

Council, 25 March 2010

Generic Standards of Proficiency Review Group recommendations

Executive summary and recommendations

Introduction

In September 2009, a Review Group was established to review the generic standards of proficiency and to recommend to the Council whether any changes need to be made.

This paper contains the recommendations of the Generic Standards of Proficiency Review Group.

Decision

Council are invited to:

- agree the recommendations of the Generic Standards of Proficiency Review Group; and
- agree the workplan for the revised review of the generic standards of proficiency.

Background information

Paper noted by the Education and Training Committee on 22 September 2009 (enclosure 15 at http://www.hpc-uk.org/aboutus/committees/educationandtraining_archive/index.asp?id=481)

Resource implications

The resource implications for the Policy and Standards Department are accounted for in department planning for 2010/11.

Financial implications

The financial implications for 2010/11 include the costs associated with a public consultation on the revised generic standards. These costs are accounted in department planning for 2010/11.

We anticipate further costs in 2011/12 and 2012/12 for stakeholder meetings, consultations and publication of the revised standards.

Appendices

None

Date of paper

10 March 2010

Generic standards of proficiency - recommendations of Review Group

1. Introduction

- 1.1 Article 5(2) of the Health Professions Order 2001 requires the Council to establish standards of proficiency which are the standards necessary for safe and effective practice for each part of the Register.
- 1.2 In September 2009, a Review Group was established to review the generic standards of proficiency and to recommend to the Council whether any changes needed to be made.
- 1.3 The Review Group consisted of seven Council members:
 - Miss Eileen Thornton (Chair)
 - Mrs Joy Tweed
 - Professor Diane Waller
 - Dr Arun Midha
 - Mr John Donaghy
 - Professor Annie Turner
 - Mrs Penny Renwick
- 1.4 The group met in September 2009 and January 2010.

Review Group meeting one – 28 September 2009

- 1.5 At its first meeting, the Review Group considered comments about the generic standards of proficiency submitted by individuals and organisations on an ad hoc basis and through the consultation on the standards of proficiency for practitioner psychologists.
- 1.6 The group focussed on feedback about the terminology used and requests to change the wording of individual standards.
- 1.7 At the conclusion of the first meeting, the group agreed a revised set of generic standards that addressed the terminology concerns and provided additional clarity when needed. The group agreed to revisit the proposed wording changes at the second meeting, noting that additional information would be available at this time.
- 1.8 The changes proposed at the first meeting can be found at Attachment A.

Review Group meeting two – 27 and 28 January 2010

- 1.9 At its second meeting, the Review Group considered additional information that had been received following the group's first meeting. This included feedback from the professional bodies of the professions currently regulated by the HPC (excluding practitioner psychologists) and the consultation on the

regulation of psychotherapists and counsellors. A summary of this additional information can be found at Attachment B.

- 1.10 The group were advised not make changes specifically in response to the feedback received through the psychotherapists and counsellors consultation as these professions are not currently regulated by the HPC. However, the comments helped the group to consider how applicable the current generic standards are to professions that may be regulated in the future.
- 1.11 The group also revisited some of the broader concerns that had been raised through the practitioner psychologists' consultation, to consider whether these had been addressed through the changes suggested that the first meeting.

2. Discussion

- 2.1 The group agreed that the additional information provided at the second meeting had significant implications on the review of the generic standards of proficiency. They further agreed that the revised wording agreed at their first meeting did not address the broader concerns for the following reasons:
 - some concerns went beyond the wording of the standards and could not be fixed by terminology changes; and
 - some standards (particularly section two), could be interpreted to imply a medical model approach to practice and not applicable across all HPC registered professions.
- 2.2 The group agreed that standards 2a.1 – 2a.4 were examples of when rewording the standards would still not make them applicable for all professions. These standards require registrants to undertake a structured approach to practice by gathering information, selecting an assessment technique, undertaking an investigation and analysing the information. The group discussed how some professions, such as arts therapists, do not use such a structured approach to practice. Rather, the approach is tailored to the individual service user and circumstances.
- 2.3 The group discussed the history of the generic standards and noted that they were introduced when the HPC was created. As the professions were being regulated by the same regulator for the first time, introducing generic standards was a way to identify the commonalities across the professions.
- 2.4 The group agreed that the principle of having a set of generic standards of proficiency is important as they recognise that the professions regulated by the HPC do have commonalities.
- 2.5 The group agreed that one of our strengths as a multi-profession regulator is our ability to have common processes that are applicable across all our

professions. These include our generic standards of proficiency, standards of conduct, performance and ethics, standards of education and training and standards for continuing professional development. The group agreed that removing the generic standards would result in the loss of important common standards that recognise the similarities across our professions.

