

Prof Dawn Skelton, Bob Laventure, Bex Townley, David Riddell and Dr Susie Dinan-Young (Directors of LLT).

Why this statement?

This brief statement is designed to support candidates and funders in better understanding our stance on practical assessments and reasonable adjustments during the covid-19 pandemic.

It explains why virtual (online) delivery of a practical session for assessment of practical skills would not be fair, equitable or an appropriate reasonable adjustment.

Due to the Covid-19 pandemic, PSI and OEP learning journeys have been and continue to be disrupted. We acknowledge and share the frustration and disappointment of candidates and hosts and especially those affected by postponed practical assessments. One of our responsibilities as an endorsed training provider is to provide a fair and equitable assessment process for candidates and this remains the case even during a pandemic. We have made all of the reasonable adjustments we can to support the assessment process during the pandemic. This includes allowing for practical assessments to be recorded remotely and submitted for marking against the usual published criteria. We appreciate that rapidly changing social distancing restrictions may still mean this is not a feasible option. Further reasonable adjustments have been made for candidates requiring to re-sit/re-take practical assessments (for those that were not successful first time around in meeting the required criteria).

The following summary serves to support better understanding of why assessment by ‘virtual delivery’ (e.g. 2-way zoom) is not appropriate, fair or equitable for PSI/OEP practical assessment.

Examples of fair and equitable assessment include:

1. Candidates clear understanding of the criteria they are to be assessed to;
2. Candidates are prepared for the assessment process during their training;
3. Candidates have rehearsed and prepared to evidence skills related to the criteria;
4. Assessment ‘bodies’ are briefed (for OEP/PSI these are peers and not older people);
5. The assessment process is the same across all candidates and courses;
6. Assessors mark to published criteria/all candidates are marked the same/objectively;
7. That assessment criteria are fit for purpose (and for PSI/OEP these are chosen to meet the fidelity of their original evidence base and delivery once in the ‘real world’).

The above 7 points mean that a ‘virtual assessment format’ would not be an equitable or fair assessment. The published criteria was not designed for this format of delivery, candidates have not been prepared for a change in assessment format during training, assessors have not been trained in marking against a potentially very different set of criteria, and therefore, assessment of

delivery of a 'virtual format of training' is not 'fit for purpose'.

Virtual delivery skills are not covered in course training content; therefore, it would not be equitable or fair to expect/assume that all candidates already have these skills. Without clear criteria assessors are unable to mark/judge objectively and candidates are unclear about what is expected of them to be successful.

Further to this, there would be significant implications for any 'refer outcome and justification for subsequent appeal'. As detailed in our virtual delivery guidance (<https://www.laterlifetraining.co.uk/llt-guidance-in-response-to-covid-19-fame-oep-delivered-as-virtual-exercise-programmes-home-alone-guidance>) there are additional skill sets and considerations required to deliver sessions remotely.

PSI and OEP have their evidence base firmly routed in face-to-face delivery and our endorsers and collaborators (e.g. Public Health England Return on Investment documents) expect that PSI/OEP trained instructors and leaders will have been assessed in the practical delivery skills aligned with the evidence base. Of course, the Covid-19 pandemic has forced deliverers of services to rethink how they deliver exercise to older people currently. Trained and previously assessed PSI/OEPs are delivering 'virtually' to those that can access online services.

However, after the vaccination roll-out we need a consistently trained and assessed workforce to deliver the evidence-based falls prevention services. Having a cohort of trained PSIs/OEPs being assessed differently and not having shown they can deliver with fidelity to the evidence base would undermine this and ultimately would not be following the evidence base, for which LLT prides itself.

Other statements from LLT:

- LLT Guidance In response to COVID-19 FaME & OEP Delivered as Virtual Exercise Programmes - <https://www.laterlifetraining.co.uk/llt-guidance-in-response-to-covid-19-fame-oep-delivered-as-virtual-exercise-programmes-home-alone-guidance/>
- LLT Statement on Consistent and Accurate Messaging for Commissioners and Stakeholders in Frailty and Falls Services (OEP/PSI) - <http://www.laterlifetraining.co.uk/llt-statement-implementation-oeppi-community-programmes/>
- LLT Implementation Guidance for Commissioners, Public Health Officers and Leisure Service Managers (OEP/FaME) - <https://www.laterlifetraining.co.uk/llt-guidance-implementation-oeppi-community-programmes/>
- LLT Statement - FaME and OTAGO as Dance OR Structured Exercise Formats? (Dance To Health Programmes) - <https://www.laterlifetraining.co.uk/fame-otago-dance-structured-exercise-formats-llt-statement/>
- LLT/AGILE/BASES Collaboration Statement – Partnership working for Successful Falls Care Pathways - <https://www.laterlifetraining.co.uk/llt-working-even-closer-with-agile-and-bases/>
- LLT Statement – Rationale for maintaining face to face approaches within our qualifications - <https://www.laterlifetraining.co.uk/llt-statement-rationale-for-maintaining-face-to-face-approaches-within-our-qualifications-may-2020/>
- LLT Home Alone - supporting home-based exercise and guidance for instructors and leaders: The Otago Exercise and FaME Programmes - <https://www.laterlifetraining.co.uk/wp-content/uploads/2020/08/Home-Along-Guidance-Final.pdf>