Education and Training Committee

10 March 2020

Review of the standards of proficiency consultation

Executive Summary

Background

In March 2019, we commenced a review of the standards of proficiency (SOPs) for all 15 of the professions on our Register.

The SOPs set out the professional standards that we consider necessary for the safe and effective practice of the professions that we regulate. Each set of standards is unique to its profession, and sets out clear expectations of our registrants' knowledge and abilities when they start practising.

We periodically review all of our standards to ensure that they remain up to date and fit for purpose. The SOPs were last reviewed five years ago, between 2013 and 2015 (depending on the profession).

In March 2019, Council approved the review of the SOPs. Given the review is focused predominantly on aligning the generic standards, we streamlined the review process by considering the standards of all 15 professions at once. Professional Liaison Groups are typically engaged within this process to provide advice and expertise where required. However, given the nature of this review, it was agreed we would only engage a PLG if matters arose during the review which required it. Instead we undertook targeted stakeholder engagement, which comprised of:

- an initial paper-based review (April – May 2019);
- a series of workshops in each of the four countries (June – July 2019); and
- meetings with stakeholders, including the professional bodies for all our professions, to discuss the standards in more depth (July – December 2019).

Further detail on this engagement is set out in our paper to Council in September 2019.

Based on the feedback we have obtained from this engagement, we propose to make some amendments to the standards for each profession and consult on these over summer 2020.

Proposed changes

During the last review cycle, the SOPs were restructured into generic (which apply across all 15 professions) and profession-specific standards. Early feedback indicated that this structure remains fit for purpose and so we are focusing this review on the

generic standards, to ensure these are up to date and that there is clear alignment across the professions.

Changes proposed to the generic standards broadly mirror the key themes considered at our workshops. These address the following topics in particular:

- The role of equality, diversity and inclusion in the standards; specifically the importance of making sure that practice is inclusive for all service-users.
- The central role of the service-user, including the importance of informed-consent and effective communication in providing good care.
- The importance of maintaining fitness to practise, considering the roles of mental health and seeking help where necessary.
- The need to be able to keep up to date with digital skills and new technologies.
- The role and importance of leadership at all levels of practice.

We have also proposed some changes to the profession-specific standards where necessary to:

- reflect current practice or changes in the scope of practice of each profession;
- update the language where needed to ensure it is relevant to the practice of each profession and to reflect changes in current use of terminology;
- reflect the current content of pre-registration education programmes;
- clarify the intention of existing standards; and
- correct omissions or to avoid duplication.

Amendments to the profession-specific standards are largely the result of conversations and meetings with professional bodies. They therefore reflect modern day practice and the developments of the professions.

We have also proposed changes to the introduction text in the standards of proficiency and created a glossary, similar to the glossary we have for the Standards of conduct, performance and ethics.

Consultation approach and timelines

As in previous years, we propose to consult on the changes in groups. These groups have been provisionally shared with the professional bodies. They are:

- Paramedics, Radiographers and Dieticians;
- Physiotherapists, Occupational therapists, Speech and Language therapists and Hearing aid dispensers;
- Practitioner psychologists, Chiropodists and Podiatrists, Arts therapists and Prosthetists / Orthotists; and
- Biomedical scientists, Clinical scientists, Orthoptists and Operating Department Practitioners.

Each consultation will run for 12 weeks, and launch on a rolling basis over the summer. This will allow stakeholders interested in responding to multiple groups the opportunity

to, whilst also allowing the Policy and Standards team to consider all feedback on the generic standards together by releasing the consultations in close succession.

We have shared provisional timelines with professional bodies, so they can prepare engagement with their groups, but made clear this is subject to Council approval. These are:

Group 1 consultation *(Paramedics, Radiographers and Dieticians)*	1 April 2020 – 24 June 2020
Group 2 consultation *(Physiotherapists, Occupational therapists, Speech and Language therapists and Hearing aid dispensers)*	1 May 2020 – 24 July 2020
Group 3 consultation *(Practitioner psychologists, Chiropodists and Podiatrists, Arts therapists and Prosthetists / Orthotists)*	1 June 2020 – 24 – August 2020
Group 4 consultation *(Biomedical scientists, Clinical scientists, Orthoptists and Operating Department Practitioners)*	1 July 2020 – 23 Sept 2020

We are working closely with the Communications department to ensure that the review process is clearly communicated to our stakeholders, and the proposed changes accessible to all groups.

The consultation questions are set out in the consultation document at paragraph 6.4. These are split into standards focused on the generic and profession specific standards, as well as general questions on the proposed changes to the introduction, the newly created glossary, proportionality and EDI.

Following the consultation, we will undertake a consultation analysis of the feedback received. This will inform our final amendments to the standards, which we hope to present to ETC and Council in December.

Appendixes

Attached are the following:

A. The draft Equality, Diversity and Inclusion impact assessment for the review and consultation.
B. An example consultation document, including the draft consultation questions. There will be four of these in total, one for each group.
C. The proposed changes to the introduction to the standards and a glossary (new to these standards).
D. A list of the generic standards, which apply to all 15 of the professions, and the changes we have proposed. We will publish this alongside the consultation document for ease of reference when responding to the generic standards questions.

E. – Onwards. 15 tables, one for each profession, setting out the proposed changes to the standards.

These are subject to minor amends, following a proof read before publication.

Previous consideration	SMT approved the papers for ETC in February ETC, Council - March 2019 (approval of proposed approach to review) https://www.hcpc-uk.org/globalassets/meetings-attachments3/council-meeting/2019/02.-20.03.2019/enc-11---standards-of-proficiency-review.pdf ETC, Council – September 2019 (update on stakeholder engagement) https://www.hcpc-uk.org/globalassets/meetings-attachments3/council-meeting/2019/05.-25.09.2019/enc-09---standards-of-proficiency-review.pdf
Decision	ETC is invited to discuss these documents and recommend to Council for publication. Please note, ETC is not being asked to comment in any detail on proposed standard specific changes at this stage. If and when the consultation is live, ETC will be invited to make a formal consultation response by correspondence.
Next steps	If approved by Council, we will commence our consultations in April as set out in the timelines above.
Strategic priority	Strategic priority 2: Ensure our communication and engagement activities are proactive, effective and informed by the views and expectations of our stakeholders.
Risk	There are no risks associated with this paper.
Financial and resource implications	There are no additional resource or financial implications associated with this work. The Standards of Proficiency review is already factored into existing work plans.
Author	Olivia Bird, Policy Manager

Consultation on changes to the standards of proficiency for <mark>dietitians, paramedics and radiographers</mark>

Contents

1.   Introduction

1.1   The standards of proficiency set out the professional standards that we consider necessary for the safe and effective practice of each of the professions that we regulate.

1.2   We periodically review all of our standards to ensure that they remain up to date and fit for purpose, and we are currently reviewing the standards of proficiency across all 15 of our registered professions.

1.3   This document seeks the views of stakeholders on proposed changes to the standards of proficiency for ==dietitians, paramedics and radiographers==.

1.4   The consultation will be of interest to members of the profession, as well as relevant education providers, employers, professional bodies and those who use the services of this profession.

1.5   The consultation will run from ==**Wednesday 1 April 2020 to Wednesday 24 June 2020.**==

2.   About the Health and Care Professions Council

2.1   The Health and Care Professions Council is one of ten UK statutory regulators of health and social care professions. We are an independent public body, and we are not part of the Department of Health and Social Care or the NHS.

2.2   We were established by the Health Professions Order 2001 to protect the public. To do this, we set standards for professionals' education, training and behaviour, and keep a register of professionals, known as 'registrants', who meet our standards. We can also take action where concerns are raised about our registrants' fitness to practise.

2.3   We currently regulate 15 professions: arts therapists, biomedical scientists, chiropodists/podiatrists, clinical scientists, dietitians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists/orthotists, radiographers, and speech and language therapists.

3.   About the standards of proficiency

3.1   The standards of proficiency are the standards that we consider necessary for the safe and effective practice of each of the professions we regulate. They describe what professionals must know, understand, and be able to do at the time they apply to join our Register.

3.2   The standards play an important role in public protection. When a professional applies for or renews their registration, or if concerns are raised about their fitness to practise while they are registered with us, we use the standards of proficiency to check whether they have the necessary knowledge and skills to be able to practise their profession safely and effectively.

3.3   This means that the standards of proficiency are the 'necessary' or 'minimum' standards that we consider to be required for safe and effective practice. The standards therefore do not set out best practice for that profession, and should not limit a registrant's ability to provide the best care they can.

3.4   The standards of proficiency complement our other standards, such as our standards for conduct, performance and ethics, as well as policies developed by employers and guidance produced by professional bodies.

Structure of the standards

3.5   Each set of standards is unique to each of our 15 registered professions. The standards themselves are made up of 15 overarching standards, which are then broken up into generic standards (which apply to all professions) and standards specific to each profession (profession-specific standards). The purpose of the generic standards is to recognise commonality across all the professions that we regulate. The profession-specific standards set out the threshold requirements which are relevant to the specific profession.

3.6   The standards of proficiency are not hierarchical in order, and are all equally important. We have therefore tried to order the standards in a way that seems logical and clear. This means that we have listed the generic standards first, followed by standards that address more specific elements of practice.

Language used in the standards

3.7   The standards of proficiency are the minimum standards for safe and effective practice. This means that they have to be relevant and applicable to prospective registrants applying to come on to the Register for the first time and who are not yet in practice, as well as existing registrants and their practice.

3.8   The language used in the standards plays an important role. We intentionally use verbs such as 'understand', 'know' and 'be able to' to ensure that both prospective registrants and current registrants will be able to meet the standards. For example: *be able to practise within the legal and ethical boundaries of their profession*.

3.9   This wording does not mean that we consider some standards to be more important than others, or that a registrant currently in practice would not be expected to meet the standard, if it's relevant to their scope of practice. To take the example above, we would expect registrants already in practice to practise within the legal and ethical boundaries of their profession at all times, even though the wording says 'be able to…' If we changed the wording of the standard above, for example, to 'registrants must practise within the legal and ethical boundaries of their profession' it could no longer be met by prospective registrants who have not yet practised in their profession.

3.10   We also write the standards in a way that means they are relevant to all registrants in a profession, regardless of their area of practice. For example, we may use the term 'service user' or words like 'treatment' or 'intervention', even though these may not be the preferred term for a particular profession. We do this to ensure that the standards are as clear and consistent as possible to all who may read them. We propose including a glossary in the new versions of the standards of proficiency, to make these terms clearer.

3.11   The standards are also drafted in language which should enable them to stay relevant if there are changes in the law, technology or working practices. We have therefore avoided referring to specific pieces of legislation or particular approaches, to ensure that the standards remain relevant over time.

3.12   We have received some feedback to suggest that the language and terminology used in the profession-specific standards for some professions needs to be amended to better reflect the practice of those professions. We hope that the new draft standards will address these concerns.

4. How we use the standards of proficiency

Approval of education programmes

4.1   The primary role of the standards of proficiency is to set out the skills, knowledge and abilities necessary to become registered for the first time.

4.2   To enter on to our Register, students must complete an approved education programme. We conduct approval visits to education providers to ensure that the programmes meet the standards. Our standards of education and training cover areas such as admissions, assessment and practice placements, and we approve programmes using these standards. A programme which meets the standards of education and training will also allow a student who successfully completes that programme to meet the standards of proficiency.

Registration and renewal

4.3   The standards of proficiency play a central role in how a professional becomes and remains registered with us.

4.4   Most applicants complete their study within the UK and apply for registration through our UK approved programme route. We assess all approved programmes to ensure that students who successfully complete them meet the standards of proficiency and are therefore eligible for registration.

4.5   International applications are also assessed against the standards of proficiency. Each application is assessed by assessors from the relevant profession to determine whether the applicant's education, training and experience mean that they meet the standards.

4.6   Every time a registrant renews their registration, we ask them to sign a declaration to confirm that they continue to meet the standards of proficiency which apply to them and their scope of practice.

Fitness to practise

4.7   If a registrant's fitness to practise is called into question we will consider whether the registrant has the skills, knowledge, experience, character and health to practise their profession safely and effectively.

4.8   To do this we may look at the standards of proficiency in deciding whether we need to take any action. This does not mean that we will take action if a registrant does not meet all of the standards for their profession, but we may use the standards to decide whether they are practising safely and effectively within their individual scope of practice.

4.9   If a registrant's scope of practice extends beyond the standards of proficiency, we would expect them to continue to practise safely and effectively within their scope of practice, even if their scope of practice is not covered specifically by the standards. The standards of proficiency therefore do not represent the upper limit of the skills, knowledge and experience a registrant may need to demonstrate to work safely and effectively within their scope of practice.

Scope of practice

4.10   When registrants renew their registration they must sign a declaration to state that they meet the standards which apply to them.

4.11   Once someone becomes registered, we recognise that their scope of practice may change. We define scope of practice as the area or areas of a registrant's profession in which they have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to themselves.

4.12   A registrant's scope of practice may change over time and we recognise that the practice of experienced registrants often becomes more focussed and specialised than that of newly registered colleagues. This might be because of specialisation in a particular area of practice or with a particular group, or a movement into roles in management, education or research.

4.13   A registrant's particular scope of practice may mean that they are unable to continue to demonstrate that they meet all of the standards of proficiency that apply for the whole of their profession. As long as they make sure that they are practising safely and effectively within their given scope of practice and do not practise in the areas where they are not proficient to do so, this will not be a problem.

5. Reviewing the standards of proficiency

The review process

5.1   We began the current review of the standards of proficiency with an initial paper-based review. We invited stakeholders across all professions, (including education providers, professional bodies, employers, regulatory and public bodies, service user and carer organisations and representatives of government across all four nations) to complete an online survey or to email us with their feedback on the standards. We also offered stakeholders the opportunity to meet with us or to participate in a teleconference. The feedback we collected addressed both the generic and the profession-specific standards across a variety of professions.

5.2   We analysed the feedback we received and identified some common themes which generally affected all our professions. To discuss these themes further we invited stakeholders to workshops across Belfast, Cardiff, Edinburgh and London. We hope that the new draft standards will reflect the feedback we received.

5.3   Alongside the survey and workshops, we also encouraged stakeholders to meet with us separately if they wanted to provide any additional feedback or discuss the standards in more depth, especially in relation to the profession-specific standards. We held a number of these meetings with professional bodies and other stakeholders, which has allowed us to gather more feedback on the standards for each profession.

5.4   We have carefully considered the comments and other feedback we have received and produced a proposed set of draft standards for each profession.

5.5   We are now publicly consulting on the draft standards to seek the view of all our stakeholders. This is an opportunity for those affected by the standards to let us know if they think any changes are necessary to ensure that the standards reflect safe and effective practice. Please note this review will not be able to look at wider issues, such as which professions and titles are registered, or the education threshold for certain professions.

5.6   The consultations will be run on a rolling basis. This means that we will be grouping the professions into four groups, and staggering the consultations for each group. We hope that this will make it easier for stakeholders who might want to respond to more than one consultation.

5.7   The professions will be grouped as follows:

- Group 1: paramedics, radiographers, and dietitians
- Group 2: physiotherapists, occupational therapists, speech and language therapists, and hearing aid dispensers
- Group 3: practitioner psychologists, chiropodists and podiatrists, arts therapists, and prosthetists and orthotists
- Group 4: biomedical scientists, clinical scientists, orthoptists, and operating department practitioners

5.8 After consultation, we will analyse the responses we receive to decide if any further amendments are needed.

5.9 Once the final set of standards are approved, they will be published on our website. We will then work with education providers to gradually phase-in the new standards after they are published.

Updating the generic standards

5.10 As a result of the feedback we have received, we have proposed some changes to the generic standards. The changes proposed address the following topics in particular:

- The role of equality, diversity and inclusion in the standards; specifically the importance of making sure that practice is inclusive for all service-users.
- The central role of the service-user, including the importance of informed-consent and effective communication in providing good care.
- The importance of maintaining fitness to practise, considering the roles of mental health and seeking help where necessary.
- The need to be able to keep up to date with digital skills and new technologies.
- The role and importance of leadership at all levels of practice.

5.11 We are inviting our stakeholders to consider whether the changes we have suggested to the generic standards of proficiency are appropriate. In addition to the changes we have suggested there may be other areas we have not considered that may also need to be reflected in the standards.

Updating the profession-specific standards

5.12 The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. No relevant or useful standards will be lost, but the language used may change to ensure the standards are appropriate and applicable to individual professions. Where it is appropriate to do so, we also aim to maintain as much consistency as possible in the standards between different professions.

5.13 We have proposed some changes to the profession-specific standards where necessary to:

- reflect current practice or changes in the scope of practice of each profession;
- update the language where needed to ensure it is relevant to the practice of each profession and to reflect changes in current use of terminology;
- reflect the current content of pre-registration education programmes;
- clarify the intention of existing standards; and
- correct omissions or to avoid duplication.

5.14   Our current standards of proficiency are available to download for comparison on our website: https://www.hcpc-uk.org/standards/standards-of-proficiency/

5.15   We invite our stakeholders to consider whether the changes we have suggested to the profession-specific standards of proficiency for each profession are appropriate. In addition to the changes we have suggested, there may be other areas we have not considered that need to be reflected in the standards.

6. Your response

6.1   We are now publicly consulting on the draft standards to seek the view of all our stakeholders. This is an opportunity for those affected by the standards to let us know if they think any changes are necessary to ensure that the standards reflect safe and effective practice.

6.2   After consultation, we will analyse the responses we receive to decide if any further amendments are needed.

Consultation questions

6.3   We would welcome your response to our consultation and have listed some questions to help you. The questions are not designed to be exhaustive and we would welcome your comments on any related issue. Please provide reasons alongside your answers where possible.

6.4   The questions are listed below for your reference:

Questions on the generic standards

Q1.   Do you think the generic standards make it clear that registrants must ensure their practice is equal, fair and inclusive in their approach to all service users?

Q2.   Do you think the generic standards place enough emphasis on the importance of the service user in decision making?

Q3.   Do you think the generic standards are clear enough about the importance of maintaining fitness to practise?

Q4.   Do you think the generic standards adequately address the importance of keeping up to date with technology and digital skills?

Q5.   Do you think the generic standards are clear about the role leadership plays for all registrants?

Questions on the profession-specific standards

Q6. Do you have any comments about the profession-specific standards? In particular we would welcome comments on the following:

    a. whether the standards are set at the threshold level necessary for safe and effective practice;
    b. whether the wording of the standards is clear and appropriate; and
    c. whether we should include any additional standards.

Other questions

Q7. Do you have any comments on the proposed amendments to the preamble and glossary to the standards of proficiency?

Q8. Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics, as defined by the Equality Act 2010?

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Q9. Do you consider that our proposals are proportionate to our role to protect the public, and represent the threshold level necessary for safe and effective practice?

Q10. Do you have any additional comments about the standards of proficiency?

How to respond to the consultation

6.5 You can respond to this consultation in the following ways.

- By completing our easy-to-use online survey:
  [Insert survey links here x 3 for each profession]

- By emailing us at: consultation@hcpc-uk.org

- By writing to us at the following address:

  Consultation on changes to the standards of proficiency

Policy and Standards Department
Health and Care Professions Council
Park House
184-186 Kennington Park Road
London
SE11 4BU

6.6   We do not normally accept responses by telephone or in person. We normally ask that consultation responses are made in writing to ensure that we can accurately record what the respondent would like to say. However, if you are unable to respond in writing please contact us on +44 (0)20 7840 9815 to discuss any reasonable adjustments which would help you to respond.

6.7   Please complete the online survey or send us your response by <mark>24 June 2020</mark>. We look forward to receiving your comments.

Please contact us to request a copy of this document in an alternative format, or in Welsh, or if you require any reasonable adjustments.

6.8   Once the consultation period is completed, we will analyse the responses we have received. We will then publish a document which details the comments received and explains the decisions we have taken as a result. This will be available on our website.

6.9   If you would prefer your response not to be made public, please indicate this when you respond.

Equality, Diversity and Inclusion Impact Assessment (EIA)

Section 1: Project overview

Project title: Standards of proficiency review	
Name of assessor: Olivia Bird	**Date EIA agreed:** TBC

What are the intended outcomes of this work?

- To review the standards of proficiency for all 15 professions on the HCPC register.
- To ensure the standards are up to date, reflect modern practice and the development of our professions.
- To publically consult with the public and our stakeholders on revisions to the standards.

Who will be affected?

Once any changes to the standards are implemented:

- registrants will have to meet the new standards, as far as they relate to their scope of practice;
- education and training providers will need to revise their programmes in line with any revisions to the standards;
- prospective students for approved programmes may see changes to their curriculum in line with the revisions to the standards;
- international applicants will have to demonstrate they meet these standards when applying to join the Register;
- employers will need to be aware of the revisions to understand what HCPC registrants will be required to know, do and understand at the point at which they join the Register; and
- HCPC employees and partners will need to be aware of the revised standards, such as when considering applications to join the Register or approving education and training programmes.

Section 2: Evidence and Engagement

Lack of data should not prevent a thorough EIA. Be proactive in seeking the information you need.

What evidence have you considered towards this impact assessment?

Engagement activity with key stakeholders throughout the review. EDI was a key theme of the workshops conducted with stakeholders over Summer 2019. In these we asked stakeholders:

1. Do the standards adequately address equality, diversity and inclusion?

2. Are the Standards of proficiency clear enough about discrimination?

3. If not, what would make them clearer?

4. How might we strengthen the standards in relation to equality, diversity and inclusion?

5. Would separate guidance be helpful in applying this or are the standards sufficient?

We will also be asking as part of the consultations if there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the protected characteristics under the Equality Act 2010. We will revise this EIA impact assessment in light of this feedback.

How have you engaged stakeholders in gathering or analysing this evidence?

Yes, see above for evidence considered towards this impact assessment. We will continue to engage stakeholders, both internal and external, throughout the remainder of the project to ensure that all evidence is adequately considered prior to making a decision to implement any changes to the standards.

Section 3: Analysis by equality group

The Equality and Human Rights Commission offers information on the [protected characteristics](#).

Describe any impact to groups or individuals with the protected characteristics listed below that might result from the proposed project. Draw upon evidence where relevant.

For all characteristics, consider **discrimination, victimisation, harassment and equality of opportunity** as well as issues highlighted in the guidance text.

Age (includes children, young people and older people)

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

For certain professions, we have also added in additional standards which make specific reference to vulnerable groups such as children and neonates. This should better ensure registrants are able to adapt their practice to this characteristic.

As this survey will be predominately hosted and promoted online, this may exclude access to older people who as less likely to regularly access online or social media based resources. To address this, we will engage our usual approach of accepting responses by post or phone. We also plan to promote the consultation in a range of ways, as far as is proportionate to our digital first approach. This will include articles on our website and on social media but also stakeholder engagement such as service user groups who can promote this to those they represent and by email to registrants through In Focus.

Disability (includes physical and mental health conditions. Remember 'invisible disabilities')

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

The proposed standards now include disability as a factor which might impact on the characteristics and consequences of verbal and non-verbal communication. This should ensure greater emphasis is placed on this in our registrant's education and training.

Disability may negatively impact upon ability to access and respond to the consultation, where they have difficulties using computers or the web pages. To make the website easy to view, we have designed it in accordance with guidelines laid down by the Web Accessibility Initiative (WAI) and we strive, wherever possible, to conform to 'Double-A' standards. Should anyone require assistance in renewing online, reasonable adjustments will be made where appropriate, in line with the HCPC's reasonable adjustments policy.

Gender reassignment (consider that individuals at different stages of transition may have different needs)

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

Marriage and civil partnerships (includes same-sex unions)

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

Pregnancy and maternity (includes people who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding)

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

Race (includes nationality, citizenship, ethnic or national origins)

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

International applicants are one of the groups who will be greater affected by the changes to the standards, as they will need to demonstrate they meet these standards when applying to join the Register. The increase in requirements in some areas may therefore make it harder for them to join the Register. We have endeavoured to ensure that the changes we have made are proportionate to public protection and still remain at the threshold level for safe and effective practice. This ensures that any additional burdens to join the Register are proportionate to our role to protect the public.

We will ask consultees whether they consider the changes that we are proposing are proportionate to our role to protect the public, and represent the threshold level necessary for safe and effective practice.

Religion or belief (includes religious and philosophical beliefs, including lack of belief) We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.
Sex (includes men and women) We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.
Sexual orientation (includes heterosexual, lesbian, gay, bi-sexual, queer and other orientations) We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice. The proposed standards now include sexual orientation as a factor which might impact on the characteristics and consequences of verbal and non-verbal communication. This should ensure greater emphasis is placed on this in our registrant's education and training.
Other identified groups In light of the Department of Health and Social care report published in 2016, which recommended inclusion health be embedded in undergraduate teaching for all disciplines of health and social care, we have considered where the standards can better address the health needs and outcomes of socially excluded groups. We have introduced new standards on inclusion which should better address this, in light of feedback from stakeholders at workshops.
Four countries diversity The standards apply equally to all four countries, and we have made sure to reach stakeholders across the UK in our engagement. We hosted four workshops; one in in Belfast, Cardiff, Edinburgh and London, over the Summer and will continue to reach out to representatives from all four countries throughout the consultation. In deciding what implementation timescales we will work towards (for education providers to implement in the new standards in their programmes) we will make sure to account for the make-up of education and training across the four countries. We note there may be specific challenges for smaller countries or those with more remote settings and will ensure this is considered as part of any decision-making.

Section 4: Welsh Language Scheme

How might this project engage our commitments under the Welsh Language Scheme? As any information published in this regard would be targeted at registrants, for the purpose of the Welsh Language Scheme (WLS)[1] this would be technical or specialised material aimed at

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[1] https://www.hcpc-uk.org/globalassets/about-us/governance/welsh-language-scheme.pdf

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professionals (see para 4.2 of the Scheme). We therefore do not need to translate any materials, but could provide a translation on request.

Section 5: Summary of Analysis

What is the overall impact of this work?

- All groups should see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.
- Age and disability may be factors leading to individuals being impacted by the consultation being hosted and promoted largely online. Steps have been taken to ensure the consultation is accessible to these groups (the website design is accessible, we will accept paper and phone based responses, will engage a wide range of stakeholders including service user groups and engagement will be on all platforms, not just online / social media, as far as proportionate to our digital first approach).
- Race may be a factor leading to individuals being impacted by our proposed changesdue to the impact the revised standards will have on international applicants. We have ensured that all changes we propose are proportionate to our public protection role and at threshold level (what is necessary for safe and effective practice to our role). We will ask consultees whether they consider the changes that we are proposing are proportionate to our role to protect the public, and represent the threshold level necessary for safe and effective practice.

Section 6: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this assessment.

Include information about how you will monitor any impact on equality, diversity and inclusion.

Summary of action plan

- Promote ability to request alternative formats of consultation and HCPC make reasonable adjustments
- EDI and proportionality questions in the consultation
- Review the EIA following consultation feedback
- EDI section on consultation analysis
- Engagement with wide range of stakeholders (including service user groups) and on a range of formats (not just social media and the website)

Below, explain how the action plan you have formed meets our public sector equality duty.

How will the project eliminate discrimination, harassment and victimisation?

5

The amendments we propose intend to place greater emphasis on the importance of equality, diversity and inclusion. In particular, the proposed revisions to standards 5 and 6 should serve to help eliminate discrimination, harassment and victimisation by our registrants.

6

How will the project advance equality of opportunity?

The amendments we propose intend to place greater emphasis on the importance of equality, diversity and inclusion. In particular, the proposed revisions to standards 5 and 6 should serve to help advance equality of opportunity.

How will the project promote good relations between groups?

The amendments we propose intend to place greater emphasis on the importance of equality, diversity and inclusion. In particular, the proposed revisions to standards 5 and 6 should serve to promote good relations between groups.

An action plan template is appended for specific action planning.

6

Appendix 1: Action plan template

This template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your project.

Issue identified	Action(s) to be taken	Person responsible and their Directorate	Target date for delivery
Accessibility of consultation	• Consultation can be made available in alternative formats on request • Make reasonable adjustments in line with our Reasonable adjustments policy • Promote ability to request alternative formats of consultation and HCPC make reasonable adjustments • Engagement with service user groups and organisations representing protected characteristics to promote consultation widely	Olivia Bird, Policy and External Relations	Ongoing
Accessibility of engagement	• Consultation will be promoted on range of platforms (newsletters, social media, website) • Engagement will promote the fact alternative formats can be requested and HCPC can make reasonable adjustments • Engagement will include service user groups and organisations representing protected characteristics	Olivia Bird, Policy and External Relations Roz Allison, Policy and External Relations	Ongoing
Governance visibility	• EIA impact assessment taken to SMT, ETC and Council both before and after consultation • EIA published as part of Governance papers	Olivia Bird, Policy and External Relations	March and November / December (TBC) SMT, ETC and Council

Ongoing monitoring of impact	• EDI and proportionality questions in consultation • EDI feedback will form part of consultation analysis • Revised EIA will be taken to consultation with decisions paper	Olivia Bird, Policy and External Relations	Ongoing

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Appendix 2: How to complete this form

This form is intended for use in **new or major** projects or policies. It is structured to consider the 9 protected characteristics set out in the Equality Act 2010. It is therefore important that you complete every section of the form.

You should consider and document **positive and negative** impacts which might result from the proposed project. Impacts might be **indirect**. If you consider that there will be **no impact** to groups or individuals with a particular protected characteristic, this **should still be documented**.

The equality impact assessment is not intended as a 'tick box' exercise. Instead, it offers a tool to help you embed equality, diversity and inclusion throughout your work planning and delivery. We encourage you to consult with colleagues, stakeholders and where possible, people with protected characteristics throughout this process.

For more guidance and information, please refer to the **Equality impact assessment guidance** document.

Should you have any queries or suggestions, please contact the Policy and Standards team on 0207 840 9815 or policy@hcpc-uk.org. Your EDI Manager is Katherine Timms.

Appendix D – Draft introduction and glossary to the revised standards of proficiency

> ### Introduction
>
> *Currently, the PDFs of the standards of proficiency have a 3 page introduction which sets out what the standards of proficiency are, explain what we expect of registrants, how the standards relate to their scope of practice and clarify the language used.*
>
> *During the review, we have noted some misconceptions about the standards, their purpose and their application. We have also been asked for clarification on a number of areas.*
>
> *In light of this, we propose to change the introduction text of the standards to the below.*

This document sets out the standards of proficiency.

The standards of proficiency set out threshold standards for safe and effective practice in the professions we regulate. They set out what a student must know, understand and be able to do by the time they have completed their training, so that they are able to apply to register with us. Once on our Register you must continue to meet those standards of proficiency which apply to your scope of practice.

We also expect you to keep to our Standards of conduct, performance and ethics and our Standards for continuing professional development. We publish these in separate documents, which you can find on our website. All three sets of standards are important for safe and effective practice.

About the standards

Our standards complement information and guidance issued by other organisations, such as your professional body or your employer. We recognise the valuable role played by professional bodies in providing guidance and advice about good practice, which can help you to meet the standards in this document.

The standards of proficiency are structured around 15 overarching standards which are the same for all our registrants, no matter their profession. These are written in bold.

The standards beneath these are made up of 'generic' standards and 'profession-specific' standards. 'Generic' standards appear in the standards of proficiency for every one of the professions we regulate, to reflect the commonality across all our registrants. The 'profession-specific' standards are standards which are unique to particular professions.