- 2.6 The group therefore agreed that generic standards should be retained, but that they should be as concise as possible and applicable to the increasing diversity of professions and professional philosophies regulated by the HPC.

Recommendation 1: That generic standards of proficiency should be retained.

Future direction of the review

- 2.7 After agreeing that generic standards should be retained but that the proposed changes from the first meeting did not address many of the concerns expressed by stakeholders, the group considered the following options for the future direction of the review of the generic standards.

Option 1 - Continue the current review

- 2.8 The group firstly considered continuing the current review and consulting on the proposed terminology changes. They agreed that this approach was not appropriate for the following reasons:
- it would not address the broader concerns which had been raised in previous consultations; and
 - a public consultation on the changes to the wording and terminology is likely to see the same concerns raised again.

Option 2 - Continue the current review and broaden the consultation

- 2.9 The group next considered continuing with the current review but broadening the consultation to include questions about the principles and structure of the generic standards. For example, broader questions would be asked about whether the current structure should be retained or a different approach to generic standards be introduced. The group agreed that this was not appropriate for the following reasons:

- it would be more logical to begin with a consultation on a broad approach and then consult on specific changes to the standards once the broad principles had been agreed; and

- some stakeholders might also feel frustrated if they were asked to resubmit concerns which they had raised in response to previous consultations.

Option 3 - Expand the current review to include the structure of the standards

2.10 The third option that the group considered was conducting a broader review of the standards that would go beyond the terminology used and look at the structure of the standards of proficiency. The group agreed that this was the most appropriate option for the following reasons:

- this approach would allow the HPC to engage with those who have an interest in the generic standards;
- the HPC would be listening and responding to external feedback, including the comments submitted through previous consultations;
- a broader review could 'future proof' the standards for new professions;
- a broader review with stakeholder input is more likely to stand up to public scrutiny more than the Review Group; and
- the work that the Review Group has done to date could feed into the broader review.

Recommendation 2: That a broader review is needed to look at the overall structure of the standards of proficiency.

Options for a new approach to the standards of proficiency

2.11 After agreeing that a broader review is needed, the group considered options for a new structure for the standards of proficiency. They agreed to present a revised structure and workplan for the review to ETC and Council for approval.

2.12 The group considered the following options for a new structure of standards of proficiency.

Option 1 - Remove the generic standards

2.13 The group agreed that this option is not appropriate for the reasons stated in paragraphs 2.2 – 2.6.

Option 2 - 'Grouping' the generic standards

- 2.14 The group next discussed the possibility of grouping like-professions together, for example under the broad headings of psychological therapies, scientists and allied health professionals. Under this approach, these grouped professions would share a set of generic standards.
- 2.15 The group agreed that this would not be appropriate as it would add unnecessary complexity to the standards and any grouping was likely to be on a superficial level.

Option 3 - Changing the structure of the generic standards to overarching, broad standards

- 2.16 The group lastly considered changing the structure of the standards of proficiency so that there would be a set of overarching generic standards applicable to all professions.
- 2.17 Under this approach, each profession would have a set of sub-standards underneath each broad standard. These sub-standards would include both the existing profession specific standards and the detailed generic standards that are applicable to each profession.
- 2.18 This approach is different to the current structure of the standards as only the overarching standards would be generic. In addition, not all professions would retain all of the current detailed generic standards. For example, 'be able to select appropriate personal protective equipment and use it correctly' is likely to be retained for biomedical scientists, but is less likely to be needed for arts therapists.
- 2.19 The group agreed that the proposed new structure was the most appropriate option for the following reasons:
- generic standards should be retained in some form;
 - although the HPC regulates 14 diverse professions, there are some commonalities and the common processes such as the generic standards of proficiency recognise this;
 - the overarching generic standards will be applicable to all professions, while being able to be interpreted by individuals;
 - the new structure will resolve terminology difference by moving the detailed generic standards to profession-specific standards, and therefore allowing standards to be expressed in terms appropriate to each profession;
 - the new structure can be rolled out across the professions, beginning with those who have the most concerns about the current standards; and

- new professions regulated by the HPC in the future are more likely to fit under the new structure.

Recommendation 3: That the structure of the standards of proficiency be changed to a set of overarching generic standards applicable to all professions, and profession specific sub-standards underneath.

