVANCED PRACTITIONER</p> <p>As defined by NHS Career Framework Descriptions</p> <p><b>Expected ability:</b> In addition to previous, is able to demonstrate advanced knowledge of all aspects of change across the time course of the condition and uses this knowledge to liaise within MDT, advise within SLT team and take responsibility for setting up and/or shaping the structure and content of SLT service. Understands and can advise on how other aspects of the disorder (for example pain, fatigue, respiration) interact with communication and feeding and how SLT practice is shaped to take care of these concerns. Has evidence of relevant CPD as well as extensive work experience in the field.</p>	<p><b>CAREER STAGE:</b> EXPERT PRACTITIONER</p> <p>As defined by RCSLT (2010) and NHS Career Framework Descriptions</p> <p><b>Expected ability:</b> In addition to all previous sections, uses clinical autonomy in complex case management to deviate from an agreed pathway with clear rationale and appropriate review mechanism in place.</p>

#### a. Neurological knowledge and basic physiology

Understands the basic neurobiology of progressive neurological conditions and how they impact on body systems involved in speech, language, communication and swallowing.	Understands in detail the neurobiology of progressive neurological conditions and how they impact on body systems involved in speech, language, communication and swallowing.	Has an extensive knowledge of the neurobiology of progressive neurological conditions and uses this knowledge to give an advanced / expert view.	As for previous column
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#### b. Assessment and care planning

##### Overview

Selects and conducts appropriate assessment and basic interpretation of these within general guidelines for SLTs working with people with progressive neurological conditions.	Knows, understands and can conduct condition specific SLT assessments for assessment and monitoring of change and understands interactions of communication and feeding	Reviews service policy of assessments used and updates with new assessments as needed.  Advises team on appropriate assessments and supervises	As for previous column
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	<p>issues within wider context of impact of the disorder. On basis of this able to plan and monitor comprehensive care programmes.</p>	<p>interpretation of results and care planning when needed. Relates assessments results to relevant research for an individual condition or an SLT diagnosis.</p> <p>Builds liaison with other teams to support multidisciplinary and interdisciplinary assessment.</p> <p>Ensures that SLT assessments form part of the wider MDT assessment and are integrated into results to give optimal outcomes for patients.</p>	
<p>Selects and uses an appropriate outcome measure at key points of patient journey as determined by individual service specification.</p>			<p>Works with commissioners and services to ensure that SLT referrals are instigated and received at the right time for patients with progressive neurological conditions.</p> <p>Ensures that SLT team is included in and represented within the MDT, and actively seeks to develop relationships with relevant teams.</p> <p>Negotiates strategically at board level to resolve any issues in service delivery.</p>
<p>Demonstrates knowledge of the range of basic speech &amp; language therapy assessments available. Demonstrates ability to complete basic assessments to assess:</p> <ul style="list-style-type: none"> <li>· Saliva management</li> <li>· Swallowing</li> <li>· Language</li> <li>· Pragmatics and social communication</li> <li>· Reading</li> <li>· Writing</li> <li>· Dysarthria</li> <li>· Apraxia – oral and speech</li> <li>· Cognitive communication disorder</li> </ul>	<p>Demonstrates knowledge of the full range of specialised speech &amp; language therapy assessments available and ability to complete these, to assess:</p> <ul style="list-style-type: none"> <li>· Detailed ‘bedside’ swallowing function</li> <li>· Posture and positioning needs (in terms of optimum to support safe swallowing)</li> <li>· Cough ability</li> <li>· Respiratory function (to assess ability to protect airway)</li> <li>· Frequency of chest infections</li> <li>· Suitability for alternative and augmentative communication aids (low and high tech)</li> </ul>	<p>Demonstrates skills and knowledge to complete highly specialist assessments, including:</p> <ul style="list-style-type: none"> <li>· Video-fluoroscopic Evaluation of Oropharyngeal Swallowing in Adults; Level 4</li> <li>· Fibre-optic Endoscopic Evaluation of Swallowing</li> </ul> <p>Demonstrates expert judgement and skills to select the most appropriate assessment for use in each scenario to most effectively inform care planning.</p> <p>Recommends the assessments to be used by the team locally</p>	<p>Cooperates nationally and/or internationally to develop and validate new and improved clinical assessments</p>
<p>Level B Foundation Level Dysphagia practitioner. Shows awareness of and</p>	<p>Level C Specialist Dysphagia Practitioner at minimum. Has completed a Dysphagia</p>	<p>Level D practitioner competencies including Advanced Dysphagia</p>	<p>As for previous column</p>

works towards completing a Dysphagia Competency	Competency Framework	Practitioner competency evidenced by external course or relevant evidence of experience or further training.	
Demonstrates ability to use the findings of the assessment to inform treatment options, with support.	<p>Demonstrates good knowledge of instrumental assessment techniques, and can explain the rationale for performing these.</p> <p>Shows understanding of when to refer for instrumental assessment.</p>	<p>Recognises, evaluates and if appropriate incorporates new assessments into practice</p> <p>Demonstrates expert ability to accurately interpret comprehensive assessments and generate appropriate treatment options in highly complex presentations.</p>	As for previous column
Develops knowledge of specialised speech & language therapy assessments, including instrumental assessment techniques (e.g. video-fluoroscopy, fibre-optic endoscopic evaluation of swallowing (FEES))	Develops skills and works towards achieving Video-fluoroscopic Evaluation of Oropharyngeal Swallowing in Adults; Level 3 & 4, and Fibre-optic Endoscopic Evaluation of Swallowing	Carries out and interprets Videofluoroscopic Evaluation of Oropharyngeal Swallowing in Adults at level 3 or 4, and Fibreoptic Endoscopic Evaluation of Swallowing if required by service specification	As for previous column
<p>Develops skills to complete specialised assessments.</p> <p>Demonstrates the ability to know when to refer for more specialist assessments of speech, language, communication and swallowing.</p>	<p>Implements best practice guidance and actively contributes to defining this Ability to accurately interpret comprehensive assessments and generate appropriate treatment options, with support in complex presentations</p> <p>Teaches non-specialist speech &amp; language therapists about specialist assessments and supervises them to complete them.</p>	Teaches other staff to complete and interpret assessments accurately in complex presentations and use the findings to correctly choose treatment options	As for previous column

**Holistic**

			Advises on set up of service norms and integrates these with the MDT and evidence based practice to inform appropriate interventions.
<p>Demonstrates ability to undertake basic holistic assessments to establish baselines and determine accurately actual and potential issues, particularly in the following areas:</p> <ul style="list-style-type: none"> <li>· Eating, drinking, swallowing.</li> <li>· Weight</li> <li>· Impact on quality of life e.g</li> </ul>	<p>Demonstrates ability to assess more complex holistic needs and independently prioritise action.</p> <p>Analyses and interprets findings of assessments accurately to independently inform clinical management and care plan.</p>	Prioritises care in complex cases.	<p>Develops and implements care pathways to facilitate holistic care needs being seamlessly addressed</p> <p>Works strategically to ensure any barriers to holistic care are identified and addressed accordingly</p>

<p>EQ-5D</p> <ul style="list-style-type: none"> <li>· Impact on ADLs/function</li> <li>· General pain</li> <li>· Mental capacity</li> <li>· Mood</li> <li>· Resilience</li> <li>· Impact on relationships including sexual</li> <li>· Cognitive function</li> <li>· Executive function, memory and behaviour</li> <li>· Psychological impact of illness</li> </ul> <p>Demonstrates ability to interpret findings from assessment to inform guided action</p> <p>Shows ability to adapt to take account of individual circumstances using a person-centred approach.</p> <p>Demonstrates ability to develop a holistic understanding of the world of a person living with a progressive neurological condition, and their family.</p> <p>Demonstrates awareness of risk factors</p> <p>Develops interpersonal and active listening skills further to ensure needs can be expressed</p> <p>Discusses findings with the MDT and able to implement recommended actions</p>	<p>Able to communicate a range of treatment options to a patient in order to facilitate their decision making in a person centred way.</p> <p>Demonstrates excellent communication skills to ensure all relevant people (subject to patient's agreement) are fully informed about the care plan.</p> <p>Demonstrates ability to lead discussions within MDT and recommend actions.</p> <p>Demonstrates ability to discuss outcomes of holistic assessments with wider teams and make referrals as required</p>		
<p>Shows awareness of the concept of stages of disease and how these differ across conditions.</p>	<p>Demonstrates knowledge of the different stages of disease across progressive neurological conditions and the general management plans</p>	<p>Discusses in detail the different management strategies at each stage of disease across progressive neurological conditions with a wide range of stakeholders including the immediate MDT, the Consultant Neurologist and the GP to champion and challenge management plans.</p>	<p>As for previous column</p>
<p>Shows awareness of the difference between palliative care and end of life care in progressive neurological conditions</p>	<p>Initiates, coordinates and contributes to advance care planning process</p>	<p>Establishes pathways and processes to ensure advance care planning is implemented effectively</p>	<p>As for previous column</p>



Develops awareness of advance care planning process and how to contribute to it			
	Recognises the stage of disease a patient is at, and can explain this to them and help them plan ahead.	Expert in being able to describe and discuss stages of diseases with patients and other professionals  Aware of when to prompt patients to think about LPAs, wills and future planning.	As for previous column

### Swallowing

Completes post-basic dysphagia training as per local Trust policy prior to independent dysphagia practice.	Aware of non-typical presentations and anomalies and can identify supplementary assessments required for decision making on assessment/diagnosis and care planning	Carries out second opinions and joint assessments for complex patients who require a more specialised approach.	Provides expert second opinions on complex cases by utilising an extensive range of assessment tools and experience to form clinical picture.
Chooses and completes appropriate swallowing assessment, being aware of factors which are particularly relevant to a progressive neurological caseload.  Understands videofluoroscopy, can explain it to individual patients and other team members and knows when and how to refer to local clinic for the procedure			
Able to discuss findings of a videofluoroscopy assessment with a patient with support from senior colleagues.	May support a videofluoroscopy clinic depending on local service specification.	May lead a videofluoroscopy clinic depending on service specification.  May be an extended scope practitioner in videofluoroscopy or FEES depending on local policy.  Interprets results of videofluoroscopy and feeds back to patients and MDT to put the results into context and aid decision making.	As for previous column
Able to determine when onward referrals are appropriate and can discuss with senior colleagues for support and signposting.	Makes onward referrals as necessary, either to other medical specialities via the GP, or to other members of the MDT.		

