# ETC

# 10 March 2022

## Results of Standards of Proficiency review consultation

### Paper Summary

The paper and annexes provide an update on proposed revisions to the Standards of Proficiency (SOPs). Annex A provides background to the consultation as well as an overview of the proposed changes to the generic and to the profession specific standards. It also includes details of the implementation plan.

Also annexed is the full consultation analysis (Annex B) and EQIA (Annex C) as well as the proposed new Standards for each profession (Annex D).

| | |
|---|---|
| **Previous consideration** | The paper was considered at ELT on 22 February. It was approved with minor amendments and subject to satisfactory legal review.<br><br>A workshop was held on 20 January to brief ETC on the consultation responses |
| **Decision** | ETC are asked to:<br>1. recommend that the council approves the Standards of Proficiency set out in the annexures well as our consultation analysis.<br><br>2. Advise on the extent to which it is content with the proposed communications plan and in particular:<br>   a. possible risk areas in terms of communications and engagement<br>   b. any aspects of the changes that ETC would like highlighted in communications.<br><br>3. Advise on the extent to which it is content with the proposed implementation plan set out in the update paper. |
| **Next steps** | Submission to Council for approval. |
| **Strategic priority** | Priority 2: Enable our professions to meet our standards so they are able to adapt to changes in health and care practice delivery, preventing harm to service users |

Priority 4: We regulate, take and communicate decisions which are informed by a deep understanding of the environment within which our registrants, employers and education providers operate

| | |
|---|---|
| **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. |
| **EDI impact** | The Standards of Proficiency are highly impactful on the processes of the HCPC. We do not have evidence to suggest that the amendments to the standards will have a negative impact any person with protected characteristics.<br><br>A detailed EQIA is annexed to this coversheet. |
| **Author** | Matthew Clayton, Acting Policy Manager<br>matthew.clayton@hcpc-uk.org |

**10 March 2022**

**Update on the consultation on the Standards of Proficiency**

**Background**

1.    In March 2020, we received Council approval for a consultation on the proposed changes to our Standards of Proficiency. The consultation was originally planned to run on a rolling basis from April 1st to September 23rd 2020 – with the standards split into four groups each lasting 12 weeks.

2.    This was an important project with significant impacts for a range of stakeholders. We therefore set out a detailed engagement policy before and after the formal consultation.

3.    Stakeholder engagement began in 2019 and comprised of[1]:

   • 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).

4.    Following delays due to COVID-19, the consultation was ultimately launched in July 2020 and closed in October 2020. We received 299 responses: 221 (73.91%) from individuals and 78 (26.09%) from organisations. We have completed our analysis of these responses and prepared our draft consultation analysis report

5.    Some consultation responses contained very detailed feedback on the profession specific standards. These led to further engagements with key stakeholders . During these engagements we worked through the consultation feedback to reach a consensus on the drafting of different profession specific standards

6.    In January 2022, we held a workshop with members of the Education and Training Committee. This workshop provided an opportunity for ETC to conduct a detailed review of the proposed changes to the SOPs as well as an overview of the initial draft implementation and communication plans.

7.    In collaboration with the Education department, we have held two further workshops in January with education providers to seek input on our proposed implementation plan which is set out in more detail below.

---

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

8.   We are due to go to Council in March 2022. Following Council's decision we intend to publish the final SOPs alongside the analysis, decisions and EIA documents and follow the implementation and communications plans detailed in this paper.

### Updates to the generic standards

9.   This review of the SOPs proposed splitting the standards into generic standards which apply to all 15 professions and 15 profession-specific standards. The proposed updates to the generic standards post consultation are designed for the 'post-Covid' environment and are wide ranging, but six areas are perhaps most significant:

   - The wording of the standards has changed to move registrants away from a passive understanding of the standards and towards active implementation of them
   - New standards relating to promoting public health and preventing ill-health
   - We have significantly expanded the role of equality, diversity, and inclusion in the standards.  We have placed specific importance on making sure that practice is inclusive for all service-users. (See further below).
   - The central role of the service-user has been improved throughout the generic standards. This includes registrants understanding the importance of informed consent and effective communication in providing good care.
   - We have emphasised the importance of registrants maintaining their fitness to practise and 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 is more prominent in the proposed standards than it was previously.
   - The standards clearly show the role and importance of leadership at all levels of practice.

10.   Full details of the changes we are proposing, and the reasoning for this, can be found in the decisions section of the consultation analysis document set out at annex A.

### *Updates to EDI Standards*

11.   As set out above, a significant change for all registrants will be the new standards relating to EDI. The current Standards of Proficiency include reference to EDI and registrants would be unlikely to meet their other HCPC standards if they were not practising in an inclusive way. However, the proposed new standards expand the HCPC's expectations of registrants and move towards more active duties to ensure inclusion  in practice. We set out an illustration of the change in the table below:

| Proposed SOPs | Current SOPs (paramedics)[2] |
|---|---|
| **5. recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** | **5. be aware of the impact of culture, equality and diversity on practice** |
| 5.1 respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences | 5.1 understand the requirement to adapt practice to meet the needs of different groups and individuals |
| 5.2 understand equality legislation and apply it to their practice | 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 |
| 5.3 recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity | **6. be able to practise in a non-discriminatory manner** |
| 5.4 understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice | |
| 5.5 recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups | |
| 5.6 actively challenge these barriers, supporting the implementation of change wherever possible | |
| 5.7 recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas practice | |

[2] The current standards do not have generic standards related to EDI. Instead, the standards cover the areas of adapting practice and demonstrating sensitivity in practice with relevant changes for each profession.

**Profession-specific standards**

12. As part of the initial SOPs review process commencing in 2019, we held a range of engagements with professional bodies and other stakeholders which helped to shape the proposed SOPs taken to public consultation.

13. In July 2021, following the analysis of the consultation responses, the proposed standards for each profession were reviewed against the consultation feedback received. Issues which required further consideration were identified for discussion with the relevant professional bodies/education providers.

14. In general, the issues raised within the consultation were minor issues proposing specific changes to standards. We approached professional bodies, the CODH and others to discuss whether any of the proposed changes would be appropriate.

15. In some cases, where changes had been proposed by respondents, or the professional bodies themselves, we were able to explain why we were not able to make changes that had been suggested. The most frequent reason we were not able to agree to requests from professional bodies was the fact that the changes would not be threshold or otherwise did not fall within the scope of this review.

16. Two professions had special engagement after the consultation closed because of the number of outstanding issues with their profession-specific standards. ODPs and radiographers had a number of points which required finalisation. In these engagements we discussed concerns which had been raised by respondents to the consultation, often suggesting that proposed standards were exceeding the threshold for safe and effective practice.

17. As with the generic standards, full details of the changes we are proposing can be found in the decisions section of the consultation analysis document.

**Next steps**

*Communications plan*

18. We are finalising a communications plan which will guide our communications work once the implementation period begins.

19. The communications plan will ensure that we reach all of our relevant stakeholders including
    - Education providers
    - Employers
    - Registrants
    - Professional bodies
    - Trades union

20. Through these engagements, we would want to highlight some of the following points:
    - The positive changes to the SOPs, especially the new standards relating to EDI, increased service user engagement, wellbeing and mental health, public health and leadership
    - The ongoing benefits of multi-profession regulation, linked to our registrant communications strategy
    - Gratitude for the collaborative nature of the consultation process with key stakeholders including professional bodies
    - Assurance to education providers that we will work closely with them to ensure that the proposed SOPs are implemented smoothly and with minimal disruption to their existing programmes
    - Explain the purpose of the SOPs to all audiences and especially their role as a foundation rather than a ceiling of skills we expect from professionals, within the context of supporting high-quality professional healthcare practice

### *Implementation plan*

21. We have worked with colleagues in Education to develop the proposed implementation plan for education providers. In January 2022, we held two workshops with a range of education providers to provide the basic information of this plan and to receive input from them about its practicality.

22. We have also worked with colleagues in registration and FTP to plan for an effective date for the implementation of the standards to registrants and to international applications.

23. Due to the scale of changes that will be required as a result of the revised SOPs, delivery of the Standards will be assessed through the HCPC's new periodic performance review process administered by our Education Department.

24. In previous years, review and implementation of the Standards was conducted through a phased approach, which meant that delivery of all professional Standards took place across several years. However, rather than implementing a phased approach, we took the decision to review all 15 professions' Standards at once which means that all Standards will need to be implemented at the same time.

25. We believe that the current approach will reduce the administrative burden placed on education providers as there will only need to be one assessment of the Standards for the institution, regardless of the number of programmes provided. This approach also better aligns with our new quality assurance model, which focuses assessment at the institution level wherever possible.

**Timeline**

5.1     Following Council approval, we plan to publish the standards in April 2022

5.2     Beginning in May 2022 (the last 5 months of the 2021/2022 academic year) we propose to enter a phased process of implementation. Following consultation with education providers, we are confident that it would not be feasible to expect implementation of the new SOPs in the academic year which begins immediately after their finalisation. Therefore, the remainder of academic year 1 will be used to allow education providers to develop plans for the implementation of the SOPs.

5.3     Between May and September 2022 we will continue to engage with stakeholders to ensure that key messages about the updates to the standards reach registrants in a variety of ways. During this time, the Professional Practise and Insight Directorate, along with Registration and Fitness to Practice will undertake targeted information campaigns, including webinars on the standards aimed at registrants.

5.4     The standards will come into effect on September 1st 2022. This is the point at which registrants will need to meet the standards insofar as they are relevant to their scope of practice. It is also the date the standards will be applicable for the assessment of international applications. After this effective date, the practise of registrants will be assessed against these standards in FTP processes.

5.5      From the 1st of September (the beginning of academic year 2) we will start using the new SOPs for approval processes of education programmes.

5.6     For existing programmes, we would expect the submission of their revised programmes to start from Autumn 2022 onwards, working with providers to establish a reasonable deadline date. We understand that programmes will need to make different levels of adjustments to meet the standards and will adopt a flexible and collaborative approach. By September 2023 providers will be delivering against the revised SOPs for all learners in their approved programmes (i.e., not those who begin their course in September 2023 only).

5.7     We will also be developing supporting guidance for key areas of the standards, similar to the Standards for Education and Training, over the coming year. This will support registrants to apply the standards in practice.
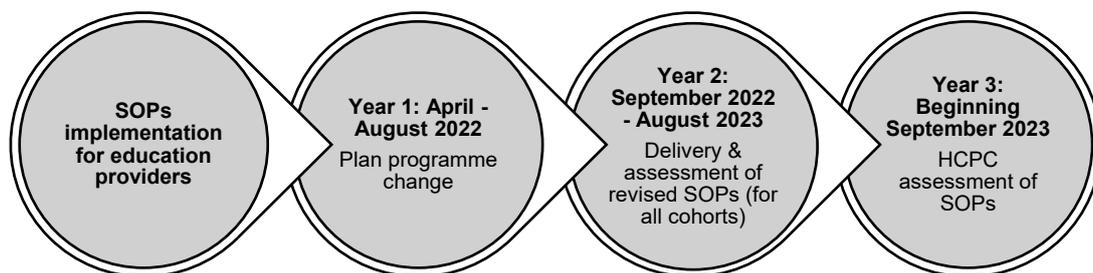
26.

| Summary of implementation timeline | |
|---|---|
| Academic year 1 (2021/2022): Planning<br><br>April – August 2022 | SOPs launched April / May 2022. HCPC to support with planning and implementation of programme revisions.<br><br>May 2022 Education providers to plan the incorporation into their programmes for the 2023 academic year<br><br>Continued engagement with registrants and other stakeholders including workshops on the standards. |
| Academic year 2 (2022/23): Delivery | 1 September: SOPs become effective<br><br>Providers with existing programmes who have been selected for performance review start to supply information for HCPC to review planned programme changes from February 2023 (portfolio-based submissions)<br><br>HCPC to support with planning and delivery.<br><br>Any institutions subject to approval process which takes place in year 2 will be assessed against the revised SOPs |
| Academic year 3 (2023/24): Delivery and Assessment | Providers to deliver approved programmes to all cohorts using revised SOPs<br><br>Incorporation of the revised Standards will be assessed via performance review process for selected education providers(ongoing) |

**Delivery and assessment: portfolio-based submissions**

27. Below is a summary of the quality assurance programme which the Education department will manage.
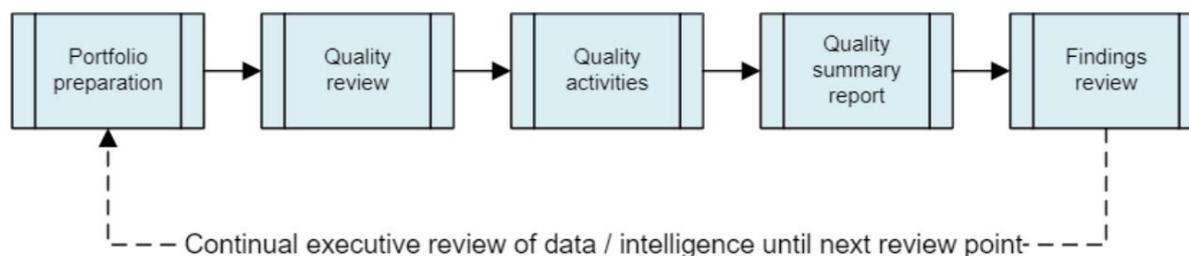


| Phase | Description |
|---|---|
| Portfolio preparation | Completion of the thematic reflective portfolio compiled by the institution, related to SOPs update |
| Quality review | Partner assessment of the portfolio, to consider performance and themes to be further explored |
| Quality activities | Explore themes identified in a proportionate way to understand risks, issues, innovations and good practice |
| Quality summary report | Visitors' detail findings from the assessment, which includes a recommendation about next steps to take |
| Findings review | Education and Training Committee review of the visitors' findings, with a decision on next steps |

*Summary of next steps*

| | |
|---|---|
| ELT approval | Feb 2022 |
| Legal review completed | Feb 2022 |
| ETC approval | March 2022 |
| Council approval | March 2022 |
| Publication | from April 2022 |
| Delivery of communication and implementation plans begins | from April 2022 |
| Education providers plan for incorporation | May – August 2022 |
| SOPs effective date for registrants | 1 September 2022 |

| | |
|---|---|
| Providers start to supply information for HCPC to review planned programme changes | February 2023 |
| Providers to deliver approved programmes to all cohorts using revised SOPs | September 2023 |

# Consultation on the Standards of Proficiency

Analysis of responses to our consultation on the Standards of Proficiency and our decisions as a result.

