

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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Executive Summary

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

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

It aims to:

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

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

Introduction

Who is this framework intended for?

The framework is intended for

- Graduate level Allied Health Professionals, focussing particularly on occupational therapists and dietitians (physiotherapists and speech and language therapists to follow) to assist their career progression; and
- Other career points
- Managers and commissioners (or anyone who develops services) to inform role development, recruitment and workforce planning.

The ultimate aim of the framework is to help support effective care of people with progressive neurological conditions.

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

This framework does not provide the basis for salary negotiations or pay banding.

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 (PD); and
- Motor neurone disease (MND)

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

The aim of the framework

The aim of the framework is to support practitioners, managers and commissioners. It seeks to:

- Create a framework that promotes greater consistency in the delivery of services by allied health professional 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

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

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
- 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, PD and MND and
- To ensure that people with these conditions receive good care wherever they are in the country.

The competencies

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 tested with representative practitioner groups for each profession who then developed the detailed competencies ensuring that the resources met their needs. Details of those involved can be found in the acknowledgements section.

The framework identifies 5 competency areas:

- **Clinical knowledge and practice**
 - Neurological knowledge and physiology
 - Assessment and care planning
 - Symptom management
 - Medicine management
 - Problem/complication management
 - Promoting independence
- **Leadership, team work and collaboration**
 - Multidisciplinary team and care pathways
 - Education
- **Personal and Professional Development**
 - Accountability
 - Service Development
- **Research and audit**
 - Research and evidence
 - Audit
- **Legal and ethical practice**

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

Making career progress

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

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

	Band 5	Band 6	Band 7	Band 8
NHS Career Framework descriptions	Practitioner	Senior/specialist practitioner	Advanced Practitioner	Consultant Practitioner
Agenda for Change	Understanding of a range of work procedures and practices, which require expertise within a specialism or discipline underpinned by theoretical knowledge and/or limited practical experience.	Specialist knowledge across the range of work procedures and practices underpinned by theoretical knowledge or relevant practical experience.	Highly developed specialist knowledge across a range of work procedures and practices, underpinned by thorough theoretical knowledge and relevant practical experience.	Advanced theoretical and practical knowledge of a range of work procedures and practices, or specialist knowledge over more than one discipline/ function acquired over a significant period of time
Royal College of Occupational Therapists The Career Development Framework⁴ (Levels)	Level 5 Comprehensive, specialised, factual and theoretical knowledge and understanding of occupational therapy and of the boundaries of that knowledge creative problem-solver; makes judgements within own scope of work; actively contributes to service improvement and self-development; may have responsibility for supervision of staff or students; may be eligible for registration with the Health and Care Professions Council (the regulatory body in the United Kingdom) as an occupational therapist, or may be non-regulated and have own specialist trade or craft e.g. posture and seating skills	Level 6 Critical understanding of theory and practical occupational therapy knowledge leads in a specific area with some responsibility for service and team performance; creative problem-solver; supervises staff / students; consistently undertakes self-development	Level 7 highly specialised knowledge and critical awareness specialist practice-based, technical or scientific skills; innovative; responsible for service development in complex environments; leads within services/ research/ education contexts; supervises staff / students; proactively self-develops	Level 8 most advanced and specialised knowledge at the forefront of the profession; strategic leader; political influencer; original thinker; responsible for finances, service development and / or multiple teams; supervises staff / students; intuitively self-develops

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

	Band 5	Band 6	Band 7	Band 8
NHS Career Framework descriptions	Practitioner	Senior/specialist practitioner	Advanced Practitioner	Consultant Practitioner
Chartered Society of Physiotherapy Physiotherapy Framework 2013⁵	<p>Complexity: Own caseload of clients with complex needs</p> <p>Predictability: Practice within complex & generally predictable contexts</p> <p>Sphere of influence: Clients on caseload; MDT; support workers (delegation)</p> <p>Personal autonomy: Responsible for own actions. Practice according to professional codes & Trust policies/procedures</p>	<p>Complexity: Own caseload of clients with complex needs</p> <p>Predictability: Practice within complex & increasingly unpredictable contexts</p> <p>Sphere of influence: Clients on caseload; MDT; support workers (delegation & supervision) & students</p> <p>Personal autonomy: Responsible for own actions. Practice according to professional codes & Trust policies/procedures</p>	<p>Complexity: Specialised caseload of clients with complex needs</p> <p>Predictability: Practice within complex & unpredictable contexts which demands innovation</p> <p>Sphere of influence: Clients; MDT; staff in primary & secondary care; professional networks at local & national level; students</p> <p>Personal autonomy: Professionally & legally accountable for own actions</p>	<p>Complexity: Highly specialised caseload of clients with complex needs</p> <p>Predictability: Practice within complex, unpredictable and normally specialised contexts demanding innovative work</p> <p>Sphere of influence: Clients/carers on caseload; AHPs (clinical, professional & education leadership); public/other professions/policy makers at regional/national level.</p> <p>Personal autonomy: Accountable for own actions. Practice characterised by an element of risk taking - guided by own knowledge & 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’⁶