<p>Requests joint assessments / second opinions from senior colleagues when needed.</p>	<p>Participates in joint assessments with other members of the MDT to ensure holistic care planning.</p>		
<p>Interprets assessment results accurately with support from senior colleagues and makes recommendations based on findings.</p>	<p>Able to embed assessment findings from other professionals into their own assessment/care planning, generally without recourse to senior colleagues.</p>		

**Speech and language**

<p>Able to select and use a variety of formal and informal assessments to describe an individual's speech and language strengths and weaknesses, and create an appropriate management plan resulting from assessment.</p>	<p>Utilises a wide range of assessment to inform hypotheses about speech and language. Uses knowledge and experience to create management plan for more complex cases.</p>	<p>Supports less experienced members of the team to assess complex cases, recommending appropriate assessments that may not have already been carried out.</p>	<p>Provides expert second opinions on complex cases by utilising an extensive range of assessment tools and experience to form clinical picture.</p>
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**Communication/AAC**

		<p>Develops relationships with local AAC hubs to ensure best practice.</p>	<p>Develops a close working relationship with local assistive technology hub to ensure seamless service and to actively seek training opportunities for the rest of the SLT team and wider MDT.</p>
			<p>Maintains an overview of AAC skills within the SLT team and seeks to develop these in conjunction with local AAC hub training opportunities as indicated.</p> <p>Develops local policies for sources of AAC funding for individuals who do not meet NHS criteria for funding and advises team on how to obtain funding.</p> <p>Liaises with trust board / commissioners to highlight need and explore funding streams if not available.</p>
<p>Able to form a holistic view of an individual's ability to communicate and gaps in ability to communicate, taking into account speech and language function, cognitive function, nonverbal</p>	<p>Supports junior staff to ensure all aspects of communication have been considered.</p> <p>Assesses need for AAC and makes recommendations for appropriate high and low</p>	<p>Uses additional experience and insight to give an in depth picture of communication strengths and weaknesses.</p>	<p>As for previous column</p>

<p>communication, AAC use, patient and carer views and own observations.</p> <p>Able to apply means, reasons and opportunities for communication (Money &amp; Thurman 1994) model to determine gaps in communication ability.</p>	<p>tech aids using direct access, possibly with support.</p>		
<p>Able to determine when AAC may be necessary and refer on to local AAC if needed.</p>	<p>Can demonstrate need for referral to local AAC hub as per NHS criteria.</p>	<p>Supports with referrals to AAC hubs as needed.</p>	<p>As for previous column</p>
<p>Awareness of when communication difficulties may be impacting on mental capacity and how to assess this and assist the MDT in carrying out capacity assessments.</p>	<p>Contributes to mental capacity assessments to support the MDT.</p>	<p>May take the lead on mental capacity assessments for relevant decisions within the MDT.</p>	<p>As for previous column</p>

### Cognition and human factors

<p>Able to demonstrate knowledge of what cognitive factors are affected in progressive conditions and how these may impact on communication and swallowing.</p>	<p>Able to quantify cognitive communication disorder as it relates to progressive conditions for use within their own practise and their immediate team and take account of an individual's cognitive difficulties in management planning.</p>	<p>High level of knowledge around cognitive communication disorder as it relates to progressive conditions and ability to integrate this into expert management plans.</p>	<p>As for previous column</p>
<p>Aware of how an individual may be affected by the diagnosis of a progressive condition, and how it may impact on their lives.</p>	<p>Greater awareness of how an individual may be affected by the diagnosis of a progressive condition and how it may impact on their lives and ability to apply appropriate assessments to inform appropriate action.</p>	<p>Expert awareness of the impact of diagnosis and prognosis on an individual's life and ability to take an overview of assessments and apply counselling skills to facilitate discussions .</p> <p>Advises other team members of appropriate actions based on discussions.</p>	<p>As for previous column</p>
<p>Aware of how an individual may react to loss of communication or swallowing related abilities, eg grief, depression, frustration.</p>	<p>Good awareness of how an individual may react to loss of communication or swallowing related abilities and can allow for these reactions in planning appropriate management.</p>	<p>High level of experience and understanding of how an individual may respond to loss of communication or swallowing abilities and ability to use counselling skills to help support this as part of an MDT.</p>	<p>As for previous column</p>

### Care planning

<p>Agrees treatment plan with patient and MDT</p>	<p>Interprets and acts on clinical findings to identify the most</p>	<p>Expert interpretation of clinical findings to advise on</p>	<p>Expands knowledge of speech &amp; language therapy</p>
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	appropriate interventions to assist management of symptoms	activity with own specialism and to oversee and monitor coordination of an appropriate response from other therapy areas.	therapeutic options by sharing experiences and networking with experts at a national level.
<p>Independently implements basic speech &amp; language therapy interventions and advice:</p> <ul style="list-style-type: none"> <li>· Advise on diet &amp;/or fluid modifications</li> <li>· Safe swallow advice</li> <li>· Uses a risk management approach with support from specialist</li> <li>· Good oral hygiene advice</li> <li>· Adaptable approach to take account of cognitive, mental health, behaviour or memory problems</li> <li>· Signposting– resources, advice, other services</li> <li>· Techniques and strategies to improve speech skills when appropriate</li> <li>· Speech exercises if appropriate for the condition</li> <li>· Facial exercises if appropriate for the condition</li> <li>· Literacy skills and equipment (page turners, talking books, accessibility options etc.)</li> <li>· Awareness of when to introduce discussion of Alternative and Augmentative Communication (AAC) and awareness of high and low tech options to suit an individual</li> </ul> <p>Implements specialised speech &amp; language therapy interventions with guidance and supervision:</p> <ul style="list-style-type: none"> <li>· Swallowing manoeuvres</li> <li>· Swallowing rehabilitation</li> <li>· Advice on alternative feeding methods</li> <li>· Relaxation/breathing techniques</li> <li>· Communication/language programmes</li> <li>· Speech &amp; articulation programmes</li> <li>· Conversation practice</li> </ul> <p>Maintains safety, privacy, respect and dignity of person</p>	<p>Discusses with patients the best treatment plan to meet their needs.</p> <p>Collaborates with patient and MDT about care priorities</p> <p>Undertakes specialist interventions independently:</p> <ul style="list-style-type: none"> <li>· Advance care planning for swallowing management</li> <li>· Discussion around timing for non oral feeding in conjunction with MDT</li> <li>· Assists in capacity assessments for specific decisions in conjunction with the MDT</li> <li>· Positioning (head/chest) in conjunction with Physio and OT</li> <li>· Fatigue management – as related to speech and swallowing</li> <li>· Respiratory support and control as related to speech and swallowing</li> <li>· Attention skills</li> <li>· Cognitive skills that could impact on management of communication and swallowing.</li> <li>· Assistive technology (switches etc.) in conjunction with OT or other relevant members of the team. Know when to make referral to Assistive Technology hub for more specialist intervention.</li> <li>· Interventions to improve intelligibility of speech</li> <li>· Social skills change to awareness of how condition impacts on social life and support to continue to enjoy social opportunities</li> <li>· Advanced communication aids (AAC) change to able to have detailed discussions around need for AAC and make suggestions on appropriate low and high tech options. Able to identify appropriate time to refer on</li> </ul>	<p>Advises on expert management plans particularly in highly complex and distressing circumstances</p> <p>Advises on and supervises others working with complex cases which are often multifactorial in nature.</p> <p>Educates and provides advice and support to all staff regarding speech &amp; language therapy interventions; plays a pivotal role in guiding the service.</p> <p>Discusses options for non-oral feeding and timing of non-oral feeding as part of overall swallowing management plan, and feeds back outcomes to MDT</p> <p>Carries out capacity assessments independently around decisions relating to feeding / swallowing.</p> <p>Supports lower bands with discussions around AAC and assistive technology and making referrals to assistive technology hubs.</p>	As for previous column

<p>at all times.</p> <p>Demonstrates understanding of own limitations and seeks support and advice when needed.</p> <p>Develops a relationship with the patient during episodic contacts.</p> <p>Demonstrates liaison with the MDT to inform them of the preferred method of communication, including information relating to AAC.</p>	<p>to Hubs for more specialist assessment and to access specialist equipment.</p> <ul style="list-style-type: none"> <li>· Emotional support</li> <li>· Self-management strategies relating to communication and swallowing difficulties.</li> </ul> <p>Develops a continuing relationship with a patient through ongoing contact.</p> <p>Provides expertise and support to team regarding speech and language therapy interventions.</p>		
<p>Demonstrates understanding of the importance of:</p> <ul style="list-style-type: none"> <li>· Tailored and time critical advice</li> <li>· Availability of consistent and accessible support, including when to keep progressive cases open on the caseload and when it might be appropriate to discharge them.</li> </ul>	<p>Ensures that the service provides the level of Specialist assessment, planning, implementation and evaluation it is commissioned to within the context of progressive neurological conditions.</p> <p>Has awareness of what interventions are time critical in progressive neurological conditions and acts to ensure that these interventions are met within the necessary timeframe.</p> <p>Identifies any delays or problems in service provision and reports these to senior management.</p>		<p>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.</p> <p>Able to piece together all of the time critical components of all aspects of a progressive condition in order to ensure that every aspect of management is considered and acted upon at the right time.</p> <p>Identifies any gaps in service provision and works with commissioners to address these.</p> <p>Develops a culture that constantly evolves the assessment and care planning processes based on objective data and patient and colleague feedback</p> <p>Lead and participates in complex case review activities.</p>

**Risk feeding**

<p>Aware of what constitutes a risk feeding situation and seeks support from senior colleagues to manage the situation appropriately.</p>	<p>Independently manages straightforward risk feeding situations in conjunction with the MDT. Aware of when to seek support from senior colleagues for more complex situations.</p>	<p>Independently manages complex risk feeding situations in conjunction with the MDT. Supervises more junior colleagues to manage risk feeding situations.</p>	<p>Develops policies and procedures for risk feeding scenarios within team.</p>
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<p>Aware of how the principles of the Mental Capacity Act (2005) apply to risk feeding situations.</p>		<p>Able to apply the principles of the Mental Capacity Act (2005) to complex risk feeding situations.</p>	<p>Contributes specialist supervision to all colleagues within SLT and the MDT around risk feeding and how the Mental Capacity Act (2005) is applied.</p>
			<p>Has an overview of current risk feeding cases within the team and gives second opinion assessments when needed.</p> <p>Aware of legalities around risk feeding situations and knows when to seek support from legal services.</p> <p>Able to advise external organisations eg care homes on risk feeding and how to implement a patient decision in a way that supports both the patient and the staff. Develops close working relationship with local safeguarding services in order to ensure support for patients, colleagues and other staff.</p> <p>Robust knowledge of when situations may need to be referred to the Court of Protection, and where to seek local support if this is felt necessary, as per MCA Code of Practice (2007).</p>

**Goal setting**

<p>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</p> <p>Ensures the patient is given all information to make an informed decision, and is at the centre of decision making.</p> <p>Acts as a key member of the team for an individual patient where necessary.</p>	<p>Demonstrates ability to proactively promote good individualised management strategies, designed around the patient's needs and personal priorities.</p> <p>Shows understanding of how relevant past events and experiences can impact on a patient's current situation and future planning.</p> <p>Demonstrates ability to align expectations of care for people with progressive neurological conditions.</p>	<p>Uses high level of skill and experience to autonomously design and advise upon individualised management strategies around the patient's needs and personal priorities, within complex situations.</p> <p>Demonstrates expert skill in supporting team members in reflection and decision-making discussion</p>	<p>As for previous column</p>
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**Advocacy**

<p>Act as an advocate for the person with a progressive neurological condition at team level to remove barriers to care and services.</p>	<p>Acts as an advocate for the person with a progressive neurological condition at community level</p>	<p>Provides supervision to team by maintaining a comprehensive knowledge of support services within the hospital and/or community.</p>	<p>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.</p>
<p>Shows understanding of the:</p> <ul style="list-style-type: none"> <li>· Importance of meaningful activities to the person</li> <li>· Benefits of participation and work to a person's wellbeing</li> <li>· Importance of purpose and the person's work/life balance</li> <li>· Basic equipment provision and process</li> </ul> <p>Develops awareness of:</p> <ul style="list-style-type: none"> <li>· Services available to support and provide assistance</li> <li>· Role of social services and what they can do</li> <li>· Environment controls/ adaptations provision and process</li> <li>· Advanced/specialised equipment provision and process</li> <li>· Legislation that support engagement in promoting independence e.g. employment rights</li> </ul>		<p>Facilitates any joint working and training that may be needed with support services to allow full access for people with progressive neurological conditions.</p>	<p>Identifies any gaps in local support services and collaborates with commissioners and service providers to initiate strategies to address these</p>