## Contents

# 1. Introduction

## About the consultation

1.1 We consulted between Wednesday 17 June and Friday 30 October 2020 on proposed changes to the standards of proficiency for all 15 professions on the HCPC Register.

1.2 We informed and engaged a wide range of stakeholders about the consultation including professional bodies, employers, trade unions and education and training providers. We also advertised the consultation on our website and on social media.

1.3 We would like to thank all those who took the time to respond to the consultation. You can download the consultation document and a copy of the responses from our website: https://www.hcpc-uk.org/news-and-events/consultations/2020/consultation-on-the-standards-of-proficiency/

## About us

1.4 The Health and Care Professions Council (HCPC) is a statutory regulator of healthcare and psychological professions governed by the Health Professions Order 2001. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our role is to protect the public.

1.5 We regulate the members of 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

– Speech and language therapists

**About this document**

1.6    This document summarises the responses we received to the consultation, and our decisions as a result.

- Section two explains how we handled and analysed the responses we received and provides the overall statistics relating to the responses.
- Section three provides an executive summary of the responses we received.
- Section four adopts a thematic approach and outlines the general comments we received on the draft standards document.
- Section five outlines our responses to the comments received, and any changes we will make to the new revised standards for all professions we regulate as a result.
- Section six lists the organisations which responded to the consultation.

1.7    In this document, "we", "us", and "our" are references to the HCPC; "you" or "your" are references to respondents to the consultation.

## 2. About the standards of proficiency

2.1　The standards of proficiency are the professional 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 and in order to remain on our Register.

2.2　The standards of proficiency play an important role in public protection. They set out our expectations for the professions on our Register and explain to members of the public what they should expect of a HCPC registered professional. 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.

2.3　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.

2.4　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 of proficiency ("the standards")**

2.5　Each set of standards is unique to each of our 15 registered professions while based around a common set. 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.

2.6　The standards of proficiency are not hierarchical in order and are all equally important. We have aimed to order the standards in a way that seems logical and clear. This means that we have listed the generic standards first, followed by profession-specific standards.

**Language used in the standards**

2.7 The standards of proficiency must represent 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 throughout their practice and career.

2.8 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*.

2.9 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.

2.10 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.

2.11 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.

2.12 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.

**How we use the standards of proficiency**

*Approval of education programmes*

2.13    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.

2.14    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*

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

2.16    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.

2.17    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.

2.18    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*

2.19    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.

2.20    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.

2.21  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*

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

2.23  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.

2.24  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.

2.25  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, they should continue to meet HCPC's regulatory requirements.

# 3. Analysing your responses

3.1 We have analysed all the written and survey responses we received in response to the consultation. We have also included feedback that we received from participants during Service User Engagement Workshops which were facilitated by an external research partner and conducted in the last quarter of 2020.

## Method of recording and analysis

3.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g., "yes", "no", "partly", or "don't know").

3.3 Where we received responses by email or by letter, we recorded each response in a similar format.

3.4 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses and indicates the frequency of arguments and comments made by respondents.

## Quantitative analysis

3.5 We received 297 responses to the consultation. 221 responses (73.91%) were made by individuals and 78 (26.09%) were made on behalf of organisations. Of the 221 individual responses, 167 (75.23%) were HCPC registered professionals.

## Graph 1 – Breakdown of individual respondents

3.6 Respondents were asked to select the category that best described them. The respondents who selected "other" identified themselves as students; a lay member of a regulating council, "Response on behalf of the All Wales Directors of Therapies and Health Science"; an HCPC Registrant/Educator; a non-registered Speech & Language Therapist, an Occupational Therapist; a team lead and a prospective registrant.

Educator — 11, 5%
Employer — 2, 1%
HCPC Registrant — 167, 76%
Non-registrant or health professional — 3, 1%
Service User/ Carer — 3, 1%
Other — 35, 16%
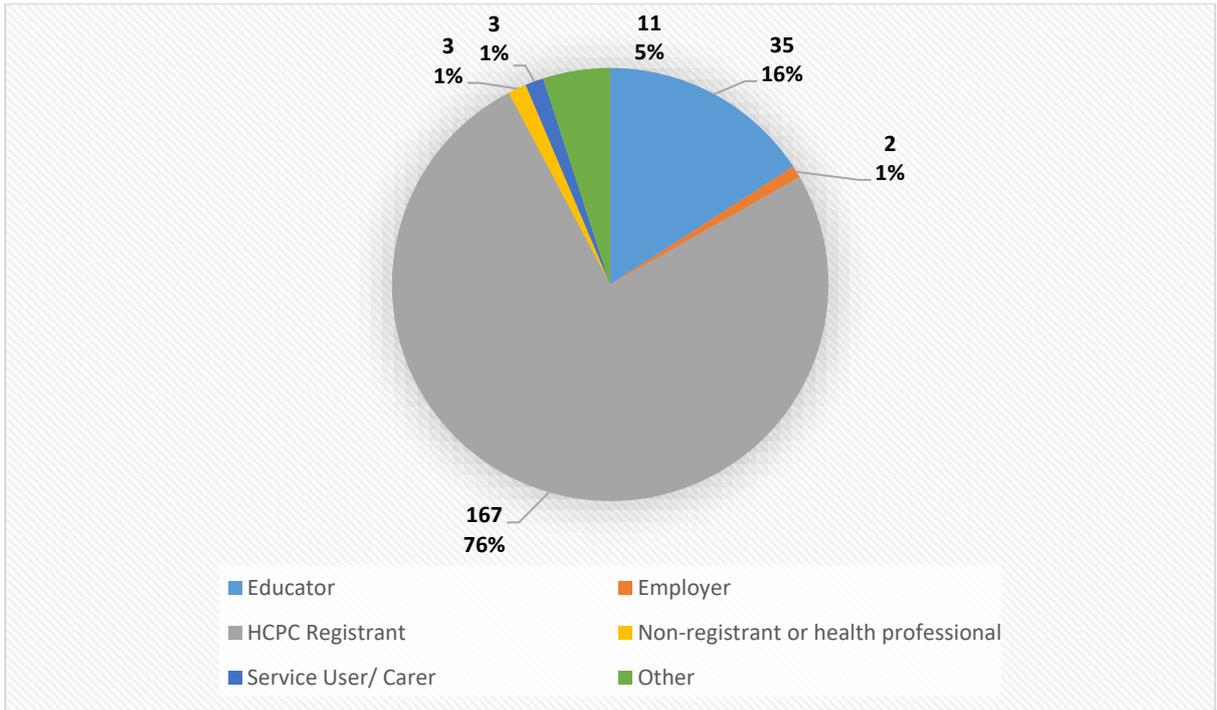
**Graph 2 – Breakdown of organisation respondents**

3.7 Respondents were asked to select the category that best described them. The respondents who selected "other" identified themselves as Trades Union; a strategic Health Authority; a PSA voluntary accredited registration body; a Professional network and a Professional Body/Trade Union.



Education Provider — 17 (24%)
Employer — 14 (20%)
Professional Body — 26 (37%)
Public Body — 6 (9%)
Regulator — 2 (3%)
Charity and/or voluntary sector organisation — 5 (7%)
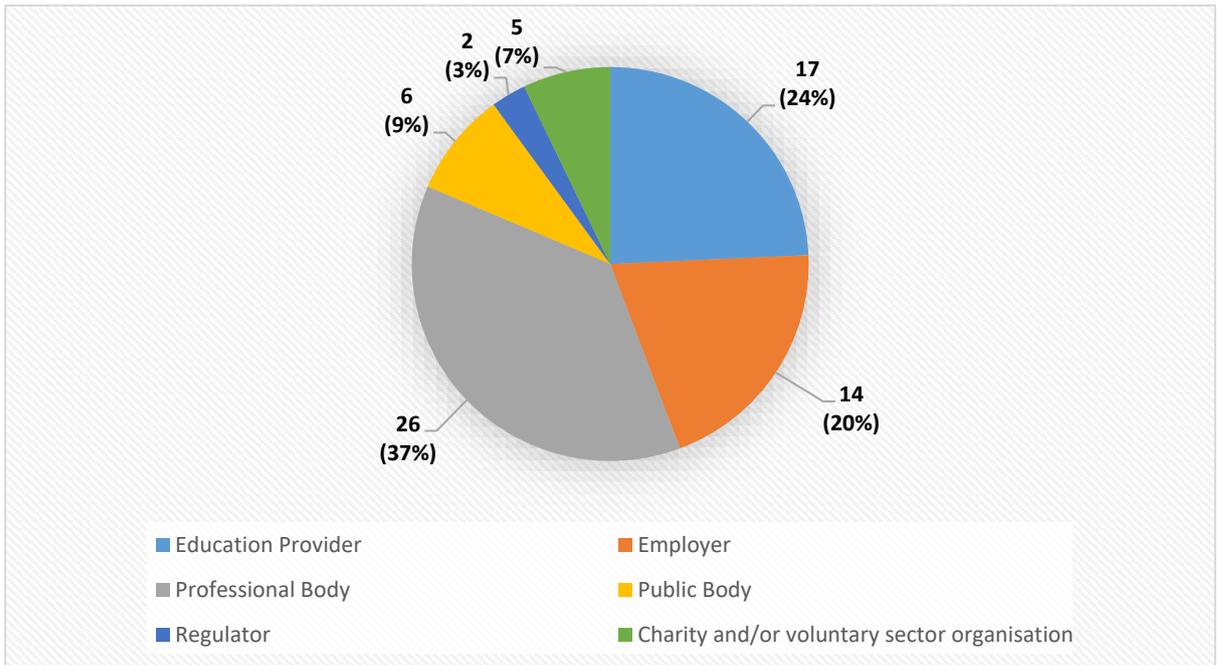
3.8    Our consultation questions allowed for a mixture of quantitative and qualitative responses to be provided. The tables below provide some indicative statistics for the answers to the consultation queries. Where answers are only of a qualitative nature, the question on the table has been greyed out.

**Table 1 – Breakdown of responses by question**

| | Yes | No | Don't know | Didn't Answer |
|---|---|---|---|---|
| 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? | 233 (78%) | 22 (7%) | 42 (14%) | 0 (0%) |
| Q2: Do you think the generic standards place enough emphasis on the importance of the service user in decision making? | 211 (71%) | 32 (11%) | 54 (18%) | 0 (0%) |
| Q3: Do you think the generic standards are clear enough about the importance of maintaining fitness to practise? | 225 (76%) | 28 (9%) | 44 (15%) | 0 (0%) |
| Q4: Do you think the generic standards adequately address the importance of keeping up to date with technology and digital skills? | 199 (67%) | 56 (19%) | 42 (14%) | 0 (0%) |
| Q5: Do you think the generic standards are clear about the role leadership plays for all registrants? | 186 (63%) | 51 (17%) | 60 (20%) | 0 (0%) |
| Q6: Do you have any comments about the profession-specific standards? | | | | |
| 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? | 38 (13%) | 173 (58%) | 57 (19%) | 29 (10%) |

| 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? | 215 (72%) | 14 (5%) | 43 (14%) | 25 (8%) |
|---|---|---|---|---|
| Q10: Do you have any additional comments about the standards of proficiency? | | | | |

**Table 2 – Breakdown of responses by respondent type**

| | Individuals | | | | Organisations | | | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Don't Know | Didn't Answer | Yes | No | Don't Know | Didn't Answer |
| Q1 | 181 (87%) | 15 (7%) | 12 (6%) | 0 (0%) | 43 (56%) | 6 (8%) | 28 (36%) | 0 (0%) |
| Q2 | 157 (75%) | 29 (14%) | 22 (11%) | 0 (0%) | 43 (56%) | 3 (4%) | 31 (40%) | 0 (0%) |
| Q3 | 171 (82%) | 21 (10%) | 16 (8%) | 0 (0%) | 46 (60%) | 4 (5%) | 27 (35%) | 0 (0%) |
| Q4 | 153 (74%) | 36 (17%) | 19 (9%) | 0 (0%) | 38 (49%) | 18 (23%) | 21 (27%) | 0 (0%) |
| Q5 | 141 (68%) | 37 (18%) | 30 (14%) | 0 (0%) | 37 (49%) | 12 (16%) | 28 (36%) | 0 (0%) |
| Q6 | | | | | | | | |
| Q7 | | | | | | | | |
| Q8 | 26 (13%) | 136 (65%) | 33 (16%) | 13 (6%) | 14 (18%) | 32 (42%) | 21 (27%) | 10 (13%) |
| Q9 | 167 (80%) | 10 (5%) | 17 (8%) | 14 (7%) | 42 (55%) | 5 (6%) | 24 (31%) | 6 (8%) |
| Q10 | | | | | | | | |

- Percentages in the tables above have rounded to the nearest whole number and therefore may not add up to 100 per cent.

# Summary of responses on the generic standards

## Equality, Diversity and Inclusion (EDI)

3.9     The majority of respondents (78%) agreed that the generic standards make it clear that registrants must ensure that their practice is equal, fair and inclusive in their approach to all service users. A further 14% chose "don't know" and 7% disagreed.