Standards that apply only to [insert title or modality] are written in blue text.

We have numbered the standards so that you can refer to them more easily. The standards are not hierarchical and are all equally important for safe and effective practice.

About this document

It is important that you read and understand this document. If your practice is called into question we will consider these standards (and our standards of conduct, performance and ethics) in deciding what action, if any, we need to take.

In the Standards of proficiency, we use terminology which we believe makes the standards as clear as possible for all our professions. This is because our registrants work in a range of different settings, which include direct practice, management, education, research and roles in industry, and use different words to describe the work they do.

Many of our registrants use different terms to describe the groups or individuals that use - or are affected by – their services, such as 'patients', 'clients' and 'service users'. In this document we have used the term 'service user' to apply to all those who benefit from your services.

We also use phrases such as 'understand', 'know', and 'be able to'. This is so the standards remain applicable to both students who have not yet started practising, and current registrants.

For registrants on our Register, the language we use should not act as a limit on the skills, knowledge and abilities you are able to develop or demonstrate. For example, you should not feel that the wording of certain standards limits you to demonstrating only 'understanding' and prevents you from applying your knowledge where appropriate. Registrants should feel able to develop their practice and demonstrate skills, knowledge and abilities which go beyond those listed in the Standards of proficiency as appropriate.

Meeting the standards

The standards of proficiency set out threshold standards for safe and effective practice. You must meet all the standards of proficiency to register with us, and continue to meet the standards relevant to your scope of practice to stay registered with us.

However, we recognise that our registrants' scope of practice evolves over time, as you develop your practice.

Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself.

Your scope of practice may change over time, depending on how your practice develops. This might be because of specialisation in a certain area or a movement into roles in management, education or research.

If you want to move outside of your scope of practice, you should be certain that you are capable of working lawfully, safely and effectively. This means that you need to exercise personal judgement by undertaking any necessary training or gaining experience, before moving into a new area of practice.

We expect registrants to evolve and develop their practise throughout the career, in line with our expectations around continuing professional development. Therefore this might mean your scope of practice moves beyond these standards as you develop and your skills and understanding become more advanced. This might mean that not all the standards of proficiency are relevant to you throughout your entire career.

Your particular scope of practice may mean that you are unable to continue to demonstrate that you meet all of the standards that apply for the whole of your profession.

As long as you are practising safely and effectively within your given scope of practice and do not practise in the areas where you are not proficient to do so, this will not be a problem. Every time you renew your registration, you will be asked to sign a declaration that you continue to meet the standards of proficiency that apply to your scope of practice.

It is important that you meet our standards and are able to practise lawfully, safely and effectively. However, we do not dictate how you should meet our standards. There is normally more than one way in which each standard can be met and the way in which you meet our standards might change over time because of improvements in technology or changes in your practice.

We often receive questions from registrants who are concerned that something they have been asked to do, a policy, or the way in which they work might mean they cannot meet our standards. They are often worried that this might have an effect on their registration.

As an autonomous professional, you need to make informed, reasoned decisions about your practice to ensure that you meet the standards that apply to you. This includes seeking advice and support from education providers, employers, colleagues, professional bodies, unions and others to ensure that the wellbeing of service users is safeguarded at all times.

There may also be circumstances which affect the care you give, but are beyond your control. The standards of proficiency are drafted to apply to actions within your control.

So long as you make decisions in accordance with the standards and can justify your decisions if asked to, it is very unlikely that you will not meet our standards.

Apologising

Making it clear that you are sorry about what has happened. The HCPC does not regard an apology, of itself, as an admission of liability or wrongdoing.

Autonomous

In these standards, 'autonomous' refers to a professional's ability to use their professional judgement to make independent decisions about their work.

Audit procedures

Processes intended to review the quality of care, treatment and other services being provided, to determine where there could be improvements. This is sometimes done by working directly with service users and drawing on their experience.

Case conferences

A general term to describe when professionals meet to discuss a service user's care.

Carer

Anyone who looks after, or provides support to, a family member, partner or friend.

Care, treatment or other services

A general term to describe the different work that our registrants carry out.

Colleague

A general term to describe someone our registrants work with in a professional context. This might include other health and care professionals (including from different professions or disciplines), students and trainees, support workers, professional carers and others involved in providing care, treatment or other services to service users.

Conduct

A health and care professional's behaviour.

Consent

Permission for a registrant to provide care, treatment or other services, given by a service user, or someone acting on their behalf, after receiving all the information they need to make that decision.

Delegate

To ask someone else to carry out a task on your behalf.

Disclose

In these standards, this refers to making a formal decision to share information about a service user with others, such as the police.

Discriminate

To unfairly treat a person or group of people differently from other people or groups of people. This includes treating others differently because of your views about their lifestyle, culture or their social or economic status, as well as the characteristics protected by law – age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.

Escalate

To pass on a concern about a service user's safety or wellbeing to someone who is better able to act on it, for example, a more senior colleague, a manager or a regulator.

Ethics

The values that guide a person's behaviour or judgement.

Fitness to practise

Having the skills, knowledge, character and health required to practise your profession safely and effectively.

Inclusive

Providing all people or groups of people with equal and fair access to health and care services.

Leadership

The ability to act as an example to others by exhibiting positive values and behaviours. This is not limited to positions of management and can be demonstrated in any role or professional context.

Practitioner

A health and care professional who is currently practising in their profession.

Refer

To ask someone else to provide care, treatment or other services which are beyond your scope of practice or, where relevant, because the service user has asked for a second opinion.

Scope of practice

The areas in which a registrant has the knowledge, skills and experience necessary to practise safely and effectively.

Service user

Anyone who uses or is affected by the services of registrants, for example, patients or clients.

Appendix D - Generic standards with proposed revisions

This lists the generic standards which apply across all 15 professions.

Red indicates proposed changes to the generic standards.

Registrants must:

1. be able to practise safely and effectively within their scope of practice
1.1 know the limits of their practice and when to seek advice or refer to another professional or service
1.2 recognise the need to manage their own workload and resources effectively and be able to practise accordingly safely and effectively

2. be able to practise within the legal and ethical boundaries of their profession
2.1 understand the need to act in the best interests of service users promote and protect the service user's interests at all times
2.2 understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary
2.3 understand what is required of them by the Health and Care Professions Council
2.4 understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
2.5 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
2.6 understand the importance of and be able to obtain informed consent
2.7 be able to exercise a professional duty of care
2.8 know understand current legislation applicable to the work of their profession

3. be able to maintain fitness to practise
3.1 understand the need to maintain high standards of personal and professional conduct
3.2 understand the importance of maintaining their own mental and physical health and be able to take appropriate action if their health may affect their ability to practise safely and effectively
3.3 understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary
3.4 understand both the need to keep skills and knowledge up to date and the importance of continuous professional development career long learning

4. be able to practise as an autonomous professional, exercising their own professional judgement
4.1 recognise that they are personally responsible for and must be able to justify their decisions

4.2 ~~be able to assess a professional 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 use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary

4.3 be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately

4.4 be able to make and receive appropriate referrals

4.5 be able to initiate resolution of problems and be able to exercise personal initiative

4.6 be able to demonstrate a logical and systematic approach to problem solving

4.7 be able to use research, reasoning and problem solving skills to determine appropriate actions

4.8 understand the importance of active participation in training, supervision and mentoring

5. be aware of the impact of culture, equality and diversity on practice

5.1 understand the need to adapt practice to respond appropriately to the needs of all different groups and individuals

5.2 be aware of the impact of their own values and beliefs on practice

5.3 be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, disability, ethnicity, gender, pregnancy or maternity, race, sex, sexual orientation, socio-economic status, and spiritual or religious beliefs

6. be able to practise in a non-discriminatory and inclusive manner

6.1 be aware of the characteristics and consequences of barriers to inclusion

7. understand the importance of and be able to maintain confidentiality

7.1 be aware of the limits of the concept of confidentiality

7.2 understand the principles of information governance and be aware of the safe and effective use of health and social care information

7.3 be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public

8. be able to communicate effectively

8.1 be able to use ~~demonstrate~~ effective and appropriate verbal and non-verbal skills ~~in communicating information, advice, instruction and professional opinion~~ to communicate with service users, carers, colleagues and others

8.2 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[1]
- ~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~
- ~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~

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[1] With the exception of Speech and Language Therapists who require level 8 with no element below 7.5.

- ~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~
- ~~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 assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~
- ~~recognise the need to use interpersonal skills to encourage the active participation of service users~~

8.3 be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they want where appropriate

8.4 be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible

8.5 be able to use information and communication technologies appropriate to their practice

9. be able to work appropriately with others

9.1 be able to work, where appropriate, in partnership with service users, other professionals, support staff and others

9.2 understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team

9.3 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

9.4 understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice

10. be able to maintain records appropriately

10.1 be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines

10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines

11. be able to reflect on and review practice

11.1 understand the value of reflection on practice and the need to record the outcome of such reflection

11.2 recognise the value of case conferences and other methods of review

12. be able to assure the quality of their practice

12.1 be able to engage in evidence-based practice, ~~evaluate practice systematically and participate in audit procedures~~

12.2 be able to gather and use feedback and information, including qualitative and quantitative data, ~~that helps~~ to evaluate the response~~s~~ of service users to their care

12.3 be able to monitor and systematically evaluate the quality of practice, and maintain an effective audit trail to work towards continual improvement

- ~~be aware of, and be able to participate in, quality assurance programmes, where appropriate~~

12.4   be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures

12.5   be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user

12.6   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

13. understand the key concepts of the knowledge base relevant to their profession

13.1   understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their ~~the paramedic~~ profession

13.2 be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

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

14.1   be able to change practice as needed to take account of new developments, technologies and ~~or~~ changing contexts

14.2   be able to gather appropriate information

14.3   be able to analyse and critically evaluate the information collected

14.4   be able to select and use appropriate assessment techniques

14.5   be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment

14.6   be able to undertake or arrange investigations as appropriate

14.7   be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively

14.8   be aware of a range of research methodologies

14.9   recognise the value of research to the critical evaluation of practice

14.10   be able to critically evaluate research and other evidence to inform their own practice

15. understand the need to establish and maintain a safe practice environment

15.1   understand the need to maintain the safety of both service users and those involved in their care

15.2   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

15.3   be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation

15.4   be able to select appropriate personal protective equipment and use it correctly

15.5   be able to establish safe environments for practice, which ~~minimise risks~~ appropriately manages risk to service users, those treating them and others, including the use of hazard control and particularly infection control

Appendix 3: Draft standards of proficiency for radiographers

Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. We have moved some standards around to ensure the generic standards are at the top of each section, and so are numbered consistently across all the professions. Feedback relating to these standards should be provided in **Part A: Generic standards** of the survey.

White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions. Feedback relating to these standards should be provided in **Part B: Profession-specific standards** of the survey.

Where we have proposed to create a new standard, we have created a new row and assigned this a letter. This is to make it easier to refer back to when providing feedback. Please note the order of some of these standards may be subject to change.
Once we have determined what changes we are going to make, we will update the numbering of the standards.

We have endeavoured to make the proposed changes as clear as possible. However, we are mindful that this is still a complicated document. If consultees have any questions about the proposed changes, they can email consultation@hcpc-uk.org or call the Policy and Standards team on 020 7840 9815, and a member of the team will be able to talk through this document and the changes.

The current standards of proficiency for radiographers are available to download and view for comparison at:
https://www.hcpc-uk.org/standards/standards-of-proficiency/radiographers

No.	Standard	Proposed amendments
1	**be able to practise safely and effectively within their scope of practice**	

1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional **or service**
1.2	be able to manage their own workload and resources effectively and be able to practise accordingly	~~be able~~ **recognise the need** to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively**
2	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times
2.A		**understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary**
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	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	
2.5	know about current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent *Moved from 2.7*
2.6	be able to practise in accordance with current legislation governing the use of ionising and non-ionising radiation for medical and other purposes	be able to exercise a professional duty of care *Moved from 2.8*
2.7	understand the importance of and be able to obtain informed consent	**understand** ~~know about~~ current legislation applicable to the work of their profession

		Moved from 2.5	
2.8	be able to exercise a professional duty of care	be able to practise in accordance with current legislation governing the use of ionising and non-ionising radiation for medical and other purposes *Moved from 2.6*	
2.9	understand the legislative, policy, ethical and research frameworks that underpin, inform and influence the practice of radiography		
3	**be able to maintain fitness to practise**		
3.1	understand the need to maintain high standards of personal and professional conduct		
3.2	understand the importance of maintaining their own health	understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively**	
3.A		**understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary**	
3.3	understand both the need to keep skills and knowledge up to date and the importance of life-long learning	understand both the need to keep skills and knowledge up to date and the importance of ~~life-long learning~~ **continuous professional development**	
4	**be able to practise as an autonomous professional, exercising their own professional judgement**		
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	recognise that they are personally responsible for and must be able to justify their decisions *Moved from 4.4 to emphasise importance of this standard*	
4.2	be able to make reasoned decisions to initiate, continue, modify or cease radiotherapy treatment or diagnostic	~~be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem~~	

		imaging examinations and record the decisions and reasoning appropriately	**be able to use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary** *Moved from 4.1*
4.3		be able to initiate resolution of problems and be able to exercise personal initiative	be able to make reasoned decisions to initiate, continue, modify or cease ~~radiography~~ treatment or ~~diagnostic imaging examinations~~ the use of techniques or procedures, and record the decisions and reasoning appropriately *Moved from 4.2, wording changed to align with other professions. Radiography specific treatments and examinations would be captured by this wording.*
4.4		recognise that they are personally responsible for and must be able to justify their decisions	be able to make and receive appropriate referrals *Moved from 4.5*
4.5		be able to make and receive appropriate referrals	be able to initiate resolution of problems and be able to exercise personal initiative *Moved from 4.3*
4.A			be able to demonstrate a logical and systematic approach to problem solving *Moved from standard 14*
4.B			be able to use research, reasoning and problem solving skills to determine appropriate actions *Moved from standard 14*
4.6		understand the importance of participation in training, supervision and mentoring	understand the importance of **active** participation in training, supervision and mentoring *Moved from 4.6*
5		**be aware of the impact of culture, equality and diversity on practice**	
5.1		understand the requirement to adapt practice to meet the needs of different groups and individuals	understand the **need** ~~requirement~~ to adapt practice to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals
5.A			**be aware of the impact of their own values and beliefs on practice**

5.B		be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, **disability,** ethnicity, gender, **pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs *Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication.*	
5.2	understand the emotions, behaviours and psychosocial needs of people undergoing radiotherapy or diagnostic imaging, as well as that of their families and carers		
5.3	be able to provide appropriate information and support for service users throughout their radiotherapy treatment and care or diagnostic imaging examinations	~~be able to provide appropriate information and support for service users throughout their radiotherapy treatment and care or diagnostic imaging examinations~~ *Moved to standard 8*	
6	**be able to practise in a non-discriminatory manner**	be able to practise in a non-discriminatory **and inclusive** manner	
6.A		**be aware of the characteristics and consequences of barriers to inclusion**	
7	**understand the importance of and be able to maintain confidentiality**		
7.1	be aware of the limits of the concept of confidentiality		
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information		
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public		

8	be able to communicate effectively	
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others	be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice, instruction and professional opinion to~~ service users, colleagues and others
8.2	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[1] [1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.*	
8.3	understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	~~understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~ *Captured by the new standards below*
8.4	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~ *Moved to standard 5*
8.5	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 provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~

		Captured by the new standards below
8.6	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	~~understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~ *Captured by the new standards below*
8.7	recognise the need to use interpersonal skills to encourage the active participation of service users	~~recognise the need to use interpersonal skills to encourage the active participation of service users~~ *Captured by the new standards below*
8.A		**be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they want where appropriate**
8.B		**be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible**
8.C		be able to use information and communication technologies appropriate to their practice *Moved from standard 14*
8.8	be able to advise other healthcare professionals about the relevance and application of radiotherapy or imaging modalities to the service user's needs	
8.9	be able to formulate and provide information to service users about the treatment or imaging process and procedures, with regular reappraisal of their information needs, as appropriate	
8.D		be able to provide appropriate information and support for service users throughout their radiotherapy treatment and care or diagnostic imaging examinations *Moved from standard 5*

9	**be able to work appropriately with others**	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	be able to work, where appropriate, in partnership with service users, other professionals, support staff**,** **communities** and others
9.2	understand the need to build and sustain professional relationships as both an independent professional and collaboratively as a member of a team	understand the need to build and sustain professional relationships as both an independent ~~professional~~ **practitioner** and collaboratively as a member of a team
9.A		be able to contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.5*
9.B		**understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice**
9.3	understand the need to engage service users and carers in planning and evaluating their diagnostic imaging and interventional procedures or their radiotherapy pre-treatment planning, treatment and follow-up	
9.4	be aware of the need to empower service users to participate in the decision-making processes related to their radiotherapy or diagnostic imaging examination	
9.5	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	~~be able to contribute effectively to work undertaken as part of a multi-disciplinary team~~ *Moved up so generic standards are grouped together*
9.6	be able to understand, interpret and act upon information from other healthcare professionals, in order to maximise health gain whilst minimising radiation dose to the service user	
10	**be able to maintain records appropriately**	

10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
11	**be able to reflect on and review practice**	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	
11.2	recognise the value of multidisciplinary team reviews and other methods of review	recognise the value of **case conferences** ~~multidisciplinary team reviews~~ and other methods of review *To align with other professions' standards*
12	**be able to assure the quality of their practice**	
12.1	be able to engage in evidence-based practice, evaluate practice systematically, and participate in clinical and other audit procedures	be able to engage in evidence-based practice, ~~evaluate practice systematically, and participate in clinical and other audit procedures~~
12.2	be able to gather feedback and information that helps to evaluate the response of service users to their care	be able to gather **and use** feedback and information, **including qualitative and quantitative data,** ~~that helps~~ to evaluate the response of service users to their care
12.3	understand the principles of quality control and quality assurance as they apply to the practice of diagnostic or therapeutic radiography	~~understand the principles of quality control and quality assurance as they apply to the practice of diagnostic or therapeutic radiography~~ *Moved down so generic standards are grouped together*
12.4	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	~~be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures~~ *Captured by the new standard below*

12.5	be able to maintain an effective audit trail and work towards continual improvement	be able to **monitor and systematically evaluate the quality of practice, and** maintain an effective audit trail **to** ~~and~~ work towards continual improvement
12.6	be aware of, and be able to participate in, quality assurance programmes, where appropriate	~~be aware of, and be able to participate in, quality assurance programmes, where appropriate~~ *Captured by the new standard below*
12.A		**be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures**
12.B		**be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user** *For consistency with the other professions*
12.7	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	
12.C		understand the principles of quality control and quality assurance as they apply to the practice of diagnostic or therapeutic radiography
13	**understand the key concepts of the knowledge base relevant to their profession**	
13.1	understand the philosophy underpinning the development of the profession of radiography	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession *Moved from 13.5*
13.A		be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process *Moved from 13.8*
13.2	understand the concept of leadership and its application to practice	~~understand the concept of leadership and its application to practice~~

		Addressed by a new standard on leadership under standard 9 (9.A)
13.3	understand the role of the radiographer in the promotion of health and health education in relation to healthy living and health screening for disease detection	recognise the role**(s)** of other professions and services in health and social care **and understand how they may relate to the role of radiographer** *Reordered to align with other professions*
13.4	recognise the role of other professions and services in health and social care	understand the structure and function of health and social care services in the UK *Reordered to align with other professions*
13.5	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession	understand ~~the philosophy underpinning~~ the development of the profession of radiography **to inform understanding of current practice** *Moved from 13.1*
13.6	understand the radiobiological principles on which the practice of radiography is based	understand the role of the radiographer **and imager** in the promotion of health and health education in relation to **public health,** healthy living and health screening for disease detection *Moved from 13.3*
13.7	understand the risk-benefit philosophy and principles involved in the practice of diagnostic or therapeutic radiography	understand the radiobiological principles on which the practice of radiography is based *Moved from 13.6*
13.8	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	understand the risk-benefit philosophy and principles involved in the practice of diagnostic or therapeutic radiography *Moved from 13.7*
13.9	understand and be able to apply the physical principles of ionising radiation production, interaction with matter, beam modification and radiation protection for diagnostic imaging or radiotherapy treatment	understand and be able to apply the physical principles of ionising radiation production, interaction with matter, beam modification, **administration of radionuclides** and radiation protection for diagnostic imaging or radiotherapy treatment
13.10	know the physical and scientific principles on which image formation using ionising and non-ionising radiation is based	

13.11	understand radiation dosimetry and the principles of dose calculation	
13.12	understand the theoretical basis underpinning patient assessment prior to and during radiotherapy or diagnostic imaging examinations	
13.13	understand the capability, applications and range of technological equipment used in diagnostic imaging or radiotherapy	
13.14	be able to distinguish between normal and abnormal appearances evident on images	
13.15	know the concepts and principles involved in the practice of diagnostic imaging or radiotherapy and how these inform and direct clinical judgement and decision making	
13.16	know the pharmacology of drugs used in diagnostic imaging or during radiotherapy treatments	know the pharmacology of drugs used in diagnostic imaging or ~~during~~ radiotherapy treatments
13.17	understand the methods of administration of drugs	understand the **principles and** methods for **the safe and effective** administration of drugs
13.B		**be able to administer drugs including intravenous and oral contrast agents**
13.C		**be able to recognise and respond to adverse or abnormal reactions to medications**
13.D		**understand the principles of the safe storage, transportation and disposal of medicinal products**
13.18	be able to remove and re-apply dressings and supports appropriately and in a safe, effective and considerate manner	
13.19	understand the quality assurance processes in place within diagnostic imaging or radiotherapy	
13.20	be aware of the current developments and trends in the science and practice of radiography	

13.D		**understand the different communication needs, anatomy and diseases processes and manifestation in neonates and children**
13.E		**be aware of the principles of Artificial Intelligence (AI) and deep learning technology, and the methods of assessing the performance of AI algorithms**
13.F		understand the signs and symptoms of disease and trauma that result in referral for diagnostic imaging procedures *Moved from 13.22*

Diagnostic radiographers only

13.21	understand the structure and function of the human body in health, disease and trauma, as well as common pathologies and mechanisms of disease and trauma, including the: – musculoskeletal system – soft tissue organs – regional and cross-sectional anatomy of the head, neck, thorax, pelvis and abdomen – the cardiovascular, respiratory, genito-urinary, gastro-intestinal and neuro-endocrine systems	
13.22	understand the signs and symptoms of disease and trauma that result in referral for diagnostic imaging procedures	~~understand the signs and symptoms of disease and trauma that result in referral for diagnostic imaging procedures~~ *Moved to 13.F*

Therapeutic radiographers only

13.23	understand the structure and function of the human body in health and disease, including: – regional and cross-sectional anatomy of the head, neck, thorax, pelvis and abdomen – common pathologies and mechanisms of disease with a	

	concentration on cancer, histology, haematology and the lymphatic and immune systems	
13.24	understand: – oncology, the pathophysiology of solid and systemic malignancies – epidemiology – aetiology – the management and effect of cancer	
13.25	know the physiological signs and symptoms, clinical investigations and diagnostic procedures that result in referral for radiotherapy	
13.26	know the biochemical science of radiation pathophysiology	
13.27	understand the influence of adjuvant treatment including surgery and chemotherapy on radiotherapy dose prescription, timing of radiotherapy and post radiotherapy complications	understand the influence of adjuvant **and neoadjuvant** treatment including surgery and chemotherapy on radiotherapy dose prescription, timing of radiotherapy and post radiotherapy complications
14	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and accurately	be able to change their practice as needed to take account of new developments, technologies and changing contexts *Moved from 14.13*
14.2	be able to formulate specific and appropriate management plans including the setting of timescales	be able to gather appropriate information *Moved from 14.7*
14.A		**be able to analyse and critically evaluate the information collected** *Added to align with the other professions' generic standards*
14.B		**be able to select and use appropriate assessment techniques** *Added to align with the other professions' generic standards*

14.3	be able to assess, monitor and care for the service user before, during and after diagnostic imaging procedures or radiotherapy treatments	be able to undertake and record a thorough, sensitive and detailed clinical assessment, selecting and using appropriate techniques and equipment *Moved from 14.6*
14.4	be able to use independent methods to establish and confirm service user identity prior to undertaking diagnostic imaging procedures or delivering radiotherapy treatments	be able to undertake or arrange investigations as appropriate *Moved from 14.5*
14.5	be able to undertake or arrange investigations as appropriate	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and ~~accurately~~ **effectively** *Moved from 14.1*
14.6	be able to undertake and record a thorough, sensitive and detailed clinical assessment, selecting and using appropriate techniques and equipment	be aware of a range of research methodologies *Moved from 14.15*
14.7	be able to gather appropriate information	recognise the value of research to the critical evaluation of practice *Moved from 14.16*
14.8	be able to use physical, graphical, verbal and electronic methods to collect and analyse information from a range of sources including service user's clinical history, diagnostic images and reports, pathological tests and results, dose recording and treatment verification systems	be able to **critically** evaluate research and other evidence to inform their own practice *Moved from 14.17*
14.9	be able to interrogate and process data and information gathered accurately in order to conduct the imaging procedure or radiotherapy most appropriate to the service user's needs	be able to formulate specific and appropriate management plans including the setting of timescales *Moved from 14.2*
14.10	be able to appraise image information for clinical manifestations and technical accuracy, and take further action as required	be able to assess, monitor and care for the service user ~~before, during and after diagnostic imaging procedures or radiotherapy treatments~~ **across the whole pathway of care** *Moved from 14.3*

14.11	be able to manage complex and unpredictable situations including the ability to adapt planned diagnostic imaging examinations, interventions or treatments	be able to undertake and record a thorough, sensitive and detailed clinical assessment, selecting and using appropriate techniques and equipment *Moved from 14.6*
14.12	be able to demonstrate a logical and systematic approach to problem solving	~~be able to demonstrate a logical and systematic approach to problem solving~~ *Moved to standard 4*
14.13	be able to change their practice as needed to take account of new developments, technologies and changing contexts	e able to use physical, graphical, verbal and electronic methods to collect and analyse information from a range of sources including service user's clinical history, diagnostic images and reports, pathological tests and results, dose recording and treatment verification systems *Moved from 14.8*
14.14	be able to use research, reasoning and problem solving skills to determine appropriate actions	~~be able to use research, reasoning and problem solving skills to determine appropriate actions~~ *Moved to standard 4*
14.15	be aware of a range of research methodologies	be able to interrogate and process data and information gathered accurately in order to conduct the imaging procedure or radiotherapy most appropriate to the service user's needs *Moved from 14.9*
14.16	recognise the value of research to the critical evaluation of practice	be able to appraise image information for clinical manifestations and technical accuracy, and take further action as required *Moved from 14.10*
14.17	be able to evaluate research and other evidence to inform their own practice	be able to manage complex and unpredictable situations including the ability to adapt planned diagnostic imaging examinations, interventions or treatments *Moved from 14.11*
14.18	be able to operate radiotherapy or diagnostic imaging equipment safely and accurately	

14.19	be able to demonstrate spatial awareness, visual precision and manual dexterity in the precise and safe manipulation of treatment units or imaging equipment and related accessory equipment	
14.20	be able to check that equipment is functioning accurately and within the specifications, and to take appropriate action in the case of faulty functioning and operation	
14.21	be able to use information and communication technologies appropriate to their practice	~~be able to use information and communication technologies appropriate to their practice~~ *Moved to standard 8*
14.22	be able to apply the risk-benefit philosophy to radiation exposure to protect both individual service users and the population gene pool	
14.23	be able to select and explain the rationale for examination and treatment techniques and immobilisation procedures appropriate to the service user's physical and disease management requirements	
14.24	be able to position and immobilise service users correctly for safe and accurate diagnostic imaging examinations or radiotherapy treatments	
Diagnostic radiographers only		
14.25	be able to plan appropriate diagnostic imaging examinations	
14.26	be able to calculate radiation doses and exposures and record and understand the significance of radiation dose	
14.27	be able to perform the full range of standard imaging techniques and contrast agent examinations, including those undertaken on service users suffering from acute trauma, and where the service user's medical, physical or mental health needs require examinations to be carried out in non-standard imaging environments	be able to perform ~~the full~~ **a broad** range of standard imaging techniques, **minimally invasive interventional procedures** and contrast agent examinations, including those undertaken on service users **undergoing investigations for** ~~suffering from~~ **critical illness,** acute trauma **or other conditions, or who are attending for**

		imaging as part of a screening programme~~, and where the service user's medical, physical or mental health needs require examinations to be carried out in non-standard imaging environments~~
14.C		**be able to perform a range of imaging technique where the service user's medical, physical or mental health needs require examinations to be carried out in non-standard imaging environments or environments**
14.28	be able to manipulate exposure and image recording parameters to optimal effect	be able to ~~manipulate~~ **optimise** exposure and image recording parameters to ~~optimal effect~~ **achieve maximum image quality at minimum dose for children and adults**
14.D		**be able to perform a range of imaging techniques and interventions on neonates and children**
14.29	be able to use to best effect the processing and related technology supporting imaging systems	
14.30	be able to manage and assist with fluoroscopic diagnostic and interventional procedures, including those that are complex and involve the use of contrast agents	
14.31	be able to perform a standard head computed tomographic (CT) examination, assist with CT examinations of the spine, chest and abdomen in acute trauma, and to contribute effectively to other CT studies	
14.32	be able to assist with standard magnetic resonance imaging procedures	
14.33	be able to assist with ultrasound imaging procedures	
14.34	be able to assist with imaging procedures involving the use of radionuclides	
14.E		**be able to critically analyse clinical images for technical quality and suggest improvement if required**

14.35	be able to distinguish disease and trauma processes as they manifest on diagnostic images	be able to distinguish disease and trauma processes as they manifest on diagnostic images **and write a coherent preliminary clinical evaluation to assist referrers with diagnosis**
Therapeutic radiographers only		
14.36	be able to plan appropriate radiotherapy procedures	
14.37	be able to generate a treatment plan and verify treatment parameters ensuring optimal radiotherapy prescription delivery	
14.38	be able to use to best effect the image processing and related technology, including computer-based imaging systems for radiotherapy purposes	
14.39	be able to perform the full range of radiotherapy processes and techniques accurately and safely	
14.F		**in relation to radiotherapy planning :-** - **be able to support patients in understanding radiation exposure and doses in relation to their imaging examination.** - **Be able to perform common imaging techniques, and where appropriate contrast agent examinations, demonstrating appropriate care to patients and their comforters or carers,** - **be able to manipulate exposure and image recording parameters to optimal effect** - **be able to use to best effect the processing and related technology supporting imaging systems**
14.40	be able to calculate radiation doses and exposures	~~be able to calculate radiation doses and exposures~~ *Moved down*

14.41	be able to scrutinise and interpret the radiation prescription in such a way that radiotherapy is delivered accurately and reproducibly	~~be able to scrutinise and interpret the radiation prescription in such a way that radiotherapy is delivered accurately and reproducibly~~ *Moved down*
14.42	be able to manage and assist with fluoroscopic procedures, including those requiring the use of contrast agents	
14.43	be able to assist in performing standard computed tomographic (CT) planning procedures	~~be able to assist in performing standard computed tomographic (CT) planning procedures~~ ~~Understand the principles of and where appropriate~~ be able to assist in the construction of **appropriate** ~~suitable~~ immobilisation devices, individualised to the specific needs of each **service user** ~~patient~~ and the treatment regime prescribed *Moved from 14.44, 14.43 moved down*
14.44	be able to assist in the construction of appropriate immobilisation devices, individualised to the specific needs of each patient and the treatment regime prescribed	be able to interpret and evaluate images obtained during radiotherapy planning and treatment**, taking appropriate action to optimise dose delivery to the target volume** *Moved from 14.48*
14.45	be able to undertake complex radiation dose delivery calculations involving a range of radiation types and energies	be able to identify organs at risk on images to provide information for radiotherapy treatment planning *Moved from 14.49*
14.46	be able to localise the target volume precisely in relation to external surface and anatomical reference markings using a range of techniques including computed tomography and magnetic resonance imaging	be able to calculate ~~radiation~~ doses ~~and exposures~~ **across a range of radiation modalities utilising a treatment planning system and verify this accordingly with a record and verification system** *Moved from 14.40*
14.47	be able to manipulate exposure and image recording parameters to optimal effect and interpret and evaluate images obtained during radiotherapy planning and treatment	be able to assist in performing standard computed tomographic (CT) **and Magnetic Resonance (MR)** planning procedures *Moved from 14.43*

14.48	be able to interpret and evaluate images obtained during radiotherapy planning and treatment	be able to localise the target volume precisely in relation to external surface and anatomical reference markings using a range of techniques including computed tomography and magnetic resonance imaging *Moved from 14.46*
14.49	be able to identify organs at risk on images to provide information for radiotherapy treatment planning	be able to scrutinise and interpret the radiation prescription in such a way that radiotherapy is delivered accurately and reproducibly *Moved from 14.41*
14.50	be able to recognise changing signs, symptoms and progression of disease, and make appropriate decisions not to treat or to review further before proceeding with treatment	
15	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	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	
15.3	understand the need to ensure the physical and radiation safety of all individuals in the immediate work environment at all times	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation *Moved from 15.5*
15.4	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	be able to select appropriate personal protective equipment and use it correctly *Moved from 15.6*
15.5	be able to work safely, including being able to select appropriate hazard control and risk management,	be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service

		reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	users, those treating them and others, including the use of hazard control and particularly infection control *Moved from 15.4*
15.6		be able to select appropriate personal protective equipment and use it correctly	**understand** ~~know~~ and be able to apply appropriate moving and handling techniques *Moved from 15.8*
15.7		be able to use basic life support techniques and be able to deal safely with clinical emergencies	understand the need to ensure the physical **and image modality specific** ~~radiation~~ safety of all individuals in the immediate work environment at all times *Moved from 15.3*
15.8		know and be able to apply appropriate moving and handling techniques	be able to use basic life support techniques and be able to deal safely with clinical emergencies *Moved from 15.7*
15.9		know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly	
15.10		be aware of immunisation requirements and the role of occupational health	

Appendix 1: Draft standards of proficiency for paramedics

Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. We have moved some standards around to ensure the generic standards are at the top of each section, and so are numbered consistently across all the professions. Feedback relating to these standards should be provided in **Part A: Generic standards** of the survey.