**Symptom management****Overview**

<p>Demonstrates basic knowledge of and how to quantify and monitor common symptoms in progressive neurological conditions that fall directly within own professional scope of practice: e.g.</p> <ul style="list-style-type: none"> <li>· Oral secretions,</li> <li>· Bulbar weakness and fatigability</li> <li>· Unplanned weight loss</li> <li>· Increased coughing on fluid or food</li> <li>· Wet or gurgly sounding voice</li> <li>· Spiking temperatures</li> <li>· Chest infections</li> <li>· Respiratory</li> <li>· Fatigue and cognitive changes that may contribute to swallowing difficulties</li> </ul>	<p>Demonstrates good knowledge of the full range of management strategies to address the common symptoms of progressive neurological conditions.</p>	<p>Demonstrates expert knowledge and highly refined skills to recognise and manage the symptoms of a progressive neurological condition, utilising up to date knowledge and skills gained from CPD and working within an MDT.</p>	<p>As for previous column</p>
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<ul style="list-style-type: none"> <li>· Oral health</li> <li>· Voice/Speech/intelligibility changes according to time, place, interlocutor</li> <li>· Cognitive-language changes according to what, how and where trying to communicate</li> <li>· Changes in pragmatic communication skills that affect ability to function socially/in employment/family</li> <li>· Changes in perceptions of self as a communicator that affect daily living</li> <li>· Carer issues in how to manage communication, swallowing, saliva management changes</li> </ul> <p>Demonstrates basic knowledge of management strategies to address these issues.</p>			
<p>Develops knowledge and recognition of physical symptoms in progressive neurological conditions outside own direct scope of professional practice:</p> <ul style="list-style-type: none"> <li>· Reduced gut motility (reduced appetite, nausea and constipation)</li> <li>· Problems with body weight control (weight loss or weight gain)</li> <li>· Bladder and bowel dysfunction (including urinary storage problems &amp; retention, bladder emptying problems – increased urgency or frequency)</li> </ul>	<p>Demonstrates ability to describe and explain common symptoms and their management to other professionals and patients</p>	<p>Demonstrates excellent ability to accurately and quickly determine when referral to other specialist areas are needed.</p> <p>Demonstrates ability to provide advice about appropriate actions for all symptom management as required (including those not usually managed by the SLT).</p>	<p>As for previous column</p>
<p>Develops awareness of psychological and emotional factors/symptoms and develops recognition of presenting of these :</p> <ul style="list-style-type: none"> <li>· Memory and attention problems</li> <li>· Mood changes/apathy/depression/anxiety</li> <li>· Cognitive impairment</li> <li>· Motivation problems</li> <li>· Issues with executive function</li> </ul>	<p>Uses experience and knowledge of psychological factors to respond and manage needs appropriately, including referring on for psychological specialist care as required</p>	<p>Educates experienced and specialist professionals about common symptoms and their management.</p> <p>Leads as an autonomous practitioner in highly complex case management</p>	<p>As for previous column</p>
<p>Develops knowledge of further symptoms that own</p>	<p>Develops expertise in recognising signs and</p>	<p>Uses extensive knowledge and experience to advise</p>	<p>As for previous column</p>



<p>professional interventions can alleviate:</p> <ul style="list-style-type: none"> <li>· Respiratory problems; thoracic and abdominal muscle weakness, bulbar muscle weakness, loss of coordination on respiration, impaired cough, postural abnormalities, nocturnal hypoventilation</li> </ul> <p>Develops awareness of symptom management strategies</p>	<p>symptoms early to trigger timely assessment and intervention and / or ensures that review systems are in place to ensure that assessments uncover early signs.</p> <p>Provides formal and informal support and supervision to junior staff working with people with long term neurological conditions.</p> <p>Acts on the recognition of physical symptoms to make timely referrals as needed, and supports more junior staff to request referrals.</p>	<p>colleagues and the MDT on relevant referrals and gives support in making the referrals. Recognises how one set of symptoms may lead on to further symptoms within a short time frame and is able to ensure that appropriate referrals are sequenced as a result of this understanding. Eg interplay between respiratory function and method of gastrostomy.</p>	
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**Speech, language and voice**

<p>Aware of what changes may occur to a patient’s speech, language and voice in progressive neurological conditions and able to describe these changes accurately for ongoing monitoring.</p> <p>Aware of how changes to speech and voice may impact on intelligibility and offers appropriate management plan to patient and communication partners to address this.</p> <p>Aware of when changes to speech and voice represent a deterioration in the overall condition and highlights this to the MDT.</p> <p>Provides basic management plan to address identified symptoms and ensure communication skills are maintained.</p>		<p>Offers a wider range of management options, particularly in more complex case, where previous interventions have not been successful.</p>	<p>Ensures that best practice in managing speech, language and voice change is adhered to throughout the team, and promotes evidence based practice to support this.</p> <p>Maintains an overview of current research and ensures that new findings are incorporated into the practice of the team and monitored for effectiveness.</p> <p>Leads on appropriate audits related to symptom management.</p>
<p>Aware of when voice banking should be offered to a patient prior to deterioration of speech and voice, and can discuss this with the support of senior colleagues.</p>		<p>Manages potentially difficult conversations about voice banking with suitable patients, and supports more junior staff to raise appropriately.</p>	<p>Looks at referral patterns and liaises with the MDT to ensure that voice banking can be offered to all appropriate patients in a timely manner to promote optimum voice recordings prior to speech change where possible.</p>

**Swallowing**

Aware of what changes may occur to a patient’s swallowing in progressive neurological conditions and able to describe these changes accurately for ongoing monitoring.

Aware of how changes to swallowing may impact on overall health, and offers appropriate management plan to patients and carers to promote swallow safety and adequate nutrition and hydration.

Aware of when changes to swallowing represent a deterioration in the overall condition and highlights this to the MDT.

Offers a wider range of management options, particularly in more complex case, where previous interventions have not been successful.

Ensures that best practice in managing swallowing is adhered to throughout the team, and promotes evidence based practice to support this.

Maintains an overview of current research and ensures that new findings are incorporated into the practice of the team and monitored for effectiveness.

Leads on appropriate audits related to symptom management.

**Communication /AAC**

Able to judge when a patient’s verbal communication is beginning to show signs of breakdown, and suggests appropriate AAC to support continued use of verbal communication.

Offers appropriate suggestions of AAC depending on patient’s existing communication skills, cognitive skills, motor skills and environment.

Aware of the potential need for high tech AAC and / or EC and can discuss sensitively with patients in advance to highlight options.

Enhanced skill, experience and knowledge of communication breakdown across a wide range of situations and environments, and can offer a multi-faceted support plan to account for this.

Supports more junior staff to ensure that referrals to AAC hubs are discussed and made in a timely manner depending on patient prognosis.

Assists colleagues and the MDT in managing complex cases involving communication breakdown to resolve issues and ensure patient communication is optimum.

**Cognition and human factors**

Aware of how cognition may change in progressive neurological conditions, can monitor this and make onward referrals as needed.

Aware of psychosocial red flags and can discuss with senior colleagues re the need for onward referrals.

Applies expert knowledge of cognitive change to all aspects of symptom management and discusses with the MDT to manage complex situations.

Supports complex patients where psychosocial issues have become apparent as part of the MDT.

As for previous column

**Medicine management**

<p>Develops knowledge of drugs commonly used therapeutically to treat diseases of the nervous system and their impact on speech, language, communication and swallowing.</p> <p>Has an awareness of the side effects that may occur when taking these drugs, especially on aspects of swallowing and communication.</p>	<p>Has 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 on speech, language, communication and swallowing.</p>	<p>Participates in MDT discussions regarding commonly used drugs, particularly when deciding on a particular drug for symptom management of speech, language, communication or swallowing difficulties, for example when discussing drugs to aid saliva management.</p>	<p>As for previous column</p>
<p>Develops awareness of the possible need for different drug presentations in progressive neurological conditions e.g. crushable tablets, dispersible, liquid, etc. and will seek advice from pharmacy about these.</p>			
<p>Develops awareness of the extended roles available to speech &amp; language therapists with regard to prescribing within progressive neurological conditions (Patient specific directives (PSD) and Patient group directives (PGD))</p>	<p>Good knowledge of the differences between PSDs and PGDs and their role in progressive neurological conditions.</p> <p>Understands requirement to work within scope of practice and legal framework for AHP prescribing</p>	<p>Works with independent prescribers and local medicines management team to establish protocols for establishing appropriate PSDs and PGDs</p> <p>Awareness of MHRA alerts and impact on practice</p> <p>Works within legislative framework for PSDs and PGDs.</p>	<p>As for previous column</p>

**Problem/complication management**

<p>Shows awareness of red flags that may occur in patients with a progressive neurological condition:</p> <ul style="list-style-type: none"> <li>· Coughing and spluttering</li> <li>· Chest infections or pneumonias</li> <li>· Malnutrition and weight loss</li> <li>· Dehydration</li> <li>· Gurgly voice after eating or drinking</li> <li>· Shortness of breath, including when eating and drinking</li> <li>· Signs of infection/fever</li> <li>· Cyanosis</li> <li>· Increased volume or viscosity of secretions</li> <li>· Change in colour of</li> </ul>	<p>Ensures that any identified red flags are reported to the appropriate member of the MDT, including the GP, to enable a timely action plan is implemented.</p> <p>Seeks support/ supervision from senior colleagues in dealing with red flag situations that have escalated beyond initial identification without resolution.</p> <p>Provides training to the MDT on recognition of red flags related to communication and swallowing.</p>	<p>Supports MDT to ensure that red flag situations are dealt with in a timely manner.</p> <p>Ensures awareness of documentation which may affect actions around red flags, such as ACPs, RESPECT documentation and DNARs.</p> <p>Provides training to MDT which may include areas outside of profession specific red flags.</p> <p>Ensures policies, procedures and processes are in place to support staff dealing with a red flag event.</p>	<p>Has an overview of the legalities around red flag situations and ensures that the SLT team are working within these.</p> <p>Leads on or contributes to any incident reviews that may arise as a result of inaction on red flags.</p>
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<p>secretions</p> <ul style="list-style-type: none"> <li>· Deviation of body position</li> <li>· Recurrent UTIs</li> <li>· Pressure ulcers</li> <li>· Injury danger/Spilling drinks</li> <li>· Falls</li> <li>· Stridor</li> <li>· Psychological distress</li> <li>· Inability to communicate effectively</li> </ul> <p>Discusses any instance of these with senior colleague to determine actions needed.</p>			
<p>Develops awareness of some of the main surgical/invasive procedures commonly used in neurological conditions:</p> <ul style="list-style-type: none"> <li>· Suctioning</li> <li>· Artificial feeding (tube) methods</li> <li>· Tracheostomy</li> <li>· Assisted ventilation</li> <li>· Brain surgery/stimulation</li> <li>· Botulinum toxin</li> <li>· Indwelling catheter</li> <li>· Suprapubic catheters</li> <li>· Bowel irrigation</li> <li>· Bowel surgery e.g. colostomy</li> </ul>	<p>Explains and discusses surgical/invasive options with patient and MDT, to help them make an informed choice about their treatment options within scope of SLT practice.</p> <p>Develops skills to perform some invasive procedures such as suctioning if appropriate within working environment, dependent on local training policies and maintenance of competencies.</p>	<p>Following training requirements determined at local service level, demonstrates expert skills to independently perform some invasive procedures, such as suctioning, if appropriate within working environment.</p> <p>Teaches specialist speech &amp; language therapists about techniques to perform invasive procedures, and supervises their progress.</p>	<p>Develops policies, protocols, training and procedures to carry out invasive procedures such as suctioning as appropriate to role and working environment and in conjunction with the MDT. Seeks training to develop role with invasive procedures during appraisal</p> <p>Ensures monitoring and updating of competence for all staff carrying out invasive procedures.</p>
<p>Develops awareness of complementary approaches and interventions, including ‘unproven’ approaches and the evidence base for their implementation and outcomes</p>	<p>Demonstrates good knowledge of complementary approaches and interventions, including ‘unproven’ approaches and the evidence base for their implementation and outcomes</p> <p>Explains and discusses alternative approaches with patient and MDT</p>	<p>Demonstrates expert knowledge of complementary approaches and interventions, including ‘unproven’ approaches and the evidence base for their implementation and outcomes</p>	<p>As for previous column</p>