Details of proposed new structure

- 2.20 After agreeing that broad, overarching standards would be the most appropriate option, the Review Group considered how such an approach might look in practice. The group examined the current bold generic standards to consider how applicable they are across the register and which standards should be retained. For reference, current bold standards are provided at Attachment C.
- 2.21 The group produced a revised set of 15 generic standards, which can be found below. The group felt that these standards are applicable across all professions and include the important standards that all registrants should meet. The group provided a justification where standards were reworded, removed or added, which can be found at Attachment D.

Proposed new generic standards of proficiency

1. be able to practise safely and effectively within their scope of practice
2. be able to practise within the legal and ethical boundaries of their profession
3. understand the obligation to maintain fitness to practise
4. be able to practise as an autonomous professional, exercising their own professional judgement
5. be able to practise in a non-discriminatory manner
6. be aware of culture, equality and diversity and their impact on practice
7. be able to maintain confidentiality, while understanding the limits and potential ethical concerns that may arise
8. be able to communicate effectively
9. be able to work, where appropriate, with others

10. be able to maintain records appropriately, in accordance with applicable legislation, protocols and guidelines
11. be able to reflect on and review practice
12. be able to assure the quality of their practice
13. be able to draw on appropriate knowledge and skills to inform practice
14. understand the key concepts of the bodies of knowledge which are relevant to their profession
15. be able to establish and maintain a safe practice environment

2.22 The Council is not being asked to approve the wording of the standards. Rather, the Council is being asked to approve the general approach of broad overarching generic standards. Once the approach has been approved, the Executive will refine the wording and seek legal advice to ensure that the new standards are legally sound. The final draft of the wording will be presented to the Council for approval in June, alongside a draft public consultation document.

2.23 To assist the Council in understanding how the revised structure might work in practice, the Executive has put together a draft of the new structure of standards of proficiency for biomedical scientists (Attachment E). This is not intended to be the final version for biomedical scientists and no stakeholders have had any input. It is only intended to provide an idea of how the new structure might work.

Workplan for the revised review

2.24 The previous workplan noted by ETC in September 2009 is no longer applicable if the review is to be significantly expanded.

2.25 The Executive are proposing the following workplan, noting that it is important that a public consultation is held on the generic standards and the structure agreed before we seek input from professions regarding the sub-standards.

Workplan for the revised review of the generic standards of proficiency

1) Education and Training Committee – 10 March 2010

Recommendations of the Review Group considered by ETC

2) Council Meeting – 25 March 2010

Consideration of recommendations from ETC meeting

3) Executive to finalise wording and develop consultation document

The Executive will seek legal advice when finalising the wording. The consultation document will clearly explain how the structure of the new standards of proficiency will work and how professions will be engaged to develop the profession-specific standards.

4) Education and Training Committee – 8 June 2010

Consultation document on revised generic standards considered by ETC

5) Council Meeting – 7 July 2010

Consideration of recommendations from ETC meeting

6) Consultation – mid July to mid October 2010

Public consultation on revised generic standards of proficiency

7) Education and Training Committee meeting – 18 November 2010

Consideration of consultation responses and revised standards for publication

8) Council meeting – 9 December 2010

Consideration of recommendations from ETC meeting

9) Begin an incremental roll-out across the professions – January 2011

Profession specific standards

2.26 Once the structure and wording of the generic standards has been agreed, we can begin to review the profession specific standards. We will seek input from each profession to decide which of the current generic and profession specific standards should be retained as sub-standards in the new structure, and if any new standards are needed.

2.27 During this process, we will use the revised wording proposed by the Review Group as a starting point, noting that it is important to have consistency with wording across the professions as far as possible.

2.28 The new standards of proficiency for each profession will require a public consultation. We estimate that the review will take a minimum of six months

per profession, excluding work done by professional bodies in anticipation of the review and the publication of the revised standards.

- 2.29 The Executive recommends that the standards of proficiency be revised for several professions at a time. The review is likely to be time and resource intensive and grouping the professions will allow the Policy and Standards Department to manage the process with its current resources. The Executive suggested the following groupings of professions and timing for start of each review:

January 2011

- Operating department practitioners
- Paramedics
- Radiographers

July 2011

- Dietitians
- Occupational therapists
- Physiotherapists
- Speech and language therapists

January 2012

- Chiropodists / podiatrists
- Orthoptists
- Prosthetists / orthotists

July 2012

- Arts therapists
- Practitioner psychologists¹

January 2013

- Biomedical scientists
- Clinical scientists
- Hearing aid dispensers

- 2.30 The HPC will work closely with professional bodies throughout the process. More information about the reviews of profession-specific standards, including detailed workplans will be prepared by the Policy and Standards Department closer to the date.