3.10    Despite broad support for our proposals, respondents stated that we could go further in this area. They thought that our language was too passive in tone and could be made more robust by requiring registrants to be actively anti-discriminatory rather than non-discriminatory. Respondents also suggested we include content on topics like unconscious bias, privilege, reasonable adjustments, cultural change and barriers to inclusion.

3.11    Proposals relating to wider standards were also suggested, such as making our standards on safeguarding more active, reviewing language (for example to ensure consistent use of the term "service users" throughout) , improving content on capacity to make decisions and addressing digital literacy.

3.12    The feedback from the Service User Engagement Workshop echoed consultation responses.[1] Service users indicated that this was an important topic but that our expectations were currently more vague than other areas.

## Service user involvement

3.13    The majority of respondents (71%) agreed that the generic standards placed enough emphasis on the importance of the service user in decision making. A further 18% replied "don't know" and 11% disagreed.

3.14    Those that were didn't know or disagreed suggested that that the standards could be strengthened, and further detail provided. Service user's capacity and consent were frequently raised, in addition to suggestions that the language we used be strengthened. Changes were proposed to make our standards more service-user-centred.

3.15    Participants of the Service User Engagement Workshop welcomed the increased emphasis on this topic, but suggested we include more detail on how registrants are expected to remove barriers to engagement and the

---

[1] An external research partner facilitated engagement workshops with service users over a period of three weeks in November 2020. 24 participants took part in the research, 14 of whom had seen at least one of the professionals registered with the HCPC in the previous 12 months. The workshops explored the views of service users on the revisions proposed to the generic standards at our consultation. These views were complied into a report are referred to throughout this analysis document.

importance of listening. Participants also expressed concerns about the use of language like "personal incompatibility".

## Maintaining fitness to practise

3.16    The majority of respondents (76%) agreed that the generic standards are clear enough about the importance of maintaining fitness to practise. A further 15% did not know and 9% disagreed.

3.17    Respondents who did not know or disagreed expressed concern about language like "coping strategies" and the inclusion of mental health in the standards generally. Respondents noted that including reference to "coping strategies" might have negative unintended consequences, whereby registrants could be forced to endure situations which are detrimental to their fitness to practise, or potentially limit the availability of help for registrants, due to an expectation they will be able to "cope". There were also comments that the inclusion of reference to mental health would mean registrants feel they could not practise with a mental health problem, and that this could lead to registrants being reluctant to seek help or to report an issue.

3.18    Several responses requested that we provide definitions for mental health or fitness to practise so a registrant is better able to assess if they are meeting this standard.

3.19    Respondents suggested we more clearly show the link between maintaining fitness to practise, continuous professional development (CPD)  and supervision. It was suggested that drawing this link could make it easier for registrants to understand the steps they need to take. It was also requested we link this to EDI.

3.20    Participants at the Service User Engagement workshop were very positive about the addition of mental health. They indicated that  this was important to help destigmatise mental health and the needs of health and care professionals. They also recognised this could in turn have  positive impact on service users.

## Technology and digital skills

3.21    The majority of respondents (67%) agreed that the generic standards adequately addressed the importance of keeping up to date with technology and digital skills. A further 19% disagreed and 14% didn't know. .

3.22    Regardless to whether respondents agreed or disagreed with this question, a general theme which emerged from responses was that the proposed standards relating to technology and digital skills needed to be more robust. It was suggested that we highlight technology and digital skills across other areas, including confidentiality, record keeping, communication. Other respondents noted that requirements relating to digital skills could be

exclusionary to certain groups and suggested the standards expressly note this challenge. Where responses were supportive, they noted that "digital" does not appear in the generic standards and our language needed to change to make it clearer registrants needed to be able to apply these technology and digital skills within their scope of practice. It was also highlighted that a registrant's ability to meet these standards could rely upon their employer and their employer's investment in new technology.

3.23    In general, participants in the Service User Engagement Workshop were supportive and recognised digital skills were important, particularly during COVID-19. They however cautioned placing too much emphasis on these skills, noting it could have a negative impact on service user / registrant relationships, and that digital skills should be viewed as a tool to accomplish the overall goal of health and care professionals and not as an end in itself.

## Leadership

3.24    The majority of respondents (63%) agreed that the standards were clear about the role leadership plays for all registrants. A further 20% chose "don't know" and 17% disagreed.

3.25    Although many respondents were supportive of the proposals, some suggested that we could go further. It was highlighted that leadership was only mentioned once within the standards and that we needed to make it clear that leadership is important at all levels of registrants' careers, that leadership styles need to be adaptable and that there was a link into EDI and tackling inequalities.

3.26    However, other respondents questioned how leadership would apply for registrants in non-leadership roles. Some suggested we use another term to avoid confusion. Responses also called for additional content on topics such as, supervision, delegation, raising concerns, the differences between leadership and management , formal and informal leadership and the wider context e.g. leadership in service delivery.

3.27    Participants at the Service User Engagement Workshop had mixed views about this topic. Around half considered  it was an important addition, but others questioned the link between being a competent registrant and demonstrating leadership.

## Profession-specific standards

3.28    We received a wide range of feedback on the profession-specific standards, as well as feedback on the wider generic standards which did not feature in responses to our consultation questions on the generic standards.

3.29    Key themes included our use of language, with many commenting on the standards being too passive and not specific enough for implementation.

There were also responses about specific language we use in the generic standards, and its relevance to all professions. Changes to wording were proposed in some areas to improve the readability of the standards.

3.30 Changes were proposed to the profession-specific standards to better reflect the modern-day practice of certain professions. In some cases, we received responses about certain proposals and their impact on registrants not demonstrating these standards in their day-to-day practice – for example, whether biomedical scientists would be able to meet proposed standards relating to service user consent, given the profession's lack of contact with service users in many settings.

3.31 We also received requests for additional information on a wide range of topics, ranging from guidance about how the standards apply in practice, to specific detail on particular processes and legislative requirements in practice.

**Preamble and Glossary**

3.32 Only 22% of respondents provided comments on the preamble or glossary, with the majority (61%) providing no comments. Where comments were made these mainly related to either language used or to the terms and definitions in the glossary.

3.33 As in previous questions, respondents questioned the use of passive language like "be able to". We also received some questions about how the standards relate to scope of practice.

3.34 We were asked to define more terms, like "modality", "stakeholder" and "supervision". We were also asked to revise the definition of several terms, such as "inclusive", "consent" and "leadership".

**Equality and Diversity Impacts**

3.35 The majority of respondents (58%) did not consider that our proposals would result in negative equality and diversity implications for groups or individuals based on one or more of the protected characteristics defined by the Equality Act 2010 and equivalent Northern Ireland legislation.

**3.36** 13% of respondents considered there were aspects of our proposals that may have negative equality and diversity implications. This included on the grounds of disability and age, in relation to digital literacy and English Language requirements in particular.

**Proportionality**

3.37 The majority of respondents (72%) agreed that our proposals were proportionate to our role to protect the public and represented the threshold level necessary for safe and effective practice. A further 14% chose "don't

know" and 5% disagreed.

3.38    Responses to this question covered a wide range of topics and reiterated comments raised in earlier questions, including the language and wording of the standards. Some respondents commented that the standards fell short of a certain profession's threshold or were not flexible enough for modern day practice. We were also asked to include more information or additional standards on registrant health and wellbeing, drug administration, informed consent, supervision, delegation and complaints.

**Other comments**

3.39    Nearly half of respondents took the opportunity to add further comments to their responses using free text boxes provided for this purpose. These discussed a range of topics, including our writing style, language and presentation, supervision and delegation, CPD and mentoring of students, EDI and our current English Language requirements.

# 4. Thematic analysis of responses

4.1    This section provides an analysis of the responses we received, based on the common themes we identified.

4.2    As this section analyses responses, we have received to our consultation, it makes reference to numbering which was used in the consultation document. Therefore, references to standards in this section, including their numbering, refer to the standards as they were presented for consultation. A table of these standards can be found here[2].

**Question 1: 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?**

4.3    The vast majority of respondents (78%) agreed with this question, welcoming the enhanced clarity and focus on inclusive practice. Only 7% said "no" and the rest chose "don't know"  but didn't elaborate.

4.4    Respondents felt it was helpful to see a greater focus on inclusivity and socio-cultural perspectives in the standards and reported that the revised wording was clearer and more transparent, and more accessible to service users. Respondents highlighted that cultural competency must be at the heart of these new standards.

**Language: The duty to act beyond awareness**

4.5    Although they welcomed the enhanced focus on this area, some respondents felt the language was too passive in tone, that in places it was ambiguous and that it could be strengthened. They outlined that registrants' have a duty beyond "awareness and understanding", to seek to address barriers to inclusion that directly and indirectly result in discrimination, and thereby cause inequalities. Respondents stated that the language did not go far enough to indicate that professionals are required to *act* in a direct way in accordance with what is expected of them professionally.

4.6    One example given by respondents of how the wording should be altered is in standard 6 from "*be able to* practise in a non-discriminatory and inclusive manner" to *"practise* in a non-discriminatory and inclusive manner".

4.7    One respondent felt the proposed wording didn't make it clear that it is every professional's individual responsibility to be aware of safeguarding procedures and reporting processes and to understand their role.

---

[2] The standards which were originally presented for consultation can be accessed here: https://www.hcpc-uk.org/globalassets/meetings-attachments3/council-meeting/2020/02.-25.03.2020/enc-10---review-of-the-standards-of-proficiency-consultation.pdf

**Language: Explicit reference to biases and privileges and their impact**

4.8     Eleven respondents felt the concept of bias; awareness/identification of personal and/or unconscious biases and how it affects practice and working relationships; and how to address bias, had not been explicitly referenced, and should be.

**Language: Inclusivity**

4.9     Four responses indicated that some of the language would benefit from being revised to better model inclusivity, and that the definition and scope of who is a service user, required further consideration. They said they would welcome more inclusive language relating to "service users", which they stated may exclude some registrants such as those working as service managers, university lecturers or in Arm's Length Bodies, in its current form

4.10    Similarly, other respondents indicated further consideration needed to be given to the definition of service user to take account of different settings and scenarios.

4.11    Another respondent suggested the inclusion of a broader view of equal, fair and inclusive practice to consider interactions with other staff and colleagues, in addition to service users. Another suggested that the title of Standard 6 needed "and inclusive" to be added in.

4.12    Two respondents felt that at standard 2.5, the phrase "*personal incompatibility*" was not appropriate and suggested changing it to: *"recognise that relationships with service users should be based on mutual respect and trust and be able to maintain high standards of care in all circumstances."*

**Reasonable adjustments and inclusion health**

4.13    Four respondents suggested the standards should require registrants to understand their legal responsibilities to make reasonable adjustments and ensure inclusive practice.

4.14    One respondent felt the wording of Standard 8.4 should more clearly take account of the Accessible Information Standard[3].

**Health inequalities, social determinants of health**

4.15    A few respondents highlighted the need to elaborate on the impact of the sociological factors that affect health.

4.16    Three respondents felt that the standards didn't set a high enough standard or make explicit reference to barriers to inclusion/inclusion health and addressing health inequalities.

---

[3] https://www.england.nhs.uk/ourwork/accessibleinfo/

**Additional detail/specificity**

4.17    A few respondents felt that greater detail was required in the proposed standards, such as:

- An addition that reflects the importance of the Welsh language for education and services in Wales.
- An instruction at standard 2.6 (informed consent) to consider everyone's capacity to give consent in each specific circumstance.
- An addition of further points at standard 5 *"to promote equality, social justice and inclusion in their work"*; *"to actively contribute in culture change across organisation to ensure inclusion is key to all activities"*; and, *"to actively seek to include other voices to ensure we practise in a way that is non-discriminatory including service users and colleagues (including students)."*
- An addition that references dementia or co-morbidities and awareness or understanding of these and other long-term conditions.
- Making arrangements to communicate effectively with someone who:
    - has impaired hearing, speech or sight
    - lacks mental capacity or has a learning disability.

4.18    Respondents also requested new standards on:

- Listening to patients, carers and guardians, and accepting that they have insight into, preferences for and expertise about the patient's own condition and context.
- Making appropriate arrangements where patients request to see a professional of the same gender as themselves.
- The Equality Act 2010 and requiring registrants to know the principles of equality legislation in the context of patient care.

**Digital Literacy**

4.19    Three respondents felt that that digital literacy should be covered to ensure that everyone is given the same fair and equal access and receives the same high quality and appropriate healthcare.

**Gender reassignment**

4.20    Three responses highlighted that the SOPs at 5.3 should include "gender reassignment" to be as quoted in the Equality Act 2010 where it states the protected characteristic is "gender reassignment" and not "gender" as was set out in the consultation document.

**Culture and socioeconomic status**

4.21    Respondents highlighted that culture and socioeconomic status are not protected characteristics, although are nevertheless crucial considerations in effective communication with patients. They suggested perhaps the list could

make clear the nine protected characteristics, while separately highlighting the importance of other factors such as culture and socioeconomic status.

**Profession specific feedback**

4.22 There were three responses that indicated that the language in the standards needs to be cognisant of the settings of all 15 professions, not just those in medical settings.

4.23 One respondent stated that they preferred the original wording to those of the proposed standards 2.3 and 2.4. They felt that in both cases the changes seem to envisage that all Registrants work in medical settings and highlighted that it is important that the HCPC recognise that some Registrants, for example educational psychologists, work largely within educational settings.

**Service User Engagement Workshops**

4.24 In workshops held with service users, carers and members of the public, participants spontaneously raised the importance of equality, diversity and inclusion and of putting service users at the heart of decision-making when asked how they expected to be treated by a registrant. They went on to broadly welcome the standards set out by the HCPC in these areas. They felt that the standards were a step in the right direction in ensuring inclusive practise and empowering all service users.

4.25 Despite this, standards around equality, diversity and inclusion were generally considered more "vague" than those designed to put service users at the heart of decision-making and there were mixed levels of confidence in relation to how equality, diversity and inclusion would be translated into registrants' practice. In part, this was suggested to be driven by the passive nature of "be aware" and recognition that registrants may struggle to identify their own underlying beliefs (unconscious bias).

