

Discussion points regarding Membership for Allied Health Professionals (AHPs) prior to ASM, Birmingham

February 2020

From the Chair IPM

Since opening up our training to include Allied Healthcare Professionals (AHPs) up to Diploma level, we have been a witness to the richness of their contribution to the work of the IPM and to the patient population at large. The Council has opened discussion on extending the AHP training to Membership exam level and is keen to hear from the membership regarding this matter. We are intending to hold a poll at the 2020 AGM this year on this matter. Those of you who will be at the meeting will have an opportunity to vote then, and hear the views of our AHPs, but if you cannot attend the meeting we would still like to hear from you, and you will be invited to vote in the poll after the ASM.

I would therefore encourage you to put forth your views to the Council in the run up to the AGM and engage in this discussion as meaningfully as possible. We would like to hear from you whether or not you will be at the ASM in Birmingham. If you have something you would like to say please email training@ipm.org.uk or chairexams@ipm.org.uk This can be done in confidence: We will take everybody's points into consideration but will not share the views of individuals to the wider membership.

Please take time to read the following contributions by our AHPs, and also a short piece by the Chair of Examiners and Training Committee

From the Chair of Examiners and Training Committee

11 AHPs have passed the Diploma examination. Of these, 8 are physiotherapists and 3 are nurses. Currently there are 30 AHPs in training and there have been 44 attending Introductory Terms since 2017. Clearly the interest is there.

When it was agreed by IPM membership that our Diploma exam should be extended to AHPs there was some strong feeling at the time that this would not then, and maybe never, be extended to Membership level.

The concerns expressed were largely to do with clinical governance, particularly the feeling that doctors are more used to working independently and taking referrals. This has been addressed in the contributions by nurses and physiotherapists in this piece.

The IPM is a training organisation and teaches a set of skills. Membership examines to ensure a required standard is met.

There have also been concerns expressed by Examiners, that Examiners (who are currently all doctors), may not be able to assess what is normal practice in an AHP, and judge clinical standards accordingly. This is a genuine concern but has not manifested so far in an actual exam situation. The way forward with this seems to be to encourage AHPs to pass Membership and become Seminar Leaders and Examiners themselves. In the meantime we will continue to monitor the situation and seek advice from our more experienced AHP Diplomates.

Discussions about AHPs taking Diploma and possibly Membership have raised some issues about what these exams actually qualify successful candidates to do. As a result of this the Training Committee published "Guidance for Diplomates post exam" which can now be found on the website. It is intended to publish similar 'Guidance for Members post exam', to include the statement: "Awarding Membership acknowledges that the practitioner has achieved a level of competence in the practice of psychosexual medicine at which they can work independently and take referrals for psychosexual patients. Whether or not the practitioner is able to work independently and receive referrals in their place of work should be determined by each individual in consultation with their own line management and professional bodies."

The GMC Guidelines for practice include (amongst many requirements):

1. Make the care of your patients your first concern
2. Provide a good standard of practice and care
3. Keep your professional skills up to date
4. Recognise and work within the limits of your confidence

The requirement to work within the limits of your confidence are highly relevant to present discussion.

It will be noted from the pieces from nurses and physiotherapist that the governing body regulations are very closely aligned to those for doctors

AHPs perspective

AHPs have an established role in the management of pelvic health for men and women including sexual dysfunction, obstetrics and gynaecology, urology and pelvic surgery.

Specialist AHPs, already highly skilled in genital examination, have been able to extend their scope of practice with the IPM training and continue to work autonomously as independent practitioners seeing a range of pelvic health patients. It is in identifying a need for further training to manage psychosexual problems that AHPs have sought the IPM training to date.

Diplomate AHPs would now seek to increase their role in the IPM, beyond Diplomate level and Council to have the option to sit Membership examinations. This would enable Diplomate AHPs to continue their training with appropriate recognition of the additional knowledge and skills that they have acquired and would promote further learning opportunities between doctors and AHPs. The IPM training to Diplomate or Membership level is a natural extension of the work that clinical specialist AHPs are doing.

Specialist AHPs work independently as autonomous first line practitioners in many areas of pelvic health. Self-referral pathways are widespread, in primary and secondary care to support men and women with sexual dysfunction. Many AHPs are also prescribers and linked to follow up investigations such as scans and further tests as required.

An AHP Diplomate who passes the Membership examination will be required, as existing Members are, to demonstrate ongoing competencies and identify the need for additional training in the area as required.

Each profession has their individual governing body and are required to adhere to regulation. We have provided information about the regulation for physios, nurses and midwives for your understanding. As previously noted, these are closely aligned with the GMC regulation.

Regulation for Physiotherapists:

Chartered physiotherapists adhere to the CSP Code of Professional Values and Behaviour and have a requirement to be registered with the Health and Care Professions Council (HCPC). The HCPC's information on scope of practice is:

“Once registered, physiotherapists must continue to meet the standards of proficiency that are relevant to their scope of practice – the areas of their profession in which they have the knowledge and skills to practise safely and effectively.”

The HCPC works on the principle of ‘professional self-regulation’, and that individuals have a personal responsibility to maintain and manage your own fitness to practise. The HCPC renewal every 2 years requires members to sign a declaration that they continue to meet the standards of proficiency that apply to your scope of practice. The standards set out by the HCPC include:

1. Be able to practise safely and effectively within their scope of practice
2. Be able to practise within the legal and ethical boundaries of their profession
3. Be able to practise as an autonomous professional, exercising their own professional judgment

Good clinical practice also includes referring a service user on to another practitioner if the required care is beyond the scope of practice.

Regulation for Nurses and Midwives:

Regulator: Nursing and Midwifery council (NMC) CODE OF CONDUCT

Common standards of conduct and behaviour: NMC CODE OF CONDUCT

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

The professions the NMC regulate have different knowledge and skills, set out in three distinct standards of proficiency.” (Nurses, Midwives and nursing associates). They all work in diverse contexts and have different levels of autonomy and responsibility. All of the professions the NMC regulate exercise professional judgment and are accountable for their work.

In addition, nurses, midwives and nursing associates are expected to work within the limits of their competence, which may extend beyond the standards they demonstrated in order to join the register.

Levels of autonomous working will be determined by the context of the working environment, service(s) each individual is working within.

NMC code of conduct 13: Recognize and work within the limits of your competence.

Specifically considers that to adhere to the code Nurses and Midwives 'will make a timely referral to another practitioner when any action, care or treatment is required and ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence'.

NMC code of conduct 22: Fulfil all registration requirements, stipulates that nurses and midwives 'keep their knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance'

Advanced nursing practice is defined by the department of health (HM Government 2010a *Advanced level nursing: A position statement*. Available at:https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215935/dh_121738.pdf) as nurses who undertake additional training to make autonomous decisions about the assessment diagnosis and treatment of patients. The expectation is that this will be working towards a Masters degree. This additional training should be documented in relation to specific skills from professional portfolio, e.g. physical examination or independent prescriber, with competency documents / certification.

Through revalidation, and annual review nurses, midwives provide evidence of their ability to practice safely and effectively.

What's next?

Membership for AHPs is an opportunity to share knowledge and training and expand the range of services and points of entry to healthcare that clients with psychosexual difficulties may access.