3. Recommendations

- 3.1 The Council are invited to agree the Generic Standards of Proficiency Review Group's recommendations:

¹ The standards of proficiency for practitioner psychologists cannot be substantially changed until the end of the grandparenting period on 1 July 2012

Recommendation 1: That generic standards of proficiency should be retained.

Recommendation 2: That a broader review is needed to look at the overall structure of the standards of proficiency.

Recommendation 3: That the structure of the standards of proficiency be changed to a set of overarching generic standards applicable to all professions, and profession specific sub-standards underneath.

- 3.2 The Council are also invited to agree the proposed workplan for the review, noting that additional workplans will be prepared for the work around the profession-specific sub-standards.

Changes to the standards agreed at meeting one

Registrants must:

	Standard
	Professional autonomy and accountability
1a.1	<p>be able to practise within the legal and ethical boundaries of their profession</p> <ul style="list-style-type: none"> 1 • understand the need to act in the best interests of service users at all times 3 • understand what is required of them by the Health Professions Council 2 • understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing 4 • be aware of current UK legislation applicable to the work of their profession
1a.2	be able to practise in a non-discriminatory manner
1a.3	<p>understand the importance of and be able to maintain confidentiality</p> <ul style="list-style-type: none"> • understand the limits of confidentiality and potential ethical concerns that may arise
1a.4	<p>understand the importance of and be able to obtain informed consent</p> <ul style="list-style-type: none"> • understand the limits of obtaining informed consent
1a.5	be able to exercise a professional duty of care
1a.6	<p>be able to practise as an autonomous professional, exercising their own professional judgement</p> <ul style="list-style-type: none"> • be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem • be able to initiate resolution of problems and be able to exercise personal initiative 2 • be able to assess a situation or issue and make an appropriate response 3 • know the limits of their practice and when to seek advice or make an appropriate referral refer to another professional 1 • recognise that they are personally responsible for and must be able to justify their decisions and actions
1a.7	recognise the need for effective self-management of workload and resources and be able to practise accordingly

1a.8	<p>understand the obligation to maintain fitness to practise</p> <ul style="list-style-type: none"> • understand the need to practise safely and effectively within their scope of practice • understand the need to maintain high standards of personal and professional conduct • be aware of the impact of their own health and wellbeing on their professional practice understand the importance of maintaining their own health • understand both the need to keep skills and knowledge up to date and the importance of career-long learning
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	Professional relationships
1b.1	<p>be able to work, where appropriate, in partnership with others professionals, support staff, service users and their relatives and carers</p> <ul style="list-style-type: none"> • understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team • understand the need to engage service users, including and carers, in planning, implementing and evaluating services and/or interventions diagnostics, treatments and interventions to meet their needs and goals • be able to make appropriate referrals
1b.2	be able to contribute effectively to work undertaken as part of a multi-disciplinary team

1b.3	<p>be able to demonstrate effective and appropriate skills in communicating with colleagues and service users information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers</p> <ul style="list-style-type: none"> • be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 • understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability • be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others • be able to use appropriate forms of verbal and non-verbal communication flexibly, sensitively and competently • be aware of the characteristics and consequences of both verbal and non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status • understand how communication is affected by cultural, equality and diversity considerations • understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions • understand the need to use an appropriate interpreter when necessary to assist service users whose first language is not English, wherever possible • recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
1b.4	<p>understand the need for effective communication throughout the care of the service user</p> <ul style="list-style-type: none"> • recognise the need to use interpersonal skills to encourage the active participation of service users <p>MOVE TO 1b.3</p>

	Identification and assessment of health and social care needs
2a.1	be able to gather appropriate information
2a.2	<p>be able to select and use appropriate assessment techniques</p> <ul style="list-style-type: none"> • be able to undertake and record an appropriate and effective a thorough, sensitive and detailed assessment, using appropriate relevant techniques and equipment
2a.3	be able to undertake or arrange investigations as appropriate
2a.4	be able to analyse and critically evaluate the information collected