**Question 2: Do you think the generic standards place enough emphasis on the importance of the service user in decision making?**

4.26 The majority of respondents to this question (71%) agreed that the generic standards place enough emphasis on the importance of the service user in decision making, while 18% chose "don't know", and 11% disagreed.

**Yes**

4.27 A large majority of individual responses (75%) agreed with the question, compared to a lower proportion (56%) of organisations. The majority of those that agreed did not provide further comment. Those that did praised the revised statements for their increased clarity and greater emphasis, noting that:
- The language was more inclusive and highlighted the importance of service users in the patient-clinician relationship;

- They clearly set out the importance of informed consent and shared decision making, and made it clear that service users must be at the heart of the decision-making process;
- They highlighted the importance of supporting and empowering service users throughout; and
- Practical application of the word "service user" in place of "patient" was welcomed.

4.28    However, a small number of respondents that agreed with the question also caveated their response in some way:

*Use of language and terminology*

4.29    Several respondents made suggestions about the language and terminology used in the standards. This included incorporating specific reference to children and young people, the need to consistently refer to service users and their carers, and the potential for even greater emphasis on service user involvement.

*The importance of informed consent and capacity*

4.30    Two respondents highlighted the importance of obtaining valid consent to support decisions made in the best interests of the service user, especially where there are capacity issues.

*Involving service users in practice and the wider context*

4.31    Though in agreement, a small number of respondents used this question to highlight the challenges of involving service users in the decision-making process. They cited a lack of face-to-face contact in some settings (prevalent in roles such as biomedical scientists) and increasing service user expectations (over and above the resources available) as examples.

**Don't know**

4.32    A minority of respondents (18%) did not know whether the proposed revisions placed enough emphasis on the importance of the service user in the decision-making process. However, analysis by stakeholder group revealed that a sizeable portion of organisations (40%) did not know, compared to just 11% of individual respondents.

*The level of detail*

4.33    Respondents indicated  that whilst the need for service user engagement was clear, the emphasis on the importance of their involvement could be strengthened. Suggestions included:
- a greater focus on the principle of informed consent;
- highlighting the need to consider service users' cultural, religious and linguistic needs, and actively seeking their feedback;

- including detail about the legal requirements of involving patients in decision making;
- Including relatives as a group to communicate effectively with; and
- Explicitly referencing shared decision making with children and young people.

### *Use of language*

4.34    Several respondents felt that the language used could be amended to strengthen the importance of service user engagement. Several respondents felt the importance of patient-centred/personalised care and decision-making should be explicitly referenced.

4.35    Some respondents felt the language should be amended to place greater emphasis on patients and co-ownership of their health and to give clarity about what is expected.

### *Right to refuse treatment*

4.36    The right to refuse treatment was discussed by two respondents, who felt that this should be explicitly referenced in our standards. One respondent was concerned that the language used could imply that a health professional should facilitate a decision to be made, even if the service user did not want treatment.

### *Consent*

4.37    The importance of understanding and being able to obtain informed consent was discussed by a few respondents, who felt that our standards could be strengthened in this area.

### *Application across HCPC professions*

4.38    A few respondents cautioned that the focus on service user involvement was not appropriate for or applicable to all professions. The difficulty of biomedical scientists applying this standard/ was mentioned by three respondents.

4.39    One respondent in particular noted that the proposed requirement for registrants to "be able to work with service users" may be difficult for certain professions to meet and suggested that the reference in the legacy standards to "understanding" the importance of service user engagement was more appropriate.

### *Advocating on behalf of patients*

4.40    One respondent suggested that greater focus be placed on the importance of advocating on behalf of patients and service users, particularly those lacking capacity such as young children and vulnerable adults.

**No**

4.41 A minority of respondents (11%) felt that the proposed standards did not include sufficient emphasis on the importance of service user engagement. Of the individuals that responded, a somewhat higher proportion (14%) disagreed compared to organisations (4%).

*Level of detail*

4.42 Many respondents that disagreed stated that the proposed standards did not go far enough, and that the emphasis on service user involvement needed to be strengthened and made more explicit. This was particularly raised in relation to informed consent and conflict of interests.

4.43 One respondent noted that while certain sections of the standards clearly articulated the importance of engagement (section 8 and 9), this wasn't reflected throughout (for example in sections 4 and 14).

*Capacity of the service user*

4.44 One respondent stated that the proposed standards were limited by not explicitly referencing capacity, on the basis that capacity is an essential component to ensuring that service users have a voice and the right to make decisions about their care.


**Service User Engagement Workshop Feedback**

4.45 When introduced to the proposed standards, participants welcomed the increased emphasis on service user involvement. It was felt that the proposals helped to reaffirm the importance of acting in the best interest of the service user and would serve to empower individuals to take more control over their care.

4.46 However, participants questioned whether the proposed standards could be difficult to achieve in certain situations. They suggested including more detail about: how registrants are expected to remove barriers to engagement; how to respond when informed consent is not possible; and explicit reference to the importance of listening to the service user. Another questioned whether "having the information they need" should include being told that the professional is registered.

4.47 In addition, participants were concerned about reference to "personal incompatibility" (Standard 2.5), and felt that should this situation arise, they would expect a service user to be referred to another professional. Others believed that referencing personal incompatibility led them to question their wider understanding about what it means to be a healthcare professional.

4.48 One participant also questioned whether the traditionally paternalistic attitude that exists in healthcare could act as a barrier to services users taking a lead

role in the decision-making. It was felt that a culture change might be needed to empower service users to take control. It was suggested that an additional standard could be included specifying the importance of professionals promoting shared decision-making and advocating on behalf of their patients.

**Question 3: Do you think the generic standards are clear enough about the importance of maintaining fitness to practise?**

4.49    A large majority of the respondents agreed that the generic standards were clear enough about the importance of maintaining fitness to practice with 76% answering "yes", 15% "don't know" and 9% "no".

4.50    When separated by types of respondents, an even larger majority of individual respondents (82%) agreed. Where the survey was answered on behalf of an organisation, 60% agreed.

**Yes**

*Inclusion of mental health*

4.51    Respondents generally welcomed the proposed inclusion of mental health in the standards as well as the proposed standard setting out that registrants are personally responsible for maintaining their health. Respondents felt the inclusion of mental health alongside physical health in Standard 3.2 was a positive development which highlighted the importance of registrants' wellness and mental health.

4.52    Two respondents suggested that the standards should also include a responsibility to recognise when a colleague is struggling with their health and to take action where necessary.

*Role of employers*

4.53    Several respondents raised concerns that the role employers play in enabling a registrant to meet their standards was not fully acknowledged and the proposed standards suggested that registrants have more control over the drivers of stress in their workplaces than they actually do.

4.54    Respondents noted that employer practices relating to workloads and workplace policies relating to bullying or raising concerns were generally outside of a registrant's control and could have a negative impact on their health. Where a disfunctional environment exists, it can drive poor health while also making it more difficult for registrants to seek assistance. Respondents stressed that employer policies around taking leave, for example, can create an environment which drives overworking, burnout, and poor mental health.

4.55 These responses often overlapped with the concerns being raised by respondents over the use of the word "coping" in the standards. In both cases, it was highlighted that while registrants have a duty to maintain their health, they may not be in full control of their working environment.

## Don't know

While the overall percentage of respondents who chose "don't know" for this question was 15%, more than one-third (35%) of organisational respondents chose "don't know."

### *Language: Coping strategies*

4.56 Nine responses argued that the word "coping" in proposed Standard 3.3 could have unintended consequences. Coping could suggest that registrants have to endure situations which are detrimental to their fitness to practise. While the standards emphasise the personal responsibility of registrants to maintain their health, these respondents felt that the use of coping could be construed to limit the available help for registrants if they needed assistance.

### *Inclusion of mental health*

4.57 One respondent stated that the wording of Standard 3 did not make clear what options were available to a registrant who acknowledges that they cannot currently meet the standard. They went on to note that the wording could create an assumption that reporting an issue with your mental or physical health may result in a sanction from the HCPC or not being allowed to work.

## No

Only 9% of respondents disagreed, with 10% of individual respondents and 5% of organisations selecting "no".

### *Language: Coping strategies*

4.58 Many responses that disagreed with this question reiterated views by other respondents about the language of "coping strategies" with some noting that coping as a term could include both positive and negative coping strategies in times of stress (including substance misuse, for example).

### *Inclusion of mental health*

4.59 One respondent noted that the proposed wording around mental health could be made clearer with a definition which captures the wide scope of mental health and acknowledge how mental health is impacted by, but not dependent upon, mental illness.

*EDI*

4.60 Two respondents suggested that the standards should set out an active duty for registrants to gain new knowledge and to understand the specific needs of marginalised clients.

4.61 One respondent felt that the fitness to practise ("FTP") process and the reliance on too many generic standards made the experience especially difficult for registrants with dyslexia.

## Service User Engagement Workshop Feedback

4.62 In workshops held with service users, carers and members of the public, participants unanimously agreed that it was important to reference both mental and physical health within the standards; with most ranking it above digital skills and leadership.

4.63 Participants welcomed the inclusion of mental health and viewed this as part of wider work in society to destigmatise discussions about mental health. Linked to this, they thought it was important that the needs of health and care professionals "as people" were being considered.

4.64 As well as the obvious benefit to registrants, participants noted the benefit to service users of this proposed standard. Several participants argued that for health and care professionals to be able to offer safe and effective care for service users, they must themselves be in good health. The levels of trust and responsibility given to health and care professionals meant that when their own health was poor, they could make decisions which negatively impact on service users.

## Question 4: Do you think the generic standards adequately address the importance of keeping up to date with technology and digital skills?

4.65 The majority of respondents thought the generic standards adequately addressed the importance of keeping up to date with technology and digital skills, with 67% of respondents answering "yes". 19% of respondents did not think that the standards adequately addressed the topic and a further 14% indicated they chose "don't know" .

### Yes

4.66 67% of respondents agreed. While a strong majority of 74% of individuals agreed, less than half of organisational respondents (49%) agreed.

*Importance of digital skills*

4.67 As set out above, most respondents welcomed the way that technology and digital skills were included in the standards and felt that this was a clear signal

of the importance of these skills going forward. Several comments also noted that the inclusion of technology and digital skills in the standards was especially relevant given the acceleration of telehealth and other technology solutions in responding to COVID-19.

### *Language: Digital*

4.68    Several respondents suggested including the word "digital" alongside "technology" as well as adding words like "skills" or "literacy" to both words in order to capture the importance of understanding and being able to apply digital skills.

### *Role of employers*

4.69    While welcoming the inclusion of technology and digital skills, several respondents noted that a registrant's ability to meet this proposed standard could be dependent on their employer and the investments being made in new technology.

### *Accessibility and inclusivity*

4.70    Two respondents highlighted that the proposed standards relating to digital and technology should take account of how these mediums can actually increase the gap in access to services. While not a protected characteristic on its own, lack of financial and other resources can overlap with protected characteristics. Two respondents suggested that lack of access to resources could also create equality of access issues for new technology and digital tools, especially where registrants work in settings that do not invest in relevant technology or do not provide sufficient training.

### No

4.71    19% of respondents disagreed with the proposed approach. For individual respondents 17% responded "no", while 23% of organisational respondents selected "no".

### *A more robust approach to technology and digital skills*

4.72    Of those who responded "no" to this question, several felt that the standards relating to technology needed to be more robust and highlight the importance of technology to meeting all of the standards. These respondents felt that the mention of technology was too brief and generic and did not clearly set out the expectations for registrants.

### *Scope of practice*

4.73    Three organisational responses discussed the need for clearer reference to scope of practise for standards relating to technology and digital skills. They argued that one reading of the proposed standards (Standard 14.1 in

particular) would require a registrant to be conversant with technology relevant to their field, but not necessarily relevant to their role.

4.74 Linked to this was a concern raised by several respondents about the lack of investment by employers in new technology. They argued that, without explicit reference to scope of practice, a registrant could fail to meet this standard because they lacked access to certain technology.

**Don't know**

4.75 14% of overall respondents stated that they didn't know in response to this question. While 27% of organisational respondents chose "don't know", only 9% of individuals chose this option.

*A more robust approach to technology and digital skills*

4.76 Several of the respondents noted that they chose "don't know" because they felt the proposed standard was not clear enough. These respondents argued that a simple reading of the standards could suggest that the digital skills only related to basic IT and communication tools.

*Language: Digital*

4.77 One organisational respondent noted that the term "digital" should be added to the standards alongside the term "technology" as digital skills were not expressly mentioned.

*Topol review*

4.78 Two organisations felt that the standards should be shaped by the recommendations of the Topol review (which outlined recommendations to ensure the NHS "is a world leader in using digital technologies to benefit patients") and also by all of the learning taking place as health and care professionals use technology in new ways during the pandemic.

**Service User Engagement Workshop Feedback**

4.79 In workshops held with service users, carers and members of the public, participants applauded the inclusion of digital skills in the standards.

4.80 Participants felt that digital skills were important for a number of reasons, including the generation of efficiency gains in the provision of healthcare and the important role played by digital and technology solutions in the response to COVID-19. One participant however highlighted that some digital solutions could also be exclusionary.

4.81 Whilst they were largely supportive, participants cautioned against too much emphasis being placed on these skills as they felt this could have a negative

impact on the personal relationship between service user and registrant. They felt digital skills should be viewed as a tool to accomplish the overall goal of health and care professionals and not as an end in itself.

**Question 5: Do you think the generic standards are clear about the role leadership plays for all registrants?**

4.82   Of the 297 responses received, the majority of respondents (63%) agreed that the revised standards are clear about the role leadership plays for all registrants, while 20% chose "don't know", and 17% disagreed.