White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions. Feedback relating to these standards should be provided in **Part B: Profession-specific standards** of the survey.

Where we have proposed to create a new standard, we have created a new row and assigned this a letter. This is to make it easier to refer back to when providing feedback. Please note the order of some of these standards may be subject to change.
Once we have determined what changes we are going to make, we will update the numbering of the standards.

We have endeavoured to make the proposed changes as clear as possible. However, we are mindful that this is still a complicated document. If consultees have any questions about the proposed changes, they can email consultation@hcpc-uk.org or call the Policy and Standards team on 020 7840 9815, and a member of the team will be able to talk through this document and the changes.

The current standards of proficiency for paramedics are available to download and view for comparison at:
https://www.hcpc-uk.org/standards/standards-of-proficiency/paramedics

No.	Standard	Proposed amendments
1	**be able to practise safely and effectively within their scope of practice**	

1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional **or service**
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively**
1.3	be able to use a range of integrated skills and self-awareness to manage clinical challenges independently and effectively in unfamiliar and unpredictable circumstances or situations	
1.4	be able to work safely in challenging and unpredictable environments, including being able to take appropriate action to assess and manage risk	
2	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times
2.A		**understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary**
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	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	

2.5	know about current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent *Moved from 2.7*
2.6	be able to practise in accordance with current legislation governing the use of medicines by paramedics	be able to exercise a professional duty of care *Moved from 2.8*
2.7	understand the importance of and be able to obtain informed consent	**understand** ~~know about~~ current legislation applicable to the work of their profession *Moved from 2.5*
2.8	be able to exercise a professional duty of care	be able to practise in accordance with current legislation governing the use of medicines by paramedics *Moved from 2.6*
3	**be able to maintain fitness to practise**	
3.1	understand the need to maintain high standards of personal and professional conduct	
3.2	understand the importance of maintaining their own health	understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively**
3.A		**understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary**
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuous professional development**
3.4	be able to maintain a high standard of professional effectiveness by adopting strategies for physical and psychological self-care, critical self-awareness, and by being able to maintain a safe working environment	be able to ~~maintain~~ **develop and adopt clear strategies for physical and psychological self-care and critical self-awareness, to maintain** a high standard of professional effectiveness ~~by adopting strategies for physical and psychological self-care, critical self-awareness, and by being able to maintain~~ **and** a safe working environment

3.5	recognise the need to engage in critical incident debriefing, reflection and review to ensure that lessons are addressed for future patient safety and management	
4	**be able to practise as an autonomous professional, exercising their own professional judgement**	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	recognise that they are personally responsible for and must be able to justify their decisions *Moved from 4.4 to emphasise the importance of this standard*
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	~~be able to assess a professional 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 use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary** *Moved from 4.1*
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately *Moved from 4.2*
4.4	recognise that they are personally responsible for and must be able to justify their decisions	be able to make and receive appropriate referrals *Moved from 4.6*
4.5	be able to use a range of integrated skills and self-awareness to manage clinical challenges effectively in unfamiliar and unpredictable circumstances or situations	be able to initiate resolution of problems and be able to exercise personal initiative *Moved from 4.3*
4.A		be able to demonstrate a logical and systematic approach to problem solving *Moved from standard 14*
4.B		be able to use research, reasoning and problem solving skills to determine appropriate actions *Moved from standard 14*

4.6	be able to make and receive appropriate referrals	understand the importance of **active** participation in training, supervision and mentoring *Moved from 4.7*
4.7	understand the importance of participation in training, supervision and mentoring	be able to use a range of integrated skills and self-awareness to manage clinical challenges effectively in unfamiliar and unpredictable circumstances or situations *Moved from 4.5*
4.8	be able to make a decision about the most appropriate care pathway for a patient and refer patients appropriately	
5	**be aware of the impact of culture, equality and diversity on practice**	
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals	understand the **need** ~~requirement~~ to adapt practice to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals
5.A		**be aware of the impact of their own values and beliefs on practice**
5.B		be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, **disability,** ethnicity, gender, **pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs *Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication.*
5.2	understand the need to demonstrate sensitivity to the factors which shape lifestyle that may affect the individual's health and the interaction between the service user and paramedic	
6	**be able to practise in a non-discriminatory manner**	be able to practise in a non-discriminatory **and inclusive** manner

6.A		**be aware of the characteristics and consequences of barriers to inclusion**
7	**understand the importance of and be able to maintain confidentiality**	
7.1	be aware of the limits of the concept of confidentiality	
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	
8	**be able to communicate effectively**	
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others	be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice, instruction and professional opinion to~~ service users, **carers,** colleagues and others
8.2	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[1] [1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.*	

8.3	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~ *Captured by the new standards below*
8.4	be able to identify anxiety and stress in patients, carers and others and recognise the potential impact upon communication	~~be able to identify anxiety and stress in patients, carers and others and recognise the potential impact upon communication~~ *Moved to 8.D*
8.5	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~ *Captured by the new standards below*
8.6	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~ *Moved to standard 5*
8.7	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 provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~ *Captured by the new standards below*
8.8	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	~~understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~ *Captured by the new standards below*
8.9	recognise the need to use interpersonal skills to encourage the active participation of service users	~~recognise the need to use interpersonal skills to encourage the active participation of service users~~ *Captured by the new standards below*
8.A		**be able to work with service users or their carers to facilitate the service user's preferred role in decision-**

		making, and provide service users and carers with the information they want where appropriate
8.B		**be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible**
8.C		be able to use information and communication technologies appropriate to their practice *Moved from standard 14*
8.D		be able to identify anxiety and stress in patients, carers **yourself** and others and recognise the potential impact upon communication *Moved from 8.4*
9	**be able to work appropriately with others**	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	be able to work, where appropriate, in partnership with service users, other professionals, support staff**, communities** and others
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	
9.3	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 contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.6*
9.A		**understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice**
9.4	understand the range, scope and limitations of operational relationships between paramedics and other health and care professionals	understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals *Moved from 9.3*

9.5	recognise the principles and practices of other health and care professionals and health and care systems and how they interact with the role of a paramedic	understand the range, scope and limitations of operational relationships between paramedics and other health and care professionals *Moved from 9.4*
9.6	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	recognise the principles and practices of other health and care professionals and health and care systems and how they interact with the role of a paramedic *Moved from 9.5*
10	**be able to maintain records appropriately**	
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
11	**be able to reflect on and review practice**	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	
11.2	recognise the value of case conferences and other methods of review	
12	**be able to assure the quality of their practice**	
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures
12.2	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 gather **and use feedback and** information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care

12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	~~be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures~~ *Captured by the new standard below*
12.4	be able to maintain an effective audit trail and work towards continual improvement	be able to **monitor and systematically evaluate the quality of practice, and** maintain an effective audit trail **to** ~~and~~ work towards continual improvement
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	~~be aware of, and be able to participate in, quality assurance programmes, where appropriate~~ *Captured by the new standard below*
12.A		**be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures**
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	
12.7	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	
13	**understand the key concepts of the knowledge base relevant to their profession**	
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to the paramedic profession	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to **their** ~~the paramedic~~ profession *To align with other professions' generic standards*
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	
13.3	recognise the role of other professions in health and social care	recognise the role**(s)** of other professions in health and social care **and understand how they may relate to the role of paramedic**

13.4	understand the structure and function of health and social care services in the UK	
13.5	understand the concept of leadership and its application to practice	~~understand the concept of leadership and its application to practice~~ *Addressed by a new standard on leadership under standard 9 (9.A)*
13.6	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	
13.7	understand human anatomy and physiology, sufficient to recognise the nature and effects of injury or illness, and to conduct assessment and observation in order to form a differential diagnosis and establish patient management strategies	
13.8	understand the following aspects of biological science: – disease and trauma processes and how to apply this knowledge to develop appropriate treatment plans for the patient's pre-hospital or out-of-hospital care – how the application of paramedic practice may cause physiological and behavioural change – human anatomy and physiology, especially the dynamic relationships of human structure and function and the musculoskeletal, cardiovascular, respiratory, digestive, endocrine, urinary, reproductive, integumentary and nervous systems – human growth and development across the lifespan – normal and altered anatomy and physiology throughout the human lifespan – relevant physiological parameters and how to interpret changes from the norm – the factors influencing individual variations in human ability and health function	

	– the main classes of pathogenic microorganisms, the spread of infection and the use of universal precautions – the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through the human lifespan – the role of nutrition in promoting health and preventing illness across the life spectrum	
13.9	understand the following aspects of physical science: – principles and theories of physics, biomechanics, electronics and ergonomics that can be applied to paramedic practice – the means by which the physical sciences can inform the understanding and analysis of information used to determine a diagnosis – the pathophysiological changes to normal homeostatic function and its implications – the principles and application of measurement techniques based on biomechanics and electrophysiology	
13.10	understand the following aspects of sociological, health and behavioural science: – how aspects of psychology and sociology are fundamental to the role of the paramedic in developing and maintaining effective relationships – how psychology and sociology can inform an understanding of physical and mental health, illness and health care in the context of paramedic practice and the incorporation of this knowledge into paramedic practice – psychological and social factors that influence an individual in health and illness	
13.11	understand the following aspects of clinical science:	

	– pathological changes and related clinical features of conditions encountered in pre-hospital and out-of-hospital practice – physiological, pharmacological, structural, behavioural and functional changes in patient presentation – principles of evaluation and research methodologies which enable the integration of theoretical perspectives and research evidence into the design and implementation of effective paramedic practice – the theoretical basis of assessment, clinical decision making and appropriate treatment plans, along with the scientific evaluation of their effectiveness – the theories supporting problem solving and clinical reasoning – understand relevant pharmacology and the administration of therapeutic medications, including pharmacodynamics and pharmacokinetics	
14	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	know the theories and science that underpin the theory and principles of paramedic practice	be able to change practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts *Moved from 14.2*
14.2	be able to change practice as needed to take account of new developments or changing contexts	be able to gather appropriate information *Moved from 14.9*
14.3	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively	be able to analyse and critically evaluate the information collected *Moved from 14.16*
14.4	know how to position or immobilise patients correctly for safe and effective interventions	be able to select and use appropriate assessment techniques *Moved from 14.10*

14.5	know the indications and contra-indications of using specific paramedic techniques in pre-hospital and out-of-hospital care, including their limitations and modifications	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment *Moved from 14.11*
14.6	be able to modify and adapt practice to meet the clinical needs of patients within the emergency and urgent care environment	be able to undertake or arrange investigations as appropriate *Moved from 14.15*
14.7	know how to select or modify approaches to meet the needs of patients, their relatives and carers, when presented in the emergency and urgent care environment	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively *Moved from 14.3*
14.8	be able to formulate specific and appropriate management plans including the setting of timescales	be aware of a range of research methodologies *Moved from 14.20*
14.9	be able to gather appropriate information	recognise the value of research to the critical evaluation of practice *Moved from 14.19*
14.10	be able to select and use appropriate assessment techniques	be able to **critically** evaluate research and other evidence to inform their own practice *Moved from 14.21*
14.11	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	know the theories and science that underpin the theory and principles of paramedic practice *Moved from 14.1*
14.12	be able to conduct a thorough and detailed physical examination of the patient using appropriate skills to inform clinical reasoning and guide the formulation of a differential diagnosis across all age ranges	know how to position or immobilise patients correctly for safe and effective interventions *Moved from 14.4*
14.13	be able to use observation to gather information about the functional abilities of patients	know the indications and contra-indications of using specific paramedic techniques in pre-hospital and out-of-hospital care, including their limitations and modifications *Moved from 14.5*

14.14	understand the need to consider the assessment of both the health and psycho-social care needs of patients and carers	be able to modify and adapt practice to meet the clinical needs of patients within the emergency and urgent care environment *Moved from 14.6*
14.15	be able to undertake or arrange investigations as appropriate	know how to select or modify approaches to meet the needs of patients, their relatives and carers, when presented in the emergency and urgent care environment *Moved from 14.7*
14.16	be able to analyse and critically evaluate the information collected	be able to formulate specific and appropriate management plans including the setting of timescales *Moved from 14.8*
14.17	be able to demonstrate a logical and systematic approach to problem solving	~~be able to demonstrate a logical and systematic approach to problem solving~~ *Moved to standard 4*
14.18	be able to use research, reasoning and problem solving skills to determine appropriate actions	~~be able to use research, reasoning and problem solving skills to determine appropriate actions~~ *Moved to standard 4*
14.19	recognise the value of research to the critical evaluation of practice	be able to conduct a thorough and detailed physical examination of the patient using appropriate skills to inform clinical reasoning and guide the formulation of a differential diagnosis across all age ranges *Moved from 14.12*
14.20	be aware of a range of research methodologies	be able to use observation to gather information about the functional abilities of patients *Moved from 14.13*
14.21	be able to evaluate research and other evidence to inform their own practice	understand the need to consider the assessment of both the health and psycho-social care needs of patients and carers *Moved from 14.14*
14.22	be able to use information and communication technologies appropriate to their practice	~~be able to use information and communication technologies appropriate to their practice~~ *Moved to standard 8*

15	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	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	
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	
15.4	be able to select appropriate personal protective equipment and use it correctly	be able to select appropriate personal protective equipment and use it correctly
15.5	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	be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and others, including the use of hazard control and particularly infection control
15.6	understand and be able to apply appropriate moving and handling techniques	
15.7	understand the nature and purpose of sterile fields and the paramedic's role and responsibility for maintaining them	
15.8	be aware of the role of the paramedic in responding to hazardous or major incidents	

Appendix 2: Draft standards of proficiency for dietitians

Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. We have moved some standards around to ensure the generic standards are at the top of each section, and so are numbered consistently across all the professions. Feedback relating to these standards should be provided in **Part A: Generic standards** of the survey.

White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions. Feedback relating to these standards should be provided in **Part B: Profession-specific standards** of the survey.

Where we have proposed to create a new standard, we have created a new row and assigned this a letter. This is to make it easier to refer back to when providing feedback. Please note the order of some of these standards may be subject to change. Once we have determined what changes we are going to make, we will update the numbering of the standards.

We have endeavoured to make the proposed changes as clear as possible. However, we are mindful that this is still a complicated document. If consultees have any questions about the proposed changes, they can email consultation@hcpc-uk.org or call the Policy and Standards team on 020 7840 9815, and a member of the team will be able to talk through this document and the changes.

The current standards of proficiency for dietitians are available to download and view for comparison at:
https://www.hcpc-uk.org/standards/standards-of-proficiency/dietitians

No.	Standard	Proposed amendments
1	**be able to practise safely and effectively within their scope of practice**	

1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional **or service**
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively**
2	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times
2.A		**understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary**
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users and their central role in decisions about their health	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users ~~and their central role in decisions about their health~~ **including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing** *For consistency across the professions*
2.4	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	
2.5	know about current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent *Moved from 2.7*
2.6	know about policy, ethical and research frameworks that underpin, inform, and influence the practice of dietetics	be able to exercise a professional duty of care *Moved from 2.8*

2.7	understand the importance of and be able to obtain informed consent	**understand** ~~know about~~ current legislation applicable to the work of their profession *Moved from 2.5*
2.8	be able to exercise a professional duty of care	know about policy, ethical and research frameworks that underpin, inform, and influence the practice of dietetics *Moved from 2.6*
2.9	understand the ethical and legal implications of withholding and withdrawing feeding including nutrition	
3	**be able to maintain fitness to practise**	
3.1	understand the need to maintain high standards of personal and professional conduct	
3.2	understand the importance of maintaining their own health	understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively**
3.A		**understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary**
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuous professional development**
4	**be able to practise as an autonomous professional, exercising their own professional judgement**	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	recognise that they are personally responsible for and must be able to justify their decisions *Moved from 4.4*
4.2	be able to make reasoned decisions to initiate, continue, modify or cease interventions or the use of techniques or	~~be able to make reasoned decisions to initiate, continue, modify or cease interventions or the use of techniques or~~

	procedures, and record the decisions and reasoning appropriately	~~procedures, and record the decisions and reasoning appropriately~~ **be able to use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary** *Moved from 4.1*
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	be able to make reasoned decisions to initiate, continue, modify or cease ~~interventions~~ **treatment** or the use of techniques or procedures, and record the decisions and reasoning appropriately *Moved from 4.2, changes for consistency across the professions*
4.4	recognise that they are personally responsible for and must be able to justify their decisions	be able to make **and receive** appropriate referrals ~~and requests for interventions from other services~~ *Moved from 4.6, changes for consistency across the professions*
4.5	be able to make reasoned decisions to accept or decline requests for intervention	be able to initiate resolution of problems and be able to exercise personal initiative *Moved from 4.3*
4.A		be able to **demonstrate** ~~use research, reasoning, and~~ a logical and systematic approach to problem solving ~~skills to determine appropriate actions~~ *Moved from standard 14*
4.B		be able to use research, reasoning~~,~~ and ~~a logical and systematic approach to~~ problem solving skills to determine appropriate actions *Moved from standard 14*
4.6	be able to make appropriate referrals and requests for interventions from other services	understand the importance of **active** participation in training, supervision and mentoring *Moved from 4.7*
4.7	understand the importance of participation in training, supervision and mentoring	be able to make reasoned decisions to accept or decline requests for intervention

		Moved from 4.5
5	**be aware of the impact of culture, equality and diversity on practice**	
5.1	understand the requirement to adapt practice and resources to meet the needs of different groups and individuals	understand the **need** ~~requirement~~ to adapt practice ~~and resources~~ to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals
5.A		**be aware of the impact of their own values and beliefs on practice**
5.B		be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, **disability,** ethnicity, gender, **pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs *Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication.*
5.2	understand the significance and potential effect of non-dietary factors when helping individuals, groups and communities to make informed choices about interventions and lifestyle	
6	**be able to practise in a non-discriminatory manner**	be able to practise in a non-discriminatory **and inclusive** manner
6.A		**be aware of the characteristics and consequences of barriers to inclusion**
6.1	be able to demonstrate sensitivity to factors that affect diet, lifestyle and health and that may affect the interaction between service user and dietitian	

7	**understand the importance of and be able to maintain confidentiality**	
7.1	be aware of the limits of the concept of confidentiality	
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	
8	**be able to communicate effectively**	
8.1	be able to demonstrate effective and appropriate verbal and non-verbal communication skills when interacting with a diverse range of individuals, groups and communities	be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal ~~communication~~ skills **to communicate with service users, colleagues and others** ~~when interacting with a diverse range of individuals, groups and communities~~
8.2	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[1]

[1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.* | |
| 8.3 | understand how verbal and non-verbal communication skills affect assessment and engagement of service users and how the means of communication should be modified | ~~understand how verbal and non-verbal communication skills affect assessment and engagement of service users and how the means of communication should be modified to~~ |

	to address and take account of factors such as the characteristics of the individual, group or community	~~address and take account of factors such as the characteristics of the individual, group or community~~
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~ *Moved to standard 5*
8.6	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 provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~
8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	~~understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~
8.8	recognise the need to use interpersonal skills to encourage the active participation of service users	~~recognise the need to use interpersonal skills to encourage the active participation of service users~~
8.A		**be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they want where appropriate**
8.B		**be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible**
8.C		be able to use information and communication technologies appropriate to their practice *Moved from standard 14*
9	**be able to work appropriately with others**	

9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff, communities and others	be able to work, where appropriate, in partnership with service users, other professionals, support staff, ~~communities~~ and others
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	
9.3	understand the need to empower and engage individuals, groups, and communities in planning and evaluating interventions to meet their needs and goals	be able to contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.4*
9.A		**understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice**
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	understand the need to empower and engage individuals, groups, and communities in planning and evaluating interventions to meet their needs and goals *Moved from 9.3*
9.5	be able to empower individuals, groups and communities to make informed choices including diet, physical activity and other lifestyle adjustments	
9.6	be able to work with service users to implement changes in interventions in line with new developments	
10	**be able to maintain records appropriately**	
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
11	**be able to reflect on and review practice**	

11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	
11.2	recognise the value of multi-disciplinary team review and other methods of review	recognise the value of **case conferences** ~~multi-disciplinary team review~~ and other methods of review *For consistency across the professions, following feedback from stakeholders of what was the most universal term*
12	**be able to assure the quality of their practice**	
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	be able to engage in evidence-based practice~~, evaluate practice systematically and participate in audit procedures~~
12.2	recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of accurate data for quality assurance, governance, clinical audit, research and improvement programmes	~~recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of accurate data for quality assurance, governance, clinical audit, research and improvement programmes~~ *Moved to 12.C*
12.3	be able to gather and share information, including qualitative and quantitative data, that evaluates outcomes	be able to gather **and use feedback and** information, including qualitative and quantitative data, ~~that evaluates outcomes~~ **to evaluate the response of service users to their care**
12.A		**be able to monitor and systematically evaluate the quality of practice, and maintain an effective audit trail to work towards continual improvement**
12.4	be aware of, and be able to participate in, quality improvement processes to assure the quality of their practice	~~be aware of, and be able to participate in, quality improvement processes to assure the quality of their practice~~ *Captured by the new standard below*
12.B		**be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures**

12.5	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in partnership with individuals, groups and communities	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in ~~partnership with individuals, groups and communities~~ **conjunction with the service user**
12.C		**recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of accurate data for quality assurance, governance, clinical audit, research and improvement programmes**
13	**understand the key concepts of the knowledge base relevant to their profession**	
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession	
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of interventions and the research process	be aware of the principles and applications of scientific enquiry, including the evaluation of **treatment efficacy** ~~interventions~~ and the research process
13.3	understand the concept of leadership and its application to practice	~~understand the concept of leadership and its application to practice~~ *Addressed by a new standard on leadership under standard 9 (9.A)*
13.4	recognise the role of other professions in health and social care	recognise the role**(s)** of other professions in health and social care **and understand how they may relate to the role of dietitian**
13.5	understand the structure and function of health and social care services in the UK	
13.6	understand the wider determinants of health and wellbeing	
13.7	understand the theoretical basis of, and the variety of approaches to, assessment, diagnosis, intervention and evaluation	

13.8	understand, in the context of nutrition and dietetic practice: - biochemistry - clinical dietetics - clinical medicine - epidemiology - genetics - immunology - microbiology - nutritional sciences - pathophysiology - pharmacology - physiology - public health nutrition	understand, in the context of nutrition and dietetic practice: - biochemistry - clinical dietetics - clinical medicine - epidemiology - genetics - immunology - microbiology - nutritional sciences - pathophysiology - pharmacology - physiology - **psychology** - public health nutrition
13.9	understand, in the context of nutrition and dietetic practice: - food hygiene - food science - food skills - food systems management - menu planning - the factors that influence food choice	
13.10	understand the principles behind the use of nutritional analysis programs to analyse food intake records and recipes and interpret the results	
13.11	understand in the context of nutrition and dietetic practice legislation relating to food labelling and health claims	
13.12	understand, in the context of nutrition and dietetic practice, the use of appropriate educational strategies, communication, and models of empowerment, behaviour change and health promotion	

13.13	understand, in the context of nutrition and dietetic practice: - management of health and social care - psychology - public health relevant to the dietetic management of individuals, groups or communities - social policy - sociology	understand, in the context of nutrition and dietetic practice: - management of health and social care - ~~psychology~~ - public health relevant to the dietetic management of individuals, groups or communities - social policy - sociology
13.14	understand the methods commonly used in nutrition research and be able to evaluate research papers critically	
14	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	be able to accurately assess nutritional needs of individuals, groups and populations, in a sensitive and detailed way using appropriate techniques and resources	be able to change ~~their~~ practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts *Moved from 14.2*
14.2	be able to change their practice as needed to take account of new developments or changing contexts	be able to gather appropriate information *Moved from 14.3*
14.3	be able to gather appropriate information	be able to analyse and critically evaluate the information collected ~~in order to identify nutritional needs and develop a diagnosis~~ *Moved from 14.6*
14.4	be able to select and use appropriate assessment techniques	
14.A		**be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment**
14.5	be able to undertake or arrange investigations as appropriate	

14.6	be able to analyse and critically evaluate the information collected in order to identify nutritional needs and develop a diagnosis	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, ~~interventions~~ or other actions safely and effectively *Moved from 14.8*
14.7	be able to analyse and critically evaluate assessment information to develop intervention plans including the setting of timescales, goals and outcomes	be aware of a range of research methodologies ~~and be able to critically evaluate research in order to inform practice~~ *Moved from 14.15*
14.8	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, interventions or other actions safely and effectively	recognise the value of research to the critical evaluation of practice *Moved from 14.13*
14.B		**be able to critically evaluate research and other evidence to inform their own practice**
14.9	be able to monitor the progress of nutrition and dietetic interventions using appropriate information, techniques and measures	be able to accurately assess nutritional needs of individuals, groups and populations, in a sensitive and detailed way using appropriate techniques and resources *Moved from 14.1*
14.10	be able to critically evaluate the information gained in monitoring to review and revise the intervention	be able to analyse and critically evaluate assessment information to **identify nutritional needs, develop a diagnosis and** develop intervention plans including the setting of timescales, goals and outcomes *Moved from 14.7*
14.11	be able to use nutritional analysis programs to analyse food intake, records and recipes and interpret the results	be able to monitor the progress of nutrition and dietetic interventions using appropriate information, techniques and measures *Moved from 14.9*
14.12	be able to use research, reasoning, and a logical and systematic approach to problem solving skills to determine appropriate actions	~~be able to use research, reasoning, and a logical and systematic approach to problem solving skills to determine appropriate actions~~ *Moved to standard 4, split into 4.A and 4.B for consistency across the professions*
14.13	recognise the value of research to the critical evaluation of practice	be able to critically evaluate the information gained in monitoring to review and revise the intervention

			Moved from 14.10
14.14	be able to use statistical, epidemiological, and research skills to gather and interpret evidence to make reasoned conclusions and judgements to enhance dietetic practice	be able to use nutritional analysis programs to analyse food intake, records and recipes and interpret the results *Moved from 14.11*	
14.15	be aware of a range of research methodologies and be able to critically evaluate research in order to inform practice	be able to use statistical, epidemiological, and research skills to gather and interpret evidence to make reasoned conclusions and judgements to enhance dietetic practice *Moved from 14.12*	
14.16	be able to use information and communication technologies appropriate to their practice	~~be able to use information and communication technologies appropriate to their practice~~ *Moved to standard 8*	
14.17	be able to choose the most appropriate strategy to influence nutritional behaviour and choice		
14.18	be able to undertake and explain dietetic interventions, having regard to current knowledge and evidence-based practice		
14.19	be able to advise on safe procedures for food preparation and handling and any effect on nutritional quality		
14.20	be able to advise on the effect of food processing on nutritional quality		
14.21	be able to advise on menu planning, taking account of food preparation and processing, nutritional standards and requirements of service users		
14.22	be able to interpret nutritional information including food labels which may have nutritional or clinical implications		
15	**understand the need to establish and maintain a safe practice environment**		
15.1	understand the need to maintain the safety of both service users and those involved in their care		
15.2	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	
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	
15.4	be able to select appropriate personal protective equipment and use it correctly	be able to select appropriate personal protective equipment and use it correctly
15.5	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	be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and others, including the use of hazard control and particularly infection control

Appendix 4: Draft standards of proficiency for speech and language therapists

Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. We have moved some standards around to ensure the generic standards are at the top of each section, and so are numbered consistently across all the professions. Feedback relating to these standards should be provided in **Part A: Generic standards** of the survey.

White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions. Feedback relating to these standards should be provided in **Part B: Profession-specific standards** of the survey.

Where we have proposed to create a new standard, we have created a new row and assigned this a letter. This is to make it easier to refer back to when providing feedback. Please note the order of some of these standards may be subject to change.
Once we have determined what changes we are going to make, we will update the numbering of the standards.

We have endeavoured to make the proposed changes as clear as possible. However, we are mindful that this is still a complicated document. If consultees have any questions about the proposed changes, they can email consultation@hcpc-uk.org or call the Policy and Standards team on 020 7840 9815, and a member of the team will be able to talk through this document and the changes.