## Promoting independence

### Self-management

<p>Works with the MDT to encourage patients with progressive neurological conditions to play an active role in their own management.</p> <p>Encourages patients with a progressive neurological condition to become experts in their own condition</p>	<p>Has an up to date knowledge of the evidence base acquired through CPD and MDT working of specific programmes that promote adherence, compliance, completion and successful effective outcomes for patients with progressive neurological conditions.</p> <p>Can plan/help to manage</p>	<p>Empowers people to identify and reach realistic goals for self-management.</p> <p>Creates opportunities to develop, and facilitates implementation of recognised self-management programmes and strategies across a health community</p>	<p>Involved with or contributes to national theory and practice development to ensure these support mechanisms are available to people with a progressive neurological condition.</p>
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	cases in liaison with MDT, and operate in a range of clinical environments in acute and community settings.		
<p>Develops an awareness of self-management strategies.</p> <p>Develops awareness of the amount and type of support required to help a patient engage in self-management.</p> <p>Sets goals to maximise patient participation and uses an appropriate outcome measure to monitor this.</p> <p>Recognises the importance of providing appropriate and timely support mechanisms to patients engaging in self-management.</p>	<p>Demonstrates excellent knowledge of self-management strategies, the barriers that exist and the support mechanisms available for patients with progressive neurological conditions.</p> <p>Encourages self-management approaches, and supports, implements and runs self-management programmes as appropriate within professional boundaries.</p>	Demonstrates an expert knowledge of what is needed to support effective self-management	As for previous column

### Anticipatory planning

Works with a patient to ensure management is anticipatory in nature to minimise crisis management as far as possible.	Works to ensure that patients understand the importance of anticipatory planning and management in progressive neurological conditions, and helps them to engage in this shared management approach.	Uses expert communication and counselling skills to promote anticipatory planning and management around difficult decisions, such as gastrostomy tube timing, with patients who may be reluctant to look ahead.	As for previous column
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### Roles, relationships and responsibilities

<p>Shows awareness of the roles and relationships in a person's life, and the potential impact of their condition on these:</p> <ul style="list-style-type: none"> <li>· Family</li> <li>· Community</li> <li>· Work/Education</li> <li>· Hobbies</li> <li>· Friends/social networks</li> <li>· Intimate relationships</li> <li>· Professional</li> <li>· Spiritual/beliefs</li> </ul>	Demonstrates understanding of how progressive conditions can affect a person's ability to maintain their role and relationships.	<p>Applies in depth knowledge and understanding of all aspects of the relationships, roles and responsibilities in a patient's life.</p> <p>Demonstrates an excellent understanding of the person with a progressive condition's 'world'.</p>	As for previous column
<p>Shows awareness of how therapeutic interventions or activities could impact on the important roles and relationships in a person's life</p> <p>Demonstrates basic knowledge of interventions and advice to help maintain roles and relationships:</p>	<p>Demonstrates 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</p> <p>Demonstrates knowledge of interventions and advice</p>	Demonstrates a full 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	As for previous column

<ul style="list-style-type: none"> <li>· Supports development of strategies to help maximise independence with personal care, within scope of SLT practice.</li> <li>· Supports development of strategies to help with domestic responsibilities, within scope of SLT practice</li> <li>· Aware of different methods of transport that are available.</li> </ul> <p>Develops awareness of additional interventions and advice to help maintain roles and relationships:</p> <ul style="list-style-type: none"> <li>· Supports discussion of different methods of sexual expression/intimacy with appropriate member of the MDT when needed</li> <li>· Aware of how AAC may be needed to support maintenance of roles and relationships.</li> </ul>	<p>to help maintain roles and relationships.</p>		
<p>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.</p>	<p>Shows skills and abilities to be able to gain a good understanding of the responsibilities of the patient and how a progressive neurological condition may impact on these.</p>		

**Work**

<p>Recognises 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.</p> <p>Develops knowledge to support a person in the work environment</p> <p>Develop awareness that it may be necessary to liaise with employers to make reasonable adjustments to maximise a person's performance, in conjunction with the MDT.</p>	<p>Uses clinical expertise to support a person with a progressive condition perform to their best ability in a work, education and recreation environment and discusses with them options available</p> <p>Works flexibly within professional scope to liaise with employers and others to make reasonable adjustments to maximise a person's performance and allow them to continue employment.</p>	<p>Leads an MDT approach to supporting a person with a progressive neurological condition in the workplace, and in education and recreation environments.</p>	<p>As for previous column</p>
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**Resources**

<p>Shows awareness of resources available to support a person living with a progressive neurological condition e.g.</p> <ul style="list-style-type: none"> <li>· Self-management schemes</li> <li>· RADAR National key scheme</li> <li>· 'just can't wait/no waiting' card</li> <li>· Signposting to websites/ services offering advice and additional support signposting e.g. Disability Living Foundation</li> <li>· Support for travel planning etc.</li> <li>· Resources available from individual condition specific charities.</li> </ul>	<p>Demonstrates good knowledge of resources available locally and nationally to support a person living with a progressive neurological condition and is able to support the person and their family to access these.</p>	<p>Works strategically in an interdisciplinary way to ensure the development of self-management schemes and resources where needed.</p>	<p>As for previous column</p>
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**Competency 2: Leadership, teamwork and collaboration****a. Multidisciplinary team and care pathways**

<p>Recognises which team members make up the MDT for patients with progressive neurological conditions.</p> <p>Establishes and maintains MDT working relationships.</p>	<p>Maintains and expands own role and working within the MDT</p> <p>Operates effectively within the MDTs for progressive conditions or, representing own profession within the different groups.</p> <p>Works flexibly within professional scope of practice to promote close working relationships</p>	<p>Has a broad overview of all of the patients with a progressive neurological condition on the caseload and understands what band of therapist should be involved in their care.</p>	<p>Ensures local services are in place for patients with a progressive neurological condition, organises and justifying expansion where needed.</p> <p>Works to improve communication flow to support excellent MDT working</p>
<p>Understands the roles of MDT members</p> <p>Develops awareness of how own role impacts on service delivery</p>	<p>Develops an interdisciplinary approach to team working for patients with a progressive neurological condition.</p>	<p>Facilitates and supports extended scope of practice working and puts in place processes that support this to benefit patients with progressive neurological conditions.</p>	<p>As for previous column</p>
<p>Develops awareness of the importance of the following in progressive condition management:</p> <ul style="list-style-type: none"> <li>· Ease of access to MDT</li> <li>· Single point of contact</li> <li>· Timely interventions/ actions</li> <li>· Flexible approach to respond to variability of needs throughout the condition</li> </ul>	<p>Uses clinical knowledge and experience to describe the critical aspects of an effective MDT to people with progressive neurological conditions</p>	<p>Understands codes of practice of other professionals and the importance of defining responsibilities in an MDT</p> <p>Accountable for recommending service redesign across the team and justifies additional resources to ensure the MDT functions to the benefit of people with</p>	<p>As for previous column</p>

<ul style="list-style-type: none"> <li>· Tailored advice, involving family/friends/carers where appropriate</li> <li>· Maintaining accessibility to the MDT from diagnosis to death (not discharging/open access)</li> </ul>		<p>progressive neurological conditions.</p> <p>Demonstrates skills in providing support to team members working in stressful and complex situations. Aware of when an individual team member may need support from Occupational Health, Counselling or other services and makes onward referrals.</p>	
<p>Understands and adheres to the care pathways that exist locally for progressive neurological conditions (including end of life care and urgent care)</p>	<p>With support, identifies and develops new ways of working within own profession, and contributes to development of new care pathways or implementation of existing ones.</p>	<p>Works at a strategic level to lead on designing and implementing new care pathways. Effectively implements existing care pathways and monitors / audits their use.</p>	<p>As for previous column</p>
<p>Develops understanding of how the MDT works with and complements other services available locally</p>	<p>Demonstrates a good knowledge of how the MDT co-ordinates the care management in progressive neurological conditions</p> <p>Describes to the patient the professional relationships of the teams involved in their care</p>	<p>Develops and improves communication between services to ensure seamless care in progressive neurological conditions</p>	<p>As for previous column</p>
<p>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;</p> <ul style="list-style-type: none"> <li>· Clinical Psychology/ neuropsychology services</li> <li>· Community Neurological care teams</li> <li>· Wheelchair clinics</li> <li>· Pain clinics</li> <li>· Continence service</li> <li>· Respiratory services</li> <li>· Orthotics</li> <li>· Nutrition Support team &amp; Gastroenterology</li> <li>· Hospice &amp; Specialist palliative care services</li> <li>· Social Care and Carer agencies</li> <li>· Housing teams</li> <li>· Sensory Support teams</li> <li>· Assistive technology service</li> <li>· Alternative and Augmentative</li> </ul>	<p>Understands the limitations of the care/service that can be provided within the MDT.</p> <p>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. Knows when and how to refer to / seek referral to these services.</p> <p>Demonstrates a good knowledge of the roles of statutory agencies and non-statutory/charitable organisations.</p> <p>Describes these agencies to other staff and patients with progressive neurological conditions</p> <p>Develops and maintains professional relationships with</p>	<p>Identifies any gaps in service provision and initiates strategies to address these.</p> <p>Advises, supervises and co-ordinates peers to ensure needs of an individual with a progressive neurological condition are met</p>	<p>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.</p> <p>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.</p> <p>Develops and sustains productive partnerships, playing a part in development of managed clinical networks</p>



<p>Communication services (AAC)</p> <ul style="list-style-type: none"> <li>· Mental Health teams</li> <li>· Counsellors/spiritual advisor</li> <li>· Relationship counsellors</li> <li>· Benefits/welfare &amp; financial advice team</li> <li>· Social services</li> <li>· Job centre plus</li> <li>· Health Visitors</li> <li>· Safeguarding teams</li> <li>· Condition specific charitable organisations/support groups such as MND Association, Parkinson's UK, MS Society and any others.</li> <li>· General relevant voluntary organisations</li> </ul> <p>Develops awareness of the existence and role of:</p> <ul style="list-style-type: none"> <li>· Statutory agencies e.g. local authority</li> <li>· Non-statutory/charitable organisations</li> </ul>	<p>these agencies</p>		
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**b. Education**

<p>Demonstrates ability to deliver introductory/progressive neurological condition awareness raising education sessions to patients and unqualified staff</p>	<p>Demonstrates ability to plan, resource and deliver in depth structured educational sessions about progressive neurological conditions to patients, staff and students. Measured through sessions plans/ resources/feedback form participants</p> <p>Initiates and facilitates support/educational groups for patients</p> <p>Uses a range of evaluation tools and feedback mechanisms to gather information to inform future sessions</p>	<p>Educates experienced and specialist staff about progressive neurological conditions, and takes an active role in promoting education in progressive condition management by writing and utilising standard presentations and conference presentations</p>	<p>Leads a managed clinical network to share expertise, knowledge and promote best practice</p>
	<p>Shares expertise and specialist knowledge at a regional and national level</p>		<p>Shares expertise and highly specialist knowledge at an international level (conferences, publications etc.)</p>
<p>Identifies opportunities to join effective networking groups locally</p> <p>Follows best practice and</p>	<p>Maximises the use of effective networking across social and health care boundaries</p> <p>Shares knowledge and best</p>	<p>Disseminates knowledge by speaking at international conferences</p>	<p>Initiates new networking opportunities and participates on a national and international basis</p>

adheres to guidance when available

practice through participation in local and national specialist networks

Disseminates knowledge by writing for publications and speaking at local and national conferences

Leads on the development of specialised courses on progressive neurological conditions at regional higher education institutions

## Competency 3: Personal and professional development

### a. Accountability

Maintains a record of, and shows evidence of learning related to progressive neurological conditions, e.g. a personal portfolio.

Completes RCSLT NQP competency framework (2007) within the first 2 years of practice, with some evidence relating to patients with progressive neurological conditions where possible.

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

Applies current knowledge of progressive neurological conditions to clinical practice

Manages own time and caseload, but seeks support when needed. Aware of when prioritisation systems may need to change to account for progression of symptoms. Works within scope of practice and level of experience.

Demonstrates participation in continued professional development related to progressive neurological conditions.

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 priorities.