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

It is assumed that the framework will be used within a philosophy of person centred practice. There is no absolute agreed definition of person centred care, however the Health Foundation has 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 life⁸.

How to use this framework

For practitioners

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

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

For managers and planners

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

For both managers and practitioners

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

Evidencing competence

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

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

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

9. http://www.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)
a. Neurological knowledge and basic physiology		
Demonstrates a basic knowledge and understanding of the central and peripheral nervous systems; has overview of the organisation of the central and peripheral nervous systems	Demonstrates a thorough knowledge and understanding of the central and peripheral nervous systems, including all functional units of the systems; ability to demonstrate detailed knowledge to own profession	Demonstrates expert knowledge and understanding of the central and peripheral nervous systems, including the mechanism and transmission of nerve impulses, and all associated cells of the nervous system; ability to teach and educate other staff on the subject
Shows awareness of the most common progressive conditions/diseases of the nervous system, and understands at a basic level what happens in each	<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 & processes, and the extent of involvement of the nervous system;</p> <ul style="list-style-type: none"> · Immune · Respiratory · Digestive · Urinary · Skin · Nutrition, metabolism and homeostasis · Sleep physiology · Musculoskeletal including knowledge of normal tone, coordination, movement and gait · Pain · Speech and swallowing mechanisms · Vestibular system · Cognition, behaviour and mental health · Aging and dying 	Demonstrates a good knowledge and understanding of each of the body systems and processes; can describe each in detail, including involvement of the nervous system	Demonstrates an excellent knowledge and understanding of each of the body systems and processes and the involvement of the nervous system in each; can educate experienced staff across specialties
Develops knowledge about how neurological impairment can affect the systems and processes listed above, and is aware of the most frequently used approaches to treatment and management	<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"> · Dysphagia – modified consistency diet/ fluids · Choking leading to aspiration pneumonia · Difficulty controlling food/fluid in the mouth · Reduced Activities of Daily living/loss of function · Reduced ability to perform fine motor task · Reduced motor function · Reduced activity/participation/vocation 	Demonstrates good knowledge of likely problems/complications affecting nutritional status and their management Demonstrates ability to anticipate problems and initiate avoidance strategies based on good knowledge of the progressive neurological condition Demonstrates excellent interdisciplinary working to ensure all problems/ complications are managed appropriately	Demonstrates expert knowledge of likely problems/comcations affecting nutritional status and their management Provides expert advice to specialist professionals in complex case management Demonstrates highly refined skills to take the lead in highly complex case management
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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"> · Friends/social networks · Intimate relationships · Professional · Spiritual/beliefs 		
<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"> · 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 <p>Develops awareness of:</p> <ul style="list-style-type: none"> · 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 	<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"> · Strategies to help maximise independence with personal care · Strategies to help with domestic responsibilities · Advise on different methods of transport that are available <p>Develops awareness of additional interventions and advice to help maintain roles and relationships:</p> <ul style="list-style-type: none"> · Different methods of sexual expression/ 	<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"> · Different communication aids to optimise roles and relationships · Psychological therapies and strategies 		
<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"> · Home enteral feeding support services · Self-management schemes · RADAR National key scheme · 'just can't wait/no waiting' card · Signposting to websites/services offering advice and additional support signposting e.g. Disability Living Foundation · Support for travel planning etc. 	<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"> · Ease of access to MDT · Single point of contact · Timely interventions/actions · Flexible approach to respond to variability of needs throughout the condition · Tailored advice, involving family/friends/ carers where appropriate · Maintaining accessibility to the MDT from diagnosis to death (not discharging/ open access) 	<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"> · Clinical Psychology/neuro-psychology services · Community Neurological care teams · Wheelchair clinics · Pain clinics · Continence service · Respiratory services · Orthotics · Nutrition Support team & 	<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"> · Hospice & Specialist palliative care services · Social Care and Carer agencies · Housing teams · Sensory Support teams · Assistive technology service · Alternative and Augmentative Communication services (AAC) · Mental Health teams · Counsellors/spiritual advisor · Relationship counsellors · Benefits/welfare & financial advice team · Social services · Job centre plus · Health Visitors · Safeguarding teams · Condition specific charitable organisations/support groups · General relevant voluntary organisations 		
<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"> · Statutory agencies e.g. local authority · Non-statutory/charitable organisations 	<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. 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</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"> · Journals · Courses · Shadowing · Reflection <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"> · <i>Standards of conduct, performance and ethics (2016)</i> Health and Care Professions Council) · <i>Standards of proficiency: Dietitians (2013)</i> Health and Care Professions Council) · <i>Continuing professional development and your registration (2017)</i> Health and Care Professions Council) <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 & 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"> · Equality Act (HMSO 2010) · Mental Capacity Act (2005) · Care Act (2014) · Human Rights Act (1998) · Suicide Act (1961) · Data protection Act (1998) 	Demonstrates excellent knowledge of relevant legislation and their implications in clinical management.	Ensures that all staff are aware of, have access to, and understand the implication to their role of all relevant legislation
Shows awareness of the relevant documents that influence health and social care provision: <ul style="list-style-type: none"> · <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 	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"> · Lasting Power of Attorney (LPA) · Advance Decision to Refuse Treatment directives (ADRT) 	Demonstrates excellent knowledge of the legal aspects of LPA and ADRT's Demonstrates ability to discuss and describe these to patients and other staff Understands how to facilitate the process of creating these	Ensures support mechanisms are in place to allow all staff to access and understand the legal aspects of LPA and ADRT's. Ensures mechanisms and processes exist to support patients and staff to create and implement these