The current standards of proficiency for speech and language therapists are available to download and view for comparison at:
https://www.hcpc-uk.org/standards/standards-of-proficiency/speech-and-language-therapists/

No.	Standard	Proposed amendments
1	**be able to practise safely and effectively within their scope of practice**	

1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional **or service**
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively**
2	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times
2.A		**understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary**
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	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	
2.5	know about current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent *Moved from 2.6*
2.6	understand the importance of and be able to obtain informed consent	be able to exercise a professional duty of care *Moved from 2.7*
2.7	be able to exercise a professional duty of care	**understand** ~~know about~~ current legislation applicable to the work of their profession *Moved from 2.5*

2.8	understand the ethical and legal implications of withholding and withdrawing feeding and nutrition	
3	**be able to maintain fitness to practise**	
3.1	understand the need to maintain high standards of personal and professional conduct	
3.2	understand the importance of maintaining their own health	understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively**
3.A		**understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary**
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuous professional development**
4	**be able to practise as an autonomous professional, exercising their own professional judgement**	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	recognise that they are personally responsible for and must be able to justify their decisions *Moved from 4.4 to emphasise importance of this standard*
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	~~be able to assess a professional 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 use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary** *Moved from 4.1*
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or

			procedures, and record the decisions and reasoning appropriately *Moved from 4.2*
4.4	recognise that they are personally responsible for and must be able to justify their decisions		be able to make and receive appropriate referrals *Moved from 4.5*
4.5	be able to make and receive appropriate referrals		be able to initiate resolution of problems and be able to exercise personal initiative *Moved from 4.3*
4.A			be able to demonstrate a logical and systematic approach to problem solving *Moved from standard 14*
4.B			be able to use research, reasoning and problem solving skills to determine appropriate actions *Moved from standard 14*
4.6	understand the importance of participation in training, supervision and mentoring		understand the importance of **active** participation in training, supervision and mentoring *Moved from 4.6*
5	**be aware of the impact of culture, equality and diversity on practice**		
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals		understand the **need** ~~requirement~~ to adapt practice to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals
5.A			**be aware of the impact of their own values and beliefs on practice**
5.B			be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, **disability,** ethnicity, gender, **pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs *Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the*

			exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication
5.2	recognise the possible contribution of social, psychological and medical factors to service users' communication difficulties and swallowing status		
6	**be able to practise in a non-discriminatory manner**		be able to practise in a non-discriminatory **and inclusive** manner
6.A			**be aware of the characteristics and consequences of barriers to inclusion**
7	**understand the importance of and be able to maintain confidentiality**		
7.1	be aware of the limits of the concept of confidentiality		
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information		
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public		
7.4	be aware that the concepts of confidentiality and informed consent extend to illustrative records such as photography, video and audio recordings		
8	**be able to communicate effectively**		
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others		be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice, instruction and professional opinion to~~ service users, **carers,** colleagues and others
8.2	be able to communicate in English to the standard equivalent to level 8 of the International English Language Testing System, with no element below 7.5[1]		

		This requirement is stricter for speech and language therapists than for all other HCPC registered professions, as communication in English is a core professional skill (see standard 14.20) [1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.*	
8.3	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~ *Captured by the new standards below*
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~ *Captured by the new standards below*
8.6	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~ *Moved to standard 5*
8.7	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 provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~

		Captured by the new standards below
8.8	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	~~understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~ *Captured by the new standards below*
8.9	recognise the need to use interpersonal skills to encourage the active participation of service users	~~recognise the need to use interpersonal skills to encourage the active participation of service users~~ *Captured by the new standards below*
8.A		**be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they want where appropriate**
8.B		**be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible**
8.C		be able to use information and communication technologies appropriate to their practice *Moved from standard 14*
9	**be able to work appropriately with others**	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	
9.3	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 contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.4*

9.A		**understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice**
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals *Moved from 9.3*
9.5	understand the role of the speech and language therapist in taking the lead responsibility on speech and language communication and swallowing within a multi-professional forum	
9.6	recognise that the need to work with others includes health, social care and educational professionals	
9.7	recognise the importance of working in partnership with service users and their families	
10	**be able to maintain records appropriately**	
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
11	**be able to reflect on and review practice**	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	
11.2	recognise the value of case conferences and other methods of review	
12	**be able to assure the quality of their practice**	

12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	be able to engage in evidence-based practice, ~~evaluate practice systematically and participate in audit procedures~~
12.2	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 gather **and use feedback and** information, including qualitative and quantitative data, ~~that helps~~ to evaluate the responses of service users to their care
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	~~be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures~~ *Captured by the new standard below*
12.4	be able to maintain an effective audit trail and work towards continual improvement	be able to **monitor and systematically evaluate the quality of practice, and** maintain an effective audit trail **to** ~~and~~ work towards continual improvement
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	~~be aware of, and be able to participate in, quality assurance programmes, where appropriate~~ *Captured by the new standard below*
12.A		**be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures**
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	
12.7	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	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 *Captured by amendments above*
13	**understand the key concepts of the knowledge base relevant to their profession**	
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their profession	

13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	
13.3	recognise the role of other professions in education, health and social care	recognise the role(s) of other professions in education, health and social care **and understand how they may relate to the role of speech and language therapist**
13.4	understand the structure and function of education, health and social care services in the UK	
13.5	understand the concept of leadership and its application to practice	~~understand the concept of leadership and its application to practice~~ *Addressed by a new standard on leadership under standard 9 (9.A)*
13.6	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	
13.7	understand educational theory and practice and the relationship between language and literacy in relation to speech and language therapy	
13.8	understand linguistics and phonetics, psycholinguistics, sociolinguistics and all levels of typical processing	
13.9	understand biomedical and medical sciences as relevant to the development and maintenance of communication and swallowing	
13.10	understand psychology as relevant to lifespan development and change, normal and impaired communication, and psychological and social wellbeing	
13.11	understand sociology in relation to the practice of speech and language therapy, including its application to educational, health and workplace settings and within multi-cultural societies	
13.12	understand therapeutic contexts, models and processes, relevant to the practice of speech and language therapy	

13.13	understand developmental and acquired impairments of speech, language, communication and swallowing	
14	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	be able to change practice as needed to take account of new developments or changing contexts	be able to change practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts
14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively	be able to gather appropriate information *Moved from 14.4*
14.3	be able to formulate specific and appropriate management plans including the setting of timescales	be able to analyse and critically evaluate the information collected *Moved from 14.9*
14.4	be able to gather appropriate information	be able to select and use appropriate assessment techniques *Moved from 14.5*
14.5	be able to select and use appropriate assessment techniques	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment *Moved from 14.6*
14.6	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	be able to undertake or arrange investigations as appropriate *Moved from 14.8*
14.7	be able to administer, record, score and interpret a range of published and self-generated assessment tools to describe and analyse service users' abilities and needs using, where appropriate, phonetic transcription, linguistic analysis, instrumental analysis and psycholinguistic assessment	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively *Moved from 14.2*
14.8	be able to undertake or arrange investigations as appropriate	be aware of a range of research methodologies *Moved from 14.13*
14.9	be able to analyse and critically evaluate the information collected	recognise the value of research to the critical evaluation of practice

		Moved from 14.12
14.10	be able to demonstrate a logical and systematic approach to problem solving	~~be able to demonstrate a logical and systematic approach to problem solving~~ *Moved to standard 4*
14.11	be able to use research, reasoning and problem solving skills to determine appropriate actions	~~be able to use research, reasoning and problem solving skills to determine appropriate actions~~ *Moved to standard 4*
14.12	recognise the value of research to the critical evaluation of practice	be able to **critically** evaluate research and other evidence to inform their own practice *Moved from 14.14*
14.13	be aware of a range of research methodologies	be able to formulate specific and appropriate management plans including the setting of timescales *Moved from 14.3*
14.14	be able to evaluate research and other evidence to inform their own practice	be able to administer, record, score and interpret a range of published and self-generated assessment tools to describe and analyse service users' abilities and needs using, where appropriate, phonetic transcription, linguistic analysis, instrumental analysis and psycholinguistic assessment *Moved from 14.7*
14.15	be able to use information and communication technologies appropriate to their practice	~~be able to use information and communication technologies appropriate to their practice~~ *Moved to standard 8*
14.16	be able to apply knowledge of communication impairment, linguistics, phonetics, psychology and biomedical sciences to the identification, assessment and differential diagnosis of a range of communication and swallowing impairments	
14.17	understand health education and how it relates to communication and swallowing	
14.18	be able to recognise the influence of situational contexts on communicative functioning and swallowing status	

14.19	be able to evaluate the effects of communication difficulties and swallowing status on the psychosocial wellbeing of service users, their families and carers	
14.20	as a core professional skill for speech and language therapists, be able to communicate in English to the standard equivalent to level 8 of the International English Language Testing System, with no element below 7.5	
14.21	be able to use knowledge of speech and language therapy to assess and work with people with the following impairments: – acquired speech and language impairments – developmental or acquired cognitive impairments – developmental speech and language impairments – fluency impairments – swallowing impairments – voice impairments	
15	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	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	
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	
15.4	be able to select appropriate personal protective equipment and use it correctly	

15.5	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	be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and others, including the use of hazard control and particularly infection control

Appendix 1: Draft standards of proficiency for hearing aid dispensers

Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. We have moved some standards around to ensure the generic standards are at the top of each section, and so are numbered consistently across all the professions. Feedback relating to these standards should be provided in **Part A: Generic standards** of the survey.

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https://www.hcpc-uk.org/standards/standards-of-proficiency/hearing-aid-dispensers/

No.	Standard	Proposed amendments
1	**be able to practise safely and effectively within their scope of practice**	

1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional **or service**
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively**
2	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times
2.A		**understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary**
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	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	
2.5	be aware of about current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent *Moved from standard 2.6*
2.6	understand the importance of and be able to obtain informed consent	be able to exercise a professional duty of care *Moved from standard 2.7*
2.7	be able to exercise a professional duty of care	**understand** ~~be aware of~~ current legislation applicable to the work of their profession *Moved from standard 2.5*

3	be able to maintain fitness to practise	
3.1	understand the need to maintain high standards of personal and professional conduct	
3.2	understand the importance of maintaining their own health	understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively**
3.A		**understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary**
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuous professional development**
4	be able to practise as an autonomous professional, exercising their own professional judgement	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	recognise that they are personally responsible for and must be able to justify their decisions *Moved from 4.4 to emphasise importance of this standard*
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	~~be able to assess a professional 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 use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary** *Moved from 4.1*
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately

			Moved from 4.2
4.4	recognise that they are personally responsible for and must be able to justify their decisions		be able to make and receive appropriate referrals *Moved from 4.5*
4.5	be able to make and receive appropriate referrals		be able to initiate resolution of problems and be able to exercise personal initiative *Moved from 4.3*
4.A			be able to demonstrate a logical and systematic approach to problem solving *Moved from standard 14*
4.B			be able to use research, reasoning and problem solving skills to determine appropriate actions *Moved from standard 14*
4.6	understand the importance of participation in training, supervision and mentoring		understand the importance of **active** participation in training, supervision and mentoring *Moved from 4.6*
5	**be aware of the impact of culture, equality and diversity on practice**		
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals		understand the **need** ~~requirement~~ to adapt practice to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals
5.A			**be aware of the impact of their own values and beliefs on practice**
5.B			be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, **disability,** ethnicity, gender, **pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs *Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the*

			exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication
6	**be able to practise in a non-discriminatory manner**		be able to practise in a non-discriminatory **and inclusive** manner
6.A			**be aware of the characteristics and consequences of barriers to inclusion**
7	**understand the importance of and be able to maintain confidentiality**		
7.1	be aware of the limits of the concept of confidentiality		
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information		
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public		
8	**be able to communicate effectively**		
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others		be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice, instruction and professional opinion to~~ service users, **carers,** colleagues and others
8.2	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[1] [1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or*		

	Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.	
8.3	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~ *Captured by the new standards below*
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~ *Captured by the new standards below*
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~ *Moved to standard 5*
8.6	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 provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~ *Captured by the new standards below*
8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	~~understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~ *Captured by the new standards below*
8.A		**be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they want where appropriate**
8.B		**be able to modify their means of communication to address the individual communication needs and**

			preferences of service users and carers, and remove any barriers to communication where possible
8.C			be able to use information and communication technologies appropriate to their practice *Moved from standard 14*
8.8		be able to explain the financial implications of suitable hearing aid systems	
8.9		understand the specific communication needs of those with impaired hearing and be aware of appropriate steps to overcome communication barriers	understand the specific communication needs of those with ~~impaired~~ hearing **difficulties** and be aware of appropriate steps to overcome communication barriers
8.10		recognise the need to seek external assistance in situations where communication is ineffective for whatever reason	
8.11		recognise the need to use interpersonal skills to encourage the active participation of service users	~~recognise the need to use interpersonal skills to encourage the active participation of service users~~ *Captured by the new standards above*
8.12		recognise the need to use appropriate interpersonal and communication skills to facilitate effective care for those with impaired hearing	
8.13		understand the need to empower service users to manage their aural health and related issues including self-management, where appropriate	
9		**be able to work appropriately with others**	
9.1		be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	
9.2		be able to recognise those conditions or circumstances that require the involvement of other professionals and give the appropriate advice to service users	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team *Moved from 9.3*

9.3	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	be able to contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.5*
9.A		**understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice**
9.4	understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals	
9.5	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	be able to recognise those conditions or circumstances that require the involvement of other professionals and give the appropriate advice to service users *Moved from standard 9.2*
10	**be able to maintain records appropriately**	
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
11	**be able to reflect on and review practice**	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	
11.2	recognise the value of case conferences and other methods of review	
11.3	be aware of emerging technologies and new developments in hearing care practices	
12	**be able to assure the quality of their practice**	

12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	be able to engage in evidence-based practice, ~~evaluate practice systematically and participate in audit procedures~~
12.2	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 gather **and use feedback and** information, including qualitative and quantitative data, ~~that helps~~ to evaluate the responses of service users to their care
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	~~be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures~~ *Captured by the new standard below*
12.4	be able to maintain an effective audit trail and work towards continual improvement	be able to **monitor and systematically evaluate the quality of practice, and** maintain an effective audit trail **to** ~~and~~ work towards continual improvement
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	~~be aware of, and be able to participate in, quality assurance programmes, where appropriate~~ *Captured by the new standard below*
12.A		**be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures**
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	
12.7	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	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 *Captured by amendments above*
13	**understand the key concepts of the knowledge base relevant to their profession**	
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their profession	

13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	
13.3	recognise the role of other professions in health and social care	recognise the role(s) of other professions in health and social care **and understand how they may relate to the role of hearing aid dispenser**
13.4	understand the structure and function of health and social care services in the UK	
13.5	understand the concept of leadership and its application to practice	~~understand the concept of leadership and its application to practice~~ *Addressed by a new standard on leadership under standard 9 (9.A)*
13.6	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	
13.7	understand, in the context of hearing aid audiology: – acoustics, speech production and perception; – appropriate approaches to auditory rehabilitation; – hearing aid and associated technologies including selection, fitting, programming and evaluation; – psycho-acoustics; – the anatomy and physiology of the outer, middle, inner ear and central auditory pathways; and – the measurement of hearing and of other auditory system functions	
14	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	be able to change practice as needed to take account of new developments or changing contexts	be able to change practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts

14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively	be able to gather appropriate information *Moved from 14.11*
14.3	be able to safely use appropriate techniques and equipment to assess hearing loss and the physical condition of the ear	be able to analyse and critically evaluate the information collected *Moved from 14.18*
14.4	be able to select and evaluate the most appropriate hearing aid system, performance settings and associated technologies for service users	be able to select and use appropriate assessment techniques *Moved from 14.14*
14.5	be able to plan, implement and manage appropriate rehabilitation programmes for service users to optimise outcomes	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment *Moved from 14.15*
14.6	be able to safely and competently take impressions of the ear	be able to undertake or arrange investigations as appropriate *Moved from 14.17*
14.7	be able to safely and competently programme and physically fit hearing aids	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively *Moved from 14.2*
14.8	understand the need to provide service users with access to continuing care, maintenance and support	be aware of a range of research methodologies *Moved from 14.23*
14.9	be able to formulate specific and appropriate management plans including the setting of timescales	recognise the value of research to the critical evaluation of practice *Moved from 14.22*
14.10	be able to formulate and provide appropriate advice regarding hearing aids and associated technologies and their use to facilitate informed choices by service users	be able to **critically** evaluate research and other evidence to inform their own practice *Moved from 14.24*
14.A		**be able to use technologies safely and effectively where appropriate for diagnostic or monitoring procedures, treatment, therapy or other actions**

14.11	be able to gather appropriate information	be able to safely use appropriate techniques and equipment to assess hearing ~~loss~~ **difficulties** and the physical condition of the ear *Moved from 14.3*
14.12	be able to undertake and record appropriate case histories	be able to select and evaluate the most appropriate hearing aid system, performance settings and associated technologies for service users *Moved from 14.4*
14.13	understand the need to make and keep full and accurate records of assessment results, hearing aid prescriptions and actual settings, rehabilitation plans and outcomes	be able to plan, implement and manage appropriate rehabilitation programmes for service users to optimise outcomes *Moved from 14.5*
14.14	be able to select and use appropriate assessment techniques	be able to safely and competently take impressions of the ear *Moved from 14.6*
14.15	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	be able to safely and competently programme and physically fit hearing aids *Moved from 14.7*
14.16	be able to check that equipment is functioning accurately and within specifications and to take appropriate action in the case of faulty functioning and operation	understand the need to provide service users with access to continuing care, maintenance and support *Moved from 14.8*
14.17	be able to undertake or arrange investigations as appropriate	be able to formulate specific and appropriate management plans including the setting of timescales *Moved from 14.9*
14.18	be able to analyse and critically evaluate the information collected	be able to formulate and provide appropriate advice regarding hearing aids and associated technologies and their use to facilitate informed choices by service users *Moved from 14.10*
14.19	be able to interpret the data arising from case history, physical examination and hearing assessments	be able to undertake and record appropriate case histories *Moved from 14.12*
14.20	be able to demonstrate a logical and systematic approach to problem solving	~~be able to demonstrate a logical and systematic approach to problem solving~~ *Moved to standard 4*

14.21	be able to use research, reasoning and problem solving skills to determine appropriate actions	~~be able to use research, reasoning and problem solving skills to determine appropriate actions~~ *Moved to standard 4*
14.22	recognise the value of research to the critical evaluation of practice	understand the need to make and keep full and accurate records of assessment results, hearing aid prescriptions and actual settings, rehabilitation plans and outcomes *Moved from 14.13*
14.23	be aware of a range of research methodologies	be able to check that equipment is functioning accurately and within specifications and to take appropriate action in the case of faulty functioning and operation *Moved from 14.16*
14.24	be able to evaluate research and other evidence to inform their own practice	be able to interpret the data arising from case history, physical examination, ~~and~~ hearing assessments **and hearing instruments, where appropriate** *Moved from 14.19*
14.25	be able to use information and communication technologies appropriate to their practice	~~be able to use information and communication technologies appropriate to their practice~~ *Moved to standard 8*
15	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	ensure that the environment in which service users are seen is appropriate for the assessment, service, care and attention given	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 *Moved from 15.3*
15.3	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 and in accordance with health and safety legislation *Moved from 15.4*

15.A		**be able to select appropriate personal protective equipment and use it correctly**
15.4	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and others, including the use of hazard control and particularly infection control
15.5	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	ensure that the environment in which service users are seen is appropriate for the assessment, service, care and attention given *Moved from 15.2*

Appendix 2: Draft standards of proficiency for occupational therapists

Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. We have moved some standards around to ensure the generic standards are at the top of each section, and so are numbered consistently across all the professions. Feedback relating to these standards should be provided in **Part A: Generic standards** of the survey.

White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions. Feedback relating to these standards should be provided in **Part B: Profession-specific standards** of the survey.

Where we have proposed to create a new standard, we have created a new row and assigned this a letter. This is to make it easier to refer back to when providing feedback. Please note the order of some of these standards may be subject to change.
Once we have determined what changes we are going to make, we will update the numbering of the standards.

We have endeavoured to make the proposed changes as clear as possible. However, we are mindful that this is still a complicated document. If consultees have any questions about the proposed changes, they can email consultation@hcpc-uk.org or call the Policy and Standards team on 020 7840 9815, and a member of the team will be able to talk through this document and the changes.

The current standards of proficiency for occupational therapists are available to download and view for comparison at:
https://www.hcpc-uk.org/standards/standards-of-proficiency/occupational-therapists/

No.	Standard	Proposed amendments
1	**be able to practise safely and effectively within their scope of practice**	

1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional **or service**
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively**
2	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times
2.A		**understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary**
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	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	
2.5	know about current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent *Moved from 2.7*
2.6	understand the effect of legislation on the delivery of care	be able to exercise a professional duty of care *Moved from 2.8*
2.7	understand the importance of and be able to obtain informed consent	**understand** ~~know about~~ current legislation applicable to the work of their profession *Moved from 2.5*

2.8	be able to exercise a professional duty of care	understand the effect of legislation on the delivery of care *Moved from 2.6*
3	**be able to maintain fitness to practise**	
3.1	understand the need to maintain high standards of personal and professional conduct	
3.2	understand the importance of maintaining their own health	understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively**
3.A		**understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary**
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuous professional development**
4	**be able to practise as an autonomous professional, exercising their own professional judgement**	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	recognise that they are personally responsible for and must be able to justify their decisions *Moved from 4.4 to emphasise importance of this standard*
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	~~be able to assess a professional 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 use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary** *Moved from 4.1*
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or

		procedures, and record the decisions and reasoning appropriately *Moved from 4.2*	
4.4	recognise that they are personally responsible for and must be able to justify their decisions	be able to make and receive appropriate referrals *Moved from 4.5*	
4.5	be able to make and receive appropriate referrals	be able to initiate resolution of problems and be able to exercise personal initiative *Moved from 4.3*	
4.A		be able to demonstrate a logical and systematic approach to problem solving *Moved from standard 14*	
4.B		be able to use research, reasoning and problem solving skills to determine appropriate actions *Moved from standard 14*	
4.6	understand the importance of participation in training, supervision and mentoring	understand the importance of **active** participation in training, supervision and mentoring *Moved from 4.7*	
5	**be aware of the impact of culture, equality and diversity on practice**		
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals	understand the **need** ~~requirement~~ to adapt practice to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals	
5.A		**be aware of the impact of their own values and beliefs on practice**	
5.B		be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, **disability,** ethnicity, gender, **pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs *Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the*	

		exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication	
5.2	understand the specific local context of practice, including the socio-cultural diversity of the community		
5.3	recognise the socio-cultural environmental issues that influence the context within which people live and work		
5.4	recognise the effect of inequality, poverty, exclusion, identity, social difference and diversity on occupational performance	recognise the effect of inequality, poverty, exclusion, identity, social difference and diversity on occupational performance **and participation**	
6	**be able to practise in a non-discriminatory manner**	be able to practise in a non-discriminatory **and inclusive** manner	
6.A		**be aware of the characteristics and consequences of barriers to inclusion**	
7	**understand the importance of and be able to maintain confidentiality**		
7.1	be aware of the limits of the concept of confidentiality		
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information		
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public		
8	**be able to communicate effectively**		
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others	be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice, instruction and professional opinion to~~ service users, **carers,** colleagues and others	

8.2	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[1] [1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.*	
8.3	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~ *Captured by the new standards below*
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~ *Captured by the new standards below*
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~ *Moved to standard 5*
8.6	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 provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~ *Captured by the new standards below*

8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible *Captured by the new standards below*	
8.8	recognise the need to use interpersonal skills to encourage the active participation of service users	recognise the need to use interpersonal skills to encourage the active participation of service users *Captured by the new standards below*	
8.A		**be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they want where appropriate**	
8.B		**be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible**	
8.C		be able to use information and communication technologies appropriate to their practice *Moved from standard 14*	
8.9	be able to listen to a service user's occupational narrative and analyse the content in order to plan for the future	be able to **actively** listen to a service user's occupational narrative and analyse the content in order to plan for the future	
8.10	be able, through interview and personal discussion, to understand the values, beliefs and interests of service users, their families and carers	be able, through interview and personal discussion, to understand the values, beliefs, **culture** and interests of service users, their families and carers	
9	**be able to work appropriately with others**		
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others		
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team		

9.3	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 contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.4*
9.A		**understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice**
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals *Moved from 9.3*
9.5	understand the need to work with those who provide services in and across different sectors	
9.6	understand the need to adopt an approach which centres on the service user and establish appropriate professional relationships in order to motivate and involve the service user in meaningful occupation	
9.7	understand the value of enabling and empowering service users with the aim of enhancing their access to all services and opportunities which are available to them	
9.8	understand group dynamics and roles, and be able to facilitate group work, in order to maximise support, learning and change within groups and communities	
9.9	understand the need to capitalise, where appropriate, on the dynamics within groups and communities in order to harness the motivation and active involvement of participants	
9.10	be able to work in appropriate partnership with service users in order to evaluate the effectiveness of occupational therapy intervention	
10	**be able to maintain records appropriately**	

10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
11	**be able to reflect on and review practice**	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	
11.2	recognise the value of case conferences and other methods of review	
11.3	be able to recognise the potential of occupational therapy in new and emerging areas of practice	
12	**be able to assure the quality of their practice**	
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	be able to engage in evidence-based practice, ~~evaluate practice systematically and participate in audit procedures~~
12.2	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 gather **and use feedback and** information, including qualitative and quantitative data, ~~that helps~~ to evaluate the response~~s~~ of service users to their care
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	~~be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures~~ *Captured by the new standard below*
12.4	be able to maintain an effective audit trail and work towards continual improvement	be able to **monitor and systematically evaluate the quality of practice, and** maintain an effective audit trail **to** ~~and~~ work towards continual improvement
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	~~be aware of, and be able to participate in, quality assurance programmes, where appropriate~~ *Captured by the new standard below*

12.A		**be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures**
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	
12.7	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	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 *Captured by amendments above*
13	**understand the key concepts of the knowledge base relevant to their profession**	
13.1	understand and be able to apply the theoretical concepts underpinning occupational therapy, specifically the occupational nature of human beings and how they function in everyday activities	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession *Moved from 13.11*
13.2	understand the effect of occupational dysfunction and deprivation on individuals, families, groups and communities and recognise the importance of restoring and facilitating opportunities with the aim of achieving occupational wellness	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process *Moved from 13.7*
13.3	be able to understand and analyse activity and occupation and their relation to and effect on, health, wellbeing and function	recognise the role**(s)** of other professions in health and social care **and understand how they may relate to the role of occupational therapist** *Moved from 13.13*
13.4	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	understand the structure and function of health and social care services in the UK *Moved from 13.14*
13.5	understand the need to identify and assess occupational, physical, psychological, cultural and environmental needs and problems of service users, their families and carers	understand ~~and be able to apply the theoretical concepts underpinning occupational therapy, specifically~~ the occupational nature of human beings and how they function in everyday activities

		Moved from 13.1
13.A		**be able to apply the theoretical concepts underpinning occupational therapy, including concepts of:** **- anatomy** **- physiology** **- pathology** **- human development** **- ergonomics** **- biomechanics** **- psychology** **- sociology** **- relevant behavioural sciences** **- occupational science**
13.6	be aware of social, environmental and work-related policies and services and their effect on human needs within a diverse society	understand the effect of occupational **alienation,** dysfunction and deprivation on individuals, families, groups and communities and recognise the importance of restoring and facilitating opportunities with the aim of achieving occupational wellness *Moved from 13.2*
13.7	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	be able to understand and analyse activity and occupation and their relation to and effect on, health, wellbeing and function *Moved from 13.3*
13.8	recognise the value of the diversity and complexity of human behaviour through the exploration of different physical, psychological, environmental, social, emotional and spiritual perspectives	understand the theoretical basis of, and the variety of approaches to, assessment**,** ~~and~~ intervention **and evaluation** *Moved from 13.4*
13.9	be aware of the origins and development of occupational therapy, including the evolution of the profession towards the current emphasis on autonomy and empowerment of individuals, groups and communities	understand the need to identify and assess occupational, physical, psychological, **cognitive,** cultural and environmental needs and problems of service users, their families and carers *Moved from 13.5*

13.10	understand the use of the current philosophical framework for occupational therapy that focuses on service users and the bio-psychosocial model	be aware of **physical, attitudinal,** social, environmental and work-related policies and services and their effect on **people** ~~human needs~~ within a diverse society *Moved from 13.6*
13.11	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession	recognise the value of the diversity and complexity of human behaviour through the exploration of different physical, psychological, **cognitive,** environmental, social, emotional and spiritual perspectives *Moved from 13.8*
13.12	understand the concept of leadership and its application to practice	~~understand the concept of leadership and its application to practice~~ *Addressed by a new standard on leadership under standard 9 (9.A)*
13.13	recognise the role of other professions in health and social care	be aware of the origins and development of occupational therapy, including the evolution of the profession towards the current emphasis on autonomy and empowerment of individuals, groups and communities *Moved from 13.9*
13.14	understand the structure and function of health and social care services in the UK	understand the use of the current philosophical ~~framework~~ **models** for occupational therapy that focuses on service users and **holistic person-centred care** ~~the bio-psychosocial model~~ *Moved from 13.10*
13.B		**understand the concept of, and be able to support others with, the facilitation of learning**
14	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	be able to change practice as needed to take account of new developments or changing contexts	be able to change practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts
14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively	be able to gather appropriate information *Moved from 14.4*

14.3	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	be able to analyse and critically evaluate the information collected *Moved from 14.11*
14.4	be able to gather appropriate information	be able to select and use appropriate assessment techniques *Moved from 14.6*
14.5	be able to undertake or arrange investigations as appropriate	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment *Moved from 14.3*
14.6	be able to select and use appropriate assessment techniques	be able to undertake or arrange investigations as appropriate *Moved from 14.5*
14.7	understand the need to consider the assessment of the health, social care, employment and learning needs of service users	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively *Moved from 14.2*
14.8	be able to select and use relevant assessment tools to identify occupational performance needs	be aware of a range of research methodologies *Moved from 14.23*
14.9	be able to select and use standardised and non-standardised assessments appropriately to gather information about the service user's occupational performance, taking account of the environmental context	recognise the value of research to the critical evaluation of practice *Moved from 14.22*
14.10	be able to use observation to gather information about the functional abilities of patients	be able to **critically** evaluate research and other evidence to inform their own practice *Moved from 14.24*
14.11	be able to analyse and critically evaluate the information collected	understand the need to consider the assessment of the health, social care, employment and learning needs of service users *Moved from 14.7*
14.12	be able to demonstrate a logical and systematic approach to problem solving	~~be able to demonstrate a logical and systematic approach to problem solving~~ *Moved to standard 4*

14.13	be able to use research, reasoning and problem solving skills to determine appropriate actions	~~be able to use research, reasoning and problem solving skills to determine appropriate actions~~ *Moved to standard 4*
14.14	be able to formulate specific and appropriate care or case management plans including the setting of timescales	be able to select and use relevant assessment ~~tools~~ **techniques** to identify occupational performance **and participation** needs *Moved from 14.8*
14.15	understand the need to agree the goals and priorities of intervention in relation to occupational needs in partnership with service users, basing such decisions on assessment results	be able to select and use standardised and non-standardised assessments appropriately to gather information about the service user's occupational performance **and participation**, taking account of the environmental context *Moved from 14.9*
14.16	be able to select as appropriate, the specific occupations and activities for use as therapeutic media, taking into account the particular therapeutic needs of service users	be able to use observation to gather information about the functional abilities of ~~patients~~ **service users** *Moved from 14.10*
14.17	be able to understand and use the relevant sciences and established theories, frameworks and concepts of occupational therapy	be able to formulate specific and appropriate care or case management plans including the setting of timescales *Moved from 14.14*
14.18	be aware of the full range of occupations and activities used in intervention and how these should reflect the individual's occupational needs	understand the need to agree the goals and priorities of intervention in relation to occupational needs in partnership with service users, basing such decisions on assessment results *Moved from 14.15*
14.19	be able to analyse, develop or modify therapeutic media and environments to service users, to build on their abilities and enhance their occupational performance	be able to select as appropriate, the specific occupations and activities for use as therapeutic media, taking into account the particular therapeutic needs of service users *Moved from 14.16*
14.20	know how to meet the social, psychological and physical health-based occupational needs of service users across a range of practice areas	be able to understand and use the **scientific theories, concepts, principles and professional frameworks,** ~~relevant sciences and established theories, frameworks and concepts of~~ **underpinning** occupational therapy **practice** *Moved from 14.17*

14.21	be able to use information and communication technologies appropriate to their practice	~~be able to use information and communication technologies appropriate to their practice~~ *Moved to standard 8*
14.22	recognise the value of research to the critical evaluation of practice	be aware of the ~~full~~ **broad** range of occupations and activities **that can be** used in intervention and how these should reflect the individual's occupational needs **and preferences** *Moved from 14.18*
14.23	be aware of a range of research methodologies	be able to analyse, develop or modify therapeutic media and environments to service users, to build on their abilities and enhance their occupational performance **and participation** *Moved from 14.19*
14.24	be able to evaluate research and other evidence to inform their own practice	know how to meet the social, psychological, **cognitive** and physical health-based occupational needs of service users across a range of practice areas *Moved from 14.20*
15	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	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	
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	
15.4	be able to select appropriate personal protective equipment and use it correctly	

15.5	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	be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and others, including the use of hazard control and particularly infection control
15.6	understand and be able to apply appropriate moving and handling techniques	

Appendix 3: Draft standards of proficiency for physiotherapists

Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. We have moved some standards around to ensure the generic standards are at the top of each section, and so are numbered consistently across all the professions. Feedback relating to these standards should be provided in **Part A: Generic standards** of the survey.