**Yes**

4.83   The majority of individual respondents (68%) agreed compared to just 48% of organisation responses. The vast majority of those that agreed chose not to provide further comment, but those that did welcomed the revisions for providing greater clarity and reemphasising the importance of leadership in practice.

*Greater emphasis and the need for more detail*

4.84   Though in agreement, a recurring theme was the need for greater emphasis on the importance of leadership for registrants. Respondents noted that leadership was only explicitly referenced in the proposed standards once and felt that this was insufficient.

4.85   Respondents felt the standards should:
- include reference to the role and importance of leadership at all levels;
- require an understanding of the need to adapt leadership style as appropriate depending on the profession of the individual, and their needs;
- highlight the need for appropriate delegation;
- set out an expectation of non-discriminatory practice, and the importance of removing implicit bias both on an organisational and individual level.

*Terminology used*

4.86   A small number of  respondents commented that the terminology used in the proposed standards was confusing. For example, one respondent highlighted that not all registrants would have leadership roles, and therefore questioned whether standard 9.4 included registrants' understanding their place/role in the organisation more generally.  Another respondent had issue with the phrase "context of practice" and felt that it was unclear whether this would mean that registrants would be expected to show leadership in all areas and at all stages of their careers. Greater clarity was therefore requested.

*Practical application and the wider context*

4.87    Though in agreement, some respondents highlighted the potential difficulties of applying this proposed standard in practice. It was discussed that, due to existing hierarchies, the standards would require "a revised mindset" for many registrants, and potentially greater support to enable them to think of themselves in this way.

**Don't Know**

4.88    Nearly a quarter (20%) of all respondents 'didn't know' whether the standards are sufficiently clear about the role leadership plays for our registrants. However, closer analysis reveals that the number of organisations who chose this option (36%) is significantly higher than individual respondents (14%).

*Emphasis and the level of detail*

4.89    The most common feedback from respondents was that they felt that the standards were lacking sufficient emphasis on the importance of leadership, and that greater detail was needed. One respondent felt that the standards lacked clarity about what was expected of registrants, for example, whether they would be expected to "understand", "apply" or "consider" leadership as part of their practice.

4.90    Respondents put forward a few suggestions about what further detail could be included, such as the distinction between formal and informal leadership, and the difference between leadership and management skills.

*Terminology used*

4.91    A few respondents felt that the word "leadership" could cause confusion, particularly for those early on in their career with no formal leadership responsibilities, or those practising outside of the NHS.

4.92    A couple of respondents felt that alternative wording, such as "role model" or "influence", would be better suited and easier for registrants to understand. One respondent in particular noted that they did not necessarily agree with the description of leadership proposed in the glossary and suggested that this should be revised.

*The structure of the standards*

4.93    It was considered that the concept of leadership was overshadowed by merely being part of the proposed standard 9. A few respondents therefore suggested developing additional standards specifically focused on leadership, to ensure greater emphasis and clarity.

*Raising concerns*

4.94    The connection between good leadership and raising concerns was raised by a few respondents, who felt that the importance of appropriately raising concerns, and supporting others to do so, should be made more explicit.

*Leadership and combatting inequalities*

4.95 Though referring specifically to the psychologist profession, one respondent discussed the role leaders play in combatting inequalities, and eradicating biased practices, both by themselves and of their teams. They criticised the standards for making no mention of how leadership teams are responsible for addressing inequities and social injustices within services.

**No**

4.96 A minority of respondents (17%) did not agree that the proposed generic standards were clear about the role leadership plays for all registrants.

*Greater emphasis and the structure of the standards*

5.1. One respondent noted that, while the qualities of good leadership run throughout the standards, these need to be made more explicit to ensure clarity and understanding.

4.97 However, similar to both those that agreed and those that chose "don't know", the majority of respondents that disagreed criticised the proposed standards for having insufficient reference to leadership and for its importance not being clear enough.

4.98 Several respondents suggested that an additional standard or subsection specifically focused on leadership would be beneficial, as this would help ensure clarity as well as bring its importance to the fore. It was also discussed that this would provide the opportunity elaborate further on other related issues, such as risks around abuse of power.

*Level of detail*

4.99 While the proposed standards made high level reference to "the qualities, behaviours and benefits" of leadership, several respondents felt that greater detail was necessary about what the qualities entail, what successful leadership looks like, and/or what the benefits are.

*The context of leadership*

4.100 A couple of respondents felt that the proposed standards lacked sufficient detail about the context of leadership, its broader application, and the various forms that it can take. For example, leadership in service delivery; change and innovation; education and training; and wider strategic goals of the NHS. It was therefore suggested that leadership needs to be more broadly defined and that the scope of standard 9 should be widened, in order to guide knowledge, awareness and practical application.

*The role of leadership in addressing inequalities*

4.101 Leadership was identified as having a core part to play in addressing and combatting bias and inequalities, both at a system and personal level. It was

discussed that the responsibility of leaders to take ownership of addressing inequalities and ensuring social justice needs to be made explicit, to ensure positive and proactive steps are taken.

*The wider context and application in practice*

4.102 One respondent highlighted that, while leadership is extremely important, there are often limited opportunities for registrants to develop in this area, particularly in the current climate of austerity. They therefore cautioned that the HCPC should be mindful of barriers, and that whilst it is ultimately the responsibility of the registrant to ensure their development, this responsibility is also shared with a person's organisation and employer. Insufficient or limited guidance on leadership and the development of appropriate skills was also discussed.

**Service User Engagement Workshop Feedback**

4.103 Participants questioned the link between being a competent registrant and leadership, and some questioned whether it should be included in the general standards at all. Participants felt that not all registrants would be interested in demonstrating leadership, and also felt that opportunities to display this quality could be limited.

4.104 However, around half of participants felt that leadership was an important addition and drew important distinctions between formal leadership responsibilities and more general leadership qualities. It was however felt that further detail was needed to highlight its relevance to all registrants.

**Question 6: 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.**

4.105 A total of 297 respondents answered this question. Respondents were asked to select which profession's standards they wanted to provide feedback on. The analysis of this question is therefore split by profession.

4.106 Whilst this question is focused on the profession specific standards, many respondents also used this question to also provide more general feedback on the proposed standards, including the generic standards. This feedback is therefore also captured in the analysis below.

**Arts therapists**

4.107 We received 9 responses about the proposed arts therapists' standards. Six were from individuals (5 registrants and 1 student) and 3 were from organisations (2 professional bodies, BAAT and BAMT and an employer).

4.108 Two respondents expressed support of the standards, and three provided substantive comments, which are outlined below.

### *Safeguarding*

4.109 One respondent felt that the standards should be clearer that registrants should have a competent knowledge of adult and child safeguarding procedures, including recognising signs of abuse (whichever age group they work with). This response recommended the standards should include knowing and recognising signs of abuse or other serious risks.

4.110 They also suggested that we include a standard on *"awareness of how capacity intersects with safeguarding when an adult is believed to be at risk".*

### *Consent and capacity*

4.111 One respondent suggested we include standards on seeking consent for treatment and how that intersects with capacity. For art therapy, they suggested we include standards on seeking consent to initiate and continue art therapy as well as consent to refer to other services, so this is made clear and explicit.

### *Language*

4.112 A professional body suggested that the language used in the standards be updated and developed to more accurately represent contemporary socio-cultural perspectives on diagnosis, trauma-informed research, and the voice of the service-user in research that challenge a traditional understanding of diagnosis.

4.113 They also noted that some terms currently used *"imply an unequal power relationship between the registrant and the individual or group and rely on a Western diagnostic model"*. It was suggested that *"many service users prefer non-diagnostic, anti-labelling language in their communications and registrants could be supported in their practice if this is used in the SOPs".*

4.114 A professional body made a number of suggestions about the wording of the standards. This included proposed revisions to the standards, deletion of standards where there was duplication and amendments to music therapist standards. They suggested we:
- change the wording of standard 4.8 to "understand the role and importance of ongoing supervision in supporting high standards of practice, and personal and professional conduct"

- revise standard 9.6 for clarity to make it clear this is about abiding by the limits of the role and recognising the potential contribution of other modalities
- amend 12.5 to "be able to evaluate care plans or intervention plans using recognised and appropriate outcome measures"
- amend 13.1 to "Appreciate and be actively informed by lived experiences of wellness and illness as well as the effects of social disablement and exclusion and be able to consider this alongside diagnostic knowledge relevant to their profession."
- revisions to 13.14 including removal of the language "normal and abnormal"
- amend 13.15 to "recognise different methods of understanding the experience of service users, including diagnosis (specifically mental health and learning disability) and be able to critique these systems of knowledge from differed socio-cultural perspectives"

## Biomedical scientists

4.115 We received 16 responses about the biomedical scientist standards. 2 were from organisations (the professional body, IBMS, and an education provider) and 14 were from individuals (11 registrants, 2 educators and 1 non-registered health and care professional).

4.116 5 responses supported the standards but did not provide further comments or suggest amendments. A further 4 responses did not provide additional comments. The remaining 7 respondents provided more detailed comments, the themes of which are summarised below.

### *Service user engagement*

4.117 A key theme in the responses received was service user engagement and the limited ability of biomedical scientists to achieve this.

4.118 One response noted that proposed standard 2.6, on informed consent, was very specific and patient focused. They noted very few biomedical scientists are in the position to obtain informed consent.

4.119 Another stated that they had concerns relating to service user engagement and that these could only be met "at a distance" or in certain scenarios and not by direct contact with service users. They stated these needed to be updated in line with the real day to day role of a biomedical scientist in practice.

4.120 Finally, one response expressed concern with proposed standard 9.5 and the change from "patient care pathway" to "service user care pathway". They stated this has different connotations as in the context of this profession it

could be taken to mean a company submitting environmental samples, for example. Similarly, they stated that on proposed standard 14.24 "service user" should not replace "patient", as the diagnostic test descriptor is called near patient testing or Point of Care Testing. They stated the terms "patient" and "service user" needed to be defined to ensure they are used in the correct context. They also noted that often Allied Health Professionals ("AHPs") do not use the word "patient" and instead refer to "customer" or "client", so the standards should reflect this.

*Other comments*

4.121 It was suggested we add in a new standard reading "be able to safely interpret and authorise patient results".

## Chiropodist / podiatrists

4.122 We received 19 responses about the chiropodist / podiatrist standards. 3 were from organisations (all selected professional bodies, including the College of Podiatry and the Institute of Chiropodists and Podiatrists, but also included a private practice clinic and a podiatrist) and 16 were from individuals (14 registrants and 2 educators).

4.123 8 responses were in favour of the proposed amendments to the standards, noting they were clear, comprehensive, set at the correct level, easy to understand and suitably high level. One response however noted that they were "quite wordy". Another stated that we need to note these are the minimum standards and that "advancement and development should be encouraged across all professions".

4.124 One response made several suggestions for changes to the standards. These included:
- Changes to reflect technology and digital skills adequately. The respondent noted the pace of change is fast in some areas and could result in division within the profession without due consideration of this in the standards. They also requested more detail on expectations for practice in embedding a fairer, more inclusive digital approach to provision.
- Reference to the need for registrants to support the future workforce through the facilitation of education and provision of practice placement experiences. They noted that, without this, the workforce will continue to decline both in number and in capacity.

## Clinical scientists

4.125 We received 15 responses about the clinical scientist standards. 4 were from organisations (2 professional bodies, 1 trade union, the Federation of Clinical Scientists (FCS) and a PSA voluntary accredited registration body, the

Registration Council of Clinical Physiologists). The remaining 11 were from individuals (9 registrants, 1 employer, 1 AHCS lay member of the Registration Council).

4.126 The majority of responses (10) expressedsupport for the standards, but suggested further standards were also required.

### Additional standards

4.127 One respondent felt we should add in a section on how data should be stored and shared. Another said we should place greater emphasis on a registrant's responsibility for ensuring they maintain their knowledge as techniques and technology evolves.

4.128 Another response noted that many clinical scientists are crossing into patient clinics and becoming almost equivalent to Clinical Nurse Specialists. They therefore requested that the standards reflect the patient/scientist interaction including making decisions, managing patient pathways and acting in the interest of the patient. Examples provided included ensuring it is clear clinical scientists should be able to manage clinics, 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.

4.129 Similarly, another response argued that without recognition of the above, our proposals fell short of the HCPC's role to protect the public, as they did not recognise the roles of clinical scientists who work less in laboratory settings and instead work directly with service users.

## Dietitians

4.130 We received 11 responses about the dietitian standards. 9 were from individuals (7 registrants and 2 educators) and 2 were from organisations (the professional body, and an employer). Some responses did not provide further detail, other than to express support for the amends.

### General comments

4.131 A professional body welcomed the preamble and in particular the greater clarity that as careers progress scope of practice also changes. They also welcomed the greater focus on the service user, leadership and the role of research/audit and use of technologies.

### Language

4.132 We received comments about terminology, as follows.
- On proposed standard 11.2, one response disagreed with the removal of "multi-disciplinary review" and felt that should be included along with case conferences and other methods of review.

- A couple of responses questioned why psychology was removed from proposed standard 13.3.

- The professional body expressed support for the term "service user", noting it "better reflects the range of settings that dietitians work in". They also suggested that standard 5.2 should include dietary as well as non-dietary factors.

## Hearing aid dispensers

4.133  We received 6responses about the hearing aid dispenser standards. These were from three individuals (2 registrants, 1 educator) and three organisations (2 professional bodies, BSHAA and the British Academy of Audiology, and 1 education provider).

4.134  Four of the five responses which provided comments expressed support for the revised standards, stating they were *"clear" "fitting for my profession"* and *"more logical in their presentation to link better with the service/procedure provided and the different aspects related to practice".*

4.135  The other response expressed support with *"the major thrust of some of the revisions"* but expressed concern that *"in striving to achieve greater clarity and more relevant language, some of the proposed changes will have unintended adverse consequences."* The response highlighted the need for the standards to be clear and concise, stating they are *"intended for use by professionals who are expected to exercise professional judgement as they put these standards to use within their own practice context. When standards become overly detailed, they have the opposite effect of becoming too prescriptive (even when unintended) and discourage the registrant from owning the interpretation of that standard."* the respondent proposed numerous wording amendments, both to the generic and profession specific standards to alleviate these issues.