Motor neurone disease dietetics competency framework

Competency 1: Clinical knowledge and practice

Competent (BAND 5)	Specialist (BAND 6)	Highly Specialist/Advanced (BAND 7/8)
a. Knowledge of MND		
<p>Demonstrates a basic knowledge of what MND is:</p> <ul style="list-style-type: none"> · 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 	<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. 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"> · Feeding options including altered consistencies need to be considered in a timely manner · Feeding (tube) – options could be reduced as respiratory function deteriorates · Respiratory support · Provision of equipment · Establishing care support mechanisms and timely access to services 	<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 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 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

Multiple Sclerosis dietetics competency framework



Competency 1: Clinical knowledge and practice

Competent (BAND 5)	Specialist (BAND 6)	Highly Specialist/Advanced (BAND 7/8)
a. Knowledge of MS		
<p>Demonstrates basic knowledge of what MS is:</p> <ul style="list-style-type: none"> · 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 	<p>Demonstrates good knowledge and understanding of MS, including;</p> <ul style="list-style-type: none"> · 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 <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. Assessment and care planning		
<p>Refer to the Progressive neurological conditions dietetics competency framework – no additional content</p>		
c. Symptom management		
<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"> · 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 	<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"> · Mode of action · Aim of intervention · Effect on disease progression · Side-effects · Adverse effects 	Demonstrates awareness of all current ongoing clinical trials of drug treatments in MS
Develops awareness of steroid use in relapse management	Demonstrates good knowledge of steroid use, including impact, side effects and risks. Demonstrates ability to explain possible nutritional effects of their use to the person with MS	Demonstrates expert knowledge of steroid use
Develops awareness of frequently used drugs used for symptomatic relief in MS	Demonstrates good knowledge of frequently used drugs used for symptomatic relief in MS, their mode of action and side effects: <ul style="list-style-type: none"> · Tremor/ataxia (eg beta blockers) · Anti-spasticity · Nerve conduction 	Demonstrates expert knowledge of the impact on nutritional status and/or intake of frequently used drugs used for symptomatic relief in MS Demonstrates expert knowledge of how drug usage can affect outcomes
Develops awareness of commonly used unproven interventions in MS; hyperbaric oxygen, cannabis, modified diets including gluten free, Swank diet, vitamin/mineral supplementation etc.	Demonstrates good knowledge of commonly used unproven interventions in MS Describes potential benefits and dis-benefits of these to people with MS and none specialised staff	Demonstrates expert knowledge of the strength of evidence for the unproven interventions and is able to communicate this in an understandable way to patients and other professionals Demonstrates ability to discuss the implications of implementing unproven interventions on nutritional status and/or nutritional intake with a person with MS, and support them in their decisions

e. Problem/complication management

Develops awareness of possible common complications associated with MS and how they can be managed: <ul style="list-style-type: none"> · Increased risk of developing osteoporosis · Shortening and lengthening of soft tissues due to poor posture · Reduced ability to cope with physical temperature changes (heat) · Nociceptive pain 	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