White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions. Feedback relating to these standards should be provided in **Part B: Profession-specific standards** of the survey.

Where we have proposed to create a new standard, we have created a new row and assigned this a letter. This is to make it easier to refer back to when providing feedback. Please note the order of some of these standards may be subject to change.
Once we have determined what changes we are going to make, we will update the numbering of the standards.

We have endeavoured to make the proposed changes as clear as possible. However, we are mindful that this is still a complicated document. If consultees have any questions about the proposed changes, they can email consultation@hcpc-uk.org or call the Policy and Standards team on 020 7840 9815, and a member of the team will be able to talk through this document and the changes.

The current standards of proficiency for physiotherapists are available to download and view for comparison at:
https://www.hcpc-uk.org/standards/standards-of-proficiency/physiotherapists

No.	Standard	Proposed amendments
1	**be able to practise safely and effectively within their scope of practice**	

1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional **or service**
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively**
2	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times
2.A		**understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary**
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	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	
2.5	know about current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent *Moved from 2.6*
2.6	understand the importance of and be able to obtain informed consent	be able to exercise a professional duty of care *Moved from 2.7*
2.7	be able to exercise a professional duty of care	**understand** ~~know about~~ current legislation applicable to the work of their profession *Moved from 2.5*

3	**be able to maintain fitness to practise**	
3.1	understand the need to maintain high standards of personal and professional conduct	
3.2	understand the importance of maintaining their own health	understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively**
3.A		**understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary**
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuous professional development**
4	**be able to practise as an autonomous professional, exercising their own professional judgement**	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	recognise that they are personally responsible for and must be able to justify their decisions *Moved from 4.4 to emphasise importance of this standard*
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	~~be able to assess a professional 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 use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary** *Moved from 4.1*
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately

			Moved from 4.2
4.4	recognise that they are personally responsible for and must be able to justify their decisions		be able to make and receive appropriate referrals *Moved from 4.5*
4.5	be able to make and receive appropriate referrals		be able to initiate resolution of problems and be able to exercise personal initiative *Moved from 4.3*
4.A			be able to demonstrate a logical and systematic approach to problem solving *Moved from standard 14*
4.B			be able to use research, reasoning and problem solving skills to determine appropriate actions *Moved from standard 14*
4.6	understand the importance of participation in training, supervision and mentoring		understand the importance of **active** participation in training, supervision and mentoring *Moved from 4.6*
5	**be aware of the impact of culture, equality and diversity on practice**		
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals		understand the **need** ~~requirement~~ to adapt practice to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals
5.A			**be aware of the impact of their own values and beliefs on practice**
5.B			be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, **disability,** ethnicity, gender, **pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs *Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication*

5.2	be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals and communities	
6	**be able to practise in a non-discriminatory manner**	be able to practise in a non-discriminatory **and inclusive** manner
6.A		**be aware of the characteristics and consequences of barriers to inclusion**
7	**understand the importance of and be able to maintain confidentiality**	
7.1	be aware of the limits of the concept of confidentiality	
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	
8	**be able to communicate effectively**	
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others	be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice, instruction and professional opinion to~~ service users, **carers,** colleagues and others
8.2	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[1] [1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of*	

	a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.	
8.3	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~ *Captured by the new standards below*
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~ *Captured by the new standards below*
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~ *Moved to standard 5*
8.6	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 provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~ *Captured by the new standards below*
8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	~~understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~ *Captured by the new standards below*
8.8	recognise the need to use interpersonal skills to encourage the active participation of service users	~~recognise the need to use interpersonal skills to encourage the active participation of service users~~ *Captured by the new standards below*
8.A		**be able to work with service users or their carers to facilitate the service user's preferred role in decision-**

		making, and provide service users and carers with the information they want where appropriate
8.B		**be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible**
8.C		be able to use information and communication technologies appropriate to their practice *Moved from standard 14*
9	**be able to work appropriately with others**	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	
9.3	understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals	be able to contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.4*
9.A		**understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice**
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals *Moved from 9.3*
9.5	understand the need to agree the goals, priorities and methods of physiotherapy intervention in partnership with the service user	

10	be able to maintain records appropriately	
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
11	be able to reflect on and review practice	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	
11.2	recognise the value of case conferences and other methods of review	
12	be able to assure the quality of their practice	
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	be able to engage in evidence-based practice, ~~evaluate practice systematically and participate in audit procedures~~
12.2	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 gather **and use feedback and** information, including qualitative and quantitative data, ~~that helps~~ to evaluate the respons~~es~~ of service users to their care
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	~~be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures~~ *Captured by the new standard below*
12.4	be able to maintain an effective audit trail and work towards continual improvement	be able to **monitor and systematically evaluate the quality of practice, and** maintain an effective audit trail **to** ~~and~~ work towards continual improvement
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	~~be aware of, and be able to participate in, quality assurance programmes, where appropriate~~ *Captured by the new standard below*

12.A		be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	
12.7	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	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 *Captured by amendments above*
12.8	be able to evaluate intervention plans to ensure that they meet the physiotherapy needs of service users, informed by changes in circumstances and health status	
13	**understand the key concepts of the knowledge base relevant to their profession**	
13.1	recognise the role of other professions in health and social care	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their profession *Moved from 13.4*
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of the efficacy of interventions and the research process	
13.3	understand the concept of leadership and its application to practice	~~understand the concept of leadership and its application to practice~~ *Addressed by a new standard on leadership under standard 9 (9.A)*
13.4	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their profession	recognise the role**(s)** of other professions in health and social care **and understand how they may relate to the role of physiotherapist**
13.A		understand the structure and function of health and social care services in the UK *Moved from standard 14*

13.5	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	
13.6	understand the following aspects of biological science: – normal human anatomy and physiology, including the dynamic relationships of human structure and function as related to the neuromuscular, musculoskeletal, cardio-vascular and respiratory systems – patterns of human growth and development across the lifespan – factors influencing individual variations in human ability and health status – how the application of physiotherapy can cause physiological and structural change	
13.7	understand the following aspects of physical science: – the principles and theories from physics, biomechanics, applied exercise science and ergonomics that can be applied to physiotherapy – the means by which the physical sciences can inform the understanding and analysis of movement and function – the principles and application of measurement techniques based on biomechanics or electrophysiology – the application of anthropometric and ergonomic principles	
13.8	understand the following aspects of clinical science: – pathological changes and related clinical features commonly encountered in physiotherapy practice – physiological, structural, behavioural and functional changes that can result from physiotherapy intervention and disease progression	

	– the specific contribution that physiotherapy can potentially make to enhancing individuals' functional ability, together with the evidence base for this – the different concepts and approaches that inform the development of physiotherapy intervention	
13.9	understand the following aspects of behavioural science: – psychological, social and cultural factors that influence an individual in health and illness, including their responses to the management of their health status and related physiotherapy interventions – how psychology, sociology and cultural diversity inform an understanding of health, illness and health care in the context of physiotherapy and the incorporation of this knowledge into physiotherapy practice – theories of communication relevant to effective interaction with service users, carers, colleagues, managers and other health and social care professionals – theories of team working	
14	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	understand the structure and function of health and social care services in the UK	~~understand the structure and function of health and social care services in the UK~~ *Moved to standard 13*
14.2	be able to deliver and evaluate physiotherapy programmes	be able to change practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts *Moved from 14.19*
14.3	be able to gather appropriate information	
14.4	be able to select and use appropriate assessment techniques	be able to analyse and critically evaluate the information collected *Moved from 14.7*

14.5	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	be able to select and use appropriate assessment techniques *Moved from 14.4*
14.6	be able to undertake or arrange investigations as appropriate	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment *Moved from 14.5*
14.7	be able to analyse and critically evaluate the information collected	be able to undertake or arrange investigations as appropriate *Moved from 14.6*
14.A		be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively *Moved from 14.15*
14.8	be able to form a diagnosis on the basis of physiotherapy assessment	be aware of a range of research methodologies *Moved from 14.21*
14.9	be able to demonstrate a logical and systematic approach to problem solving	~~be able to demonstrate a logical and systematic approach to problem solving~~ *Moved to standard 4*
14.10	be able to use research, reasoning and problem solving skills to determine appropriate actions	~~be able to use research, reasoning and problem solving skills to determine appropriate actions~~ *Moved to standard 4*
14.11	be able to formulate specific and appropriate management plans including the setting of timescales	recognise the value of research to the critical evaluation of practice *Moved from 14.20*
14.12	be able to apply problem solving and clinical reasoning to assessment findings to plan and prioritise appropriate physiotherapy	be able to **critically** evaluate research and other evidence to inform their own practice *Moved from 14.22*
14.13	recognise the need to discuss, and be able to explain the rationale for, the use of physiotherapy interventions	be able to **construct**, deliver and evaluate **individual and group** physiotherapy programmes *Moved from 14.2*
14.14	be able to set goals and construct specific individual and group physiotherapy programmes	~~be able to set goals and construct specific individual and group physiotherapy programmes~~

		Addressed by changes to 14.2
14.15	be able to conduct appropriate diagnostic or monitoring procedures, interventions, therapy, or other actions safely and effectively	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment *Moved from 14.3*
14.16	be able to select, plan, implement and manage physiotherapy interventions aimed at the facilitation and restoration of movement and function	be able to form a diagnosis on the basis of physiotherapy assessment *Moved from 14.8*
14.17	know how to position or immobilise service users for safe and effective interventions	be able to formulate specific and appropriate management plans including the setting of timescales *Moved from 14.11*
14.18	be able to select and apply safe and effective physiotherapy specific practice skills including manual therapy, exercise and movement, electrotherapeutic modalities and kindred approaches	be able to apply problem solving and clinical reasoning to assessment findings to plan and prioritise appropriate physiotherapy *Moved from 14.12*
14.19	be able to change practice as needed to take account of new developments or changing contexts	recognise the need to discuss, and be able to explain the rationale for, the use of physiotherapy interventions *Moved from 14.13*
14.20	recognise the value of research to the critical evaluation of practice	be able to select, plan, implement and manage physiotherapy interventions aimed at the facilitation and restoration of movement and function *Moved from 14.16*
14.21	be aware of a range of research methodologies	know how to position or immobilise service users for safe and effective interventions *Moved from 14.17*
14.22	be able to evaluate research and other evidence to inform their own practice	be able to select and apply safe and effective physiotherapy specific practice skills including manual therapy, exercise and movement, electrotherapeutic modalities and kindred approaches *Moved from 14.18*
14.B		**be able to evaluate data about trends in population health, to inform their own practice**

14.23	be able to use information and communication technologies appropriate to their practice	~~be able to use information and communication technologies appropriate to their practice~~ *Moved to standard 8*
15	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	know and be able to apply appropriate moving and handling techniques	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 *Moved from 15.3*
15.3	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 and in accordance with health and safety legislation *Moved from 15.4*
15.4	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	be able to select appropriate personal protective equipment and use it correctly *Moved from 15.5*
15.5	be able to select appropriate personal protective equipment and use it correctly	be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and others, including the use of hazard control and particularly infection control *Moved from 15.6*
15.6	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** ~~know and~~ be able to apply appropriate moving and handling techniques *Moved from 15.2*

Appendix 4: Draft standards of proficiency for practitioner psychologists

Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. We have moved some standards around to ensure the generic standards are at the top of each section, and so are numbered consistently across all the professions. Feedback relating to these standards should be provided in **Part A: Generic standards** of the survey.

White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions. Feedback relating to these standards should be provided in **Part B: Profession-specific standards** of the survey.

Where we have proposed to create a new standard, we have created a new row and assigned this a letter. This is to make it easier to refer back to when providing feedback. Please note the order of some of these standards may be subject to change.
Once we have determined what changes we are going to make, we will update the numbering of the standards.

We have endeavoured to make the proposed changes as clear as possible. However, we are mindful that this is still a complicated document. If consultees have any questions about the proposed changes, they can email consultation@hcpc-uk.org or call the Policy and Standards team on 020 7840 9815, and a member of the team will be able to talk through this document and the changes.

The current standards of proficiency for practitioner psychologists are available to download and view for comparison at:
https://www.hcpc-uk.org/standards/standards-of-proficiency/practitioner-psychologists/

No.	Standard	Proposed amendments
1	**be able to practise safely and effectively within their scope of practice**	

1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional **or service**
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively**
2	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times
2.A		**understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary**
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	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	
2.5	understand current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent *Moved from 2.6*
2.6	understand the importance of and be able to obtain informed consent	be able to exercise a professional duty of care *Moved from 2.7*
2.7	be able to exercise a professional duty of care	understand current legislation applicable to the work of their profession *Moved from 2.5*

2.8	understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on service users	
2.9	understand the power imbalance between practitioners and service users and how this can be managed appropriately	
2.10	be able to recognise appropriate boundaries and understand the dynamics of power relationships	
2.11	understand the organisational context for their practice as a practitioner psychologist	
3	**be able to maintain fitness to practise**	
3.1	understand the need to maintain high standards of personal and professional conduct	
3.2	understand the importance of maintaining their own health	understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively**
3.A		**understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary**
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuous professional development**
3.4	be able to manage the physical, psychological and emotional impact of their practice	
4	**be able to practise as an autonomous professional, exercising their own professional judgement**	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the	recognise that they are personally responsible for and must be able to justify their decisions *Moved from 4.4 to emphasise importance of this standard*

	required knowledge and experience to deal with the problem	
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	~~be able to assess a professional 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 use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary** *Moved from 4.1*
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately *Moved from 4.2*
4.4	recognise that they are personally responsible for and must be able to justify their decisions	be able to make and receive appropriate referrals *Moved from 4.5*
4.5	be able to make and receive appropriate referrals	be able to initiate resolution of problems and be able to exercise personal initiative *Moved from 4.3*
4.A		be able to demonstrate a logical and systematic approach to problem solving *Moved from standard 14*
4.B		be able to use research, reasoning and problem solving skills to determine appropriate actions *Moved from standard 14*
4.6	understand the importance of participation in training, supervision and mentoring	understand the importance of **active** participation in training, supervision and mentoring
5	**be aware of the impact of culture, equality and diversity on practice**	understand the **need** ~~requirement~~ to adapt practice to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals

5.A		**be aware of the impact of their own values and beliefs on practice**
5.B		be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, **disability,** ethnicity, gender, **pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs *Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication*
5.1	understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing or behaviour	understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing or behaviour **including how these differences may result in experiences of marginalisation**
5.2	understand the requirement to adapt practice to meet the needs of different groups and individuals	
6	**be able to practise in a non-discriminatory manner**	be able to practise in a non-discriminatory **and inclusive** manner
6.A		**be aware of the characteristics and consequences of barriers to inclusion**
7	**understand the importance of and be able to maintain confidentiality**	
7.1	be aware of the limits of the concept of confidentiality	
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	

8	**be able to communicate effectively**	
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others	be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice, instruction and professional opinion to~~ service users, **carers,** colleagues and others
8.2	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[1] [1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.*	
8.3	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~ *Captured by the new standards below*
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~ *Captured by the new standards below*
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity,	~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~

	gender, socio-economic status and spiritual or religious beliefs	*Moved to standard 5*
8.6	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 provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~ *Captured by the new standards below*
8.A		**be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they want where appropriate**
8.B		**be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible**
8.C		be able to use information and communication technologies appropriate to their practice *Moved from standard 14*
8.7	be able to select the appropriate means for communicating feedback to service users	
8.8	be able to provide psychological opinion and advice in formal settings, as appropriate	
8.9	be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences	
8.10	be able to explain the nature and purpose of specific psychological techniques to service users	
8.11	be able to summarise and present complex ideas in an appropriate form	
8.12	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	~~understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~ *Captured by the new standards above*

8.13	recognise the need to use interpersonal skills to encourage the active participation of service users	~~recognise the need to use interpersonal skills to encourage the active participation of service users~~ *Captured by the new standards above*
8.14	be able to use formulations to assist multi-professional communication and understanding	
8.15	understand explicit and implicit communications in a practitioner – service user relationship	
8.16	be able to appropriately define and contract work with commissioning service users or their representatives	
Counselling psychologists only		
8.17	understand how empathic understanding can be helped by creativity and artistry in the use of language and metaphor	
9	**be able to work appropriately with others**	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	
9.A		be able to contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.7*
9.B		**understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice**
9.3	understand the need to engage service users and carers in planning and evaluating assessments, treatments and interventions to meet their needs and goals	

9.4	understand the need to implement interventions, care plans or management plans in partnership with service users, other professionals and carers	
9.5	be able to initiate, develop and end a practitioner – service user relationship	
9.6	understand the dynamics present in relationships between service users and practitioners	
9.7	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	~~be able to contribute effectively to work undertaken as part of a multi-disciplinary team~~ *Moved to 9.A*
9.8	be able to plan, design and deliver teaching and training which takes into account the needs and goals of participants	
9.9	be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures	
9.10	be able to use psychological formulations with service users to facilitate their understanding of their experience or situation	
10	**be able to maintain records appropriately**	
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
11	**be able to reflect on and review practice**	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	

11.2	recognise the value of case conferences and other methods of review	
11.3	be able to reflect critically on their practice and consider alternative ways of working	
11.4	understand models of supervision and their contribution to practice	
Counselling psychologists only		
11.5	be able to critically reflect on the use of self in the therapeutic process	
12	**be able to assure the quality of their practice**	
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	be able to engage in evidence-based practice, ~~evaluate practice systematically and participate in audit procedures~~
12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care or experience	be able to gather **and use feedback and** information, including qualitative and quantitative data, ~~that helps~~ to evaluate the response~~s~~ of service users to their care ~~or experience~~
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	~~be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures~~ *Captured by the new standard below*
12.4	be able to maintain an effective audit trail and work towards continual improvement	be able to **monitor and systematically evaluate the quality of practice, and** maintain an effective audit trail **to** ~~and~~ work towards continual improvement
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	~~be aware of, and be able to participate in, quality assurance programmes, where appropriate~~
12.A		**be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures**

12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	
12.7	be able to revise formulations in the light of ongoing intervention and when necessary reformulate the problem	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 *Moved from 12.8, deleted text captured in the amendments above*
12.8	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 revise formulations in the light of ongoing intervention and when necessary reformulate the problem *Moved from 12.7*
12.9	be able to monitor agreements and practices with service users, groups and organisations	
13	**understand the key concepts of the knowledge base relevant to their profession**	
13.1	understand the structure and function of the human body, together with knowledge of health, well-being, disease, disorder and dysfunction relevant to their domain	
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of the effectiveness of interventions and the research process	
13.3	recognise the role of other professions and stakeholders relevant to the work of their domain	recognise the role**(s)** of other professions ~~and stakeholders relevant to the work of their domain~~ **in health and social care and understand how they may relate to the role of practitioner psychologist** *For consistency across the professions*
13.4	understand the structures and functions of UK service providers applicable to the work of their domain	understand the structures and function~~s~~ of **health and social care services in the** UK ~~service providers applicable to the work of their domain~~ *For consistency across the professions*

13.5	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	
13.6	understand the role of the practitioner psychologist across a range of settings and services	
13.7	understand the concept of leadership and its application to practice	~~understand the concept of leadership and its application to practice~~ *Addressed by a new standard on leadership under standard 9 (9.A)*
13.8	understand the application of consultation models to service delivery and practice, including the role of leadership and group processes	

Clinical psychologists only

13.9	understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation	
13.10	understand more than one evidence-based model of formal psychological therapy	
13.11	understand psychological models related to how biological, sociological and circumstantial or life-event-related factors impinge on psychological processes to affect psychological wellbeing	
13.12	understand psychological models related to a range of presentations including: – service users with presentations from acute to enduring and mild to severe; – problems with biological or neuropsychological aspects; and – problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse	

	circumstances and life events, including bereavement and other chronic physical and mental health conditions	
13.13	understand psychological models related to service users: – from a range of social and cultural backgrounds; – of all ages; – across a range of intellectual functioning; – with significant levels of challenging behaviour; – with developmental learning disabilities and cognitive impairment; – with communication difficulties; – with substance misuse problems; and – with physical health problems	
13.14	understand psychological models related to working: – with service users, couples, families, carers, groups and at the organisational and community level; and – in a variety of settings including in-patient or other residential facilities with high-dependency needs, secondary health care and community or primary care	
13.15	understand change and transition processes at the individual, group and organisational level	
13.16	understand social approaches such as those informed by community, critical and social constructivist perspectives	
13.17	understand the impact of psychopharmacological and other clinical interventions on psychological work with service users	
Counselling psychologists only		

13.18	understand the philosophical bases which underpin those psychological theories which are relevant to counselling psychology	
13.19	understand the philosophy, theory and practice of more than one evidence-based model of formal psychological therapy	
13.20	understand psychological models related to a range of presentations including: – service users with presentations from acute to enduring and mild to severe; – problems with biological or neuropsychological aspects; and – problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions	
13.21	understand the therapeutic relationship and alliance as conceptualised by each model	
13.22	understand the spiritual and cultural traditions relevant to counselling psychology	
13.23	understand the primary philosophical paradigms that inform psychological theory with particular regard to their relevance to, and impact upon, the understanding of the subjectivity and inter subjectivity of experience throughout human development	
13.24	understand theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology	
13.25	understand different theories of lifespan development	

13.26	understand social and cultural contexts and the nature of relationships throughout the lifespan	
13.27	understand theories of psychopathology and of change	
13.28	understand the impact of psychopharmacology and other interventions on psychological work with service users	

Educational psychologists only

13.29	understand the role of the educational psychologist across a range of school and community settings and services	
13.30	understand the educational and emotional factors that facilitate or impede the provision of effective teaching and learning	
13.31	understand psychological theories of, and research evidence in, child, adolescent and young adult development relevant to educational psychology	
13.32	understand the structures and systems of a wide range of settings in which education, health and care are delivered for children, adolescents and young adults, including child protection procedures	
13.33	understand psychological models related to the influence of school ethos and culture, educational curricula, communication systems, management and leadership styles on the cognitive, behavioural, emotional and social development of children, adolescents and young adults	
13.34	understand psychological models of the factors that lead to underachievement, disaffection and social exclusion amongst vulnerable groups	
13.35	understand theories and evidence underlying psychological intervention with children, adolescents,	

	young adults, their parents or carers, and education and other professionals	
13.36	understand psychological models related to the influence on development of children, adolescents and young adults from: – family structures and processes; – cultural and community contexts; and – organisations and systems	
13.37	understand change and transition processes at the individual, group and organisational level	
13.38	understand the theoretical basis of, and the variety of approaches to, consultation and assessment in educational psychology	

Forensic psychologists only

13.39	understand the application of psychology in the legal system	
13.40	understand the application and integration of a range of theoretical perspectives on socially and individually damaging behaviours, including psychological, social and biological perspectives	
13.41	understand psychological models related to a range of presentations including: – service users with presentations from acute to enduring and mild to severe; – problems with biological or neuropsychological aspects; and – problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse	

	circumstances and life events, including bereavement and other chronic physical and mental health conditions	
13.42	understand psychological theories and their application to the provision of psychological therapies that focus on offenders and victims of offences	
13.43	understand effective assessment approaches with service users presenting with individually or socially damaging behaviour	
13.44	understand the development of criminal and antisocial behaviour	
13.45	understand the psychological interventions related to different service user groups including victims of offences, offenders, litigants, appellants and individuals seeking arbitration and mediation	

Health psychologists only

13.46	understand context and perspectives in health psychology	
13.47	understand the epidemiology of health and illness	
13.48	understand: – biological mechanisms of health and disease; – health-related cognitions and behaviour; – stress, health and illness; – individual differences in health and illness; – lifespan, gender and cross-cultural perspectives; and – long-term conditions and disability	
13.49	understand applications of health psychology and professional issues	

13.50	understand healthcare in professional settings	
Occupational psychologists only		
13.51	understand the following in occupational psychology: – human-machine interaction; – design of environments and work; – personnel selection and assessment; – performance appraisal and career development; – counselling and personal development; – training; – employee relations and motivation; and – organisational development and change	
Sport and exercise psychology		
13.52	understand cognitive processes, including motor skills, practice skills, learning and perception; and self-regulation	
13.53	understand psychological skills such as: – goal setting; – self-talk; – imagery; – pre-performance routines; – arousal control, such as relaxation and activation; and – strategies for stress and emotion management	
13.54	understand exercise and physical activity including: – determinants, such as motives, barriers and adherence; – outcomes in relation to affect, such as mood and emotion;	

	– cognition and mental health issues, such as self-esteem, eating disorders, depression and exercise dependence; – lifestyle and quality of life; and – injury	
13.55	understand individual differences including: – mental toughness, hardiness and resilience; – personality; – confidence; – motivation; – self-concept and self-esteem; and – stress and coping	
13.56	understand social processes within sport and exercise psychology including: – interpersonal skills and relationships; – group dynamics and functioning; – organisational issues; and – leadership	
13.57	understand the impact of developmental processes, including lifespan issues and processes related to career transitions and termination	
14	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	be able to apply psychology across a variety of different contexts using a range of evidence-based and theoretical models, frameworks and psychological paradigms	be able to change practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts *Moved from 14.2*
14.2	be able to change practice as needed to take account of new developments or changing contexts	be able to gather appropriate information *Moved from 14.9*

14.3	be able to conduct appropriate assessment or monitoring procedures, treatment, interventions, therapy or other actions safely and effectively	be able to analyse and critically evaluate the information collected *Moved from 14.19*
14.4	be able to conduct consultancy	be able to select and use appropriate assessment techniques *Moved from 14.13*
14.5	be able to formulate specific and appropriate management plans including the setting of timescales	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment *Moved from 14.14*
14.6	be able to manage resources to meet timescales and agreed project objectives	be able to undertake or arrange investigations as appropriate *Moved from 14.18*
14.7	be able to use psychological formulations to plan appropriate interventions that take the service user's perspective into account	be able to conduct appropriate **diagnostic** ~~assessment~~ or monitoring procedures, treatment, ~~interventions,~~ therapy or other actions safely and effectively *Moved from 14.3*
14.8	be able to direct the implementation of applications and interventions carried out by others	be aware of a range of research methodologies *Moved from 14.25*
14.9	be able to gather appropriate information	recognise the value of research to the critical evaluation of practice *Moved from 14.24*
14.10	be able to make informed judgements on complex issues in the absence of complete information	be able to **critically** evaluate research and other evidence to inform their own practice *Moved from 14.26*
14.11	be able to work effectively whilst holding alternative competing explanations in mind	be able to apply psychology across a variety of different contexts using a range of evidence-based and theoretical models, frameworks and psychological paradigms *Moved from 14.1*
14.12	be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations	be able to conduct consultancy *Moved from 14.4*
14.13	be able to select and use appropriate assessment techniques	be able to formulate specific and appropriate management plans including the setting of timescales

		Moved from 14.5	
14.14	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	be able to manage resources to meet timescales and agreed project objectives *Moved from 14.6*	
14.15	be able to choose and use a broad range of psychological assessment methods, appropriate to the service user, environment and the type of intervention likely to be required	be able to use psychological formulations to plan appropriate interventions that take the service user's perspective into account *Moved from 14.7*	
14.16	be able to decide how to assess, formulate and intervene psychologically from a range of possible models and modes of intervention with service users or service systems	be able to direct the implementation of applications and interventions carried out by others *Moved from 14.8*	
14.17	be able to use formal assessment procedures, systematic interviewing procedures and other structured methods of assessment relevant to their domain	be able to make informed judgements on complex issues in the absence of complete information *Moved from 14.10*	
14.18	be able to undertake or arrange investigations as appropriate	be able to work effectively whilst holding alternative competing explanations in mind *Moved from 14.11*	
14.19	be able to analyse and critically evaluate the information collected	be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations *Moved from 14.12*	
14.20	be able to critically evaluate risks and their implications	be able to choose and use a broad range of psychological assessment methods, appropriate to the service user, environment and the type of intervention likely to be required *Moved from 14.15*	
14.21	be able to demonstrate a logical and systematic approach to problem solving	~~be able to demonstrate a logical and systematic approach to problem solving~~ *Moved to standard 4*	
14.22	be able to use research, reasoning and problem solving skills to determine appropriate actions	~~be able to use research, reasoning and problem solving skills to determine appropriate actions~~	