2b	Formulation and delivery of plans and strategies to meet identified needs for meeting health and social care needs
2b.1	<p>be able to draw on appropriate knowledge and skills to determine suitable actions use research, reasoning and problem solving skills to determine appropriate actions</p> <ul style="list-style-type: none"> • recognise the value of research to the critical evaluation of practice 1 • be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures • be aware of a range of research methodologies 3 • be able to demonstrate a logical and systematic approach to problem solving 2 • be able to evaluate research and other evidence to inform their own practice
2b.2	<p>be able to draw on appropriate knowledge and skills in order to make professional judgements</p> <ul style="list-style-type: none"> • be able to change their practice as needed to take account of new developments • be able to demonstrate a level of skill in the use of information technology appropriate to their practice
2b.3	<p>be able to formulate specific and appropriate management plans including the setting of timescales</p> <ul style="list-style-type: none"> • understand the requirement to adapt practice to meet the needs of different groups and individuals distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
2b.4	<p>be able to conduct appropriate services and/or interventions diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully</p> <ul style="list-style-type: none"> • understand the need to maintain the safety of both service users and those involved in their care
2b.5	<p>be able to maintain records appropriately</p> <ul style="list-style-type: none"> • be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines • understand the need to use only accepted terminology in making records
2c	Critical evaluation of the impact of, or response to, the registrant's actions
2c.1	<p>be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly</p> <ul style="list-style-type: none"> 2 • be able to gather information, including qualitative and quantitative data, that helps to evaluate the outcomes of services and/or interventions responses of service users to their care 3 • be able to evaluate services and/or interventions plans using recognised outcome measures and revise

	<p>the plans as necessary in conjunction with the service user</p> <ol style="list-style-type: none"> 1 • recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes • be able to make reasoned decisions to initiate, continue, modify or cease services, interventions treatment or the use of techniques or procedures, and record or communicate the decisions and reasoning as appropriate appropriately
2c.2	<p>be able to reflect on, audit reflect on and review practice</p> <ol style="list-style-type: none"> 2 • understand the principles of quality control and quality assurance 3 • be aware of the role of audit and review in quality management, including <u>quality control</u>, <u>quality assurance</u> and the use of appropriate <u>outcome measures</u> 5 • be able to maintain an effective audit trail and work towards continual improvement 4 • participate in quality assurance programmes, where appropriate 1 • understand the value of reflection on practice and the need to record the outcome of such reflection • recognise the value of case conferences and other methods of review

	Knowledge, understanding and skills
3a.1	<p>know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice</p> <ul style="list-style-type: none"> • understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction • be aware of the principles and applications of scientific enquiry and research processes, including the evaluation of treatment efficacy and the research process • recognise the role of other professions and/or agencies relevant to their practice in health and social care • understand the theoretical basis of, and the variety of approaches to, assessment, and intervention and evaluation
3a.2	know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities
3a.3	<p>understand the need to establish and maintain a safe practice environment</p> <ul style="list-style-type: none"> • be aware of applicable health and safety legislation and any related workplace policies and be able to act in accordance with these and any relevant safety policies and procedures in force in the workplace,

	<p>such as incident reporting, and be able to act in accordance with these</p> <ul style="list-style-type: none">• be able to work safely, including being able to implement select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation• be able to select appropriate protective equipment and use it correctly• be able to establish safe environments for practice, which minimise risks to themselves and their service users, those treating them, and others, including the use of hazard control and particularly infection control
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Additional information considered at meeting two

Professional body feedback

In September 2009, the Executive wrote to 20 professional bodies asking for feedback on the generic standards of proficiency. We received responses from seven professional bodies. From these seven, four responded to support the standards as they currently stand and provided no further comment. One organisation commented on the introduction but not the standards themselves. Two organisations submitted more detailed responses, including comments about eight of the standards.

The low number of responses to the call for feedback from professional bodies suggests that the majority of professions currently regulated by the HPC are happy with the generic standards of proficiency as they stand (with the exception of psychologists, who were not included in the process).

Psychotherapists and counsellors consultation

A large amount of feedback was received about the generic standards through the consultation on the statutory regulation of psychotherapists and counsellors. The feedback included suggested wording changes as well as broader concerns about the nature of the generic standards.

The group were advised not make changes specifically in response to these comments as psychotherapists and counsellors are not currently regulated by the HPC. However, the comments helped the group to consider how applicable the current generic standards are to professions that may be regulated in the future.

In summary, the main concerns raised were:

- Generic standards use language which is not used by psychotherapists and counsellors, for example 'service user', 'treatment' and 'care'.
- Generic standards are based on a medical model which is inappropriate for psychotherapists and counsellors and does not reflect the nature of the client-practitioner relationship. In particular, concepts such as 'diagnosis', 'treatment' and 'health' were fundamentally incompatible with the philosophy, language and practice of therapy.
- The model of the generic standards, where actions are carried out to/on/for the service user, is inappropriate for psychotherapy and counselling, when the client works in partnership with the practitioner.
- Some respondents rejected concepts of 'standards' and 'safe and effective practice' and saw them as inappropriate to the practice of psychotherapy and counselling.