Parkinson's disease dietetics competency framework

Competency 1: Clinical knowledge and practice

Competent (BAND 5)	Specialist (BAND 6)	Highly Specialist/Advanced (BAND 7/8)
a. Knowledge of PD		
<p>Basic knowledge of what PD is:</p> <ul style="list-style-type: none"> · What goes wrong (pathophysiology) · Causes (aetiology) · Prevalence and incidence · Main features · How diagnosis is made · Progression 	<p>Demonstrates good knowledge and understanding of PD, including;</p> <ul style="list-style-type: none"> · Presentations: on-off, start hesitation, freezing · Symptoms, problems and complications <p>Describes the disease to people with PD and none specialist staff</p>	<p>Demonstrates expert knowledge of all aspects of PD.</p> <p>Demonstrates an ability to teach specialist staff about PD</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"> · Dopamine · Noradrenaline · Serotonin · Glutamate · Gamma-aminobutyric acid 	<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"> · Neuroprotection · Neurorescue · Neurorestoration · Neuromodulation 	<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"> · Multiple System Atrophy (MSA) · Progressive Supranuclear Palsy (PSP) · Vascular Parkinsonism · Idiopathic Parkinson's · Drug induced Parkinsonism · Normal Pressure Hydrocephalus 	<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 PD on circadian rhythm and sleep</p>	<p>Demonstrates good knowledge of impact of PD on circadian rhythm and sleep</p>	<p>Demonstrates excellent knowledge of impact of PD 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 PD 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 PD 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 PD and none specialist staff

Demonstrates expert knowledge of the common symptoms in PD, 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 PD

Demonstrates good knowledge of different types of disease specific treatments used in PD, 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 PD

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 PD, and their side effects

Demonstrates good knowledge of drugs used for symptom management in PD, 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 PD symptoms	Demonstrates a good appreciation of effect of timing of medication on PD 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 PD that may affect nutritional status and/or nutritional intake, and how they can be managed:</p> <ul style="list-style-type: none"> · Mealtime fatigue · Fixed facial expression · Flexed posture · Scoliosis · Pisa syndrome · Camptocormia · Antecolles · Psychogenic parkinsonian gait · Hallucinations · Psychosis/delusions · Impulse control disorder · Blurred vision and dry eyes · Kyphosis · Nociceptive pain · REM sleep disorder · 'Wearing off' of medications · Reduced ability to cope with physical temperature changes (heat) · Agitation <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 PD 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 PD, 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 PD:</p> <ul style="list-style-type: none"> Deep brain stimulation Radiological localisation Physiological localisation Ablation/stimulation Humidification Continuous positive airway pressure Piped oxygen Baclofen pump 	<p>Describes all management options to people with PD and none specialist staff</p> <p>Demonstrates good knowledge of surgical/invasive procedures commonly used in PD.</p> <p>Describes these to people with PD 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 PD audit tool

Actively engages in PD service quality improvement by participating audits of PD service provision:

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

Promotes service improvement by ensuring completion across the service of national PD 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