		Moved to standard 4
14.23	be able to recognise when further intervention is inappropriate, or unlikely to be helpful	be able to decide how to assess, formulate and intervene psychologically from a range of possible models and modes of intervention with service users or service systems *Moved from 14.16*
14.24	recognise the value of research to the critical evaluation of practice	be able to use formal assessment procedures, systematic interviewing procedures and other structured methods of assessment relevant to their domain *Moved from 14.17*
14.25	be aware of a range of research methodologies	be able to critically evaluate risks and their implications *Moved from 14.20*
14.26	be able to evaluate research and other evidence to inform their own practice	be able to recognise when further intervention is inappropriate, or unlikely to be helpful *Moved from 14.23*
14.27	be able to initiate, design, develop, conduct and critically evaluate psychological research	
14.28	understand a variety of research designs	~~understand a variety of research designs~~ *Covered by 14.25*
14.29	be able to understand and use applicable techniques for research and academic enquiry, including qualitative and quantitative approaches	
14.30	be able to use professional and research skills in work with service users based on a scientist-practitioner and reflective practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation	
14.31	understand research ethics and be able to apply them	
14.32	be able to conduct service and large scale evaluations	

14.33	be able to use information and communication technologies appropriate to their practice	be able to use information and communication technologies appropriate to their practice *Moved to standard 8*
Clinical psychologists only		
14.34	be able to assess social context and organisational characteristics	
14.35	be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models	
14.36	be able to draw on knowledge of developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities	
14.37	understand therapeutic techniques and processes as applied when working with a range of individuals in distress including: – those who experience difficulties related to anxiety, mood, adjustment to adverse circumstances or life-events, eating, psychosis, use of substances; and – those with somatoform, psychosexual, developmental, personality, cognitive and neurological presentations	
14.38	be able, on the basis of psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the service user	
14.39	be able to implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy, including the use of cognitive behavioural therapy	

14.40	be able to promote awareness of the actual and potential contribution of psychological services	
14.41	be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation	
Counselling psychologists only		
14.42	be able to contrast, compare and critically evaluate a range of models of therapy	
14.43	be able to draw on knowledge of developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities	
14.44	be able to critically evaluate theories of mind and personality	
14.45	understand therapy through their own life-experience	
14.46	be able to adapt practice to take account of the nature of relationships throughout the lifespan	
14.47	be able to formulate service users' concerns within the chosen therapeutic models	
14.48	be able to critically evaluate psychopharmacology and its effects from research and practice	
14.49	be able to critically evaluate theories of psychopathology and change	
14.50	be able, on the basis of psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the service user	

14.51	be able to implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy	
14.52	be able to promote awareness of the actual and potential contribution of psychological services	
14.53	be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation	
Educational psychologists only		
14.54	be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models	
14.55	be able to carry out and analyse large-scale data gathering, including questionnaire surveys	
14.56	be able to work with key partners to support the design, implementation, conduct, evaluation and dissemination of research activities and to support evidence-based research	
14.57	be able to formulate interventions that focus on applying knowledge, skills and expertise to support local and national initiatives	
14.58	be able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards	
14.59	be able to implement interventions and plans through and with other professions and with parents or carers	
14.60	be able to adopt a proactive and preventative approach in order to promote the psychological wellbeing of service users	

14.61	be able to choose and use a broad range of psychological interventions, appropriate to the service user's needs and setting	
14.62	be able to integrate and implement therapeutic approaches based on a range of evidence-based psychological interventions	
14.63	be able to promote awareness of the actual and potential contribution of psychological services	
Forensic psychologists only		
14.64	be able to plan and design training and development programmes	
14.65	be able to plan and implement assessment procedures for training programmes	
14.66	be able to promote awareness of the actual and potential contribution of psychological services	
14.67	be able to assess social context and organisational characteristics	
14.68	be able to research and develop psychological methods, concepts, models, theories and instruments in forensic psychology	
14.69	be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation	
14.70	be able to draw on knowledge of developmental and social changes and constraints across an individual's lifespan to facilitate adaptability and change	
14.71	be able to implement interventions and care-plans through and with other professionals who form part of the service user careteam	

14.72	be able, on the basis of empirically derived psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting maladaptive or socially damaging behaviour of the service user	
14.73	be able to integrate and implement evidence-based psychological therapy at either an individual or group level	

Health psychologists only

14.74	be able to plan and implement assessment procedures for training programmes	
14.75	be able to develop appropriate psychological assessments based on appraisal of the influence of the biological, social and environmental context	
14.76	be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models	
14.77	be able to carry out and analyse large-scale data gathering, including questionnaire surveys	
14.78	be able to draw on knowledge of developmental, social and biological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities	
14.79	be able to contrast, compare and critically evaluate a range of models of behaviour change	
14.80	understand techniques and processes as applied when working with different individuals who experience difficulties	
14.81	be able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards	

14.82	be able to evaluate and respond to change in health psychology and in consultancy and service-delivery contexts	
14.83	be able, on the basis of psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting problem, and to the psychological and social circumstances of the service user	
14.84	be able to integrate and implement therapeutic approaches based on a range of evidence-based psychological interventions	
14.85	be able to choose and use a broad range of psychological interventions, appropriate to the service user's needs and setting	

Occupational psychologists only

14.86	be able to assess individuals, groups and organisations in detail	
14.87	be able to use the consultancy cycle	
14.88	be able to research and develop psychological methods, concepts, models, theories and instruments in occupational psychology	
14.89	be able to use psychological theory to guide research solutions for the benefit of organisations and individuals	
14.90	understand and be able to act and provide advice on policy development concerning employees' and job seekers' rights	
14.91	be able to run, direct, train and monitor others in the effective implementation of an application	

Sport and exercise psychologists only

14.92	be able to assess social context and organisational characteristics	
14.93	be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models	
14.94	be able to formulate service users' concerns within the chosen intervention models	
15	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	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	
15.A		**be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation** *For consistency across the professions*
15.B		**be able to select appropriate personal protective equipment and use it correctly** *For consistency across the professions*
15.3	be able to establish safe environments for practice, which minimise risks to service users, those treating them and others	be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and others, **including the use of hazard control and particularly infection control**

Sport and exercise psychologists only

15.4	be aware of the possible physical risks associated with certain sport and exercise contexts	

Appendix 1: Draft standards of proficiency for arts therapists

Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. We have moved some standards around to ensure the generic standards are at the top of each section, and so are numbered consistently across all the professions. Feedback relating to these standards should be provided in **Part A: Generic standards** of the survey.

White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions. Feedback relating to these standards should be provided in **Part B: Profession-specific standards** of the survey.

Where we have proposed to create a new standard, we have created a new row and assigned this a letter. This is to make it easier to refer back to when providing feedback. Please note the order of some of these standards may be subject to change.
Once we have determined what changes we are going to make, we will update the numbering of the standards.

We have endeavoured to make the proposed changes as clear as possible. However, we are mindful that this is still a complicated document. If consultees have any questions about the proposed changes, they can email consultation@hcpc-uk.org or call the Policy and Standards team on 020 7840 9815, and a member of the team will be able to talk through this document and the changes.

The current standards of proficiency for arts therapists are available to download and view for comparison at:
https://www.hcpc-uk.org/standards/standards-of-proficiency/arts-therapists/

No.	Standard	Proposed amendments
1	**be able to practise safely and effectively within their scope of practice**	

1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional **or service**
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively**
1.3	understand the value of therapy in developing insight and self-awareness through their own personal experience	
2	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times
2.A		**understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary**
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	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	
2.5	know about current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent *Moved from 2.6*
2.6	understand the importance of and be able to obtain informed consent	be able to exercise a professional duty of care *Moved from 2.7*

2.7	be able to exercise a professional duty of care	**understand** ~~know about~~ current legislation applicable to the work of their profession *Moved from 2.5*
2.8	understand the role of the art, music or dramatherapist in different settings	
3	**be able to maintain fitness to practise**	
3.1	understand the need to maintain high standards of personal and professional conduct	
3.2	understand the importance of maintaining their own health	understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively**
3.A		**understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary**
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuous professional development**
3.4	recognise that the obligation to maintain fitness to practise includes engagement in their own arts-based process	
4	**be able to practise as an autonomous professional, exercising their own professional judgement**	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	recognise that they are personally responsible for and must be able to justify their decisions *Moved from 4.4 to emphasise the importance of this standard*
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or	~~be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem~~

		procedures, and record the decisions and reasoning appropriately	**be able to use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary** *Moved from 4.1*
4.3		be able to initiate resolution of problems and be able to exercise personal initiative	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately *Moved from 4.2*
4.4		recognise that they are personally responsible for and must be able to justify their decisions	be able to make and receive appropriate referrals *Moved from 4.5*
4.5		be able to make and receive appropriate referrals	be able to initiate resolution of problems and be able to exercise personal initiative *Moved from 4.3*
4.A			be able to demonstrate a logical and systematic approach to problem solving *Moved from standard 14*
4.B			be able to use research, reasoning and problem solving skills to determine appropriate actions *Moved from standard 14*
4.C			**understand the importance of active participation in training, supervision and mentoring**
5	**be aware of the impact of culture, equality and diversity on practice**		
5.1		understand the requirement to adapt practice to meet the needs of different groups and individuals	understand the **need** ~~requirement~~ to adapt practice to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals
5.A			**be aware of the impact of their own values and beliefs on practice**
5.B			be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected

		by factors such as age, culture, **disability,** ethnicity, gender, **pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs *Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication*
5.2	understand the need to take account of psychological, social, cultural, economic and other factors when collecting case histories and other appropriate information	
6	**be able to practise in a non-discriminatory manner**	be able to practise in a non-discriminatory **and inclusive** manner
6.A		**be aware of the characteristics and consequences of barriers to inclusion**
7	**understand the importance of and be able to maintain confidentiality**	
7.1	be aware that the concepts of confidentiality and informed consent extend to illustrative records such as video and audio recordings, paintings, digital images and other art work	be aware of the limits of the concept of confidentiality *Moved from 7.2*
7.2	be aware of the limits of the concept of confidentiality	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public *Moved from 7.3*
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	understand the principles of information governance and be aware of the safe and effective use of health and social care information *Moved from 7.4*
7.4	understand the principles of information governance and be aware of the safe and effective use of health and social care information	be aware that the concepts of confidentiality and informed consent extend to illustrative records such as video and audio recordings, paintings, digital images and other art work

		Moved from 7.1
8	**be able to communicate effectively**	
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others	be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice, instruction and professional opinion to~~ service users, **carers,** colleagues and others
8.2	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[1] [1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.*	
8.3	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~ *Captured by the new standards below*
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~ *Captured by the new standards below*
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can	~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected~~

		be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	~~by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~ *Moved to standard 5*
8.6		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 provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~ *Captured by the new standards below*
8.7		understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	~~understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~ *Captured by the new standards below*
8.8		recognise the need to use interpersonal skills to encourage the active participation of service users	~~recognise the need to use interpersonal skills to encourage the active participation of service users~~ *Captured by the new standards below*
8.A			**be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they want where appropriate**
8.B			**be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible**
8.C			be able to use information and communication technologies appropriate to their practice *Moved from standard 14*
8.9		be able to explain the nature, purpose and techniques of therapy to service users and carers	
9		**be able to work appropriately with others**	
9.1		be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	

9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	
9.3	understand the need to engage service users and carers in planning and evaluating diagnostics and assessment outcomes to meet their needs and goals	be able to contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.4*
9.A		**understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice**
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	understand the need to engage service users and carers in planning and evaluating diagnostics and assessment outcomes to meet their needs and goals *Moved from 9.3*
9.5	recognise the role of arts therapists and the contribution they can make to health and social care	
9.6	understand the need to establish and sustain a therapeutic relationship within a creative and containing environment	
10	**be able to maintain records appropriately**	
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
11	**be able to reflect on and review practice**	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	

11.2	recognise the value of case conferences and other methods of review	
11.3	understand the role and value of ongoing clinical supervision in an arts therapy context	
12	**be able to assure the quality of their practice**	
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	be able to engage in evidence-based practice, ~~evaluate practice systematically and participate in audit procedures~~
12.2	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 gather **and use feedback and** information, including qualitative and quantitative data, ~~that helps~~ to evaluate the response~~s~~ of service users to their care
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	~~be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures~~ *Captured by the new standard below*
12.4	be able to maintain an effective audit trail and work towards continual improvement	be able to **monitor and systematically evaluate the quality of practice, and** maintain an effective audit trail **to** ~~and~~ work towards continual improvement
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	~~be aware of, and be able to participate in, quality assurance programmes, where appropriate~~ *Captured by the new standard below*
12.A		**be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures**
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	
12.7	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	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 *Captured by amendments above*

13	understand the key concepts of the knowledge base relevant to their profession	
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession	
13.2	be aware of the principles and applications of research enquiry, including the evaluation of treatment efficacy and the research process	be aware of the principles and applications of ~~research~~ **scientific** enquiry, including the evaluation of treatment efficacy and the research process *For consistency across the professions*
13.3	understand the concept of leadership and its application to practice	~~understand the concept of leadership and its application to practice~~ *Addressed by a new standard on leadership under standard 9 (9.A)*
13.4	recognise the importance of working in partnership with service users when carrying out research	recognise the role**(s)** of other professions in health and social care **and understand how they may relate to the role of arts therapists** *Moved from 13.5*
13.5	recognise the role of other professions in health and social care	understand the structure and function of health and social care services in the UK *Moved from 13.6*
13.6	understand the structure and function of health and social care services in the UK	recognise the importance of working in partnership with service users when carrying out research *Moved from 13.4*
13.7	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	
13.8	understand the psychological and cultural background to health, and be aware of influences on the service user – therapist relationship	
13.9	understand the core processes in therapeutic practice that are best suited to service users' needs and be able to engage these to achieve productive outcomes	

13.10	understand the therapeutic relationship, including its limitations	
13.11	be able to employ a coherent approach to the therapeutic process	
13.12	understand how and why different approaches to the use of the arts in arts therapy and in other settings varies according to context and purpose	
13.13	know about theories of group work and the management of group process	
13.14	know about theories relevant to work with an individual	
13.15	know about: - human development - normal and abnormal psychology - normal and abnormal human communication and language development - mental illness, psychiatric assessment and treatment - congenital and acquired disability - disorders of social functioning - the principal psychotherapeutic interventions and their theoretical bases - the nature and application of other relevant interventions	
13.16	recognise methods of distinguishing between health and sickness, including diagnosis, specifically mental health disorders and learning disabilities and be able to critique these systems of knowledge from different socio-cultural perspectives	
Art therapists only		
13.17	understand that while art therapy has a number of frames of reference, they must adopt a coherent approach to their therapy, including the relationship between theory,	

	research and practice and the relevant aspects of connected disciplines including visual arts, aesthetics, anthropology, psychology, psychiatry, sociology, psychotherapy and medicine	
13.18	know the practice and process of visual art-making	
13.19	understand the role of the physical setting and the art-making process in the physical and psychological containment of emotions	
13.20	understand the role and function of the art object within the relationship between service user and art therapist	
13.21	understand the role and use of visual symbols in art that communicate conscious and unconscious processes	
13.22	understand the influence of socio-cultural context on the making and viewing of art in art therapy	
13.23	recognise that different approaches to the use of visual arts practice in therapeutic work have developed in different sociocultural and political contexts around the world	
Dramatherapists only		
13.24	understand core processes and forms of creativity, movement, play and dramatic representation pertinent to practice with a range of service user groups	
13.25	understand both the symbolic value and intent inherent in drama as an art form, and with more explicit forms of enactment and re-enactment of imagined or lived experience	
13.26	know a range of theatrical representation techniques and be able to engage service users in a variety of performance-derived roles	

13.27	recognise that dramatherapy is a unique form of psychotherapy in which creativity, play, movement, voice, storytelling, dramatisation, improvisation and the performance arts have a central position within the therapeutic relationship	
13.28	recognise that different approaches to the discipline have developed from different histories in Eastern and Western Europe and the Americas	
13.29	recognise that the discipline has deep foundations within the many cultural traditions that use ritual, play, drama and performance for the enhancement of health	
13.30	know the key principles of influential theatre practitioners and their relevance to the therapeutic setting	
Music therapists only		
13.31	recognise that different approaches to music therapy have developed in different cultures and settings, and be able to apply a coherent approach to their work appropriate to each setting in which they practise	~~recognise that different approaches to music therapy have developed in different cultures and settings, and~~ be able to apply a coherent approach to their work**,** appropriate to each setting in which they practise
13.32	understand the practice and principles of musical improvisation as an interactive, communicative and relational process, including the psychological significance and effect of shared music making	understand the practice and principles of musical improvisation as an interactive, communicative and relational process, including the psychological **and psychosocial** significance and effect of shared music making
13.33	know a broad range of musical styles and genres and be aware of their cultural contexts	**be able to make culturally informed use of** ~~know~~ a broad range of musical styles and genres **within their music therapy practice** ~~and be aware of their cultural contexts~~
13.34	be able to play at least one musical instrument to a high level, and to use their singing voice and a keyboard / harmonic instrument to a competent level	be able to **apply a high degree of musicianship, including the ability to** play at least one musical instrument to a high level, and to use their singing voice and a keyboard / harmonic instrument to a competent level
14	**be able to draw on appropriate knowledge and skills to inform practice**	

14.1	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively	be able to change practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts *Moved from 14.4*
14.2	be able to work with service users both to define a clear end for the therapy, and to evaluate the therapy's strengths, benefits and limitations	be able to gather appropriate information *Moved from 14.5*
14.3	be able to formulate specific and appropriate management plans including the setting of timescales	be able to analyse and critically evaluate the information collected *Moved from 14.11*
14.4	be able to change practice as needed to take account of new developments or changing contexts	be able to select and use appropriate assessment techniques *Moved from 14.6*
14.5	be able to gather appropriate information	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and resources *Moved from 14.7*
14.6	be able to select and use appropriate assessment techniques	be able to undertake or arrange investigations as appropriate *Moved from 14.8*
14.7	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and resources	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively *Moved from 14.1*
14.8	be able to undertake or arrange investigations as appropriate	be aware of a range of research methodologies ~~and their respective limitations in evaluating psychotherapeutic interventions and treatments~~ *Moved from 14.15*
14.9	be able to observe and record service users' responses and assess the implication for diagnosis and intervention	recognise the value of research to the critical evaluation of practice *Moved from 14.14*
14.10	be able to undertake or arrange investigations, for example setting up an assessment period in order to ascertain the appropriateness of an intervention	be able to **critically** evaluate research and other evidence to inform their own practice *Moved from 14.16*

14.11	be able to analyse and critically evaluate the information collected	be able to work with service users both to define a clear end for the therapy, and to evaluate the therapy's strengths, benefits and limitations *Moved from 14.2*
14.12	be able to demonstrate a logical and systematic approach to problem solving	~~be able to demonstrate a logical and systematic approach to problem solving~~ *Moved to standard 4*
14.13	be able to use research, reasoning and problem solving skills to determine appropriate actions	~~be able to use research, reasoning and problem solving skills to determine appropriate actions~~ *Moved to standard 4*
14.14	recognise the value of research to the critical evaluation of practice	be able to formulate specific and appropriate management plans including the setting of timescales *Moved from 14.3*
14.15	be aware of a range of research methodologies and their respective limitations in evaluating psychotherapeutic interventions and treatments	be able to observe and record service users' responses and assess the implication for diagnosis and intervention *Moved from 14.9*
14.16	be able to evaluate research and other evidence to inform their own practice	be able to undertake or arrange investigations, for example setting up an assessment period in order to ascertain the appropriateness of an intervention *Moved from 14.10*
14.17	be able to use information and communication technologies appropriate to their practice	~~be able to use information and communication technologies appropriate to their practice~~ *Moved to standard 8*

Art therapists only

14.18	be able to use a range of art and art-making materials and techniques competently and be able to help a service user to work with these	

Dramatherapists only

14.19	be able to use a range of dramatic concepts, techniques and procedures including games, activities, styles and	

	structures and to improvise drama spontaneously with service users in a variety of styles and idioms	
Music therapists only		
14.20	be able to use a range of music and music-making techniques competently including improvisation, structured musical activities, listening approaches and creation and composition of material and music technology where appropriate and be able to help a service user to work with these	be able to use a range of music and music-making techniques competently including improvisation, structured musical activities, listening approaches and creation and composition of material ~~and music technology~~ where appropriate and be able to help a service user to work with these
15	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	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	
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	
15.4	be able to select appropriate personal protective equipment and use it correctly	
15.5	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	be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and others, including the use of hazard control and particularly infection control

Appendix 2: Draft standards of proficiency for prosthetists / orthotists

Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

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White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions. Feedback relating to these standards should be provided in **Part B: Profession-specific standards** of the survey.

Where we have proposed to create a new standard, we have created a new row and assigned this a letter. This is to make it easier to refer back to when providing feedback. Please note the order of some of these standards may be subject to change.
Once we have determined what changes we are going to make, we will update the numbering of the standards.

We have endeavoured to make the proposed changes as clear as possible. However, we are mindful that this is still a complicated document. If consultees have any questions about the proposed changes, they can email consultation@hcpc-uk.org or call the Policy and Standards team on 020 7840 9815, and a member of the team will be able to talk through this document and the changes.

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https://www.hcpc-uk.org/standards/standards-of-proficiency/prosthetists-orthotists/

No.	Standard	Proposed amendments
1	**be able to practise safely and effectively within their scope of practice**	

1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional **or service**
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively**
2	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times
2.A		**understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary**
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	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	
2.5	know about current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent *Moved from 2.7*
2.6	be aware of the quality guidelines and device design principles that apply to the specifications of individual devices	be able to exercise a professional duty of care *Moved from 2.8*
2.7	understand the importance of and be able to obtain informed consent	**understand** ~~know about~~ current legislation applicable to the work of their profession

		Moved from 2.5
2.8	be able to exercise a professional duty of care	be aware of the quality guidelines and device design principles that apply to the specifications of individual devices *Moved from 2.6*
3	**be able to maintain fitness to practise**	
3.1	understand the need to maintain high standards of personal and professional conduct	
3.2	understand the importance of maintaining their own health	understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively**
3.A		**understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary**
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuous professional development**
4	**be able to practise as an autonomous professional, exercising their own professional judgement**	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	recognise that they are personally responsible for and must be able to justify their decisions *Moved from 4.4*
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	~~be able to assess a professional 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 use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary** *Moved from 4.1*

4.3	be able to initiate resolution of problems and be able to exercise personal initiative	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately *Moved from 4.2*
4.4	recognise that they are personally responsible for and must be able to justify their decisions	be able to make and receive appropriate referrals *Moved from 4.5*
4.5	be able to make and receive appropriate referrals	be able to initiate resolution of problems and be able to exercise personal initiative *Moved from 4.3*
4.A		be able to demonstrate a logical and systematic approach to problem solving *Moved from standard 14*
4.B		be able to use research, reasoning and problem solving skills to determine appropriate actions *Moved from standard 14*
4.6	understand the importance of participation in training, supervision and mentoring	understand the importance of **active** participation in training, supervision**,** and mentoring *Moved from 4.6*
5	**be aware of the impact of culture, equality and diversity on practice**	
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals	understand the **need** ~~requirement~~ to adapt practice to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals
5.A		**be aware of the impact of their own values and beliefs on practice**
5.B		be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, **disability,** ethnicity, gender, **pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs

		Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication
5.2	understand the psychology of loss and disability as it affects and influences prosthetic and orthotic management, and be able to apply such understanding to clinical decision-making	
5.3	recognise the social factors affecting the rehabilitation of patients	
6	**be able to practise in a non-discriminatory manner**	be able to practise in a non-discriminatory **and inclusive** manner
6.A		**be aware of the characteristics and consequences of barriers to inclusion**
7	**understand the importance of and be able to maintain confidentiality**	
7.1	be aware of the limits of the concept of confidentiality	
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	
8	**be able to communicate effectively**	
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others	be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice, instruction and professional opinion to~~ service users, **carers,** colleagues and others

8.2	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[1] [1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.*	
8.3	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~ *Captured by the new standards below*
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~ *Captured by the new standards below*
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~ *Moved to standard 5*
8.6	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 provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~ *Captured by the new standards below*

8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	~~understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~ *Captured by the new standards below*
8.8	recognise the need to use interpersonal skills to encourage the active participation of service users	~~recognise the need to use interpersonal skills to encourage the active participation of service users~~ *Captured by the new standards below*
8.A		**be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they want where appropriate**
8.B		**be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible**
8.C		be able to use information and communication technologies appropriate to their practice *Moved from standard 14*
8.9	recognise the need for effective communication with technical staff to ensure the appropriateness and quality of prostheses and orthoses	
9	**be able to work appropriately with others**	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	
9.3	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 contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.4*

9.A		understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals *Moved from 9.3*
10	**be able to maintain records appropriately**	
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
11	**be able to reflect on and review practice**	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	
11.2	recognise the value of case conferences and other methods of review	
12	**be able to assure the quality of their practice**	
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures
12.2	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 gather **and use feedback and** information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures

		Captured by the new standard below	
12.4	be able to maintain an effective audit trail and work towards continual improvement	be able to **monitor and systematically evaluate the quality of practice, and** maintain an effective audit trail **to** ~~and~~ work towards continual improvement	
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	~~be aware of, and be able to participate in, quality assurance programmes, where appropriate~~ *Captured by the new standard below*	
12.A		**be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures**	
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user		
12.7	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	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 *Captured by amendments above*	
12.8	be able to evaluate the supply, fit and delivery of any device on an ongoing basis as part of the review mechanism, including the body – device interface, functional alignment, mechanical integrity, functional suitability, cosmesis, clinical effectiveness, and the needs and expectations of patients		
13	**understand the key concepts of the knowledge base relevant to their profession**		
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their profession		
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process		

13.3	recognise the role of other professions in health and social care	recognise the role(s) of other professions **and services** in health and social care **and understand how they may relate to the role of prosthetists / orthotists**
13.4	understand the structure and function of health and social care services in the UK	
13.5	understand the concept of leadership and its application to practice	~~understand the concept of leadership and its application to practice~~ *Addressed by a new standard on leadership under standard 9 (9.A)*
13.6	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	
13.7	know human structure and function, especially the human musculoskeletal system	
13.8	know the aetiology and pathophysiology of human disease and general genetic principles relevant to prosthetic or orthotic practice, and recognise when disorders are not amenable to prosthetic or orthotic treatment	
13.9	understand the structure and properties of materials and their appropriate application to prosthetic or orthotic hardware and clinical practice	
13.10	understand biomechanical principles and the appropriate application of forces to the human body following prescription and supply of a prosthesis or orthosis in a manner which makes the application of such forces safe and effective in an episode of treatment	
13.11	demonstrate a sound knowledge and understanding of the theoretical basis of prosthetic and orthotic science	
13.A		**be aware of the promotion of public health**

14	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	be able to change practice as needed to take account of new developments or changing contexts	be able to change practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts
14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively	be able to gather appropriate information *Moved from 14.6*
14.3	know how to position or immobilise service users correctly for safe and effective interventions	be able to analyse and critically evaluate the information collected *Moved from 14.17*
14.4	understand the need to maintain all equipment to a high standard	be able to select and use appropriate assessment techniques *Moved from 14.9*
14.5	be able to formulate specific and appropriate management plans including the setting of timescales	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment *Moved from 14.10*
14.6	be able to gather appropriate information	be able to undertake or arrange investigations as appropriate *Moved from 14.16*
14.7	be able to use equipment and machinery appropriately to capture and modify anthropometric, kinetic, and kinematic data safely and effectively	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively *Moved from 14.2*
14.8	be able to provide, where appropriate, a suitable cast or electronic data to accompany the written information	be aware of a range of research methodologies *Moved from 14.22*
14.9	be able to select and use appropriate assessment techniques	recognise the value of research to the critical evaluation of practice *Moved from 14.21*
14.10	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	be able to **critically** evaluate research and other evidence to inform their own practice *Moved from 14.23*

14.11	be able to use contemporary technologies that aid patient assessment	know how to position or immobilise service users correctly for safe and effective interventions *Moved from 14.3*
14.12	be able to complete an accurate clinical assessment	understand the need to maintain all equipment to a high standard *Moved from 14.4*
14.13	be aware of the weight and potential level of activity of patients, and the uses that prostheses or orthoses will be subject to, as part of health and safety assessments	be able to formulate specific and appropriate management plans including the setting of timescales *Moved from 14.5*
14.14	be able to measure and cast for prostheses and orthoses and, where necessary, rectify them	be able to use equipment and machinery appropriately to capture and modify anthropometric, kinetic, and kinematic data safely and effectively *Moved from 14.7*
14.15	be able to prescribe orthotic or prosthetic treatment including, where necessary, the specification for manufacture, and recognise the need to carry out risk analyses where required for unapproved combinations or applications of components	be able to provide, where appropriate, a suitable cast or electronic data to accompany the written information *Moved from 14.8*
14.16	be able to undertake or arrange investigations as appropriate	be able to use contemporary technologies that aid patient assessment *Moved from 14.11*
14.17	be able to analyse and critically evaluate the information collected	be able to complete an accurate clinical assessment *Moved from 14.12*
14.18	be able to analyse normal and abnormal gait, locomotor function and movement using both qualitative and quantitative means	be aware of the weight and potential level of activity of patients, and the uses that prostheses or orthoses will be subject to, as part of health and safety assessments *Moved from 14.13*
14.19	be able to demonstrate a logical and systematic approach to problem solving	be able to demonstrate a logical and systematic approach to problem solving *Moved to standard 4*
14.20	be able to use research, reasoning and problem solving skills to determine appropriate actions	be able to use research, reasoning and problem solving skills to determine appropriate actions

		Moved to standard 4
14.21	recognise the value of research to the critical evaluation of practice	be able to measure and cast for prostheses and orthoses and, where necessary, rectify them *Moved from 14.14*
14.22	be aware of a range of research methodologies	be able to prescribe orthotic or prosthetic treatment including, where necessary, the specification for manufacture, and recognise the need to carry out risk analyses where required for unapproved combinations or applications of components *Moved from 14.15*
14.23	be able to evaluate research and other evidence to inform their own practice	be able to analyse normal and abnormal gait, locomotor function and movement using both qualitative and quantitative means *Moved from 14.18*
14.24	be able to assess factors important to the relevant design specification of prostheses and orthoses and apply these when designing a device	
14.25	be able to use information and communication technologies appropriate to their practice	~~be able to use information and communication technologies appropriate to their practice~~ *Moved to standard 8*
15	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	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	
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	

15.4	be able to select appropriate personal protective equipment and use it correctly	
15.5	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	be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and others, including the use of hazard control and particularly infection control
15.6	understand and be able to apply appropriate moving and handling techniques	

Appendix 3: Draft standards of proficiency for chiropodists / podiatrists

Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

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No.	Standard	Proposed amendments
1	**be able to practise safely and effectively within their scope of practice**	

1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional **or service**
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively**
2	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times
2.A		**understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary**
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	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	
2.5	know about current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent *Moved from 2.6*
2.6	understand the importance of and be able to obtain informed consent	be able to exercise a professional duty of care *Moved from 2.7*
2.7	be able to exercise a professional duty of care	**understand** ~~know about~~ current legislation applicable to the work of their profession *Moved from 2.5*