Uses and interprets complex clinical information to inform clinical management plans

Accountable for taking a strategic overview of the service for patients with progressive neurological conditions, 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

As for previous column

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

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

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

As for previous column

<p>needs are met at an appropriate level.</p> <p>Shows awareness of frameworks to inform personal learning needs</p> <p>Makes effective use of a mentor to explore ideas and devise a personal development plan</p>	<p>and mentoring to other staff</p> <p>Seeks personal supervision to advance own learning</p>	<p>Responsible for ensuring all staff are appraised and have a plan to meet the training needs that are identified.</p> <p>Acts as a role model at local, regional, national and international level to help others challenge practice and promote professional development</p>	
<p>Seeks support to identify appropriate learning material</p> <p>Shows awareness of the types of learning opportunities available e.g.</p> <ul style="list-style-type: none"> <li>· Journals</li> <li>· Courses</li> <li>· Shadowing</li> <li>· Reflection</li> </ul> <p>Accesses/attends local educational activities for the MDT</p> <p>Participates in local network groups and accesses local learning opportunities</p>	<p>Identifies gaps in the evidence base and collaborates with others to address them</p> <p>Accesses/attends national learning opportunities</p> <p>Participates in relevant regional network groups and learning opportunities</p>	<p>Promotes innovative ways to optimise learning.</p> <p>Uses evaluation to develop new programmes for advanced practice</p>	<p>Participates in relevant national and international network groups and learning opportunities</p> <p>Works strategically to influence national policy for the benefit of people with progressive neurological conditions</p>
<p>Works within current Health and Care Professions Council (HCPC) scope of practice</p> <p>Demonstrates professional registration and qualification</p> <p>Demonstrates understanding of professional responsibility to report any concerns regarding unsafe or compromised service</p> <p>Shows awareness of relevant regulatory local policies e.g. whistleblowing, and managing appropriate relationships with commercial sector</p>	<p>Works flexibly within HCPC code of practice, and identifies and develops new ways of working</p> <p>Develops and maintains professional relationships with commercial sector for benefit of people with progressive neurological conditions</p> <p>Demonstrates good knowledge of relevant local policies including the regulatory ones already named e.g. access to treatment/waiting times</p> <p>Demonstrates knowledge of relevant national targets and policy regarding care provision</p>	<p>Shows awareness of the codes of practice across healthcare professionals and where duty of care and responsibility lies in the MDT</p> <p>Accountable for staff working within their scope of practice and having current professional registration.</p> <p>Accountable for acting on and initiating investigation into any reports of unsafe or compromised service</p> <p>Uses experience and expertise to influence commercial sector to improve care/ equipment provision to people with progressive neurological conditions</p>	<p>As for previous column</p>

**b. Service development**

<p>Shows awareness of hierarchy of own profession &amp; team within local organisation</p>	<p>Demonstrates good knowledge of the management structures and hierarchies of teams</p>	<p>Demonstrates expert knowledge of management structures and hierarchies of teams nationally.</p>	<p>As for previous column</p>
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<p>Understand management structure within local organisation</p> <p>Shows awareness of how neurological services are structured and managed locally</p>	<p>regionally.</p> <p>Demonstrates good knowledge of how neurological services are structured and managed locally and regionally.</p> <p>Shows awareness of differences in neurological service structures and management nationally</p>	<p>Demonstrates expert knowledge of how neurological services are structured and managed nationally.</p> <p>Demonstrates good knowledge of differences in neurological service structures and management across the home countries and internationally</p>	
		<p>Maintains knowledge of up to date national guidelines pertaining to progressive neurological conditions, such as NICE guidelines, SIGN guidelines and any other documentation produced by the NHS or its partner organisations.</p>	<p>As for previous column</p>
<p>Shows awareness of local work related policies and procedures</p>	<p>Demonstrates good knowledge of local and regional work related policies and procedures</p>	<p>Contributes to and ensures implementation of local, regional and national work related policies and procedures</p>	<p>As for previous column</p>
<p>Shows awareness of professional role in supporting and supervising unqualified staff</p>	<p>Demonstrates provision of support, advice and supervision to junior staff</p>	<p>Demonstrates expertise in recognising the development needs of staff.</p>	<p>As for previous column</p>
<p>Develops and manages own caseload, recognising problems and identifying when it is appropriate to seek support</p> <p>Manages own time effectively</p>	<p>Demonstrates accountability in managing junior staff across the team</p> <p>Demonstrates accountability in prioritising and managing workload in response to changing service priorities</p> <p>Manages own team effectively</p> <p>Demonstrates good knowledge of leadership skills and management techniques.</p> <p>Shows ability to apply knowledge in practice</p>	<p>Accountable for ensuring the service is run efficiently and effectively and meets the needs of service users.</p> <p>Takes strategic overview of a service, exploring alternatives for managing caseloads.</p> <p>Accountable for recommending redesign of the service, involving other professionals and justifying additional members for the team</p> <p>Demonstrates expert leadership skills and management techniques</p> <p>Monitors practice across the service.</p>	<p>As for previous column</p>
<p>Shows awareness of importance of discussing clinical management plans</p>	<p>Participates in service development activities e.g. users groups</p>	<p>Evaluates service provision in line with local need and works strategically to improve</p>	<p>As for previous column</p>

<p>with the MDT</p> <p>Develops awareness of complexity of factors involved in service development</p>	<p>Evaluates a service by gathering data from a variety of sources and using standardised tools</p> <p>Identifies gaps in service provision and/or ways to improve the service</p> <p>Use appraisals to inform service development and redesign</p> <p>Understands the role of users in service development</p>	<p>services</p> <p>Interprets and analyses complex data to benchmark services and initiate strategies to continually improve them</p> <p>Creates opportunities for service users to contribute to service development</p>	
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## Competency 4: Research and audit

### a. Research and evidence

<p>Understands what is meant by evidence based care</p> <p>Able to carry out a literature search on a topic arising from clinical issue</p>	<p>Implements evidence based care and critically evaluates its worth.</p> <p>Enables patients with a progressive neurological condition to have a realistic expectation about participating in research</p>	<p>Disseminates and interprets relevant research to team members, and uses findings to facilitate service change as indicated by new evidence.</p> <p>Has an awareness of research projects relating to specific progressive neurological conditions and can discuss these with patients.</p>	<p>Starts or implements research, and carries out research, maintaining relationships with research team and local academic institutions</p> <p>Uses research findings to influence policy at local, regional and national levels.</p>
<p>Able to grade quality of research and applicability to own situation</p> <p>Shows awareness of research methodologies used</p> <p>Demonstrates knowledge of critical appraisal techniques</p> <p>Shows awareness of evidence hierarchies and weighing evidence</p> <p>Develops skill in applying critical appraisal techniques</p> <p>Demonstrates understanding of how research findings influence practice</p> <p>Explains to patients the meaning of common terms and concepts used in trials</p>		<p>Contributes to the design and implementation of local research projects</p> <p>Suggests areas of research for the local service</p> <p>To assist in research projects carried out by others by utilising SLT assessments to support findings or by supporting the communication of patients with a progressive neurological condition to enable their participation.</p>	<p>Identifies questions relevant to daily practice and collaborates with others to design and implement research projects to address these</p>
<p>Shows awareness of relevant symptom specific guidance, such as:</p>	<p>Demonstrates good knowledge of relevant symptom specific guidance,</p>	<p>Contributes towards peer review and creation of relevant symptom specific guidance</p>	<p>As for previous column</p>

<ul style="list-style-type: none"> <li>· <i>Dysphagia manual (2014)</i> Royal College of Speech &amp; Language Therapists</li> <li>· European Association for Palliative Care guidelines</li> </ul>	<p>such as:</p> <ul style="list-style-type: none"> <li>· British Thoracic Society guidelines</li> <li>· <i>Withholding and Withdrawing Life-prolonging Medical Treatment Guidelines (2007)</i> British Medical Association</li> </ul>		
<p>Shows awareness of NICE guidance, advice, quality standards and information services relating to progressive neurological conditions.</p>	<p>Demonstrates good working knowledge of NICE guidance, advice, quality standards and information services relating to progressive neurological conditions, and ensures the service is working to meet these guidelines.</p>	<p>Ensures services are adhering to any NICE guidance that are relevant to progressive neurological conditions – if/ where gaps are identified, liaise with senior managers and commissioners to ensure these are addressed.</p>	<p>Leads on or contributes expert advice on plans to move services towards compliance with NICE guidelines for progressive neurological conditions.</p> <p>Contributes to the creation and review of evidence based guidance and standards relating to progressive neurological conditions, engaging regionally and nationally where able, e.g. with NICE, NHS England.</p>

**b. Audit**

<p>Shows understanding of the audit process</p> <p>Shows understanding of why audit is undertaken and how it might benefit patients with a progressive neurological condition.</p> <p>Develops awareness of audit tools</p>	<p>Demonstrates good working knowledge of audit cycles and processes.</p> <p>Identifies appropriate audits to complete, including national ones such as the MND Association Transforming MND Care audit and PDUK Transforming Care audit.</p>	<p>Leads on audit programme within clinical area</p> <p>Develops and improves communication channels to ensure audit findings are shared widely and are used to inform improvement as widely as possible.</p>	<p>Collaborates at strategic level to facilitate benchmarking of services for patients with a progressive neurological condition regionally and nationally through the use of audit. Audits may apply to SLT service and to SLT as part of the wider MDT.</p>
<p>Participates in established or mandatory audits</p> <p>Is aware of the principles of Patient and Public Engagement (PPE) and contributes to PPE activities relating to progressive neurological conditions.</p>	<p>Carries out audit of key aspects of own service for patients with a progressive neurological condition</p> <p>Initiates and implements audits within professional area, and within MDT</p> <p>Suggests and contributes to PPE activities relating to progressive neurological conditions, including patient questionnaires, interviews and focus events. Supports patient communication where needed to assist other members of the MDT in carrying out PPE activities.</p>		<p>Collates and feeds back to senior managers the results of PPE activities relating to progressive neurological conditions.</p> <p>Collaborates at strategic level to plan and facilitate changes to services based on results of PPE activities relating to progressive neurological conditions.</p>
<p>Develops awareness of where and how to share findings</p>	<p>Demonstrates good working knowledge of where and how</p>		<p>Able to present audit findings to commissioners</p>

from audit	to share audit findings.		in order to support service development.
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	As for previous column
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	As for previous column

### 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  Follows organisational policies and procedures on the above.	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.	Ensures that audit of the previous factors is part of a regular case note audit and acts on audit findings to ensure staff compliance.
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	Able to train staff within SLT and the MDT on how legislation impacts on role with patients with longterm neurological conditions.
Shows awareness of the relevant documents that influence health and social care provision: · <i>Our Health, Our Care, Our Say</i> (2006) Government white paper · <i>National Service Framework for long Term (Neurological) Conditions</i> (2005) Department of Health · NICE guidelines for individual conditions	Demonstrates good knowledge of all relevant documents that influence health and social care provision	Ensures the team is kept up to date on new documents that may affect practice and incorporates these changes at a strategic level when needed.	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	Demonstrates excellent knowledge of the legal aspects of LPA and ADRT's	Ensures support mechanisms are in place to allow all staff to access and understand the legal aspects of LPA and ADRT's.	Works strategically to ensure that gaps in these processes are addressed to improve services to patients.

Treatment directives (ADRT)

Demonstrates ability to discuss and describe these to patients and other staff

Understands how to facilitate the process of creating these

Ensures mechanisms and processes exist to support patients and staff to create and implement these.