Progressive neurological conditions occupational therapy competency framework

Competency 1: Clinical knowledge and practice

Competent (BAND 5)	Specialist (BAND 6)	Highly Specialist/Advanced (BAND 7/8)
a. Neurological knowledge and physiology		
<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"> · Immune · Respiratory · Digestive · Urinary · Skin · Nutrition, metabolism and homeostasis · Sleep physiology · Musculoskeletal including knowledge of normal tone, coordination, movement and gait · Pain · Speech and swallowing mechanisms · Vestibular system · Cognition, behaviour and mental health · Aging and dying · Uses clinical reasoning skills to understand how impairment in these impacts on occupational performance and participation 	<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 advanced knowledge and critical understanding of stages of diseases and uses enhanced clinical reasoning to guide discussions about this with patients and their carers, 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"> · Breathing patterns during functional activity · Pain · Impact on ADLs/function (e.g. ICF) · Falls assessment · Mobility needs · Transfers · Range of movement · Gait (pattern/coordination, stride length) · Rest/activity cycles (actigraphy) · Environment · Fatigue <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"> · Motor function and mobility, including wheelchair provision · Abnormal tone (high and low) and patterns of tone – impact on posture and mobility · Sensation/sensory changes (including use of body charts) · Impact of disease on functional activity/participation/vocation · Posture and positioning needs · Balance assessments · Cognition · Mood <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"> · Fatigue · Muscle weakness and fatigability · Immobility · Balance problems · Stiffness · Pain · Gait problems including foot drop <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"> · Bladder and bowel dysfunction (including urinary storage problems & retention, bladder emptying problems – increased urgency or frequency) · Reduced gut motility (reduced appetite, nausea and constipation) · Swallowing problems · Speech difficulties 	<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"> · Strategies to help maintain leisure interests · Strategies to help maintain relationships including expressions of intimacy and sexuality · Psychological therapies and strategies 		
<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"> · Ease of access to MDT · Single point of contact · Timely interventions/actions · Flexible approach to respond to variability of needs throughout the condition · Tailored advice, involving family/friends/ carers where appropriate · Maintaining accessibility to the MDT from diagnosis to death (not discharging/ open access) · Works across own and other organisational and agency boundaries within the MDT 	<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"> · Clinical Psychology/neuro-psychology services · Community Neurological care teams · Wheelchair clinics · Pain clinics · Continence service · Respiratory services · Orthotics · Nutrition Support team & Gastroenterology · Hospice & Specialist palliative care services · Social Care and Carer agencies · Housing teams · Sensory Support teams · Assistive technology service · Alternative and Augmentative Communication services (AAC) · Mental Health teams · Counsellors/spiritual advisor · Relationship counsellors 	<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"> · Benefits/welfare & financial advice team · Social services · Job centre plus · Health Visitors · Safeguarding teams · Condition specific charitable organisations/support groups · General relevant voluntary organisations 		
<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"> · Statutory agencies e.g. local authority · Non-statutory/charitable organisations relevant to long term neurological conditions 	<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"> · Equality Act (HMSO 2010) · Mental Capacity Act (2005) · Care Act (2014) · Human Rights Act (1998) · Suicide Act (1961) · Data protection Act (1998) 	<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"> · Lasting Power of Attorney (LPA) · Advance Decision to Refuse Treatment directives (ADRT) 	<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 & 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>

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		
<p>Has factual knowledge of what MND is:</p> <ul style="list-style-type: none"> · 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 	<p>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.</p> <p>Demonstrates advanced clinical reasoning to understand the impact of the diagnosis of MND on the patient and their family.</p> <p>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</p>	<p>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</p> <p>Demonstrates an ability to teach and educate specialist staff about MND, new theory and research</p>
b. Assessment and Care Planning		
<p>Has factual understanding 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"> · 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 	<p>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</p> <p>Works collaboratively with individual and the MDT to initiate the development of an advanced care plan</p> <p>Facilitates learning about advance care planning to people with MND and non-specialist health and social care professionals</p>	<p>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</p> <p>Educates and provides supervision and support of other staff involved in the complex care planning involved in MND</p> <p>Collaborates strategically at local, national and international level to ensure care pathways support seamless advance care planning in MND</p>
<p>Can clinically reason the need to adopt different approach to assessment and intervention in different circumstances specific to MND</p>	<p>Demonstrates advanced knowledge of, and uses advanced clinical reasoning to select and use appropriate assessments used specifically in MND</p>	<p>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</p>
<p>Has factual knowledge of specialised occupational therapy interventions that are used in people with MND</p>	<p>Demonstrates advanced knowledge and critical understanding of specialised interventions that are used in people with MND, including;</p>	<p>Contributes to best practice guidance at local, national and international level for occupational therapy interventions for people with MND</p>