3	be able to maintain fitness to practise	
3.1	understand the need to maintain high standards of personal and professional conduct	
3.2	understand the importance of maintaining their own health	understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively**
3.A		**understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary**
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuous professional development**
4	be able to practise as an autonomous professional, exercising their own professional judgement	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	recognise that they are personally responsible for and must be able to justify their decisions *Moved from 4.4 to emphasise importance of this standard*
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	~~be able to assess a professional 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 use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary** *Moved from 4.1*
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately

			Moved from 4.2
4.4	recognise that they are personally responsible for and must be able to justify their decisions		be able to make and receive appropriate referrals *Moved from 4.5*
4.5	be able to make and receive appropriate referrals		be able to initiate resolution of problems and be able to exercise personal initiative *Moved from 4.3*
4.A			be able to demonstrate a logical and systematic approach to problem solving *Moved from standard 14*
4.B			be able to use research, reasoning and problem solving skills to determine appropriate actions *Moved from standard 14*
4.6	understand the importance of participation in training, supervision and mentoring		understand the importance of **active** participation in training, supervision**,** and mentoring *Moved from 4.6*
5	**be aware of the impact of culture, equality and diversity on practice**		
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals		understand the **need** ~~requirement~~ to adapt practice to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals
5.A			**be aware of the impact of their own values and beliefs on practice**
5.B			be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, **disability,** ethnicity, gender, **pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs *Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the*

			exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication
6	**be able to practise in a non-discriminatory manner**	be able to practise in a non-discriminatory **and inclusive** manner	
6.A		**be aware of the characteristics and consequences of barriers to inclusion**	
7	**understand the importance of and be able to maintain confidentiality**		
7.1	be aware of the limits of the concept of confidentiality		
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information		
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public		
8	**be able to communicate effectively**		
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others	be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice, instruction and professional opinion to~~ service users, **carers,** colleagues and others	
8.2	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[1] [1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or*		

	Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.	
8.3	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~ *Captured by the new standards below*
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~ *Captured by the new standards below*
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~ *Moved to standard 5*
8.6	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 provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~ *Captured by the new standards below*
8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	~~understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~ *Captured by the new standards below*
8.8	recognise the need to use interpersonal skills to encourage the active participation of service users	~~recognise the need to use interpersonal skills to encourage the active participation of service users~~ *Captured by the new standards below*
8.A		**be able to work with service users or their carers to facilitate the service user's preferred role in decision-**

		making, and provide service users and carers with the information they want where appropriate
8.B		**be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible**
8.C		be able to use information and communication technologies appropriate to their practice *Moved from standard 14*
8.9	understand the need to empower patients to manage their foot health and related issues and recognise the need to provide advice to the patient on self-treatment where appropriate	
9	**be able to work appropriately with others**	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	
9.3	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 contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.4*
9.A		**understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice**
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals *Moved from 9.3*

10	be able to maintain records appropriately	
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
11	be able to reflect on and review practice	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	
11.2	recognise the value of case conferences and other methods of review	
12	be able to assure the quality of their practice	
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	be able to engage in evidence-based practice, ~~evaluate practice systematically and participate in audit procedures~~
12.2	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 gather **and use feedback and** information, including qualitative and quantitative data, ~~that helps~~ to evaluate the response~~s~~ of service users to their care
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	~~be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures~~ *Captured by the new standard below*
12.4	be able to maintain an effective audit trail and work towards continual improvement	be able to **monitor and systematically evaluate the quality of practice, and** maintain an effective audit trail **to** ~~and~~ work towards continual improvement
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	~~be aware of, and be able to participate in, quality assurance programmes, where appropriate~~ *Captured by the new standard below*

		be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures
12.A		**be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures**
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	
12.7	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	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 *Captured by amendments above*
13	**understand the key concepts of the knowledge base relevant to their profession**	
13.1	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession *Moved from 13.6*
13.2	recognise the role of other professions in health and social care	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process *Moved from 13.1*
13.3	understand the structure and function of health and social care services in the UK	recognise the role**(s)** of other professions in health and social care **and understand how they may relate to the role of chiropodist / podiatrist** *Moved from 13.2*
13.4	understand the concept of leadership and its application to practice	~~understand the concept of leadership and its application to practice~~ *Addressed by a new standard on leadership under standard 9 (9.A)*
13.5	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	understand the structure and function of health and social care services in the UK *Moved from 13.3*

13.6	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession	understand the theoretical basis of, and the variety of approaches to, assessment and intervention *Moved from 13.5*
13.7	understand, in the context of chiropody and podiatry: – anatomy and human locomotion – behavioural sciences – foot health promotion and education – histology – immunology – pharmacology – physiology – podiatric orthopaedics and biomechanics – podiatric therapeutic sciences – systemic and podiatric pathology	
14	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively	be able to change practice as needed to take account of new developments, **technologies and** or changing contexts *Moved from 14.9*
14.2	be able to gather appropriate information	
14.3	be able to select and use appropriate assessment techniques	be able to analyse and critically evaluate the information collected *Moved from 14.13*
14.4	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	be able to select and use appropriate assessment techniques *Moved from 14.2*
14.5	be able to formulate specific and appropriate management plans including the setting of timescales	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment *Moved from 14.4*

14.6	be able to conduct neurological, vascular, biomechanical, dermatological and podiatric assessments in the context of chiropody and podiatry	be able to undertake or arrange investigations as appropriate *Moved from 14.12*
14.7	be able to use a systematic approach to formulate and test a preferred diagnosis	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively *Moved from 14.1*
14.8	be able to use basic life support skills and to deal safely with clinical emergencies	be aware of a range of research methodologies *Moved from 14.18*
14.9	be able to change practice as needed to take account of new developments or changing contexts	recognise the value of research to the critical evaluation of practice *Moved from 14.17*
14.10	know and be able to interpret the signs and symptoms of systemic disorders as they manifest in the lower limb and foot with particular reference to: – cardiovascular disorders – dermatological disorders – developmental disorders – diabetes mellitus – infections – malignancy – neurological disorders – renal disorders – rheumatoid arthritis and other arthropathies	be able to **critically** evaluate research and other evidence to inform their own practice *Moved from 14.19*
14.11	be able to carry out the following techniques safely and effectively: – administer relevant prescription-only medicines, interpret any relevant pharmacological history and recognise potential consequences for patient treatment – apply local anaesthesia techniques	be able to formulate specific and appropriate management plans including the setting of timescales *Moved from 14.5*

	– carry out mechanical debridement of intact and ulcerated skin – carry out surgical procedures for skin and nail conditions – make and use chair-side foot orthoses – manage nail disorders – prescribe foot orthoses – use appropriate physical and chemical therapies	
14.12	be able to undertake or arrange investigations as appropriate	be able to conduct neurological, vascular, biomechanical, dermatological and podiatric assessments in the context of chiropody and podiatry *Moved from 14.6*
14.13	be able to analyse and critically evaluate the information collected	be able to use a systematic approach to formulate and test a preferred diagnosis *Moved from 14.7*
14.14	be able to interpret physiological, medical and biomechanical data in the context of chiropody and podiatry	be able to use basic life support skills and to deal safely with clinical emergencies *Moved from 14.8*
14.15	be able to demonstrate a logical and systematic approach to problem solving	~~be able to demonstrate a logical and systematic approach to problem solving~~ *Moved to standard 4*
14.16	be able to use research, reasoning and problem solving skills to determine appropriate actions	~~be able to use research, reasoning and problem solving skills to determine appropriate actions~~ *Moved to standard 4*
14.17	recognise the value of research to the critical evaluation of practice	know and be able to interpret the signs and symptoms of systemic disorders as they manifest in the lower limb and foot with particular reference to: – cardiovascular disorders – dermatological disorders – developmental disorders – diabetes mellitus

		– infections – malignancy – neurological disorders – renal disorders – rheumatoid arthritis and other arthropathies *Moved from 14.10*
14.18	be aware of a range of research methodologies	be able to carry out the following techniques safely and effectively: – administer relevant prescription-only medicines, interpret any relevant pharmacological history and recognise potential consequences for patient treatment – apply local anaesthesia techniques – carry out mechanical debridement of intact and ulcerated skin – carry out surgical procedures for skin and nail conditions – make and use chair-side foot orthoses – manage nail disorders – prescribe foot orthoses – use appropriate physical and chemical therapies *Moved from 14.11*
14.19	be able to evaluate research and other evidence to inform their own practice	be able to interpret physiological, medical and biomechanical data in the context of chiropody and podiatry *Moved from 14.14*
14.20	be able to use information and communication technologies appropriate to their practice	~~be able to use information and communication technologies appropriate to their practice~~ *Moved to standard 8*
15	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	

15.2	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	
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	
15.4	be able to select appropriate personal protective equipment and use it correctly	
15.5	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	be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and others, including the use of hazard control and particularly infection control
15.6	know how to position or immobilise patients correctly for safe and effective interventions	**understand** ~~know~~ how to position or immobilise patients correctly for safe and effective interventions *For consistency across the professions*
15.7	know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages	
15.8	be aware of immunisation requirements and the role of occupational health	

Appendix 4: Draft standards of proficiency for orthoptists

Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. We have moved some standards around to ensure the generic standards are at the top of each section, and so are numbered consistently across all the professions. Feedback relating to these standards should be provided in **Part A: Generic standards** of the survey.

White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions. Feedback relating to these standards should be provided in **Part B: Profession-specific standards** of the survey.

Where we have proposed to create a new standard, we have created a new row and assigned this a letter. This is to make it easier to refer back to when providing feedback. Please note the order of some of these standards may be subject to change.
Once we have determined what changes we are going to make, we will update the numbering of the standards.

We have endeavoured to make the proposed changes as clear as possible. However, we are mindful that this is still a complicated document. If consultees have any questions about the proposed changes, they can email consultation@hcpc-uk.org or call the Policy and Standards team on 020 7840 9815, and a member of the team will be able to talk through this document and the changes.

The current standards of proficiency for orthoptists are available to download and view for comparison at:
https://www.hcpc-uk.org/standards/standards-of-proficiency/orthoptists/

No.	Standard	Proposed amendments
1	**be able to practise safely and effectively within their scope of practice**	

1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional **or service**
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively**
2	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times
2.A		**understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary**
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	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	
2.5	know about current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent *Moved from 2.6*
2.6	understand the importance of and be able to obtain informed consent	be able to exercise a professional duty of care *Moved from 2.7*
2.7	be able to exercise a professional duty of care	**understand** ~~know~~ about current legislation applicable to the work of their profession

			Moved from 2.5
3	**be able to maintain fitness to practise**		
3.1	understand the need to maintain high standards of personal and professional conduct		
3.2	understand the importance of maintaining their own health		understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively**
3.A			**understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary**
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning		understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuous professional development**
4	**be able to practise as an autonomous professional, exercising their own professional judgement**		
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem		recognise that they are personally responsible for and must be able to justify their decisions *Moved from 4.4 to emphasise importance of this standard*
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately		~~be able to assess a professional 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 use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary** *Moved from 4.1*
4.3	be able to initiate resolution of problems and be able to exercise personal initiative		be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or

		procedures, and record the decisions and reasoning appropriately *Moved from 4.2*
4.4	recognise that they are personally responsible for and must be able to justify their decisions	be able to make and receive appropriate referrals *Moved from 4.5*
4.5	be able to make and receive appropriate referrals	be able to initiate resolution of problems and be able to exercise personal initiative *Moved from 4.3*
4.A		be able to demonstrate a logical and systematic approach to problem solving *Moved from standard 14*
4.B		be able to use research, reasoning and problem solving skills to determine appropriate actions *Moved from standard 14*
4.C		**understand the importance of active participation in training, supervision and mentoring**
4.D		**be able to coordinate a complete patient pathway, where appropriate, and in line with local guidelines**
5	**be aware of the impact of culture, equality and diversity on practice**	
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals	understand the **need** ~~requirement~~ to adapt practice to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals
5.A		**be aware of the impact of their own values and beliefs on practice**
5.B		be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, **disability,** ethnicity, gender, **pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs

		Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication
5.2	understand the need to take account of physical, psychological and cultural needs when planning and delivering treatment	
6	**be able to practise in a non-discriminatory manner**	be able to practise in a non-discriminatory **and inclusive** manner
6.A		**be aware of the characteristics and consequences of barriers to inclusion**
7	**understand the importance of and be able to maintain confidentiality**	
7.1	be aware of the limits of the concept of confidentiality	
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	
8	**be able to communicate effectively**	
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others	be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice, instruction and professional opinion to~~ service users, **carers,** colleagues and others
8.2	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[1]	

	[1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.*	
8.3	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~ *Captured by the new standards below*
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~ *Captured by the new standards below*
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~ *Moved to standard 5*
8.6	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 provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~ *Captured by the new standards below*
8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	~~understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~ *Captured by the new standards below*

8.8	recognise the need to use interpersonal skills to encourage the active participation of service users	~~recognise the need to use interpersonal skills to encourage the active participation of service users~~ *Captured by the new standards above*
8.A		**be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they want where appropriate**
8.B		**be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible**
8.C		be able to use information and communication technologies appropriate to their practice *Moved from standard 14*
8.9	recognise the need to modify interpersonal skills for the assessment and management of children	
9	**be able to work appropriately with others**	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	
9.3	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 contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.4*
9.A		**understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice**

9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals *Moved from 9.3*
9.5	recognise the need to participate effectively in the planning, implementation and evaluation of multi-professional approaches to healthcare delivery by liaising with other health or social care professionals	
9.6	be aware of the orthoptist's role in the promotion of visual health by other health professionals	be aware of the orthoptist's role in the promotion of **ocular** ~~visual~~ health by other health professionals
10	**be able to maintain records appropriately**	
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
11	**be able to reflect on and review practice**	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	
11.2	recognise the value of case conferences and other methods of review	
12	**be able to assure the quality of their practice**	
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	be able to engage in evidence-based practice~~, evaluate practice systematically and participate in audit procedures~~
12.2	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 gather **and use feedback and** information, including qualitative and quantitative data, ~~that helps~~ to evaluate the response~~s~~ of service users to their care

12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	~~be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures~~ *Captured by the new standard below*
12.4	be able to maintain an effective audit trail and work towards continual improvement	be able to **monitor and systematically evaluate the quality of practice, and** maintain an effective audit trail **to** ~~and~~ work towards continual improvement
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	~~be aware of, and be able to participate in, quality assurance programmes, where appropriate~~ *Captured by the new standard below*
12.A		**be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures**
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	
12.7	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	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 *Captured by amendments above*
13	**understand the key concepts of the knowledge base relevant to their profession**	
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession	
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	
13.3	understand the concept of leadership and its application to practice	~~understand the concept of leadership and its application to practice~~ *Addressed by a new standard on leadership under standard 9 (9.A)*

13.4	recognise the role of other professions in health and social care	recognise the role**(s)** of other professions in health and social care **and understand how they may relate to the role of orthoptist**
13.5	understand the structure and function of health and social care services in the UK	
13.6	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	understand human anatomy and physiology, including the central nervous system, brain and ocular structures as it relates to the practice of orthoptics *Moved from 13.13*
13.7	understand ocular alignment and binocular single vision and stereopsis, and the sensory and motor elements required to attain and maintain these	understand human growth**, physical and mental, and human** ~~and~~ development across the lifespan, as it relates to the practice of orthoptics *Moved from 13.14*
13.8	understand the principles of uniocular and binocular perception, and the anatomical substrate of these functions	understand the development of anatomical substrates and their relevance to the development of binocular single vision and visual function *Moved from 13.20*
13.9	understand refractive error and its effect on ocular alignment and visual development	know the detailed anatomical and physiological development of the visual system, and understand which components of the visual pathway and cortex relate to specific aspects of visual performance and visual perception *Moved from 13.18*
13.10	understand binocular vision and the factors which can cause its disruption	understand the theoretical basis of, and the variety of approaches to, assessment and intervention *Moved from 13.6*
13.11	understand ocular motility systems, the laws associated with them and their neural control	understand ocular alignment and binocular single vision ~~and stereopsis~~, and the sensory and motor elements required to attain and maintain these *Moved from 13.7*
13.12	know the adaptive mechanisms that occur in order to compensate for strabismus and abnormalities of binocular vision	know the principles governing visual function and the development of vision, and be able to apply them to clinical practice

		Moved from 13.25
13.13	understand human anatomy and physiology, including the central nervous system, brain and ocular structures as it relates to the practice of orthoptics	Understand **the factors which can cause the disruption of** binocular vision and the factors which can cause its disruption *Moved from 13.10*
13.14	understand human growth and development across the lifespan, as it relates to the practice of orthoptics	know the principles governing binocular vision, its investigation and the significance of its presence or absence, and be able to apply them to clinical practice *Moved from 13.23*
13.15	understand the effect of other acquired medical and neurological disorders on the eye, the visual and ocular motor systems including paediatric, endocrine, autoimmune, oncological and neurological disease	understand the principles of uniocular and binocular perception, and the anatomical substrate of these functions *Moved from 13.8*
13.16	know about the range of ophthalmic conditions which can disrupt vision, binocular vision and produce eye movement disorders	understand refractive error and its effect on ocular alignment**,** **visual perception** and visual development *Moved from 13.9*
13.17	know the factors which influence individual variations in human ability and development	know ~~the principles governing the near triad of~~ **how** convergence, accommodation and pupillary response **affect investigation**, ~~and their relevance to~~ diagnosis and patient management, and be able to apply them to clinical practice *Moved from 13.28*
13.18	know the detailed anatomical and physiological development of the visual system, and understand which components of the visual pathway and cortex relate to specific aspects of visual performance and visual perception	understand ocular motility systems, **their neural control and how typical and atypical anatomical structures influence them** ~~the laws associated with them and their neural control~~ *Moved from 13.11*
13.19	understand neuroanatomy and the effects of disruption of neural pathways on the visual system, cranial nerves and supranuclear control of eye movements	know the **sensory and motor** adaptive mechanisms that occur in order to compensate for strabismus and abnormalities of binocular vision *Moved from 13.12*

13.20	understand the development of anatomical substrates and their relevance to the development of binocular single vision and visual function	**know and** understand the effect of other acquired ~~medical and neurological~~ disorders **of the body** on the eye, the visual and ocular motor systems including paediatric, endocrine, autoimmune, oncological, **trauma, psychological** and neurological disease *Moved from 13.15*
13.21	know how psychology and sociology can inform an understanding of health, illness and health care in the context of orthoptics and know how to apply this in practice	know about the range of ophthalmic conditions which can disrupt vision, binocular vision and produce eye movement disorders *Moved from 13.16*
13.22	be aware of human behaviour and recognise the need for sensitivity to the psychosocial aspects of ocular conditions, including strabismus	know the factors which influence individual variations in human ability and development *Moved from 13.17*
13.23	know the principles governing binocular vision, its investigation and the significance of its presence or absence, and be able to apply them to clinical practice	understand neuroanatomy and the effects of disruption of neural pathways on the visual system, cranial nerves and supranuclear control of eye movements *Moved from 13.19*
13.24	know the principles governing ocular motility and their relevance to diagnosis and patient management, and be able to apply them to clinical practice	know how psychology and sociology can inform an understanding of health, illness and health care in the context of orthoptics and know how to apply this in practice *Moved from 13.21*
13.25	know the principles governing visual function and the development of vision, and be able to apply them to clinical practice	be aware of human behaviour and recognise the need for sensitivity to the psychosocial aspects of ocular conditions, including strabismus *Moved from 13.22*
13.26	recognise the functional and perceptual difficulties that may arise as a result of defective visual, binocular or ocular motor functions	know the principles governing ocular motility and their relevance to diagnosis and patient management, and be able to apply them to clinical practice *Moved from 13.24*
13.27	be able to plan, operate and evaluate appropriate vision screening programmes	recognise the functional and perceptual difficulties that may arise as a result of defective visual, binocular or ocular motor functions

			Moved from 13.26
13.28	know the principles governing the near triad of convergence, accommodation and pupillary response, and their relevance to diagnosis and patient management, and be able to apply them to clinical practice	be able to plan, operate and evaluate appropriate vision screening programmes *Moved from 13.27*
13.A		**understand the pharmacokinetics of medicines relevant to their practice**
13.B		**understand the different non-pharmacological and pharmacological approaches to modifying disease**
13.C		**understand the potential for medicines to have adverse effects and how to minimise them**
13.D		**be able to apply the principles of evidence-based practice, including clinical and cost-effectiveness, to the supply and administration of exemption listed medicines relevant to their practice**
13.E		**be aware of the promotion of public health**
14	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively	be able to change practice as needed to take account of new developments, **technologies and** or changing contexts *Moved from 14.5*
14.2	be able to formulate specific and appropriate management plans, and set timescales	be able to gather appropriate information *Moved from 14.6*
14.3	be able to use diagnostic and therapeutic procedures to address anomalies of binocular vision, visual function and ocular motility defects resulting in a clinically defined outcome, which can be recorded and monitored in a manner appropriate to safe orthoptic practice	be able to analyse and critically evaluate the information collected *Moved from 14.20*

14.4	be able to effect change in visual stimuli resulting in a clinically defined outcome, which can be recorded and monitored in a manner appropriate to safe orthoptic practice	be able to select and use appropriate assessment techniques *Moved from 14.7*
14.5	be able to change practice as needed to take account of new developments or changing contexts	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment *Moved from 14.8*
14.6	be able to gather appropriate information	be able to undertake or arrange investigations as appropriate *Moved from 14.18*
14.7	be able to select and use appropriate assessment techniques	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively *Moved from 14.1*
14.8	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	be aware of a range of research methodologies *Moved from 14.25*
14.9	be able to use investigative techniques to identify ocular defects within a specific population to form a diagnosis and devise an appropriate course of action	recognise the value of research to the critical evaluation of practice *Moved from 14.24*
14.10	be able to recognise and document any adverse reaction to treatment and take appropriate action in response to this	be able to **critically** evaluate research and other evidence to inform their own practice *Moved from 14.26*
14.11	be able to conduct a thorough investigation of ocular motility	be able to formulate specific and appropriate management plans, and set timescales *Moved from 14.2*
14.12	be able to diagnose conditions and select appropriate management	be able to use diagnostic and therapeutic procedures to address anomalies of binocular vision, visual function and ocular motility defects resulting in a clinically defined outcome, which can be recorded and monitored in a manner appropriate to safe orthoptic practice *Moved from 14.3*

14.13	be able to diagnose a range of vision, binocular vision and ocular motility defects and all categories of strabismus	be able to conduct a thorough investigation of ocular motility *Moved from 14.11*
14.14	understand the principles and techniques used to perform an objective and subjective refraction	be able to effect change in visual stimuli resulting in a clinically defined outcome, which can be recorded and monitored in a manner appropriate to safe orthoptic practice *Moved from 14.4*
14.15	understand the principles and techniques used to examine anterior and posterior segments of the eye	understand the principles and application of orthoptic and ophthalmological equipment used during the investigative process *Moved from 14.30*
14.16	understand the principles and techniques used to assess visual fields	know the tests required to aid in differential diagnosis *Moved from 14.31*
14.17	understand the principles and techniques used in electrophysiological assessment of visual function and the visual pathway	know ~~the effects of~~ **how to apply** orthoptic and ophthalmological intervention **appropriately at different stages of** ~~on~~ visual development **and ageing** *Moved from 14.32*
14.18	be able to undertake or arrange investigations as appropriate	know ~~the means by which refraction and optics~~ **how to use optical methods to** ~~can~~ influence vision and binocular vision *Moved from 14.33*
14.19	be able to identify where there is a clinical need for medical or neurological investigations	know the principles and application of measurement techniques used to assess binocular vision and other ocular conditions *Moved from 14.34*
14.A		**be able to take a comprehensive case history**

14.20	be able to analyse and critically evaluate the information collected	be able to use investigative techniques to identify ocular defects within a specific population to form a diagnosis and devise an appropriate course of action *Moved from 14.9*
14.21	be able to identify pathological changes and related clinical features of conditions commonly encountered by orthoptists	be able to recognise and document any adverse reaction to treatment and take appropriate action in response to this *Moved from 14.10*
14.22	be able to demonstrate a logical and systematic approach to problem solving	~~be able to demonstrate a logical and systematic approach to problem solving~~ *Moved to standard 4*
14.23	be able to use research, reasoning and problem solving skills to determine appropriate actions	~~be able to use research, reasoning and problem solving skills to determine appropriate actions~~ *Moved to standard 4*
14.24	recognise the value of research to the critical evaluation of practice	be able to diagnose conditions and select appropriate management *Moved from 14.12*
14.25	be aware of a range of research methodologies	be able to diagnose a range of vision, binocular vision and ocular motility defects and all categories of strabismus *Moved from 14.13*
14.26	be able to evaluate research and other evidence to inform their own practice	be able to identify pathological changes and related clinical features of conditions commonly encountered by orthoptists *Moved from 14.21*
14.27	understand research in the fields of ocular motility, strabismus, amblyopia and binocular disorders and how it could affect practice	be able to identify where there is a clinical need for medical**,** ~~or~~ neurological, **social or psychological** investigations **or interventions** *Moved from 14.19*
14.28	be able to use information and communication technologies appropriate to their practice	~~be able to use information and communication technologies appropriate to their practice~~ *Moved to standard 8*
14.29	know the role, pharmacological action, clinical indications and contra-indications of ophthalmic drugs and how they may be selected and used in orthoptic practice	understand the principles and techniques **of, and be able** ~~used~~ to perform**,** an objective and subjective refraction *Moved from 14.14*

14.30	understand the principles and application of orthoptic and ophthalmological equipment used during the investigative process	understand the principles and techniques used, **and be able to perform an examination of the** to examine anterior and posterior segments of the eye *Moved from 14.15*
14.31	know the tests required to aid in differential diagnosis	understand the principles and techniques used, **and be able to perfom** to assess visual fields **assessments** *Moved from 14.16*
14.32	know the effects of orthoptic and ophthalmological intervention on visual development	understand the principles and techniques used in electrophysiological assessment of visual function and the visual pathway *Moved from 14.17*
14.33	know the means by which refraction and optics can influence vision and binocular vision	understand research in the fields of ocular motility, strabismus, amblyopia and binocular disorders and how it could affect practice *Moved from 14.27*
14.34	know the principles and application of measurement techniques used to assess binocular vision and other ocular conditions	know the role, pharmacological action, clinical indications and contra-indications of ophthalmic drugs and how they may be selected and used in orthoptic practice *Moved from 14.29*
15	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	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	
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	

15.4	be able to select appropriate personal protective equipment and use it correctly	
15.5	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	be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and others, including the use of hazard control and particularly infection control
15.6	know how to position or immobilise patients correctly for safe and effective interventions	

Appendix 1: Draft standards of proficiency for biomedical scientists

Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. We have moved some standards around to ensure the generic standards are at the top of each section, and so are numbered consistently across all the professions. Feedback relating to these standards should be provided in **Part A: Generic standards** of the survey.

White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions. Feedback relating to these standards should be provided in **Part B: Profession-specific standards** of the survey.

Where we have proposed to create a new standard, we have created a new row and assigned this a letter. This is to make it easier to refer back to when providing feedback. Please note the order of some of these standards may be subject to change.
Once we have determined what changes we are going to make, we will update the numbering of the standards.