## Paramedics

4.136  We received 17 responses in relation to the proposed paramedic standards. 3 were from organisations (the professional body, the College of Paramedics, a trade union and an education provider). The remaining 14 were from individuals (12 registrants and 2 educators).

4.137  A couple of respondents indicated they were supportive of the changes and did not have any more comments. However, the majority provided detailed comments on further changes that were required.

*The threshold*

4.138 A common theme in responses was that the proposed standards did not go far enough in reflecting current paramedic practice and therefore were not at the threshold. Responses in particular noted that the profession is developing at pace and that many paramedics are no longer working in traditional ambulance roles, but instead in specialist or advanced practice. Others made reference to the increase to degree level as the minimum qualification needed for application to the register (this change was implemented in September 2021, after the consultation on the standards of proficiency closed). One organisation highlighted that the generic and flexible language of the proposed standards meant that the threshold was much lower than what is currently expected of paramedics in practice.

4.139 A counter point was however raised by a couple of responses, stating the threshold was "too high for some IHCD paramedics" [4]. The response expressed concern that certain topics were not covered on IHCD courses and so paramedics trained to this level would need a top up degree for this to be threshold. Similarly, one response noted standards on "research, leadership, knowledge regarding pharmokinetics, nutrition, sociology and psychology" were not covered by the IHCD training, or their BSc top up.

*Additional standards*

4.140 Wide ranging amendments were proposed to the text of both the generic and profession specific standards. These included content on:
- The self-referrals process
- The profession's role in public health and health promotion
- Appropriately challenging colleagues on unsafe or potentially dangerous behaviours and/or practice
- Social media use
- A stronger position on actively participating in mentoring / supporting students in education and training
- Emergency/time-critical specific expectations, including an emphasis of fitness standards required
- A greater focus on controlled drugs and medicines laws, including pain management, polypharmacy and adverse drug reactions
- Human Factors or Crew Resource Management
- Understanding, appreciating the limitations of, and being able to practice within recognised guidelines, and being able to justify deviations from these guidelines where required in the interests of an individual patient
- Reference to ethics
- Emphasis on paramedic's rights to perform remote risk assessments and request additional resources when exposed to dangerous situations
- Human development, growth, nutrition and genetics

[4] IHCD refers to the Institute for Healthcare Development which validated the IHCD qualification for paramedics. The IHCD route was withdrawn and there are no open programmes currently accredited by the HCPC.

- The effects of Behaviour and psychological factors on health and illness
- Health inequalities
- Major incidents, such as running a triage system

### *Patient vs service user*

4.141 There were mixed views about the move from "patient" to "service user" in the standards.

4.142 Some responses felt this better reflected the wider range of roles paramedics now take on, including the professional body. An education provider welcomed the change, stating it *"suitably reflects broader changes in terminology and the wider role we play in engaging with those beyond the patient group".* However, others disagreed. One response argued that this change would negatively affect the relationship between paramedics and their patients. They argued that, whilst this might work for the generic standards, it wouldn't be appropriate for the paramedic specific standards.

### *Language amends*

4.143 Several responses proposed re-writes or a re-structuring of the standards, or that standards be deleted where they were duplicated.

4.144 Language amends were generally suggested to reflect paramedic's wider roles (e.g. changing terms like "pre-hospital or out of hospital" to "paramedicine" or "paramedic practice"). One response highlighted language in the standards that they described as "a historical hang up" which fails to show paramedics as "autonomous, sentient practitioners". Suggestions were also made to make the language more active, such as removing "be able to" and instead requiring paramedics to demonstrate knowledge through action.

4.145 Other responses suggested that certain standards were not well suited to emergency care, in particular proposed standard 15.

4.146 One response however questioned the change of language from "know" to "understand" in standard 2.5. They argued this was onerous and excessive.

4.147 One response suggested the proposed standard on active participation in training, supervision and mentoring be amended to "within their capabilities". They argued not all registrants are able to do this and these are skills that cannot be taught.

4.148 One response noted the reference to care pathways in standard 14.10 was something paramedics would love to do, but often cannot access them or have difficulties accessing them. They also noted they are limited by ambulance service regulations about which care pathways they can use.

**Occupational therapists**

4.149 We received 28 responses about the occupational therapist profession specific standards. 24 were from individuals (19 registrants, 3 educators, 1 non-registered occupational therapist and 1 team lead). 4 were from organisations (1 employer, 1 education provider, 1 charity and the professional body, the Royal College of Occupational Therapists).

4.150 A small number of respondents indicated they were happy with the content. They noted that the proposed standards sufficiently covered the profession's *"primary role"* of occupation, were *"more occupationally focused",* were *"thorough and well put together"* and were *"inclusive and informative".* We did, however, receive several responses that proposed further amendments. These are detailed below.

### *Language*

4.151 We received detailed comments about the wording of the proposed standards, in relation to both the generic and profession-specific standards. We have analysed the general themes of these comments and listed them below.

4.152 Several responses highlighted inconsistencies in the language and phrases used in standards. These included:

- "Continuous professional development" vs "Continuing professional development".
- "Active participation" vs "active engagement".
- "Service users and carers" vs "service users, their families and carers" vs "service users, their relatives and carers".
- Use of the term "people" instead of "service user" or "individual".
- Duplication of "comprehensive" in proposed standard 10.1.
- Psychological vs mental health.
- Inconsistency in the areas of diversity in proposed standard 5 in the profession specific standards.
- Labelling of evidence and research to inform practice across the standards.

4.153 Some respondents questioned the use of passive language in the proposed standards, such as "understand" and "be able to". This was especially so for standards 6 and 14. One response acknowledged the complexity of framing standards in a way which enables new graduates to meet them, but said certain areas needed stronger language to set a more active expectation registrants can be held to. It was proposed we achieve this through language like "be able to understand and use" or "be aware of and draw upon". Another respondent suggested we use "understand and demonstrate".

4.154 A few respondents expressed concern about the length and wording of the standards. Responses suggested the proposed standards were too wordy

and convoluted, making it hard to follow. This was said to be especially the case for standard 9, 13 and 14.

*Additional content*

4.155 Several respondents suggested additional standards, such as the inclusion of:

- Further detail on leadership, record keeping, duty of candour and Freedom to Speak Up.
- Greater reference to multi-disciplinary teams.
- Strengthened expectations around taking action when there is a safeguarding concern.
- More detail on consent and capacity and that consent needs to be recorded.
- More detail on legislation, including clear expectations that the individual understands how this influences their practice and where it limits this.
- A greater focus on advocacy and empowering service users, including consulting service users about issues wider than their own treatment.
- Greater emphasis on the importance of CPD and supervision, particularly in proposed standards 11 and 12 where one response felt this could be shown as a mechanism of reflection and quality control.
- Emphasis on safety when using digital technology or working remotely.
- A standard on the provision of occupational therapy practice education.
- Content covering resilience to cope in the work environment.
- Additional detail on service-user centred care, such as ensuring intervention reviews are informed by changes in service user's circumstances and ensuring registrants understand the relationship between the service user, their environment and their chosen occupation.
- Reference to cultural contexts.
- Reference to maximising independence and function or quality of life.
- A more detailed approach to standards on research, covering both qualitative and quantitative, ensuring registrant's understand implications and including this learning in their practice.
- Reference to the occupational therapy process of assessment, planning and intervention.

4.156 We were also asked to avoid certain terms like "diagnostics" and instead use "assessment" to make it more appropriate for occupational therapy.

## Operating Department Practitioners (ODPs)

4.157 We received 23 responses relating to the ODP standards. 4 were from organisations (3 education providers, 1 professional body, the College of ODPs) and 19 were from individuals (11 registrants, 5 educators, 3 student ODPs).

4.158 Three respondents expressed support for the changes, one respondent stated that the proposed standards were now "less vague and did not limit the role of the ODP". However, the most respondents provided detailed comments on further changes that were required.

***Additional standards***

4.159 A general theme in the responses across the proposed standards was that they needed to account of ODPs taking on roles outside theatres and the profession's expanding scope of practice. For example, one respondent asked that we refer to human factors in all settings, not just in perioperative and acute care.

4.160 One respondent noted the challenges of proposing additional standards, due to the variance in the ODP role across the UK. They argued however some standards could be enhanced, such as links to critical care and associated clinical areas (e.g., A&E and radiography) outside of the operating theatre.

4.161 Other suggestions included:
- Referring to auscultation in the standards.
- Clear guidance on working in ITU and end of life care.
- Making the role of the mentor for all professions more explicit.
- Adding a new standard on representing, upholding and promoting the profession.
- Introducing a standard about a duty to consider the environmental impact of practice, such as related to recycling (for all professions, not just ODPs).

4.162 A couple of respondents requested we strengthen certain standards, such as proposed standard 14.12 on the role of Surgical First Assistant in which respondents suggested the wording should change to substitute "be able" with the word "undertake" and proposed standard 13.14 which respondents said should include "participate as part of the team managing a clinical emergency".

4.163 However, one respondent expressed concern that registrants would not be able to meet some of the proposed standards. They referred in particular to standard 11A, 14A and 14D.

4.164 Similarly, a degree level education provider questioned how they would be able to meet proposed standards 14.11 and 14.18 (relating to all gender urinary catherization and common abnormal blood physiology). They noted that many would see this as an extended role that should be part of further qualification and that many mentors would not have this skill, so engagement with practice partners would be required and this would take "considerable work" so would require a long timeframe for implementation.

***Language***

4.165 Several respondents questioned what we meant by certain language. For example, we were asked what "service user monitoring equipment" meant in proposed standard 15.11. We were also questioned about the focus in proposed standard 14.18 on blood physiology, with the respondent expressing uncertainty about the standard's meaning. In relation to proposed standard 14.16, we were asked if registrants were expected to get further training before they were allowed to administer prescribed drugs. The respondent noted this is an issue for agency staff in particular, and further clarification would provide registrants with a clearer idea regarding what they can and cannot do without additional in-house training.

### Other regulatory issues

Some respondents raised wider regulatory issues. These related to advanced practice, medical entitlements and the education threshold, which we will deal with separately to this review.

## Orthoptists

4.166 We received six responses about the orthoptist standards. Three were from individuals (2 registrants, 1 educator) and the remaining three from organisations (2 from the professional body, and 1 education provider).

### Wording of the standards

4.167 A couple of comments noted that some of the proposed standards needed rewording and that there was repetition across the standards. Another respondent stated that the standards were *"very generic and would be applicable to other professions and do not distinguish from other ocular professions".*

4.168 One respondent suggested we change the use of "understand" in the standards to "describe", arguing this would aid in the implementation of standards for education providers and challenges for fitness to practise, as the registrant would have to articulate their knowledge.

### The order of the standards

4.169 Several respondents made suggestions about the order of the standards within proposed standards 13 and 14 (profession specific and generic standards) to ensure standards of increased importance came first. It was also proposed that certain standards should be moved out of one section and into another. Suggestions were also made to reduce perceived duplication.

### Standards 14.29 and 14.30

4.170 We received a few comments on amendments to standards 14.29 and 14.30. These amendments added in "be able to perform" to the current wording, which requires the profession to "understand the principles and techniques of" both anterior and posterior segments of the eye and objective and subjective

refraction. A couple of responses expressed concern that this would mean registrants would be required to be proficient in these skills, noting that not all registrants would be able to perform these as they are only relevant to an extended role. One response stated, *"there is little value in being able to perform anterior and posterior segment assessments without a clear, detailed understanding of abnormal findings."* This respondent also expressed concerns that *"this change potentially opens Orthoptists up to litigation for failure to detect ophthalmic conditions outside our scope of practice."*

4.171 However, we also received a response that countered this position from the professional body. This confirmed *"these skills are taught to a level of clinical competence at undergraduate level"* and that *"senior members of the profession believe they are core skills"* that are required at registration. They noted that historically these skills may not have been taught as well, meaning certain registrants feel less confident. However, they argued *"orthoptists need to recognise their limitations"* as with any other standard. This is because registrants must only meet the standards of proficiency relevant to their current scope of practice. The professional body also noted wide consultation with its members as part of their response, which demonstrated wide support for this change.

### *Other comments*

4.172 One comment noted that additions should be made to *"reflect the inclusion of sales and administration of drugs"*. Another specifically suggested standard 13A be amended to specify which medicines orthoptists would be expected to use and to differentiate between standards for all orthoptists and those who are registered to supply and administer medicinal products on the orthoptist's exemptions list.

4.173 Another comment proposed changing standard 14.10 from "critically evaluate" to "critically appraise" to capture an orthoptists ability to ascertain the value of evidence, which is key for evidence-based practice based on high-quality evidence only.

### Physiotherapists

4.174 We received 27 responses about the physiotherapist profession specific standards. 24 were from individuals (18 registrants, 2 educators, 2 service users, 1 non registrant health or care profession and 1 prospective registrant). 2 were from organisations (2 employers and the professional body, the Chartered Society of Physiotherapy).

4.175 9 respondents expressed support for the proposed standards, agreeing they were clear, appropriate and met the threshold for safe and effective practice. One respondent noted the changes give a better framework for "holistic therapists".

*Additional content*

4.176 Several respondents made suggestions for additional content or language amendments. This included:

- Explicit reference to the use of interpreters / translators.
- A standard on digital / technology covering paper lite, team working, digital consultations, apps and safety aspects of technology.
- More emphasis on shared decision making.
- Detail on how long after contact registrants have to do clinical notes.
- Stronger references to being an advocate for service users in multi-disciplinary teams
- Reference to theories of health promotion and behavioural change.
- Reference to health informatics.
- Broadened language to include the private, charity and social care sectors.