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

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		
<p>Has factual knowledge of what MS is:</p> <ul style="list-style-type: none"> · 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 	<p>Has advanced knowledge and critical understanding of symptoms problems and complications in MS, including;</p> <ul style="list-style-type: none"> · 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 <p>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</p>	<p>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</p> <p>Demonstrates an ability to teach and educate specialist staff about MS</p>
b. Assessment and Care Planning		
<p>Has factual knowledge about specialised and holistic occupational therapy assessments used in MS e.g. neurological assessments such as Modified Fatigue Impact Scale (MFIS).</p>	<p>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</p> <p>Uses advanced clinical reasoning in the selection and use of these assessments</p> <p>including those used to assess;</p> <ul style="list-style-type: none"> · Spasms · Tremor · Ataxia · Coordination · Mobility, Postural management · Cognition 	<p>Contributes to the development of specialised and holistic occupational therapy assessments measures for use with people with MS at a national level</p> <p>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</p>
<p>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.</p>	<p>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:</p> <ul style="list-style-type: none"> · Ataxia strategies · Fatigue management (including FACETS programme) · Postural advice and adaptations · Standing programmes 	<p>Contributes to the development of any specialised MS interventions that will support more effective occupational therapy outcomes for the person living with MS</p> <p>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</p>

- 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

	· Adverse effects	trials of drug treatments and can refer to other resources as appropriate
Has factual knowledge of steroid use in relapse management	Has advanced knowledge and critical understanding of steroid use, including impact, side effects and risks.	
Has factual knowledge of frequently used drugs used for symptomatic relief in MS and the potential impact of these on function	Has advanced knowledge and critical understanding of frequently used drugs used for symptomatic relief in MS, their mode of action and side effects: · Tremor/ataxia (eg beta blockers) · Anti-spasticity · Nerve conduction	Has highly specialist knowledge and critical understanding of how drug usage can affect outcomes on occupational performance. Shows understanding of differences in access to different drugs in different areas nationally and internationally
Develops critical understanding of commonly used complementary interventions in MS; hyperbaric oxygen, cannabis, modified diet including gluten free, vitamin/mineral supplementation	Has advanced knowledge and critical understanding of complementary interventions in MS and translates evidence into practice in terms of usage of these Describes potential benefits and dis-benefits of these to people with MS and none specialised staff	Has highly specialist knowledge and critical understanding of the balance of evidence for a variety of complementary and medical interventions and can discuss with people with MS, their families and carers and other health care professionals

e. Problem/complication management

Has factual knowledge of possible complications associated with the management of symptoms and how these impact on occupational performance, roles and participation in social and cultural environments, such as: · Increased risk of developing osteoporosis · Shortening and lengthening of soft tissues due to changes in muscle tone · Postural limitations · Reduced ability to cope with physical temperature changes (heat) · Nociceptive pain	Has advanced knowledge and critical understanding of common complications associated with MS and how these impact on occupational performance, roles and participation in social and cultural environments, Uses advanced clinical reasoning to manage the complexities involved with the contraindications of symptom management strategies in collaboration with the person, their carers and the wider MDT Facilitates the learning of people with MS, their carers and staff working in MS about these complications	Has highly specialist knowledge and enhanced clinical reasoning skills to implement proactive interventions to help prevent the onset of complications in order to manage symptoms effectively promoting independence and improving quality of life Provides formal and informal education to people with MS, their carers and qualified and unqualified staff about the management of complex issues in MS
Has factual knowledge of surgical/invasive procedures commonly used in MS; · Phenol pumps & Phenol injections · Baclofen pumps · Tenotomy (cutting a tendon) · Humidification	Has advanced knowledge and critical understanding of surgical/invasive procedures commonly used in MS and the impact of having these on the person and their carers and can describes these to people with MS and staff Uses advanced clinical reasoning to recognise requirement for surgical/ invasive procedures with the MDT and make appropriate onward referrals	Has highly specialist knowledge and critical understanding of surgical/invasive procedures commonly used in MS and the impact of having these on the person's occupational performance roles and participation in social and cultural environments Uses enhanced clinical reasoning to recognise requirement for surgical/ invasive procedures with person with MS, the MDT and make appropriate onward referrals

f. Promoting Independence

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

Competency 2: Leadership, teamwork and collaboration**a. Multidisciplinary team and care pathways**

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

b. Education

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

Competency 3: Personal and professional development**a. Accountability**

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

b. Service development

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

Competency 4: Research and audit**a. Research and evidence**

Has factual knowledge of symptom specific guidance e.g. Ataxia UK guidelines, Spasticity guidelines

Has advanced knowledge and critical understanding of symptom or impairment specific guidance and able to implement these into practice

Contributes to the development and critical review of specific guidance for MS care at local, national and international level, and ensures this is incorporated into standards of practice