- Standards would standardise practice and create a ‘tick-box’ culture.
- The generic standards most frequently considered inappropriate as currently drafted for psychotherapists and counsellors included 2b.5 (record keeping), 2c.2 (audit and review of practice) and 3a.3 (hazard and infection control).

Broader concerns raised through the psychologists’ consultation

The following is a summary of the broader concerns raised through the consultation on the standards of proficiency for practitioner psychologists. This does not include the comments regarding terminology for specific standards, which were considered at the Review Group’s first meeting.

- The generic standards have a strong health and social care bias. This is not applicable to many of the psychology domains.
- The generic standards are based on a dysfunction/treatment model. This problem is partly about the use of health-related terms, such as ‘disease’, ‘problem’ and ‘treatment’, but also relates to the underlying assumptions on which the standards appear to be based and the philosophy of the Council itself, which is clearly oriented towards health professionals.
- Rather than widening the definitions of ‘health, social care and well-being’, the BPS suggested that the HPC should recognise that they are regulating professionals who are genuinely not health and social care professionals but who, nonetheless, should be regulated for the protection of the public.
- Publishing generic standards which do not apply to all registrants would be confusing and perhaps even misleading to the public. It also calls into question the very notion of the generic standards.
- In light of the above new information, the group were asked to discuss the future direction that the review should take. The Executive provided three possible options to facilitate discussion.

Current bold (overarching) generic standards

Professional autonomy and accountability

- 1a.1 be able to practise within the legal and ethical boundaries of their profession
- 1a.2 be able to practise in a non-discriminatory manner
- 1a.3 understand the importance of and be able to maintain confidentiality
- 1a.4 understand the importance of and be able to obtain informed consent
- 1a.5 be able to exercise a professional duty of care
- 1a.6 be able to practise as an autonomous professional, exercising their own professional judgement
- 1a.7 recognise the need for effective self-management of workload and resources and be able to practise accordingly
- 1a.8 understand the obligation to maintain fitness to practise

Professional relationships

- 1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers
- 1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team
- 1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers

Identification and assessment of health and social care needs

- 2a.1 be able to gather appropriate information
- 2a.2 be able to select and use appropriate assessment techniques
- 2a.3 be able to undertake or arrange investigations as appropriate
- 2a.4 be able to analyse and critically evaluate the information collected

Formulation and delivery of plans and strategies for meeting health and social care needs

- 2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions
- 2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements
- 2b.3 be able to formulate specific and appropriate management plans including the setting of timescales
- 2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully
- 2b.5 be able to maintain records appropriately

Critical evaluation of the impact of, or response to, the registrant's actions

- 2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly
- 2c.2 be able to audit, reflect on and review practice

Knowledge, understanding and skills

- 3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice
- 3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities
- 3a.3 understand the need to establish and maintain a safe practice environment

Justification of the changes to the standards

1. **be able to practise safely and effectively within their scope of practise (previously a bullet point under 1a.8)**

This standard was previously a bullet point under 1a.8, however the group felt that this is an important standard that is applicable across the whole register.

2. **be able to practise within the legal and ethical boundaries of their profession (previously 1a.1)**

The group agreed to retain this standard as drafted.

3. **understand the obligation to maintain fitness to practise (previously 1a.3)**

The group agreed to retain this standard as drafted.

4. **be able to practise as an autonomous professional, exercising their own professional judgement (previously 1a.6)**

The group agreed to retain this standard as drafted. The group agreed that it was important for professionals to be able to act autonomously and for them to be accountable for their practise.

5. **be able to practise in a non-discriminatory manner (previously 1a.2)**

The group agreed to agreed to retain this standard as drafted.

6. **be aware of culture, equality and diversity and their impact on practice (new standard)**

The group agreed to this additional standard as they felt it was important to acknowledge that culture, equality and diversity considerations are more than just practicing in a non-discriminatory manner.

7. **be able to maintain confidentiality, while understanding the limits and potential ethical concerns that may arise (previously 1a.3)**

The group agreed to amend this standard to include a reference to limits and possible ethical concerns that may arise.

8. **be able to communicate effectively (previously 1b.3)**

The group agreed to amend this standard as they felt that it was appropriate to have a simple overarching standard, and more detailed sub-standards below.