# Motor neurone disease

## Speech & Language Therapy competency framework

### Competency 1: Clinical knowledge and practice

Competent (BAND 5)	Specialist (BAND 6)	Highly Specialist/ Advanced (BAND 7)	Expert/Consultant Practitioner (BAND 8)
<p>Demonstrates a basic knowledge of what MND is:</p> <ul style="list-style-type: none"> <li>· What goes wrong (pathophysiology)</li> <li>· Types; Amyotrophic lateral sclerosis (ALS), Progressive bulbar palsy (PBP), Progressive muscular atrophy (PMA), Primary lateral sclerosis (PLS)</li> <li>· Causes (aetiology): Inherited, sporadic</li> <li>· Prevalence and incidence</li> <li>· How diagnosis is made by Neurologist</li> <li>· Main features</li> <li>· Progression and prognostic indicators</li> <li>· Presentation and progression of communication and swallowing difficulties</li> </ul>	<p>Evidences a sound knowledge and understanding of MND, including factors that contribute to motor neurone degeneration and its impact on motor control.</p> <p>Evidences sound knowledge and understanding of symptoms, problems and complications in MND, including those associated with mobility, communication, emotions, cognition, feeding, nutrition and respiratory function.</p> <p>Demonstrates sound knowledge and understanding of the impact of the diagnosis of MND on the patient and the family.</p> <p>Is able to describe the disease to people with MND and non-specialist staff to facilitate understanding.</p> <p>Able to recognise when a patient without a diagnosis, or with an alternative diagnosis, may be presenting with MND and signpost to fast track referral to Neurologist for further investigation using the Red Flag Tool (MND Association, 2013).</p>	<p>Evidences expert knowledge of all aspects of MND, with particular focus on communication and swallowing, acquired through experience with the client group, MDT working, CPD and external training</p> <p>Evidences an ability to teach and educate specialist staff about MND, new theory and current research.</p>	<p>Evidences expert knowledge of all aspects of MND, including those not confined to communication and swallowing.</p>

### b. Assessment and care planning

<p>Develops awareness of the importance of advance care planning due to the rapidly progressive nature of the disease, especially with regard to:</p> <ul style="list-style-type: none"> <li>· Options for oral feeding, including modified diet and fluid consistencies, and how options may change with</li> </ul>	<p>Demonstrates knowledge of the importance of advance care planning and importance of speed of provision of appropriate equipment.</p> <p>Initiates advance care planning discussions and processes with the person with MND</p>	<p>Utilises advance care planning to benefit patients with MND.</p> <p>Educates and supervises specialised staff in complex care planning especially in relation to communication and swallowing</p>	<p>Collaborates strategically to ensure care pathways to support seamless advance care planning exists and is followed.</p> <p>Works with Neurologists and other referrers to promote referral to SLT at diagnosis, in order that patients with MND</p>
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<p>disease progression.</p> <ul style="list-style-type: none"> <li>Options for tube feeding and when this is appropriate in light of disease progression,</li> <li>Respiratory support</li> <li>Provision of equipment e.g. AAC – frequently used low tech and high tech options.</li> <li>Referral to specialist AAC services</li> </ul> <p>Signposts to information about voice banking when appropriate to do so.</p>	<p>Presents information regarding decisions on oral and non-oral feeding options to patients in a way that promotes informed choice.</p> <p>Presents information regarding AAC options to patients with MND in a way that promotes informed choice.</p> <p>Able to discuss options for voice banking and support the process.</p>	<p>Uses high level of knowledge and skills to facilitate patients to make decisions around feeding and / or communication in complex and emotive situations.</p> <p>Uses high level of counselling skills to introduce voice banking as an option or discuss when voice banking is no longer an option.</p>	<p>can benefit from SLT input and consider voice banking whilst they still have sufficiently good voice to do so.</p>
<p>Aware of which speech, language, communication and swallowing assessments are appropriate assessments to be used in MND, and what sort of profile might be expected as a result of assessment.</p> <p>Demonstrates awareness of evidence based best practice for the management of communication and swallowing difficulties in MND</p>	<p>Utilises informal assessment strategies to contribute to clinical picture of the person with MND in order to inform care planning Carries out Edinburgh Cognitive and Behavioural ALS Screen (ECAS) following appropriate training, and reports findings to MDT.</p>	<p>Uses expertise developed from experience, training and CPD to utilise all available forms of assessment to formulate a complete profile of a complex patient and develop a constructive and meaningful treatment, support and care plan.</p>	<p>Contributes to development and testing of specialised assessments for use with people with MND at a regional/national level.</p>
<p>Aware of how cognition may be affected in MND and what signs may indicate cognitive or behavioural changes.</p>		<p>Ensures ECAS cognitive screen is being carried out correctly, and promotes referral and liaison pathways with appropriate services such as Neuropsychology.</p>	<p>As for previous column</p>
<p>Develops knowledge of Speech &amp; Language Therapy interventions that are used in people with MND, and how to take into account MND specific factors during these assessments., eg fatigue, including:</p> <p>Swallowing assessment Management of dysphagia, including diet and fluid modification, compensatory techniques and consideration of non-oral feeding.</p> <p>Saliva management Communication assessment and advice to patients and communication partners.</p> <p>AAC assessment and advice,</p>	<p>Evidences skills and knowledge around Speech &amp; Language Therapy interventions that are used in people with MND and demonstrates effective timing of these interventions.</p>	<p>Maintains up to date knowledge of any new swallowing or communication interventions for MND that are published in the literature and disseminates knowledge to the SLT team.</p>	<p>Contributes to best practice guidance for Speech &amp; Language Therapy interventions for people with MND at national level.</p> <p>Leads on implementation of all relevant evidence based guidance into service or local area as appropriate, including the integration of SLT guidance with that of other professions within the MDT.</p>

<p>and referral to specialist hubs Mental Capacity Assessment, or support of Mental Capacity Assessment</p> <p>Ensuring that communication ability is maintained during the End of Life phase.</p>			
<p>Demonstrates ability to complete appropriate standardised outcome measures or monitoring tools, and can interpret results meaningfully.</p>	<p>Demonstrates good knowledge of standardised outcome measures and monitoring tools used specifically in MND</p>	<p>Assures that at service level standard recording and reporting procedures and processes are in situ to enable meaningful and efficient monitoring of change and outcomes</p>	<p>As for previous column</p>

### c. Symptom management

<p>Develops knowledge and recognition of common symptoms in MND, e.g.;</p> <ul style="list-style-type: none"> <li>· Fasciculation</li> <li>· Spasticity</li> <li>· Significant and rapid muscle wasting</li> <li>· Ineffective cough</li> <li>· Respiratory decline and CO2 retention</li> <li>· Neck weakness</li> <li>· Emotional lability</li> <li>· Thick secretions and/or copious thin secretions</li> <li>· Muscle cramps</li> <li>· Cognitive and behavioural changes</li> <li>· Fronto-temporal dementia</li> </ul> <p>Develops awareness of how these can impact speech, communication and swallowing</p> <p>Shows awareness of speech, language, communication and swallowing symptoms related to MND diagnosis, including:</p> <ul style="list-style-type: none"> <li>· Dysarthria (including slurred speech and hypernasality) and eventual anarthria</li> <li>· Dysphonia / voice difficulties, including reduced volume</li> <li>· Reduced prosody</li> <li>· Reduced facial expression</li> <li>· Reduced hand function, affecting ability to use gesture or direct access AAC</li> <li>· Saliva management problems</li> <li>· Dysphagia</li> </ul>	<p>Uses knowledge and experience of how symptoms impact on communication and swallowing to form management plans and adapt them as the disease progresses.</p> <p>Evidences skill and knowledge in swallowing and communication interventions for people with all types of MND to be able to manage more complex cases.</p>	<p>Works with cases where presentation is complex or changing rapidly to ensure management plan is in place to address all of the issues that arise, and reviews plans regularly to account for change.</p> <p>Describes management options for communication and swallowing in complex cases to people with MND and care staff</p>	<p>Evidences expert knowledge acquired through experience and training of the less common symptoms in MND and how these impact on speech, language, communication and swallowing.</p>
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**d. Medicine management**

Shows awareness of disease slowing treatments used in MND and awareness of restrictions for the provision/ effectiveness of these, e.g. ; · 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 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.	As for previous column
	Demonstrates good knowledge of the care pathway for the provision of Riluzole  Understands the differences in access to Riluzole across the country, where availability may be limited.	Demonstrates awareness of, and keeps up to date with literature related to medications used in MND, using the ALS Untangled resource ( <a href="http://www.alsuntangled.com">www.alsuntangled.com</a> ) and shares with relevant others.	
Develops awareness of anticipatory medicines used in MND e.g. Just in Case Kit	Uses knowledge of anticipatory medicines used in MND to participate in MDT management discussions.	Uses knowledge and experience of anticipatory drugs to initiate appropriate referrals for drug management when needed.	
Develops awareness of drugs used specifically in MND symptom management	Demonstrates good knowledge of drugs used specifically in MND e.g. for; · Saliva management	Demonstrates knowledge of less commonly used drugs and less usual approaches in unique symptom management, as per ALS Untangled resource ( <a href="http://www.alsuntangled.com">www.alsuntangled.com</a> )	

**e. Problem/complication management**

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, difficulty speaking (devices used to aid neck weakness may also cause problems) · Changes to mobility, hand and arm function. · Anarthria · Aspiration related complications · Anxiety and depression · Difficulty accessing aids · Aids no longer meeting requirements due to disease progression	Able to address common complications such as those in column 1 with appropriate management strategies  Able to quickly revise and adjust management plans to account for rapid disease progression	Demonstrates expertise in supporting complex patients.	Works strategically with service providers to ensure local pathways exist that minimise waiting times and ensure complexities are managed efficiently.  Works strategically to ensure that the time critical nature of MND care is recognised within prioritisation systems
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Develops awareness of how these can impact speech, communication and swallowing.

## f. Promoting independence

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

## Competency 2: Leadership, teamwork and collaboration

### a. Multidisciplinary team and care pathways

Makes contact with all relevant disciplines to enable coordinated care and participates in MDT meetings / case conferences as needed.

Aware that the MDT should additionally include, and SLT should liaise with:

- Respiratory physiologist/ specialist capable of performing assessment of respiratory function
- A professional with expertise in Palliative Care

Ensures attendance at MDT meetings and case conferences and actively participates in care planning.

Ensures that the MDT consists of all relevant members and works to address any gaps to ensure excellence

As for previous column

### 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.

Aware of current relevant evidence based national guidance, including:

- NG42 Motor Neurone Disease: Assessment and Management (2016) NICE
- QS 126 (2016)
- RightCare Progressive Neurological Conditions Toolkit (NHS RightCare 2019)

Demonstrates good knowledge of further specific evidence based guidance for MND care, including;

- *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 (2015)* Motor Neurone Disease Association
- NG 127 (2019) Suspected

Demonstrates up to date knowledge of current research related to speech, language, communication and swallowing disorders associated with MND along with their management.

Demonstrates knowledge of current research projects concerning MND

Participates in and leads on research at local and regional levels.