4.177 One respondent felt the definitions in the glossary could be supported by further detail, and that leadership in particular should include skills of leading.

4.178 Another respondent noted the language is at times too generic, including in proposed standards 13.5 and 13.8. They argued that the standards need further detail about what would be suitable and current.

*Other regulatory issues*

4.179 A few responses used this question to provide feedback outside the focus of the consultation, these matters will be dealt with separately.


**Practitioner psychologists**

4.180 We received 32 responses about the practitioner psychologist profession specific standards. 23 were from individuals (19 registrants, 1 educator, 1 service user / carer, 1 student and 1 dual registrant / educator). 9 were from organisations (2 professional bodies, both the BPS, 2 charity and/or voluntary sector organisations, 1 employer, 1 education provider, 1 public body and 1 other – a professional body and trade union.

4.181 The vast majority of respondents suggested further amendments to the language used in the standards or proposed new standards. These are detailed below.

*Equality, diversity and inclusion*

4.182 Several respondents commented on our approach to EDI in proposed standards 5 and 6, arguing it did not go far enough. One respondent noted the need for more than just awareness, stating *"practitioners need to be able to use their psychological skills to challenge oppressive or discriminatory practice"*. They also suggested that *"casework must demonstrate anti-*

*oppressive, anti-discriminatory, anti-racist, anti-transphobic and anti-homophobic practice"*. Another respondent argued for proposed standard 6 to be changed to be more active.

4.183 New standards were also suggested, including standards to cover unconscious biases, and the expectation that registrants seek to actively minimise detrimental impacts on others from their practice.

### *Additional standards*

4.184 We received many suggestions for new standards, to include content in relation to:

- willingness to develop IT skills and commitment to seeking support where IT-based skills present barriers to equitable service delivery.
- being prepared to support the education and training of future members of the profession and maintaining linked supervision skills.
- risk assessments for patients.
- Duty of candour, with an explicit reference to responding candidly to investigations where harm has occurred.
- Supporting employing organisations in regularly monitoring and supporting the mental and physical health and wellbeing of staff.
- Informed consent, to cover explaining the benefits, risks and alternatives to a proposed service or treatment.
- Risk of transference, warning against rapport building techniques that increase this risk and setting out what to do when transference occurs
- Professional and appropriate behaviour with colleagues / supervisees.
- Confidentiality between colleagues, for example in a supervisory relationship, making it clear registrants should also be protecting colleagues from unlawful breaches of confidentiality
- Social media, to make requirements more explicit.

4.185 One respondent stated the clinical psychology standards need a reference to neuropsychology, as this is a core element of their training and different to the other psychological professions.

### *Modality specific standards*

4.186 We received many suggestions to amend the modality specific standards. These are set out below.

### *Clinical psychologists*

4.187 One respondent felt it was a missed opportunity to make clinical psychologists skills explicit and distinguish the profession from other applied psychologists.

4.188 Another respondent suggested we add in a clinical psychology standard making reference to building on undergraduate knowledge of how people think, in particular building clinical understanding, rather than seeing it as a

separate clinical model. Another said we could refer to clinical psychologists' ability to deliver appropriate psychological therapies acquired through study and supervised practice and maintained with regular, ongoing supervision.

*Counselling psychologists*

4.189 Responses included suggested re-writes or additions to the counselling psychology standards in proposed standard 13.

*Educational psychologists*

4.190 A response from an educational psychologist noted that limited changes had been made to their modality.

4.191 Another respondent suggested re-writes or additions to the proposed educational psychology standards 13 and 14. They considered a greater reference to "evidence base" was required in certain standards and a new standard was needed in standard 13: "Understand the impact of school systems and the educational curriculum, including the legal framework relating to support and funding in schools, on children and young people".

*Health psychologists*

4.192 One respondent proposed new health psychologist standards within proposed standard 13: "Understand psychological models related to how biological, sociological, and circumstantial or life-event-related factors impinge on psychological processes.

*Occupational psychologists*

4.193 Several respondents commented on standard 13.51 and noted it referred to the old curriculum. They proposed changes to link this to the five areas in the new curriculum.

**Language**

4.194 Many responses questioned the language in the standards, arguing that it excluded certain fields of practitioner psychology. One respondent observed "overly medical" language which at times felt "inaccurate/ irrelevant to the profession".

4.195 Several respondents expressed concerns about the changes to standard 2.3, in particular the removal of "assessment, treatment and intervention" and replacement with "diagnostic and therapeutic process". They said that they wished us to retain the original wording and felt that diagnosis is professionally inappropriate for most practitioner psychologists and that many are not trained to do this.

4.196 However, one respondent did welcome the removal of the term "treatment" from 2.3, as they felt this language does not apply to the majority of psychologists.

4.197 Standard 13.4 was also seen to be excluding certain practitioner psychologists. It was suggested that this also needed to include education and community services, rather than just health and social care.

4.198 Other language respondents were concerned with were in:

- Standard 2.4: "maintain high standards of care", as not all psychologists provide care
- Standard 4.2: "initiate solutions", as this implies psychologists are fixing problems and suggests instead replacing this with recommend plans of action
- Standard 14.7: removal of "assessment and interventions" for "diagnosis and treatment"
- Standard 15.1: removal of the "or experience", which suggests a medical / therapeutic relationship which is not the case for all psychologists

4.199 Throughout the document, respondents also questioned the use of "service users, carers and colleagues", rather than terms such as managers, coaches, supervisors, parents/guardians. They also opposed the removal of "as appropriate" in certain standards, particularly those above service user engagement. We also received suggestions to make the level of involvement of service users more explicit, such as standard 9.

4.200 For a couple of standards, respondents wanted more specific language. For example, one respondent requested clearer references to evaluating indirect work in proposed standard 12. Another wanted more specific examples under Standard 14.6.

4.201 Some respondents also commented on the passive language used in the standards.

### *Relevance to psychology*

4.202 Some respondents questioned the relevance of certain standards to psychology. These were:

- Standard 1.2: one response noted that not all psychologists are able to do anything about their workloads
- Standard 15.3: on infection control, which was seen to not be applicable to non-healthcare settings and required specialist knowledge

### *Other regulatory issues*

4.203 One response agreed the changes met the threshold but felt these may present a "greater risk of receiving FTP complaints" and that this might mean

registrants are no longer willing to take on this work or may adopt risk averse practice.

## Prosthetists / orthotists

4.204  We received one response about the prosthetist / orthotist standards. This came from the professional body, the British Association of Prosthetists and Orthotists. They stated the standards were at "threshold level" with appropriate wording.

4.205  They suggested we add two new standards under proposed standard 14:
- "Be able to conduct neurological, vascular, biomechanical and dermatological assessments in the context of prosthetics and orthotics".
- "Be able to use a systematic approach to formulate a clinical diagnosis".

## Speech and Language Therapists

4.206  We received 27 responses about the Speech and Language Therapist standards. 6 were from organisations (3 employers, 1 education provider, 1 charity and the professional body, the Royal College of Speech and Language Therapists) and 21 were from individuals (16 registrants, 4 educators and a non HCPC registered Speech and Language Therapist).

4.207  7 respondents expressed support for the changes. In particular, one respondent felt the changes "made some of the more ambiguous SOPs less so" and "more client-focused". However, the majority provided detailed comments on further changes that they felt were required.

### *Language*

4.208  A common theme across the responses was the language of "be able to" in the proposed standards. Respondents also noted some sections only required "awareness of", which they argued was insufficient for practice. It was suggested that the standards should specify explicit behaviours which need to be evidenced in practice. It was also suggested that we should require registrants "to know" or "to demonstrate" instead.

4.209  However, one respondent suggested that this wording was better suited for practice. They said, *"I particularly like that they use "to be aware of" as we often talk about how we may not experience everything depending on our role in the team but as long as we understand and aware of the process and the research if we ever came across a situation like that".*

4.210  We received some comments about specific terminology used in the proposed standards. For example, a couple of respondents noted the use of "independent practitioner" in standard 9.2 may be confusing as typically this is associated with private practice, and instead suggested "autonomous".

Another respondent argued that "impairment" is not inclusive of every service user a speech and language therapist work with, such as transgender and gender-diverse people. They suggested we instead say "needs" or "voice modification needs".

4.211 One respondent questioned the use of "as appropriate" in certain standards, in particular on proposed standard 8.4 which they felt should be required at all times. They also noted, in relation to proposed standard 8.1, that we cannot always remove every barrier to communication, so the wording doesn't sit easily. They instead suggested we reference "reducing barriers to communication".

### *Additional standards*

4.212 We received detailed comments on the wording of the standards. This included both the generic and profession specific standards. Respondents wanted:

- Greater detail on consent and in particular how to get informed consent, screen someone's capacity to consent and know when and how to make a best interest decision.
- A new standard on escalating issues where service provision cannot meet an identified need.
- Additional standards on keeping up to date, including transcription skills and working with diverse communities.
- Greater reference to electronic / digital competency.
- Reference to professional's recognising they are in a position of power and not abusing this for personal gain.
- Reference to whistleblowing in standard 7.
- Reference to specific legislation such as the Mental Capacity Act 2005 and the Equality Act 2010.
- New standards on making recommendations based on an individual's need, independent of provision available.
- References to service user's home language throughout the standards, including a standard on working to maintain, develop or enhance a client's home language and a requirement a registrant use an interpreter where a client or carer does not share the same language as them.
- Greater emphasis on a service user's cultural, religious and linguistic needs.
- Improvement to standard 6 with the addition of new standards and an emphasis on the active use of practices and resources to challenge implicit biases.
- New standards to ensure registrants can demonstrate knowledge of BAME and LGBTQ+ service users and the challenges they face.
- A new standard on safe delegation in standard 15.

4.213 One respondent called for the re-introduction of deleted standards from standard 8, due to the vulnerability of some of these groups.

## Radiographers

4.214 We received 38 responses about the proposed radiographer profession specific standards. 32 were from individuals (23 registrants, 8 educators, 1 non registrant health or care profession). 6 were from organisations (2 education providers, 2 public bodies – Public Health England and NHS England & Improvement (Imaging Transformation Programme, the professional body, the Society and College of Radiographers, and a charity).

4.215 A small number of respondents indicated that they had no further comments and were generally supportive of the amends. The remainder provided detailed comments about the contents of the standards. These are summarised below.

### *Separation of modality specific standards*

4.216 The Society and College of Radiographers noted the "confusing" approach taken for the two professional titles of therapeutic radiographer and diagnostic radiographer. They requested the standards to be separated out, as the roles *"are unique and not transferable across each area due to the significant variation in underpinning knowledge needed for each standard to be achieved"*.

4.217 They highlighted several proposed standards that would benefit from a more separate approach:
- Standard 8.6, as diagnostic radiographers would not be able to advise other healthcare professionals about radiotherapy, whilst therapeutic radiographers would only advise on imaging modalities within the context of their scope of practice within cancer treatment.
- Standard 8.8, as a diagnostic radiographer may have contact with a service user for a diagnostic imaging procedure during their radiotherapy treatment but is not expected to provide information and support for the radiotherapy aspect of their care. The concern was that a service user could read this and have different expectations.
- Standard 9.5, for the reasons outlined above.
- Standard 12.5, to emphasise the difference in regulatory requirements and the quality assurance / control processes for the two modalities.
- Standard 13.8, due to the differences in risk vs benefit in each area of practice.
- Standard 13.9 to remove any opportunity for confusion.
- Standard 14.18 for the same reasons.

### *The threshold*

4.218 We received several comments about certain profession - specific standards, and whether they were appropriate for professionals starting their careers.

4.219 Several respondents, including education providers, questioned standard 13.B, noting students were not permitted to administer oral contrast due to medicines management policies in trusts. They were also concerned about IV administration, as this would mean education providers are in charge of teaching cannulation. One respondent noted this can only be taught in year 2, in line with contrast agents, but may not be maintained within year 3, meaning the skill may be lost on qualification.

4.220 Another respondent noted that not all education courses provide this, both in the UK and abroad, and suggested it would impact current members of the profession. They requested further clarity about this requirement, including what constitutes an intravenous drug and whether fentanyl, anaphylaxis prevention drugs and schedule 2 controlled drugs are considered part of this.

4.221 For the reasons set out above, one respondent suggested we make this clearer in the standards by stating *"be able to administer oral contrast agents, and also intravenous contrast agents when appropriately trained"*.

4.222 Similar concerns were also raised about standard 13.E on AI, with on respondent stating, *"this standard seems to have a high expectation of a radiographer and could be unnecessary to that level"*.

4.223 One respondent questioned standard 14.27 and in particular "minimally invasive interventional procedures". They noted all radiographers that are currently capable of this have clinical or postgraduate training and questioned whether this should be an initial graduate expectation. Another respondent felt that this was too specific and limiting for practice.

4.224 Finally, one respondent questioned standard 14.13 on pathological tests and results, noting students do not have access to patient notes on a regular basis, and sometimes are not permitted a username to access prior details of the patient alone. They said this would therefore require a change to curriculum in teaching about tests and the standard would need to be specific as to what test results need to be known about.

### *Advanced practice*

4.225 A couple of respondents referenced advanced and consultant practice, asking for additional standards to cover these roles. They indicated the standards would allow for standardisation of these roles across boards and countries.

4.226 Another respondent suggested we address "all 4 pillars of advanced practice" from education of students to advanced and consultant practice.

### *Autonomous practice*

4.227 A couple of respondents referred to autonomous practice. One response suggested systems need to be put in place to monitor registrant's ability to achieve this. Another stated this could be taken as a barrier to qualifying for newly qualified radiographers, as different schools place different emphasis on different areas of practice. They suggested we should have a different standard for newly qualified professionals, like in New Zealand and Australia.