9. be able to work with others, when appropriate (previously 1b.1 and 1b.2)

The group agreed to combine standards 1b.1 and 1b.2 and amend the wording so it was applicable across all professions. The group agreed that it was appropriate to have a simple overarching standard, and more detailed sub-standards below.

10. be able to maintain records appropriately, in accordance with applicable legislation, protocols and guidelines (previously 2b.5)

The group agreed to amend this standard to acknowledge that different professions will have different requirements for record keeping.

11. be able to reflect on and review practice (previously 2c.2)

The group agreed to amend this standard to remove the reference to 'audit' as not all professions will have their practice audited.

12. be able to assure the quality of their practice (previously 2c.1)

The group agreed to amend this standard to a simple statement that is more applicable to all professions.

13. be able to draw on appropriate knowledge and skills to inform practice (previously 2b.2)

The group agreed to retain this standard with a small amendment.

14. understand the key concepts of the bodies of knowledge which are relevant to their profession (previously 3a.1)

The group agreed to retain this standard with a small amendment.

15. be able to establish and maintain a safe practice environment

The group agreed to retain this standard as drafted.

The following standards were removed from the revised generic standards:

1a.4 be able to obtain informed consent, while understanding the limits

The group agreed that this standard is not applicable to all professions regulated by HPC (for example, occupational psychologists working with organisations). The group agreed that for the professions for which this standard should be retained, it be moved to be a sub-standard under the new standard 7.

1a.5 be able to exercise a duty of care

The group agreed that this standard is not applicable across all professions and that the term 'duty of care' is outdated. They felt that this standard is inherent within the new standard 1.

1a.7 recognise the need for effective self-management of workload and resources and be able to practise accordingly

The group agreed that this standard was unnecessary in the light of the requirements in the other generic standards. In particular, this standard is covered in the new standards 1 and 4.

2a.1 be able to gather appropriate information

2a.2 be able to select and use appropriate assessment techniques

2a.3 be able to undertake or arrange investigations as appropriate

2a.4 be able to analyse and critically evaluate the information collected

The group agreed that standards 2a.1 – 2a.4 are not applicable across all professions. The group agreed that for the professions for which these standards should be retained, they should be moved to be sub-standards under the relevant new standards.

2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions

The group agreed that this standard was unnecessary in the light of the requirements in the other generic standards. In particular, this standard is covered in the new standards 1 and 13.

2b.3 be able to formulate specific and appropriate management plans include the setting of timescales

The group agreed that this standard was unnecessary in the light of the requirements in the other generic standards. In particular, this standard is covered in the new standards 1 and 13.

2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully

The group agreed that this standard was unnecessary in the light of the requirements in the other generic standards. In particular, this standard is covered in the new standards 1 and 13.

3a.2 know how professional principles are expressed and translate into action through a number of different approaches to practice, and how to select r modify approaches to meet the needs of an individual, groups or communities

The group agreed that this standard was unnecessary in the light of the requirements in the other generic standards. In particular, this standard is covered in the new standards 1 and 13.

Revised format of the generic standards of proficiency – draft for biomedical scientists

FOR INFORMATION ONLY. NOT INTENDED TO BE A FINAL VERSION.

Registrants must:

- 1. be able to practise safely and effectively within their scope of practise**
 - be able to select suitable specimens and procedures relevant to patients' clinical needs, including collection and preparation of specimens as and when appropriate
 - be able to demonstrate practical skills in the essentials of measurement, data generation and analysis
 - be aware of the need to assess and evaluate new diagnostics prior to routine use
 - be able to investigate and monitor disease processes and normal states
 - be able to use tables and graphs in order to analyse experimental data
 - be able to use standard operating procedures for analyses including point of care in-vitro diagnostic devices
 - be able to use statistical packages and present data as graphs and tables
 - be able to design experiments, report, interpret and present data using scientific convention, including application of SI units and other units used in biomedical practice
 - be able to identify the cause of procedural anomalies and implement remedies

- 2. be able to practise within the legal and ethical boundaries of their profession**
 - understand the need to act in the best interests of service users at all times
 - understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user
 - understand what is required of them by the Health Professions Council
 - be aware of current UK legislation applicable to the work of their profession
 - be aware of the British, European and International Standards that govern and affect pathology laboratory practice

- 3. understand the obligation to maintain fitness to practise**
 - understand the need to maintain high standards of personal conduct