Participates in and leads on research at all levels – local, regional and national

<p>Maintains an awareness of new publications and guidance as it becomes available</p>	<p>Neurological conditions: recognition and referral</p>		
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**b. Audit**

<p>Shows awareness of MND Care Audit tool</p>	<p>Actively engages in MND care audit e.g. <i>Transforming MND Care audit Tool (2017)</i> Motor Neurone Disease Association</p> <p>Actively engages in local audits related to MND care.</p> <p>Acts on audit findings as directed</p>	<p>Participates in, or leads on, MND Association audit – Transforming MND Care – to measure service compliance with NICE guidelines.</p> <p>Designs and completes any additional local audit that may assist in service improvement in MND.</p>	<p>Leads on MND Association audit – Transforming MND Care – to measure service compliance with NICE guidelines.</p> <p>Recommends action points as a result of MND Association audit to bring service into compliance with NICE guidelines and leads on changes needed.</p>
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**Competency 5: Legal and ethical practice**

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

# Multiple Sclerosis Speech & Language Therapy competency framework



## Competency 1: Clinical knowledge and practice

Competent (BAND 5)	Specialist (BAND 6)	Highly Specialist/ Advanced (BAND 7)	Expert/Consultant Practitioner (BAND 8)
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### a. Knowledge of MS

<p>Demonstrates basic knowledge of what MS is:</p> <ul style="list-style-type: none"> <li>· What goes wrong (pathophysiology)</li> <li>· Types: relapsing-remitting, secondary progressive, primary progressive</li> <li>· Possible causes (aetiology): genetic predisposition, environmental factors, viral infection</li> <li>· Prevalence and incidence</li> <li>· Influencing factors: gender, latitude, vitamin D, smoking, obesity, combined factors</li> <li>· Diagnostic tools: MRI, lumbar puncture, visual evoked responses and other tests which may be carried out for exclusion purposes, eg nerve conduction studies.</li> <li>· Monitoring &amp; measuring impact</li> <li>· Symptom progression and prognostic indicators</li> <li>· Problems and complications</li> <li>· Presentation and progression of communication and swallowing difficulties</li> </ul>	<p>Evidences a sound knowledge and understanding of MS, including;</p> <ul style="list-style-type: none"> <li>· Mechanisms of inflammation and healing (i.e. relapses); disruption of nerve conduction, plaque formation, axonal loss, T cells, blood-brain barrier</li> <li>· Variability in distribution of demyelination</li> <li>· Is able to describe aspects of the disease to people with MS and non-specialist staff to facilitate understanding</li> </ul>	<p>Evidences expert knowledge of all aspects of MS, with particular focus on communication and swallowing, acquired through experience with the client group, MDT working, CPD and external training</p> <p>Demonstrates an ability to teach and educate specialist staff about MS, including new theory and current research.</p>	<p>As for previous column</p>
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### b. Assessment and care planning

<p>Aware of which speech, language, communication and swallowing assessments are appropriate for use in MS and the characteristic communication/swallowing profile(s) expected from these assessments in MS</p> <p>Aware of how cognition may be affected in MS and how this may impact on assessment and care planning.</p>	<p>Utilises informal and formal assessment strategies to contribute to the clinical picture of the person with MS in order to inform care planning.</p>	<p>Uses expertise developed from experience, training and CPD to utilise all available forms of assessment to formulate a complete profile of a complex patient and develop a constructive and meaningful treatment, support and care plan</p>	<p>As for previous column</p>
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<p>Develops knowledge of Speech &amp; Language Therapy interventions used in people with MS and how to take into account factors specific to MS during these interventions.</p> <p>Demonstrates awareness of evidence based best practice for the management of communication and swallowing difficulties in MS</p>	<p>Evidences increasing skill and knowledge in swallowing and communication interventions for people with all types of MS to be able to manage more complex cases.</p>	<p>Evidences expertise in complex case management in MS developed through experience, MDT working and CPD.</p> <p>Maintains up to date knowledge of any new swallowing and communication interventions for MS that are published in the literature and can evaluate these and disseminates knowledge to the SLT team.</p>	<p>Contributes to best practice guidance for people with MS at a national level.</p> <p>Leads on implementation of all relevant evidence based guidance into service or local area as appropriate, including the integration of SLT guidance with that of other professions within the MDT.</p>
<p>Demonstrates ability to complete appropriate standardised outcome measures or monitoring tools and can interpret results meaningfully</p>	<p>Evidences good knowledge of standardised outcome measures or monitoring tools used specifically in MS</p> <p>Demonstrates expertise in completing appropriate standardised outcome measure and use of monitoring tools</p>	<p>Ensures outcome measures and monitoring tools are used consistently across the service and checks inter-rater reliability.</p>	<p>As for previous column</p>

**c. Symptom management**

<p>Develops knowledge and recognition of common symptoms in MS, for instance:</p> <ul style="list-style-type: none"> <li>· Neuropathic pain</li> <li>· Spasticity &amp; Spasms</li> <li>· Short circuiting in nerve conduction</li> <li>· Tremor: Intentional and Postural</li> <li>· Ataxia, including ataxic gait</li> <li>· Gaze dysfunction</li> <li>· L’Hermitte’s sign</li> <li>· Neurogenic bladder/bowel</li> <li>· Bladder overflow</li> <li>· Weakness of pelvic floor</li> <li>· Sensory disturbance &amp; alterations to sensory perception</li> <li>· Vertigo</li> <li>· Altered sensation</li> <li>· Flaccidity</li> <li>· Increased tone</li> <li>· Optic neuritis</li> <li>· Cognitive dysfunction</li> </ul> <p>Aware of how these specific symptoms can impact speech, communication and swallowing</p> <p>Shows awareness of speech,</p>	<p>Demonstrates good knowledge and increasing understanding from case examples of the common symptoms in MS and how these impact speech, communication and swallowing.</p> <p>Aware of who to refer to / signpost patients to for symptom management outside remit of SLT.</p>	<p>Demonstrates expert knowledge of symptom management in MS, and by using expert clinical reasoning skills and clinical knowledge, creates individualised management plans to best meet patient’s needs.</p> <p>Demonstrates through case examples the ability to manage complex cases effectively as a result of this expertise</p>	<p>As for previous column</p>
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<p>language, communication and swallowing symptoms related to MS diagnosis, including:</p> <ul style="list-style-type: none"> <li>· Dysarthria – including slurred speech, scanning speech, reduced breath support, voice change and disruptions to prosody.</li> <li>· Word finding difficulties</li> <li>· Cognitive communication difficulties</li> <li>· Dysphagia</li> </ul>			
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<p>Shows awareness of the different types of disease modifying treatments used in MS:</p>	<p>Demonstrate good knowledge of disease modifying treatments used in MS, including;</p> <ul style="list-style-type: none"> <li>· Aim of intervention</li> <li>· Mode of action</li> <li>· Effect on disease progression</li> <li>· Side-effects</li> <li>· Adverse effects</li> </ul>	<p>Demonstrates awareness of current ongoing clinical trials of drug treatments in MS in order to be able to discuss these with patients</p> <p>Evaluates research evidence of drug trials to determine effects on speech, language, communication or swallowing.</p>	<p>As for previous column</p>
<p>Develops awareness of steroid use in relapse management</p>	<p>Develops further knowledge of steroid use, including impact, side effects and risks.</p>		
<p>Develops awareness of frequently used drugs used for symptomatic relief in MS</p>	<p>Develops further knowledge of frequently used drugs used for symptomatic relief in MS, their mode of action and side effects:</p> <ul style="list-style-type: none"> <li>· Tremor/ataxia (eg beta blockers)</li> <li>· Anti-spasticity</li> <li>· Nerve conduction</li> </ul>	<p>Demonstrates expert knowledge of how drug usage can affect outcomes for communication and swallowing.</p>	<p>As for previous column</p>
<p>Develops awareness of commonly used unproven interventions in MS: e.g. Hyperbaric oxygen, cannabis, modified diet including gluten free, vitamin/mineral supplementation</p>	<p>Demonstrates good knowledge of commonly used unproven interventions in MS.</p> <p>Describes potential benefits and dis-benefits of these to people with MS and non specialised staff in relation to communication and swallowing</p>	<p>Demonstrates expert knowledge of the strength of evidence for unproven interventions and is able to communicate this in an understandable way to patients and other professionals</p>	<p>As for previous column</p>

**e. Problem/complication management**

<p>Develops awareness of possible common complications associated with MS and how they can be</p>	<p>Demonstrates good knowledge of common complications associated with MS and how these impact</p>	<p>Demonstrates expert knowledge of proactive interventions to help prevent the onset of complications.</p>	<p>As for previous column</p>
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<p>managed, e.g.:</p> <ul style="list-style-type: none"> <li>· Reduced ability to cope with physical temperature changes (heat)</li> <li>· Nociceptive pain</li> </ul> <p>Develops awareness of how these can impact speech, communication and swallowing</p>	<p>speech, communication and swallowing.</p> <p>Demonstrates good knowledge of management strategies to address these</p> <p>Describes management options to people with MS and staff</p>	<p>Educates patients and other professionals on the prevention and management of complications, especially as related to communication and swallowing</p>	
<p>Develops awareness of surgical/invasive procedures commonly used in MS, e.g.;</p> <ul style="list-style-type: none"> <li>· Phenol pumps &amp; Phenol injections</li> <li>· Baclofen pumps</li> <li>· Tenotomy (cutting a tendon)</li> <li>· Humidification</li> </ul>	<p>Demonstrates good knowledge of surgical/invasive procedures commonly used in MS and can discuss them with patients and care staff to aid understanding as required.</p>		

**f. Promoting independence**

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

**Competency 2: Leadership, teamwork and collaboration**

**a. Multidisciplinary team and care pathways**

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

**b. Education**

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

**Competency 4: Research and audit**

**a. Research and evidence**

<p>Develops awareness of MS specific guidance &amp; resources e.g. :</p> <p>MS Trust MS Society MS NICE Pathway QS 108 (NICE 2016) Cochrane reviews</p> <p>Maintains an awareness of new publications and guidance as it becomes available</p>	<p>Demonstrates good knowledge of disease, symptom or impairment specific guidance, such as:</p> <ul style="list-style-type: none"> <li>· Improving care for people with MS: the potential of data and technology (Nuffield Trust, 2018)</li> <li>· RightCare Progressive Neurological Conditions Toolkit (NHS RightCare 2019)</li> </ul>	<p>Demonstrates up to date knowledge of current research related to speech, language, communication and swallowing disorders associated with MS along with their management.</p> <p>Demonstrates awareness of relevant trials of SLT management in MS and evaluates practice and service specification to incorporate new findings that are of benefit.</p> <p>Demonstrates knowledge of current research projects concerning MS</p> <p>Participates in and leads on local research</p>	<p>Participates in and leads on research at all levels – local, regional and national</p>
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**b. Audit**

<p>Shows awareness of MS audit tool</p>	<p>Actively engages in MS service provision audits e.g. Measuring Success (2007) MS Society</p> <p>Baseline assessment: Multiple sclerosis in adults: management (NICE, CG186, updated November 2019)</p>	<p>Participates in, or leads on audit and national audit tools</p> <p>Designs and completes any additional local audit that may assist in service improvement in MS.</p>	<p>As for previous column</p>
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**Competency 5: Legal and ethical practice**

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

# Parkinson's disease

## Speech & Language Therapy competency framework



### Competency 1: Clinical knowledge and practice

Competent (BAND 5)	Specialist (BAND 6)	Highly Specialist/ Advanced (BAND 7)	Expert/Consultant Practitioner (BAND 8)
<b>a. Knowledge of MS</b>			
<p>Basic knowledge of what PD is:</p> <ul style="list-style-type: none"> <li>· What goes wrong neurologically (pathophysiology)</li> <li>· Role of neurotransmitters in symptomatology</li> <li>· Causes (aetiology)</li> <li>· Prevalence and incidence</li> <li>· Main features including presentations: on-off, start hesitation, freezing</li> <li>· How diagnosis of PD is made by the neurologist.</li> <li>· Progression, the time course of the disease and how symptoms change during disease progression</li> <li>· Role of medication and deep brain stimulation (DBS) in management of PD</li> </ul> <p>Demonstrates knowledge of motor vs non-motor symptoms in PD:</p> <p>Motor:</p> <ul style="list-style-type: none"> <li>· Tremor</li> <li>· Rigidity</li> <li>· Slowness of movement</li> <li>· Falls and dizziness</li> <li>· Freezing</li> <li>· Muscle cramps and dystonia</li> <li>· Reductions in non-verbal expression</li> <li>· Eating, swallowing and saliva control</li> <li>· Speech and communication issues</li> </ul> <p>Non-motor:</p> <ul style="list-style-type: none"> <li>· Pain</li> <li>· Fatigue</li> <li>· Low blood pressure</li> <li>· Restless legs</li> <li>· Bladder and bowel problems</li> </ul>	<p>From work based learning and possible CPD has gained sound understanding of the time course and interrelationship of symptoms, problems and complications in PD, in particular in relation to speech, language, communication and swallowing</p> <p>Able to recognise when a patient without a diagnosis, or with an alternative diagnosis, may be presenting with signs and symptoms of PD and signpost to Neurologist for further investigation</p> <p>Demonstrates sound knowledge and understanding of the impact of the diagnosis of PD on the patient and the family</p> <p>Is able to describe aspects of the disease to people with PD and non-specialist staff to facilitate understanding</p> <p>Understands the rationale behind different drug regimes for management of PD, role of DBS and referral criteria and outcomes for DBS</p> <p>Within MDT able to support individuals to make informed decisions about risks-benefits of DBS as regards swallowing and communication</p>	<p>Evidences expert knowledge of all aspects of PD, with a particular focus on communication and swallowing, acquired through experience with the client group, MDT working, CPD and external training</p> <p>Evidences ability to teach specialist staff about communication and swallowing impairments in PD, new theories and current research</p>	<p>As for previous column</p>

