



United Kingdom Rehabilitation Council

Rehabilitation Standards

Morag Highway

NEHIN 14th January 2009

Rehabilitation Standards

Background:

- commissioned from Rehabilitation Council by DWP 2008
- funding received from DWP and Scottish Executive
- Morag Heighway appointed to draft
- delivery March 2009 following wide stakeholder consultation

Rehabilitation Standards

Morag Heighway background:

- LLB. , FCII Chartered Insurer
- 25years claims manager for major insurer specialising in personal injury claims
- 7years “claims rehabilitation manager”
- worked closely with rehab industry developing rehab schemes and with industry bodies such as CMSUK, VRA etc

Rehabilitation Standards

Why do we need them?

- there are existing standards
 - yes, but the existing ones are professional standards of practice and not specifically consumer-facing
 - yes, but not universal and are arguably “parochial”
- frustration at lack of quality benchmarks and sustainable quality-assured services
- guard against “Morag Highway enterprises” which are unregulated and ungoverned
- no protection or safeguards re quality or outcome for user or purchaser

Rehabilitation Standards

UKRC Standards will :

- be consumer-focussed and user-facing
- be universal in application
- be in accessible “lay terms” and easy to understand/apply
- be concise and practical
- be agreed by consensus and stakeholder consultation
- be endorsed by the DWP, and used by significant stakeholders eg employers, insurers
- be authoritative and ultimately enforceable
- underpin and raise the overall level of quality > safe, standardised, consistent and predictable outcomes

Rehabilitation Standards

For the consumer

- will provide help in determining a dependable provider who can deal professionally with their needs
- will indicate what the user/purchaser can reasonably expect from that provider
- will provide Q's to ask and indicate the type of answers to expect

Rehabilitation Standards

For the provider

- will indicate the hallmarks/benchmarks of quality
- will show how to demonstrate these are met
- will provide a service evaluation tool
- similarly a performance-management tool
- similarly a marketing tool
- ultimately will allow for accreditation

Rehabilitation Standards

Will be designed to:

- ensure practitioners have competency, relevant qualification and experience
- ensure services are based on evidence, best practice and “value”
- promote access to services which are “fit for purpose”

Rehabilitation Standards

Five standards:

- What the service does/scope of practice
- Competence
- Service delivery
- Client safety & protection
- Business practice & governance

Rehabilitation Standards

“What the service does ” (scope of practice)

- clear definition of scope of practice by defining service or services offered
 - which service(s)/specialism are they competent to offer
 - geographical coverage
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Key Points:

- ongoing systematic evaluation
- all referrals and practices within scope of practice
- not act beyond scope of practice

Rehabilitation Standard

“the skills used in delivering the service”

- qualifications, knowledge, experience, skills and
 - ongoing learning
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Key Points:

- appropriate skill-base/skill-mix relevant to scope of practice
- Practitioners experience and knowledge specific and relevant to service:
 - best practice according to evidence-base
 - relevant legal and policy knowledge
 - appropriate interpersonal skills (communication, negotiation, advocacy etc)
 - relevant “local knowledge” or “know-how” specific to the scope of practice
- training and ongoing CPD

Rehabilitation Standard

“How do you do it?” (service delivery)

- working practices documented by reference to rationale/evidence of best practice
 - senior accountability
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Key Points:

- outcome-focussed and results-driven
- cost-effective and “value for money”/“added value”
- Systematic ongoing monitoring & evaluation

Rehabilitation Standards

“How do you protect the consumer and customer?” (client safety & protection)

- duty of care to client to ensure and protect safety, dignity and integrity of client plus duty to other customer stakeholders eg employers, funders
- safeguarding the client and his interests – “safe pair of hands”

Key Points:

- avoidance of conflict of interest or undue influence
- policies and culture of ethics, informed consents, confidentiality and privacy
- safeguarding the client

Rehabilitation Standards

“How do you make the service work?” (business practice & governance)

- demonstrable structure and processes which support the services offered
 - operational efficacy in delivering outcomes, efficiency in use of resources
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Key Points:

- designated function management and accountability
- robust financial, capacity, performance and process-improvement management
- “due diligence” as regards partnership or contracting-out



Thankyou