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https://www.hcpc-uk.org/standards/standards-of-proficiency/biomedical-scientists/

No.	Standard	Proposed amendments
1	**be able to practise safely and effectively within their scope of practice**	

1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional **or service**
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively**
2	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times
2.A		**understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary**
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	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	
2.5	know about current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent *Moved from 2.7*
2.6	be aware of the British, European and International Standards that govern and affect pathology laboratory practice	be able to exercise a professional duty of care *Moved from 2.8*
2.7	understand the importance of and be able to obtain informed consent	**understand** ~~know~~ about current legislation applicable to the work of their profession

		Moved from 2.5
2.8	be able to exercise a professional duty of care	be aware of the British, European and International Standards that govern and affect pathology laboratory practice *Moved from 2.6*
3	**be able to maintain fitness to practise**	
3.1	understand the need to maintain high standards of personal and professional conduct	
3.2	understand the importance of maintaining their own health	understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively**
3.A		**understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary**
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuous professional development**
4	**be able to practise as an autonomous professional, exercising their own professional judgement**	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	recognise that they are personally responsible for and must be able to justify their decisions *Moved from 4.4 to emphasise importance of this standard*
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	~~be able to assess a professional 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 use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary** *Moved from 4.1*

4.3	be able to initiate resolution of problems and be able to exercise personal initiative	be able to make and receive appropriate referrals *Moved from 4.5*	
4.4	recognise that they are personally responsible for and must be able to justify their decisions	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately *Moved from 4.2*	
4.5	be able to make and receive appropriate referrals	be able to initiate resolution of problems and be able to exercise personal initiative *Moved from 4.3*	
4.A		be able to demonstrate a logical and systematic approach to problem solving *Moved from standard 14*	
4.B		be able to use research, reasoning and problem solving skills to determine appropriate actions *Moved from standard 14*	
4.6	understand the importance of participation in training, supervision and mentoring	understand the importance of **active** participation in training, supervision and mentoring *Moved from 4.6*	
5	**be aware of the impact of culture, equality and diversity on practice**		
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals	understand the **need** ~~requirement~~ to adapt practice to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals	
5.A		**be aware of the impact of their own values and beliefs on practice**	
5.B		be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, **disability,** ethnicity, gender, **pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs	

		Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication
6	**be able to practise in a non-discriminatory manner**	be able to practise in a non-discriminatory **and inclusive** manner
6.A		**be aware of the characteristics and consequences of barriers to inclusion**
7	**understand the importance of and be able to maintain confidentiality**	
7.1	be aware of the limits of the concept of confidentiality	
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	
8	**be able to communicate effectively**	
8.1	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[1] [1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have*	be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice, instruction and professional opinion to~~ service users, **carers,** colleagues and others *Moved from 8.2*

	reached the necessary standard. Please visit our website for more information.	
8.2	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others	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[1] [1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.* *Moved from 8.1*
8.3	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~ *Captured by the new standards below*
8.4	be able to communicate the outcomes of biomedical procedures	~~be able to communicate the outcomes of biomedical procedures~~ *Moved to 8.D*
8.5	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~ *Captured by the new standards below*
8.6	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity,	~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~

	gender, socio-economic status and spiritual or religious beliefs	*Moved to standard 5*
8.7	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 provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~ *Captured by the new standards below*
8.8	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	~~understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~ *Captured by the new standards below*
8.9	recognise the need to use interpersonal skills to encourage the active participation of service users	~~recognise the need to use interpersonal skills to encourage the active participation of service users~~ *Captured by the new standards below*
8.A		**be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they want where appropriate**
8.B		**be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible**
8.C		be able to use information and communication technologies appropriate to their practice *Moved from standard 14*
8.D		be able to communicate the outcomes of biomedical procedures *Moved from 8.4*
9	**be able to work appropriately with others**	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	

9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	
9.3	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 contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.4*
9.A		**understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice**
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals *Moved from 9.3*
9.5	be aware of the impact of pathology services on the patient care pathway	
10	**be able to maintain records appropriately**	
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
10.3	be able to recognise, communicate and understand the risks and possible serious consequences of errors and omissions in both requests for, and results of, laboratory investigations	
10.4	be able to use systems for the accurate and correct identification of patients and laboratory specimens	

10.5	understand the need to adhere to protocols of specimen identification, including bar coding and electronic tag systems	
10.6	understand the importance of backup storage of electronic data	
11	**be able to reflect on and review practice**	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	
11.2	recognise the value of case conferences and other methods of review	
12	**be able to assure the quality of their practice**	
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures
12.2	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 gather **and use feedback and** information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures *Captured by the new standard below*
12.4	be able to maintain an effective audit trail and work towards continual improvement	be able to **monitor and systematically evaluate the quality of practice, and** maintain an effective audit trail **to** and work towards continual improvement
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	be aware of, and be able to participate in, quality assurance programmes, where appropriate *Captured by the new standard below*
12.A		**be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures**

12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	
12.7	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	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 *Captured by the amendments above*
12.8	be able to select and apply quality and process control measures	
12.9	be able to identify and respond appropriately to abnormal outcomes from quality indicators	
13	**understand the key concepts of the knowledge base relevant to their profession**	
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession	
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	
13.3	recognise the role of other professions in health and social care	recognise the role**(s)** of other professions in health and social care **and understand how they may relate to the role of biomedical scientist**
13.4	understand the structure and function of health and social care services in the UK	
13.5	understand the concept of leadership and its application to practice	~~understand the concept of leadership and its application to practice~~ *Addressed by a new standard on leadership under standard 9 (9.A)*
13.6	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	

13.7	be able to demonstrate knowledge of the underpinning scientific principles of investigations provided by clinical laboratory services	
13.8	understand the role of the following specialisms in the diagnosis, treatment and management of disease: cellular science, blood science, infection science, molecular and genetic science and reproductive science	
13.9	be able to evaluate analyses using qualitative and quantitative methods to aid the diagnosis, screening and monitoring of health and disorders	
13.10	understand the techniques and associated instrumentation used in the practice of biomedical science	
13.11	understand the biological hazards groups and associated containment levels	
14	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	be able to change practice as needed to take account of new developments or changing contexts	be able to change practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts
14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively	be able to gather appropriate information *Moved from 14.18*
14.3	be able to perform and supervise procedures in clinical laboratory investigations to reproducible standards	be able to analyse and critically evaluate the information collected *Moved from 14.24*
14.4	be able to operate and utilise specialist equipment according to their discipline	be able to select and use appropriate assessment techniques *Moved from 14.20*
14.5	be able to validate scientific and technical data and observations according to pre-determined quality standards	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment *Moved from 14.21*

14.6	be able to demonstrate proficiency in liquid handling methodologies, including preparation of standard solutions and buffers	be able to undertake or arrange investigations as appropriate *Moved from 14.23*
14.7	be able to demonstrate proficiency in practical skills in cellular science, blood science, infection science, molecular and genetic science and reproductive science, where appropriate to the discipline	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively *Moved from 14.2*
14.8	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 aware of a range of research methodologies *Moved from 14.31*
14.9	be able to demonstrate practical skills in the investigation of disease processes	recognise the value of research to the critical evaluation of practice *Moved from 14.30*
14.10	be able to work in conformance with standard operating procedures and conditions	be able to **critically** evaluate research and other evidence to inform their own practice *Moved from 14.32*
14.11	be able to work with accuracy and precision	be able to perform and supervise procedures in clinical laboratory investigations to reproducible standards *Moved from 14.3*
14.12	be able to prepare reagents accurately and consistently	be able to operate and utilise specialist equipment according to their discipline *Moved from 14.4*
14.13	be able to perform calibration and quality control checks	be able to validate scientific and technical data and observations according to pre-determined quality standards *Moved from 14.5*
14.14	be able to demonstrate operational management of laboratory equipment to check that equipment is functioning within its specifications and to respond appropriately to abnormalities	~~be able to demonstrate proficiency in liquid handling methodologies, including preparation of standard solutions and buffers~~ *Moved from 14.6, deleted as captured by existing standard*
14.15	understand the implications of non-analytical errors	be able to demonstrate proficiency in practical skills in cellular science, blood science, infection science, molecular and

		genetic science and reproductive science, where appropriate to the discipline *Moved from 14.7*
14.16	know the extent of the role and responsibility of the laboratory with respect to the quality management of hospital, primary care and community based laboratory services for near-patient testing and non-invasive techniques	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 *Moved from 14.8*
14.17	be able to formulate specific and appropriate management plans including the setting of timescales	be able to demonstrate practical skills in the investigation of disease processes *Moved from 14.9*
14.18	be able to gather appropriate information	be able to work in conformance with standard operating procedures and conditions *Moved from 14.10*
14.19	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 work with accuracy and precision *Moved from 14.11*
14.20	be able to select and use appropriate assessment techniques	~~be able to prepare reagents accurately and consistently~~ *Moved from 14.12, deleted as captured by existing standard*
14.21	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	be able to perform calibration and quality control checks *Moved from 14.13*
14.22	be aware of the need to assess and evaluate new procedures prior to routine use	be able to demonstrate operational management of laboratory equipment to check that equipment is functioning within its specifications and to respond appropriately to abnormalities *Moved from 14.14*
14.23	be able to undertake or arrange investigations as appropriate	understand the implications of non-analytical errors *Moved from 14.15*
14.24	be able to analyse and critically evaluate the information collected	know the extent of the role and responsibility of the laboratory with respect to the quality management of hospital,

		primary care and community based laboratory services for near-patient testing and non-invasive techniques *Moved from 14.16*
14.25	be able to investigate and monitor disease processes and normal states	be able to formulate specific and appropriate management plans including the setting of timescales *Moved from 14.17*
14.26	be able to use standard operating procedures for analyses including point of care in vitro diagnostic devices	be able to select suitable specimens and procedures relevant to patients' clinical needs, including collection and preparation of specimens as and when appropriate *Moved from 14.19*
14.27	be able to use statistical packages and present data in an appropriate format	be aware of the need to assess and evaluate new procedures prior to routine use *Moved from 14.22*
14.28	be able to demonstrate a logical and systematic approach to problem solving	~~be able to demonstrate a logical and systematic approach to problem solving~~ *Moved to standard 4*
14.29	be able to use research, reasoning and problem solving skills to determine appropriate actions	~~be able to use research, reasoning and problem solving skills to determine appropriate actions~~ *Moved to standard 4*
14.30	recognise the value of research to the critical evaluation of practice	be able to investigate and monitor disease processes and normal states *Moved from 14.24*
14.31	be aware of a range of research methodologies	be able to use standard operating procedures for analyses including point of care in vitro diagnostic devices *Moved from 14.26*
14.32	be able to evaluate research and other evidence to inform their own practice	be able to use statistical packages and present data in an appropriate format *Moved from 14.27*
14.33	be able to design experiments, report, interpret and present data using scientific convention, including application of SI units and other units used in biomedical science	

14.34	be able to use information and communication technologies appropriate to their practice	~~be able to use information and communication technologies appropriate to their practice~~ *Moved to standard 8*
15	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	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	
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	
15.4	be able to select appropriate personal protective equipment and use it correctly	
15.5	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	be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and others, including the use of hazard control and particularly infection control
15.6	understand the application of principles of good laboratory practice	

Appendix 2: Draft standards of proficiency for clinical scientists

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https://www.hcpc-uk.org/standards/standards-of-proficiency/clinical-scientists/

No.	Standard	Proposed amendments
1	**be able to practise safely and effectively within their scope of practice**	

1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional **or service**
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively**
2	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times
2.A		**understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary**
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	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	
2.5	know about current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent *Moved from 2.6*
2.6	understand the importance of and be able to obtain informed consent	be able to exercise a professional duty of care *Moved from 2.7*
2.7	be able to exercise a professional duty of care	**understand** ~~know~~ about current legislation applicable to the work of their profession *Moved from 2.5*

3	**be able to maintain fitness to practise**	
3.1	understand the need to maintain high standards of personal and professional conduct	
3.2	understand the importance of maintaining their own health	understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively**
3.A		**understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary**
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuous professional development**
4	**be able to practise as an autonomous professional, exercising their own professional judgement**	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	recognise that they are personally responsible for and must be able to justify their decisions *Moved from 4.5 to emphasise importance of this standard*
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	~~be able to assess a professional 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 use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary** *Moved from 4.1*
4.3	be able to make judgements on the effectiveness of procedures	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately

			Moved from 4.2
4.4	be able to initiate resolution of problems and be able to exercise personal initiative	be able to make and receive appropriate referrals *Moved from 4.6*
4.5	recognise that they are personally responsible for and must be able to justify their decisions	be able to initiate resolution of problems and be able to exercise personal initiative *Moved from 4.4*
4.A		be able to demonstrate a logical and systematic approach to problem solving *Moved from standard 14*
4.B		be able to use research, reasoning and problem solving skills to determine appropriate actions *Moved from standard 14*
4.6	be able to make and receive appropriate referrals	understand the importance of **active** participation in training, supervision and mentoring *Moved from 4.7*
4.7	understand the importance of participation in training, supervision and mentoring	be able to make judgements on the effectiveness of procedures *Moved from 4.3*
5	**be aware of the impact of culture, equality and diversity on practice**	
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals	understand the **need** ~~requirement~~ to adapt practice to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals
5.A		**be aware of the impact of their own values and beliefs on practice**
5.B		be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, **disability,** ethnicity, gender, **pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs

		Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication
6	**be able to practise in a non-discriminatory manner**	be able to practise in a non-discriminatory **and inclusive** manner
6.A		**be aware of the characteristics and consequences of barriers to inclusion**
7	**understand the importance of and be able to maintain confidentiality**	
7.1	be aware of the limits of the concept of confidentiality	
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	
8	**be able to communicate effectively**	
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others	be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice, instruction and professional opinion to~~ service users, **carers,** colleagues and others
8.2	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[1] [1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose*	

	first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.	
8.3	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~ *Captured by the new standards below*
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~ *Captured by the new standards below*
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~ *Moved to standard 5*
8.5	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 provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~ *Captured by the new standards below*
8.6	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	~~understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~ *Captured by the new standards below*
8.7	recognise the need to use interpersonal skills to encourage the active participation of service users	~~recognise the need to use interpersonal skills to encourage the active participation of service users~~ *Captured by the new standards below*

8.A		**be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they want where appropriate**
8.B		**be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible**
8.C		be able to use information and communication technologies appropriate to their practice *Moved from standard 14*
8.9	be able to communicate the outcome of problem solving and research and developmental activities	
8.10	be able to summarise and present complex scientific ideas in an appropriate form	
9	**be able to work appropriately with others**	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	
9.3	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 contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.4*
9.A		**understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice**

9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals *Moved from 9.3*
10	**be able to maintain records appropriately**	
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
11	**be able to reflect on and review practice**	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	
11.2	recognise the value of case conferences and other methods of review	
12	**be able to assure the quality of their practice**	
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	be able to engage in evidence-based practice~~, evaluate practice systematically and participate in audit procedures~~
12.2	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 gather **and use feedback and** information, including qualitative and quantitative data, ~~that helps~~ to evaluate the respon~~ses~~ of service users to their care
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	~~be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures~~ *Captured by the new standard below*

12.4	be able to maintain an effective audit trail and work towards continual improvement	be able to **monitor and systematically evaluate the quality of practice, and** maintain an effective audit trail **to** ~~and~~ work towards continual improvement
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	~~be aware of, and be able to participate in, quality assurance programmes, where appropriate~~ *Captured by the new standard below*
12.A		**be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures**
12.6	understand the importance of participating in accreditation systems related to the modality[1] [1]*Although they are regulated as a single profession, clinical scientists practise within discrete disciplines known as "modalities" and some requirements in these standards are modality-specific. Registrants declare their modality to the HCPC, but it does not appear on the public version of the HCPC Register.*	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user *Moved from 12.7*
12.7	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	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 *Moved from 12.8, deleted text captured by the amendments above*
12.8	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	understand the importance of participating in accreditation systems related to the modality[1] [1]*Although they are regulated as a single profession, clinical scientists practise within discrete disciplines known as "modalities" and some requirements in these standards are modality-specific. Registrants declare their modality to the HCPC, but it does not appear on the public version of the*

			HCPC Register. **Modalities may differ from the healthcare science themes and specialities used elsewhere.** *Moved from 12.7*
12.9	be able to use quality control and quality assurance techniques, including restorative action		
12.10	recognise the need to be aware of emerging technologies and new developments		
13	**understand the key concepts of the knowledge base relevant to their profession**		
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession		
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process		
13.3	recognise the role of other professions in health and social care	recognise the role**(s)** of other professions in health and social care **and understand how they may relate to the role of clinical scientist**	
13.4	understand the structure and function of health and social care services in the UK		
13.5	understand the concept of leadership and its application to practice	~~understand the concept of leadership and its application to practice~~ *Addressed by a new standard on leadership under standard 9 (9.A)*	
13.6	understand the theoretical basis of, and the variety of approaches to, assessment and intervention		
13.7	know the basic science underpinning the modality in which they practise, understand relevant basic clinical medicine and be aware of the fundamental principles of clinical practice		

13.8	understand the wider clinical situation relevant to the service users presenting to the speciality	
13.9	understand the clinical applications of the speciality and the consequences of decisions made upon actions and advice	
13.10	understand the evidence base that underpins the use of the procedures employed by the service	
13.11	understand the principles associated with a range of techniques employed in the modality	
13.12	know the standards of practice expected from techniques	
14	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	be able to change practice as needed to take account of new developments or changing contexts	be able to change practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts
14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively	be able to gather appropriate information *Moved from 14.10*
14.3	know, appropriate to the modality, how to position or immobilise service users for safe and effective interventions	be able to analyse and critically evaluate the information collected *Moved from 14.15*
14.4	be able to perform a range of techniques employed in the modality	be able to select and use appropriate assessment techniques *Moved from 14.12*
14.5	understand the need to conform to standard operating procedures and conditions	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment *Moved from 14.13*
14.6	understand the need to work with accuracy and precision	be able to undertake or arrange investigations as appropriate *Moved from 14.14*

14.7	be able to solve problems that may arise during the routine application of techniques	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively *Moved from 14.2*
14.8	be able to formulate specific and appropriate management plans including the setting of timescales	be aware of a range of research methodologies *Moved from 14.19*
14.9	be able to develop an investigation strategy which takes account of all the relevant clinical and other information available	recognise the value of research to the critical evaluation of practice *Moved from 14.18*
14.10	be able to gather appropriate information	be able to **critically** evaluate research and other evidence to inform their own practice *Moved from 14.20*
14.11	be able to identify the clinical decision which the test or intervention will inform	know, appropriate to the modality, how to position or immobilise service users for safe and effective interventions *Moved from 14.3*
14.12	be able to select and use appropriate assessment techniques	be able to perform a range of techniques employed in the modality *Moved from 14.4*
14.13	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	understand the need to conform to standard operating procedures and conditions *Moved from 14.5*
14.14	be able to undertake or arrange investigations as appropriate	understand the need to work with accuracy and precision *Moved from 14.6*
14.15	be able to analyse and critically evaluate the information collected	be able to solve problems that may arise during the routine application of techniques *Moved from 14.7*
14.16	be able to demonstrate a logical and systematic approach to problem solving	~~be able to demonstrate a logical and systematic approach to problem solving~~ *Moved to standard 4*
14.17	be able to use research, reasoning and problem solving skills to determine appropriate actions	~~be able to use research, reasoning and problem solving skills to determine appropriate actions~~ *Moved to standard 4*

14.18	recognise the value of research to the critical evaluation of practice	be able to formulate specific and appropriate management plans including the setting of timescales *Moved from 14.8*
14.19	be aware of a range of research methodologies	be able to develop an investigation strategy which takes account of all the relevant clinical and other information available *Moved from 14.9*
14.20	be able to evaluate research and other evidence to inform their own practice	be able to identify the clinical decision which the test or intervention will inform *Moved from 14.11*
14.21	be able to conduct fundamental research	~~be able to conduct fundamental research~~
14.22	be able to interpret data and provide diagnostic and therapeutic opinions, including any further action which the individual directly responsible for the care of the patient or service user should take	
14.23	be able to search and to appraise scientific literature and other sources of information critically	
14.24	be able to develop the aims and objectives associated with a project	
14.25	be able to develop an experimental protocol to meet these aims and objectives in a way that provides objective and reliable data, free from bias	
14.26	be able to perform the required experimental work and be able to produce and present the results including statistical analysis	
14.27	be able to interpret results in the light of existing knowledge and the hypothesis developed, and be able to formulate further research questions	
14.28	be able to present data and a critical appraisal of it to peers in an appropriate form	

14.29	be able to use information and communication technologies appropriate to their practice	~~be able to use information and communication technologies appropriate to their practice~~ *Moved to standard 8*
15	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	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	
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	
15.4	be able to select appropriate personal protective equipment and use it correctly	
15.5	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	be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and others, including the use of hazard control and particularly infection control
15.6	understand sources of hazard in the workplace, including specimens, raw materials, clinical and special waste and equipment	understand sources of hazard in the workplace, including specimens, raw materials, clinical and special waste and equipment**, sources of ionising and non-ionising radiation and radioactive materials**
15.7	be aware of immunisation requirements and the role of occupational health	
15.8	know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly	

Appendix 3: Draft standards of proficiency for operating department practitioners

Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. We have moved some standards around to ensure the generic standards are at the top of each section, and so are numbered consistently across all the professions. Feedback relating to these standards should be provided in **Part A: Generic standards** of the survey.

White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions. Feedback relating to these standards should be provided in **Part B: Profession-specific standards** of the survey.

Where we have proposed to create a new standard, we have created a new row and assigned this a letter. This is to make it easier to refer back to when providing feedback. Please note the order of some of these standards may be subject to change.
Once we have determined what changes we are going to make, we will update the numbering of the standards.

We have endeavoured to make the proposed changes as clear as possible. However, we are mindful that this is still a complicated document. If consultees have any questions about the proposed changes, they can email consultation@hcpc-uk.org or call the Policy and Standards team on 020 7840 9815, and a member of the team will be able to talk through this document and the changes.

The current standards of proficiency for operating department practitioners are available to download and view for comparison at:
https://www.hcpc-uk.org/standards/standards-of-proficiency/operating-department-practitioners/

No.	Standard	Proposed amendments
1	**be able to practise safely and effectively within their scope of practice**	

1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional **or service**
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ **safely and effectively**
2	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	understand the need to ~~act in the best interests of service users~~ **promote and protect the service user's interests** at all times
2.A		**understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary**
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	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	
2.5	know about current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent *Moved from 2.7*
2.6	be able to practise in accordance with relevant medicines legislation	be able to exercise a professional duty of care *Moved from 2.9*
2.7	understand the importance of and be able to obtain informed consent	**understand** ~~know~~ about current legislation applicable to the work of their profession *Moved from 2.5*

2.8	understand the complexity of caring for vulnerable persons in perioperative and other healthcare settings, and the need to adapt care as necessary	be able to practise in accordance with relevant medicines legislation *Moved from 2.6*
2.9	be able to exercise a professional duty of care	understand the complexity of caring for vulnerable persons in perioperative and other healthcare settings, and the need to adapt care as necessary *Moved from 2.8*
3	**be able to maintain fitness to practise**	
3.1	understand the need to maintain high standards of personal and professional conduct	
3.2	understand the importance of maintaining their own health	understand the importance of maintaining their own **mental and physical** health **and be able to take appropriate action if their health may affect their ability to practise safely and effectively**
3.A		**understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary**
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuous professional development**
4	**be able to practise as an autonomous professional, exercising their own professional judgement**	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	recognise that they are personally responsible for and must be able to justify their decisions *Moved from 4.4 to emphasise importance of this standard*
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	~~be able to assess a professional 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 use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary *Moved from 4.1*
4.3	be able to initiate resolution of problems and be able to exercise personal initiative		be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately *Moved from 4.2*
4.4	recognise that they are personally responsible for and must be able to justify their decisions		be able to make and receive appropriate referrals *Moved from 4.5*
4.5	be able to make and receive appropriate referrals		be able to initiate resolution of problems and be able to exercise personal initiative *Moved from 4.3*
4.A			be able to demonstrate a logical and systematic approach to problem solving *Moved from standard 14*
4.B			be able to use research, reasoning and problem solving skills to determine appropriate actions *Moved from standard 14*
4.6	understand the importance of participation in training, supervision and mentoring		understand the importance of **active** participation in training, supervision and mentoring *Moved from 4.6*
5	**be aware of the impact of culture, equality and diversity on practice**		
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals		understand the **need** ~~requirement~~ to adapt practice to **respond appropriately to** ~~meet~~ the needs of **all** different groups and individuals
5.A			**be aware of the impact of their own values and beliefs on practice**

5.B		be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, **disability,** ethnicity, gender, **pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs *Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication*
6	**be able to practise in a non-discriminatory manner**	be able to practise in a non-discriminatory **and inclusive** manner
6.A		**be aware of the characteristics and consequences of barriers to inclusion**
7	**understand the importance of and be able to maintain confidentiality**	
7.1	be aware of the limits of the concept of confidentiality	
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	
8	**be able to communicate effectively**	
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others	be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice, instruction and professional opinion to~~ service users, **carers,** colleagues and others

8.2	be able to use effective communication skills when sharing information about service users with other members of the multidisciplinary team	~~be able to use effective communication skills when sharing information about service users with other members of the multidisciplinary team~~ *Moved to 8.D*
8.3	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[1] [1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.*	
8.4	understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~ *Captured by the new standards below*
8.5	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~ *Captured by the new standards below*
8.6	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~ *Moved to standard 5*

8.7	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 provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions~~ *Captured by the new standards below*
8.8	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	~~understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible~~ *Captured by the new standards below*
8.A		**be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they want where appropriate**
8.B		**be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible**
8.C		be able to use information and communication technologies appropriate to their practice *Moved from standard 14*
8.D		be able to use effective communication skills when sharing information about service users with other members of the multidisciplinary team *Moved from 8.2*
8.9	be able to identify anxiety and stress in service users, carers and others, and recognise the potential impact upon communication	be able to identify anxiety and stress in patients, carers **yourself** and others and recognise the potential impact upon communication
8.10	recognise the need to use interpersonal skills to encourage the active participation of service users	~~recognise the need to use interpersonal skills to encourage the active participation of service users~~ *Captured by the new standards above*
8.11	be able to use effective communication skills in the reception and identification of service users, and in the transfer of service users to the care of others	

9	**be able to work appropriately with others**	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	
9.3	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 contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.4*
9.A		**understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice**
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals *Moved from 9.3*
9.5	understand and be able to apply psychological and sociological principles to maintain effective relationships	
10	**be able to maintain records appropriately**	
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
11	**be able to reflect on and review practice**	

11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	
11.2	recognise the value of case conferences and other methods of review	
11.A		**be able to participate in team debriefings following treatment, procedures or interventions**
12	**be able to assure the quality of their practice**	
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	be able to engage in evidence-based practice, ~~evaluate practice systematically and participate in audit procedures~~
12.2	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 gather **and use feedback and** information, including qualitative and quantitative data, ~~that helps~~ to evaluate the respons~~es~~ of service users to their care
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	~~be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures~~ *Captured by the new standard below*
12.4	be able to maintain an effective audit trail and work towards continual improvement	be able to **monitor and systematically evaluate the quality of practice, and** maintain an effective audit trail **to** ~~and~~ work towards continual improvement
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	~~be aware of, and be able to participate in, quality assurance programmes, where appropriate~~ *Captured by the new standard below*
12.A		**be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures**
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	

12.7	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	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 *Captured by amendments above*
13	**understand the key concepts of the knowledge base relevant to their profession**	
13.1	understand the anatomy and physiology of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their profession	understand the ~~anatomy~~ **structure** and ~~physiology~~ **function** of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession *For consistency with the other profession's generic standards*
13.2	recognise disease and trauma processes, and how to apply this knowledge to the service user's perioperative care	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process *Moved from 13.3*
13.3	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	recognise the role**(s)** of other professions in health and social care **and understand how they may relate to the role of ODP** *Moved from 13.4*
13.4	recognise the role of other professions in health and social care	understand the structure and function of health and social care services in the UK *Moved from 13.5*
13.5	understand the structure and function of health and social care services in the UK	recognise disease and trauma processes, and how to apply this knowledge to the service user's perioperative care *Moved from 13.2*
13.6	understand the concept of leadership and its application to practice	~~understand the concept of leadership and its application to practice~~ *Addressed by a new standard on leadership under standard 9 (9.A)*
13.7	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	be aware of the main sequential stages of human development, including cognitive, emotional and social measures of maturation through the life-span *Moved from 13.8*

13.6	be aware of the main sequential stages of human development, including cognitive, emotional and social measures of maturation through the life-span	understand the theoretical basis of, and the variety of approaches to, assessment and intervention *Moved from 13.7*
13.9	understand relevant physiological parameters and how to interpret changes from the norm	
13.10	understand how to order, store, issue, prepare and administer prescribed drugs to service users, and monitor the effects of drugs on service users	understand the principles of operating department practice and their application to perioperative and other healthcare settings *Moved from 13.11*
13.11	understand the principles of operating department practice and their application to perioperative and other healthcare settings	understand how to order, store~~, and~~ issue~~, prepare and administer prescribed~~ drugs to service users~~, and monitor the effects of drugs on service users~~ **safely and effectively** *Moved from 13.10*
13.12	understand the pharmacokinetic and pharmacodynamic effects and contraindications of drugs used within the perioperative and acute setting	understand the pharmacokinetic and pharmacodynamic effects and contraindications of drugs used ~~within the perioperative and acute setting~~
13.13	understand safe and current practice in a range of medical devices used for diagnostic, monitoring or therapeutic purposes in accordance with national and local guidelines, appropriate to their practice	
13.14	be able to calculate accurately prescribed drug dosages for individual service user needs	
13.15	understand the principles and practices of the management of clinical emergencies	
14	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	be able to change practice as needed to take account of new developments or changing contexts	be able to change practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts
14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively	be able to gather appropriate information *Moved from 14.13*

14.3	understand service users' elimination needs, including male and female urinary catheterisation	be able to analyse and critically evaluate the information collected *Moved from 14.18*
14.4	understand the role of the surgical first assistant in assisting with surgical intervention	be able to select and use appropriate assessment techniques *Moved from 14.15*
14.5	be able to undertake appropriate anaesthetic, surgical and post-anaesthesia care interventions, including managing the service user's airway, respiration and circulation	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment *Moved from 14.16*
14.6	understand the management and processes involved in the administration of blood and blood products	be able to undertake or arrange investigations as appropriate *Moved from 14.17*
14.7	be able to monitor and record fluid balance, and where appropriate, administer prescribed fluids in accordance with national and local guidelines	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively *Moved from 14.2*
14.8	understand and recognise the need to monitor the effects of drugs and be able to take appropriate action in response to any significant change	be aware of a range of research methodologies *Moved from 14.23*
14.9	be able to assess and monitor the service user's pain status and as appropriate administer prescribed pain relief in accordance with national and local guidelines	recognise the value of research to the critical evaluation of practice *Moved from 14.22*
14.10	be able to modify and adapt practice to emergency situations	be able to **critically** evaluate research and other evidence to inform their own practice *Moved from 14.24*
14.11	be able to receive and identify service users and their care needs	understand service users' elimination needs **and be able to undertake**, ~~including~~ male and female urinary catheterisation *Moved from 14.3*
14.12	be able to formulate specific and appropriate care plans including the setting of timescales	understand the role of the surgical first assistant in assisting with surgical intervention *Moved from 14.4*
14.13	be able to gather appropriate information	be able to undertake appropriate anaesthetic, surgical and post-anaesthesia care interventions, including managing the

		service user's airway, respiration and circulation **and providing assisted ventilation where necessary** *Moved from 14.5*
14.14	be able to effectively gather information relevant to the care of service users in a range of emotional states	understand the management and processes involved in the administration of blood and blood products *Moved from 14.6*
14.15	be able to select and use appropriate assessment techniques	be able to monitor and record fluid balance, and where appropriate, administer prescribed fluids in accordance with national and local guidelines *Moved from 14.7*
14.A		**be able to prepare and administer prescribed drugs to service users via a range of routes, including oral, rectal, topical and by intramuscular, subcutaneous and intravenous injection**
14.16	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	understand and recognise the need to monitor the effects of drugs and be able to take appropriate action in response to any significant change **or adverse reaction** *Moved from 14.8*
14.B		**understand common abnormal blood physiology, including blood gas analysis, and be able to undertake venepuncture, cannulation and blood sampling**
14.17	be able to undertake or arrange investigations as appropriate	be able to assess and monitor the service user's pain status and as appropriate administer prescribed pain relief in accordance with national and local guidelines *Moved from 14.9*
14.18	be able to analyse and critically evaluate the information collected	be able to modify and adapt practice to emergency situations *Moved from 14.10*
14.C		**understand the principles of life support and be able to undertake the initial management of a service user in cardiac arrest**
14.19	be able to demonstrate a logical and systematic approach to problem solving	~~be able to demonstrate a logical and systematic approach to problem solving~~

		Moved to standard 4
14.20	be able to adapt and apply problem solving skills to clinical emergencies	be able to receive and identify service users and their care needs *Moved from 14.11*
14.D		**be able to participate in the briefing and debriefing of perioperative teams and the use of surgical safety checklists to include sign in, time out and sign out**
14.21	be able to use research, reasoning and problem solving skills to determine appropriate actions	~~be able to use research, reasoning and problem solving skills to determine appropriate actions~~ *Moved to standard 4*
14.22	recognise the value of research to the critical evaluation of practice	be able to formulate specific and appropriate care plans including the setting of timescales *Moved from 14.12*
14.23	be aware of a range of research methodologies	be able to effectively gather information relevant to the care of service users in a range of emotional states *Moved from 14.14*
14.24	be able to evaluate research and other evidence to inform their own practice	be able to adapt and apply problem solving skills to clinical emergencies *Moved from 14.20*
14.25	be able to use information and communication technologies appropriate to their practice	~~be able to use information and communication technologies appropriate to their practice~~ *Moved to standard 8*
15	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	be able to understand the impact of human factors within the perioperative / acute setting and the implications for service user safety	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

		Moved from 15.3
15.3	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 and in accordance with health and safety legislation *Moved from 15.4*
15.4	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	be able to select appropriate personal protective equipment and use it correctly *Moved from 15.5*
15.5	be able to select appropriate personal protective equipment and use it correctly	be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and others, including the use of hazard control and particularly infection control *Moved from 15.6*
15.6	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	be able to understand the impact of human factors within the perioperative / acute setting and the implications for service user safety *Moved from 15.2*
15.7	be able to promote and comply with measures designed to control infection	
15.8	understand the nature and purpose of sterile fields, and the practitioner's individual role and responsibility for maintaining them	
15.9	understand and be able to apply appropriate moving and handling techniques	
15.10	be able to position service users for safe and effective interventions	
15.A		**understand the principles and ensure the safe use of medical devices used in perioperative care, including:** - **electro-surgical devices;**

		- **insuflators;** - **surgical tourniquets;** - **anaesthetic and patient monitoring equipment; and** - **equipment for maintaining the service user's airway, respiration and circulation**