Has factual knowledge of MS specific guidance & resources e.g. :
· MS Trust
· MS Society

Has advanced knowledge and critical understanding of and contributes to MS resources and guidance for health care professionals and people living with MS and their families

Participates in and works in collaboration with others on research projects related to MS and Occupational Therapy in MS

b. Audit

Shows awareness of MS audit tool

Actively engages in MS service provision audits e.g. *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

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)
a. Knowledge of PD		
<p>Has a factual knowledge of what PD is:</p> <ul style="list-style-type: none"> · What goes wrong (pathophysiology) · Causes (aetiology) · Prevalence and incidence · Main features · How diagnosis is made · Progression 	<p>Has advanced knowledge and critical understanding of PD, including;</p> <ul style="list-style-type: none"> · Presentations: on-off, start hesitation, freezing · Symptoms, problems and complications <p>Provides learning opportunities of people with PD and non-specialist health and social care professionals about PD 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 PD 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 PD 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"> · Dopamine · Noradrenaline · Serotonin · Glutamate · Gamma-aminobutyric acid 	<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 PD locally, nationally and internationally</p>
<p>Has factual knowledge of the medical concepts:</p> <ul style="list-style-type: none"> · Neuroprotection · Neurorescue · Neurorestoration · Neuromodulation <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"> · Multiple System Atrophy (MSA) · Progressive Supranuclear Palsy (PSP) · Vascular Parkinsonism · Idiopathic Parkinson's · Drug induced Parkinsonism · Normal Pressure Hydrocephalus 	<p>Has advanced knowledge and critical understanding of Parkinsonism conditions</p> <p>Facilitates the learning of people with PD 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 PD 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 PD 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 PD 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 PD 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 PD, 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 PD assessments and outcome measures that will support more effective Occupational Therapy intervention and outcomes for the person living with PD

Collaborates strategically, locally, nationally and internationally to develop and critically evaluate evidence based guidelines and care pathways for PD and integrate into clinical practice

Has factual knowledge of common occupational therapy interventions used in PD

Has advanced knowledge and critical understanding of common occupational therapy interventions used in PD:

- 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 PD

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 PD.

Develops skills to perform these, including:

- Unified Parkinson's Disease Rating Scale (tremor and tone in PD)
- Non-motor Scale
- PDQ39
- PDQ8

Has advanced knowledge and critical understanding and appropriate skills to complete standardised outcome measures or monitoring tools used in PD

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 PD:

- 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 PD 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 PD, 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

Uses enhanced clinical reasoning to

- 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 PD, their family and carers and other staff on condition management options

implement highly complex and novel management strategies including where there is no precedent

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

d. Medicine Management

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

Has advanced knowledge and critical understanding of different types of disease specific medical treatments used in PD, 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 PD

Has knowledge and critical understanding of relevant clinical trials of drug treatments in PD 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 refer 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 PD, and their side effects and how this impacts on occupational performance

Has advanced knowledge and critical understanding of drugs used for symptom management in PD, 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 PD symptoms and how this impacts on occupational performance

Has advanced knowledge and critical understanding of effect of timing of medication on PD 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 PD, 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 PD 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 PD, their carers and staff working in MS about these complications

Has highly specialist knowledge and critical understanding of common and rarer complication associated with PD 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 PD, their carers and qualified and unqualified staff about the management of complex issues in PD

Has factual knowledge of surgical/invasive procedures commonly used in PD:

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

Has advanced knowledge and critical understanding of surgical/invasive procedures commonly used in PD.

Uses advanced clinical reasoning skills to understand the impact of having these on occupational performance, roles and participation in social and cultural environments

Has highly specialist knowledge and critical understanding of common and rarer surgical / invasive procedures used in PD

Uses enhanced clinical reasoning skills to understand and discuss with people living with PD, their carers and 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 PD 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 PD resources and guidance

Participates in and works in collaboration with others on research projects related to PD and Occupational Therapy in PD

b. Audit

Has factual knowledge about PD audit tools

Actively engages in PD service quality improvement by participating audits of PD service provision:

- 2017 UK Parkinson's Audit Occupational Therapy: Standards and Guidance

Critically evaluates data collected from PD 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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Further information

Motor neurone disease

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

MND Association For professionals
www.mndassociation.org/forprofessionals

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

MS

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

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

Parkinson's disease

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