<ul style="list-style-type: none"> <li>· Skin and sweating</li> <li>· Sleep</li> <li>· Eye problems</li> <li>· Foot care</li> <li>· Oral health</li> </ul> <p>Mental health issues</p> <ul style="list-style-type: none"> <li>· Memory and thinking problems</li> <li>· Anxiety</li> <li>· Dementia</li> <li>· Depression</li> <li>· Hallucinations and delusions</li> </ul>			
<p>Develops awareness of Parkinsonism / Parkinson's Plus conditions:</p> <ul style="list-style-type: none"> <li>· Multiple System Atrophy (MSA)</li> <li>· Progressive Supranuclear Palsy (PSP)</li> <li>· Vascular Parkinsonism</li> <li>· Idiopathic Parkinson's</li> <li>· Drug induced Parkinsonism</li> <li>· Normal Pressure Hydrocephalus</li> </ul>	<p>Demonstrates clear understanding of conditions related to PD, how they differ from PD and from each other, and the implications for management of communication and swallowing as a result of this.</p>	<p>Demonstrates expert knowledge of all Parkinsonism / Parkinson's Plus conditions, gained through clinical experience, MDT working, CPD and external training.</p>	<p>As for previous column</p>
	<p>Demonstrates understanding of importance of onward referrals when possible alternative/additional diagnosis is suspected</p>	<p>Aware of which conditions require a time critical approach to management, and ensures that caseload prioritisation reflects this.</p> <p>Works with cases where presentation is complex or changing rapidly to ensure management plan is in place to address all of the issues that arise, and reviews plans regularly to account for change.</p>	<p>As for previous column</p>

**b. Assessment and care planning**

<p>Aware of the specific communication and swallowing signs and symptoms that might be expected in PD.</p> <p>Aware of which reliable and valid speech, language, communication and swallowing assessments are appropriate for use in PD, including general neurological as well as PD specific assessments of psychosocial impact</p>	<p>Utilises reliable, valid formal and informal PD specific assessment methods for speech, language and swallowing to contribute to the clinical picture of the person with PD in order to inform care planning, measurement of change and outcome evaluations and alerting to differential diagnostic issues.</p> <p>Incorporates evaluation of general factors from PD</p>	<p>Uses expertise developed from experience, training and CPD to utilise all available forms of assessment to formulate a complete profile of a complex patient and develop a constructive and meaningful treatment, support and care plan with integrated relevant outcome monitoring</p>	<p>As for previous column</p>
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<p>Able to apply these assessments</p> <p>Aware of the longer term palliative needs of people with PD</p>	<p>into communication and swallowing and evaluation and monitors psychosocial impact of communication changes on the individual and their family.</p> <p>Initiates palliative care discussions and decision making around communication and swallowing with person with PD and their relevant others</p>	<p>Can advise on complex palliative care management within MDT in relation to communication and nutrition and hydration</p>	
<p>Demonstrates awareness of evidence based best practice for the management of communication and swallowing difficulties in PD.</p>	<p>Demonstrates knowledge of a range of common evidence based Speech &amp; Language Therapy interventions used in PD, including (but not restricted to):</p> <ul style="list-style-type: none"> <li>· Lee Silverman Voice Treatment (LSVT)</li> <li>· EMST (Expiratory Muscle Strength Training)</li> <li>· Pacing boards</li> <li>· Speak Out</li> <li>· Loud Crowd</li> <li>· Other group therapies</li> <li>· ‘Traditional’ dysarthria therapy</li> </ul> <p>Understands the rationale and appropriateness of where / when to employ them</p>	<p>Evidences expertise in complex case management in PD developed through experience, MDT working and CPD.</p> <p>Maintains up to date knowledge of any new swallowing or communication interventions for PD that are published in the literature, can evaluate these and disseminates new knowledge to the SLT team.</p>	<p>May contribute to best practice guidance for people with PD at a national level</p> <p>Leads on implementation of all relevant evidence based guidance into service or local area as appropriate, including the integration of SLT guidance with that of other professions within the MDT.</p>

### c. Symptom management

<p>Develops knowledge of, and recognition of common symptoms in PD to aid understanding of the patient as a whole:</p> <ul style="list-style-type: none"> <li>· Bradykinesia</li> <li>· Rigidity (Cogwheel)</li> <li>· Tremor; Resting, postural, action and orthostatic</li> <li>· Postural instability</li> <li>· Autonomic dysfunction</li> <li>· Neuropsychiatric problems</li> <li>· Dementia</li> <li>· On-off episodes</li> <li>· Freezing</li> <li>· Dyskinesia</li> <li>· Reduced sense of smell and taste</li> <li>· Dry mouth</li> <li>· Unplanned weight loss and dehydration</li> <li>· Festinating gait</li> <li>· Freezing of gait</li> </ul>	<p>Demonstrates good knowledge and increasing understanding from case examples of the common symptoms in PD and how these impact speech, communication and swallowing.</p> <p>Aware of who to refer to / signpost patients to for symptom management outside remit of SLT.</p>	<p>Demonstrates expert knowledge and ability to manage complex communication and feeding/ drinking issues, by using expert clinical reasoning skills and clinical knowledge to create specialised management plans to meet the needs of complex patients.</p>	<p>As for previous column</p>
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<ul style="list-style-type: none"> <li>· Behavioural changes</li> <li>· Ataxia (Atypical Parkinsonism)</li> <li>· Akathisia</li> <li>· Reduced facial expression</li> <li>· Micrographia</li> </ul> <p>Develops awareness of how these can impact speech, communication and swallowing</p> <p>Shows awareness of speech, language, communication and swallowing symptoms related to PD diagnosis, including:</p> <ul style="list-style-type: none"> <li>· Dysarthria / dysarthrophonia – including slurred speech, fast or festinating speech, slow speech, reduced volume and disruptions to prosody.</li> <li>· Cognitive communication difficulties</li> <li>· Dysphagia and impact of this on nutrition and hydration</li> <li>· Drooling and saliva management issues</li> </ul>			
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**d. Problem/complication management**

<p>Develops awareness of possible common complications associated with PD, and how they can be managed, including:</p> <ul style="list-style-type: none"> <li>· atiguPisa syndrome</li> <li>· Wearing off of medications</li> <li>· Unawareness of (severity) of symptoms</li> <li>· Difficulty coping with heat</li> <li>· Apathy</li> <li>· Anxiety and depression</li> <li>· Obsessions</li> <li>vHallucinations</li> </ul> <p>Develops awareness of how these can impact speech, communication and swallowing</p>	<p>Demonstrates good knowledge of common complications associated with PD, and how these impact speech, communication and swallowing and gives appropriate management suggestions</p> <p>Describes management options to people with PD and care staff</p> <p>Demonstrates good knowledge of management strategies to address these.</p> <p>Knows whom/where to refer to for management of complications outside of SLT remit</p>	<p>Demonstrates expert knowledge of proactive interventions to help prevent the onset of complications.</p> <p>Educates patients and other professionals on the prevention and management of complications in communication and swallowing.</p> <p>Demonstrates expert knowledge of the strength of evidence for unproven interventions and is able to communicate this in an understandable way to patients and other professionals</p>	<p>As for previous column</p>
<p>Demonstrates awareness of surgical/invasive procedures commonly used in PD, e.g.:</p> <ul style="list-style-type: none"> <li>· Deep brain stimulation</li> <li>· Ablation/stimulation</li> <li>· Humidification</li> <li>· Continuous positive airway</li> </ul>	<p>Understands the rationale for instigating surgical treatments in PD, and the positive and negative effects that may be experienced with communication or swallowing.</p>	<p>Works with MDT to assess the potential risks and benefits to communication and swallowing in order to contribute to the overall management plan for an individual patient.</p>	<p>As for previous column</p>

<p>pressure</p> <ul style="list-style-type: none"> <li>· Piped oxygen</li> <li>· Baclofen pump</li> </ul>	<p>Shows ability to assess the impact of surgical intervention on the communication / swallowing ability of a person with PD.</p>	<p>Pre-empts any potential deterioration to communication and swallowing as a result of planned surgical intervention, and ensures SLT intervention is timely if needed.</p>	
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**e. Promoting independence**

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

**Competency 2: Leadership, teamwork and collaboration**

**a. Multidisciplinary team and care pathways**

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

**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**

<p>Develops awareness of current symptom or impairment specific guidance, e.g. including, but not limited to;</p> <ul style="list-style-type: none"> <li>· Guidelines for Speech-Language Therapy in Parkinson's Disease (2011) Dutch Parkinson's Disease Society</li> <li>· NG71 Parkinson's Disease in Adults (2017) NICE</li> <li>· QS164 Parkinson's Disease (2018)</li> <li>· RightCare Progressive Neurological Conditions Toolkit (NHS RightCare 2019)</li> </ul> <p>Maintains an awareness of new publications and guidance as it becomes available</p>	<p>Demonstrates good knowledge of current symptom or impairment specific guidance and how to apply it on a patient specific basis</p>	<p>Ensures current condition specific guidance is implemented and followed locally</p> <p>Demonstrates up to date knowledge of current research related to speech, language, communication and swallowing disorders associated with PD along with their management.</p> <p>Demonstrates knowledge of current research projects concerning PD</p> <p>Participates in and leads on research at local and regional levels</p>	<p>Participates in and leads on research at all levels – local, regional and national</p>
<p>Develops awareness of where to find further/condition specific support, resources and information:</p>			



<ul style="list-style-type: none"> <li>· UK Parkinson's Excellence Network</li> <li>· Parkinsons UK</li> <li>· RCSLT guidance</li> </ul>			
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**b. Audit**

<p>Shows awareness of PD audit tool</p>	<p>Actively engages in PD service quality improvement by participating in audits of PD service provision:</p> <ul style="list-style-type: none"> <li>· UK Parkinson's Audit Speech &amp; Language Therapy: Standards and Guidance (next active date is 2021)</li> </ul> <p>Actively engages in local audits related to PD care.</p> <p>Acts on audit findings as directed</p>	<p>Promotes service improvement by ensuring completion across the service of national PD care audit tool</p> <p>Designs and completes any additional local audit that may assist in service improvement in PD.</p>	<p>Recommends action points as a result of national PD care audit and leads on changes needed.</p>
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**Competency 5: Legal and ethical practice**

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

## Acknowledgements

With special thanks to the TiMS group

### Dietetics

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Moira Keith  
*Neurological Physiotherapist*

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Nicholas Miller *Emeritus Professor, Newcastle University*

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## **Further information**

### **Motor neurone disease**

NICE Guideline NG42  
[www.nice.org.uk/guidance/ng42](http://www.nice.org.uk/guidance/ng42)

MND Association For professionals  
[www.mndassociation.org/forprofessionals](http://www.mndassociation.org/forprofessionals)

MND audit – Transforming MND Care  
[www.mndassociation.org/forprofessionals/transforming-mnd-care](http://www.mndassociation.org/forprofessionals/transforming-mnd-care)

### **MS**

NICE Guideline CG186  
[www.nice.org.uk/guidance/cg186](http://www.nice.org.uk/guidance/cg186)

MS Trust professionals' information  
[www.mstrust.org.uk/health-professionals](http://www.mstrust.org.uk/health-professionals)

### **Parkinson's disease**

NICE Guideline NG71  
[www.nice.org.uk/guidance/ng71](http://www.nice.org.uk/guidance/ng71)

Parkinson's UK  
[www.parkinsons.org.uk/professionals/resources-professionals](http://www.parkinsons.org.uk/professionals/resources-professionals)