- understand the importance of maintaining their own health
 - understand both the need to keep skills and knowledge up to date and the importance of career long learning
- 4. be able to practise as an autonomous professional, exercising their own professional judgement**
- know the limits of their practice and when to seek advice or refer to another professional
 - be able to exercise a professional duty of care
 - be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
 - be able to initiate resolution of problems and be able to exercise personal initiative
 - recognise that they are personally responsible for and must be able to justify their decisions
 - recognise the need for effective resource self-management of workload and resources and be able to practise accordingly
- 5. be able to practise in a non-discriminatory manner**
- 6. be aware of culture, equality and diversity and their impact on practice**
- 7. be able to maintain confidentiality, while understanding the limits and potential ethical concerns that may arise**
- understand the importance of and be able to obtain informed consent
- 8. be able to communicate effectively**
- be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5
 - understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
 - be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
 - be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
 - understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions

- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible
- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
- be able to inform colleagues and relevant members of the clinical team of outcomes of biomedical procedures to unambiguous standards

9. be able to work, where appropriate, with others

- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
- be able to make appropriate referrals
- understand the team and discipline approach to the provision of pathology services
- be aware of the general working of a hospital
- be able to contribute effectively to work undertaken as part of a multi-disciplinary team

10. be able to maintain records appropriately, in accordance with applicable legislation, protocols and guidelines

- be able to use systems for the accurate and correct identification of patients and laboratory specimens
- understand the need to adhere to protocols of specimen identification, including bar coding and electronic tag systems
- be able to use computer systems for test requesting and reporting
- understand the importance of backup storage of electronic data

11. be able to reflect on and review practice

- be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly
- be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user

12. be able to assure the quality of their practice

- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes

- be able to make reasoned decisions to initiate, continue, modify or cease treatment of the use of techniques or procedures, and record the decisions and reasoning appropriately
- be able to select and apply quality and process control measures that have a statistical or measurable output
- be able to identify and respond appropriately to abnormal outcomes from quality indicators
- recognise the risks and possible serious consequences of errors in both requests for, and results of, laboratory investigations
- recognise the value of test results for clinical audit and as a reference source

13. be able to draw on appropriate knowledge and skills to inform practice

- be able to perform and supervise scientific and technical procedures to reproducible standards
- be able to operate and utilise specialist equipment according to their discipline
- be able to validate scientific and technical data and observations according to pre-determined quality standards
- be able to demonstrate proficiency in liquid handling methodologies, including preparation of standard solutions and buffers
- be able to demonstrate practical skills in instrumentation and techniques in: microscopy; spectroscopy; centrifugation; electrophoresis; chromatography; electroanalytical techniques; automated analysis; immunological techniques; enzyme assays and molecular biology techniques; sterilisation techniques and microbial culture; identification and quantification of microorganisms; microtomy
- be able to demonstrate practical skills in the processing and analysis of specimens including specimen identification, the effect of storage on specimens and the safe retrieval of specimens
- be able to demonstrate practical skills in the investigation of disease processes
- be able to work in conformance with standard operating procedures and conditions
- be able to work with accuracy and precision
- be able to prepare reagents accurately and consistently
- be able to perform calibration and quality control checks
- be able to check that equipment is functioning within its specifications and respond appropriately to abnormalities
- understand the implications of non-analytical errors
- be aware of near-patient testing and non-invasive techniques

14. understand the key concepts of the bodies of knowledge which are relevant to their profession

- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- recognise the role of other professions in health and social care
- understand the theoretical basis of, and the variety of approaches to, assessment and intervention
- know the structure, function and metabolism of molecules of biological importance
- understand the structure, function and control of normal and altered genetic material and associated investigative techniques
- understand the immune response in health and disease
- understand the basic structure, classification, biochemistry and control of pathogenic agents
- know the role of the laboratory in diagnosis and monitoring of specific disease conditions
- understand the role of the following in the diagnosis and treatment of disease: cellular pathology; clinical biochemistry; clinical haematology; clinical immunology; medical microbiology; medical genetics; transfusion science
- be able to evaluate analyses using qualitative and quantitative methods to aid the diagnosis, screening and monitoring of health and disorders
- understand the techniques and associated instrumentation used in the practice of biomedical science

15. be able to establish and maintain a safe practice environment

- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
- be able to select appropriate personal protective equipment and use it correctly
- be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control
- understand sources of hazard in the workplace, including specimens, raw materials, clinical wastes and equipment
- be aware of immunisation requirements and the role of occupational health

- know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly
- know the use and application of engineering controls, eg mechanical ventilation systems such as fume cupboards or microbiological safety cabinets
- understand the application of principles of good laboratory practice relevant to health and safety

Example only
not intended to be final version