*Language*

4.228 We received several responses about language used in the proposed standards. We received some suggestions to re-word the standards, to make them easier to read or to better capture the expectations placed on professionals. It was also suggested that certain standards should be merged or deleted where already captured elsewhere.

4.229 One respondent noted that some of the proposed wording was confusing for radiographers, because many terms have a specific meaning in radiation regulation, e.g., "practitioner clinical evaluation". Another response highlighted repetition in the standards and that some language used is not commonly used by students and trainees.

4.230 Similar to issues raised in response to proposed standards for other professions, there was some concern about the use of the word "understand" in the standards. Respondents often felt that this was not strong enough and we needed to add more active language like "be able to apply / demonstrate / perform" where appropriate.

4.231 Additional proposed amendments to the language of the proposed standards are set out below:
- Standard 2.5: personal incompatibility was not considered an appropriate term
- Standard 4.2: one respondent questioned how a registrant would be able to evidence that they meet standards where the phrase "information available to them" was used. The respondent reasons that this would be difficult given that the internet means every piece of information is available at all times
- Standard 4.4: one respondent noted that radiographers don't normally make referrals, and that this wording changes the essence of the point, which is about reasoned decision-making rather than referrals
- One respondent suggested we merge standards 7 and 10 together, and the language needed to be less vague and more active (as you can be aware of something but still breach it).
- Standard 9.7: one respondent felt that by focusing on minimising radiation doses, it didn't cover other aspects of radiographer roles beyond radiation dose.
- Standard 11.2: in relation to the removal of "multi-disciplinary team review", respondents argued that it should be retained. In addition, one

respondent noted that "case conferences" only apply to a small group of patients and do not apply to therapeutic radiography. They argued instead that the term "multi-disciplinary team meeting" would encompass case conferences and would be more inclusive of all professional disciplines.

- Standard 12.1: "engage" was questioned, with one respondent suggesting we instead say "participate in" and "contribute to".
- Standard 13.6: many respondents questioned what the term "imager" meant and noted this is not widely used.
- Standard 13.12: several respondents questioned what this proposed standard meant or said that it did not go far enough in ensuring safe practice.

## Multiple professions

4.232  We received 22 responses about multiple profession's standards. 19 were from organisations (4 education providers, 4 employers, 3 professional bodies, 3 public bodies, 2 trade unions, 2 regulators, and 1 Strategic Health Authority) and 3 were from individuals (1 employer, 1 educator and a response on behalf of the All-Wales Directors of Therapies and Health Science).

4.233  These responses are set out by profession, starting with comments about the generic standards, followed by comments about specific professions' standards.

### *Generic standards comments*

4.234  A few respondents provided general suggestions for the standards which applied across the professions. Many of these aligned with suggestions made in other profession's standards. Requests were made for additional content on:
- A more developed understanding of leadership, including supporting examples
- The principles of delegation and team working, referencing the uniqueness of different professions and the importance of understanding the extent of an individual's scope of practice and professional responsibility
- The development of research skills and the role of registrants as consumers and producers of evidence and research
- Preparedness to support education and training in practice to grow placement capacity
- The safe dissolution of therapeutic relationships
- A more dynamic understanding of digital literacy and innovation and communication and engagement
- Registrants' abilities to oversee and triage care where relevant
- Information sharing, including information governance and confidentiality across digital platforms, principles of disclosure and sharing in a timely manner

- Learning from errors and accepting and apologising when mistakes do occur (to support the duty of candour)
- Record keeping
- Informed consent, including in the context of critical care and safeguarding
- Promoting and protecting service user's interests during end-of-life care
- CPD, in particular linking to the CPD standards and referencing career long learning
- Public health, health promotion and disease prevention and health education
- Health and safety legislation and systems
- Regularly assessing the impact of practice environments on managing risk.

4.235 Respondents requested we review "case conferences" and consider another term recognised across all the professions or refer to "other methods of review", change proposed standard 8.B from "remove" to "reduce" and use of "interventions" as well as "treatments" in standard 14.

4.236 Like the profession specific responses, several responses commented on the language used in the proposed standards. The Council of Deans of Health's response stated, *"a shift of language is needed here and throughout these standards, so the expectation is that registrants not only understand how to undertake certain actions but do undertake those actions when necessary"*. The change to "understand" in proposed standard 2.7 was welcomed, as it indicated that registrants need to acquire a deeper and more contemporaneous knowledge of relevant legislation.

4.237 Suggestions were also made to reorder certain standards or delete standards where they were duplicated elsewhere.

4.238 Responses also referred back to previous questions, such as on mental health and coping strategies. UNISON in particular emphasised the role of employers on this topic and noted these should filter into some of the profession-specific standards, *"where there is a strong emphasis on self-care without mention of support from employers"*.

4.239 UNISON's response suggested certain standards, namely proposed standards 3 and 3.1, would be better placed in the Standards of Conduct, Performance and Ethics, whilst Standard 10 from the Standards of Conduct, Performance and Ethics would be better placed in the Standards of Proficiency.

4.240 Public Health England highlighted in their response that significant progress had been made in developing AHPs to be involved in public health. Their expertise has now been recognised in the NHS Long Term Plan as

contributing to population health and prevention of ill-health. They proposed several changes to the standards to align with this development:

- Address inconsistent language across the standards on factors affecting health and clinical practice, in particular in proposed standard 5 where we need greater clarity about standards relating to EDI versus standards relating to understanding factors affecting population health.
- Create new standards on the contribution of professions to health promotion / education and prevention
- Address gaps in the standards relating to empowering patients / service users to manage their own health
- Introduce a new standard reminding all AHPs of their responsibility to stay up to date on screenings and immunisations and to move and handle safely to protect their own health and the health of others.
- Address inconsistency and gaps in standards relating to responsibility for own health and the health of the workforce, in particular in relation to proposed standard 3.

### *Profession specific comments*

4.241 Often feedback in these responses aligned with feedback from the profession's standards. We have not repeated any of these points below but instead have set out any additional points raised by this group of respondents.

### *Arts therapists*

4.242 One respondent proposed wording amends to the standards to make the language more active, move away from normative language about health such as "disorder" or "illness", introduce references to co-designing therapy, and move from language of "help" to "support". They also suggested that the standards should refer to arts therapies "integration" with the health and social care sectors, rather than "contributions".

### *Biomedical scientists*

4.243 One respondent stated the standards are set at the threshold level necessary for safe and effective practice.

### *Chiropodists/ podiatrists*

4.244 One respondent provided feedback on these standards. They noted the *"opportunity for HCPC to provide clarity on the future use of the title: chiropodist".* They also reviewed specific language used in the standards, and in particular suggested several amends to remove duplication, allow for a more holistic approach and better reflect the role of the profession.

### *Clinical scientists*

4.245 Three responses provided feedback on these standards.

4.246 One respondent expressed concern with the term "modality" in the clinical scientist standards and said this is *"not widely used or recognised publicly or within the profession and it could cause confusion".* They recommended this be changed to "speciality/specialities" throughout the standards. They also suggested:

- That as proposed standards 13.3,13.4,15.7 and 15.8 apply to all HCPC registered professions, they could be absorbed into the generic standards.
- Additions to proposed standard 15.6 do not refer to other health and safety issues and so may not apply to all clinical scientists, so recommended we keep the wording in the original standard.

4.247 Another respondent suggested that:

- Physical and mental health should be added to proposed standard 13.1
- The HCPC should clarify the difference between terms like "procedures" and "techniques" and "speciality" and "modality".
- "Depending on modality" should be added to proposed standard 15.8
- There should be greater emphasis placed on safe practice, including the importance of self-awareness, raising concerns and timely interventions to enhance safe practice

*Dietitians*

4.248 One respondent provided feedback on these standards requesting language changes to provide clarity.

*Hearing aid dispensers*

4.249 One respondent provided feedback, noting a perceived inconsistency that proposed Standard 13.6 sets out entry requirements for registration with the HCPC, but Standards 1.1, 3.4 and 4, and the HCPC introduction "meeting the standards" make clear that registrants will build on these foundations over time.

*Practitioner psychologist*

4.250 Two respondents provided feedback on these standards. Both reiterated concerns raised in the practitioner psychologist question on language like "diagnosis", removal of "care" from proposed standard 2.4 and only focusing on service users and carers or health and social care professionals in certain standards.

4.251 One respondent broadly welcomed the proposed changes, in particular noting that the expansion of the focus on equality and diversity and the empowerment of service users within the process reflect the wider societal moves to a more inclusive, informed and co-operative approach. However, they felt proposed standard 7 *"does not fully recognise the ambiguities and nuances required when working with children and young people"* and suggested we introduce a new standard highlighting the limitations of confidentiality when relating to a child, young or vulnerable person.

4.252 They also suggested several new standards/amendments to standards:
- Registrants being prepared and skilled to support the education and training of future members of the profession to ensure public protection and workforce supply.
- For clinical psychologists; understanding and being able to act on and provide advice on policy concerning health and care.
- Reference to defined levels of competence (in standard 14.39 of the table of proposed amendments) to address lack of clarity regarding the level of competence that clinical psychologists have in specific NICE recommended therapies.

4.253 The other respondent made comments in relation to the standards' references to:
- employer duties or contextual implications of working in strained and stressed services.
- anti-discriminatory or anti-racist training
- the use of interpreters.
- robustness of leadership references
- the removal of "*evaluate practice systematically and participate in audit procedures*".
- The "extensive listing of various standards, some of which may simply not be possible if one is working in a specialism which means that a clinician could know a huge amount about a specific area".

*Occupational Therapists*

4.254 One respondent provided feedback on these proposed standards. They suggested certain standards be re-worded, re-ordered or merged and suggested we should clarify our use of certain language ("relevant behavioural sciences"). They also proposed Standard 13B become a generic standard.

*Operating Department Practitioners (ODPs)*

4.255 One respondent provided feedback on these standards. They reiterated calls from certain ODPs to increase the education threshold to degree level. They also suggested we widen the scope of two standards, 13.15 and 14.C so they refer to ODPs being able to participate in the management of clinical emergencies and cover more than just the "initial management" of service users undergoing cardiac arrest. They also suggested standard 11A become a generic standard.

*Orthoptists*

4.256 One respondent provided feedback, proposing certain standards be reordered to appear higher up in their sections, due to their importance.

*Paramedics*

4.257 One respondent provided feedback on the proposed standards. Respondents suggested wording amends to improve readability or clarity of the standards, as well as additions to cover safety netting and decision making and the integrated roles for paramedics working with other professionals in health and social care.

*Physiotherapists*

4.258 One respondent provided feedback. On proposed standard 13 which they felt needed to "fully encompass the contemporary knowledge base and role of physiotherapists" and ensure terminology is up to date and not "based too much on the bio-social-psychosocial model". They also suggested including a reference to health and social care systems, health promotion and health informatics in Standard 13 and proposed we implement a new standard to cover registrants' abilities to supervise students.

*Prosthetists and Orthotists*

4.259 One respondent provided feedback proposing amendments to cover prescribing treatment plans of any device, the biomechanics of gait and interventions, and fit aspect and review, understanding the biomechanics of gait and interventions, making appropriate referrals and moving and handling legislation.

*Radiographers*

4.260 One respondent provided feedback and proposed removing duplicate standards and merging certain standards *"to better reflect the holistic approach that radiographers deliver in practice"*. They also suggested re-ordering or rewording certain standards, as well as adding references to patient judgement, differing risks for the modalities and limiting exposure from radiation.

*Speech and Language Therapists*

4.261 One respondent provided feedback suggesting amendments to the language used in the standards to better represent the profession's work and proposing new wording on certain standards. This included in standard 14. changing from "developmental speech and language impairments" to "developmental speech and language disorders", "fluency impairments" to "dysfluency", "swallowing impairments" to "dysphagia" and "voice impairments" to "voice disorders". Similarly, in standard 13.10 they suggested the word "normal" be changed to "typical."

4.262 They also suggested moving certain standards, or parts of standards, into different sections. For example, they suggested that proposed standard 5.2 should be moved to sit within proposed standard 8.

4.263 Finally, they suggested we note that not all individuals with communication difficulties have difficulty with swallowing and vice versa. This was particularly

so for standard 14.18 which they recommended we clarify and potentially split in two as communicative functioning and swallowing status are not necessarily linked.

### *Additional standards*

4.264 Many respondents proposed additional content for the standards, they wanted to see:
- Reference to valid consent rather than just informed consent.
- Reference critical thinking in proposed standard 4.
- Enhancement of the current standard on legislation so it also covers knowledge around governance processes that embed legislation in practice, e.g., regulation, statutory guidance, professional and other national body guidance and employer level / local policies and procedures.
- Greater emphasis on learning, CPD and learners in the workplace. This included stronger wording to ensure all registrants actively engage in learning and enhance the experience of learners to support the future workforce, as well as actively engage with the learning environment and experience.
- New standards on delegation and demonstrating the skills to mentor, coach and support colleagues.
- Return of nuclear medicine content in the profession-specific standards to avoid a negative impact on future services.
- A new standard on involving service users in service design and delivery, education and research.
- Reference to the IR(ME)R 2017and regulatory requirements in standard 12. [5]
- A new standard on understanding the philosophy and principles involved in the practice of both modalities.
- A new standard on understanding the harms and benefits of population and targeted health screening.
- Reference to legislation in the context of the administration of drugs.
- Amendment to proposed standard 12 to include links to governance processes
- Reference to scope of practice within certain standards.

### *Diagnostic Radiographer standards*

4.265 One respondent asked for more emphasis on CT and MRI skills, noting these are "hugely expanding areas of practice" and are "likely to be for the foreseeable future".

---

[5] The Ionising Radiation (Medical Exposure) Regulations 2017:
https://www.legislation.gov.uk/uksi/2017/1322/contents/made

4.266  In relation to nuclear medicine, one respondent stressed the importance of radiographers being aware of the scope of nuclear medicine and the wide range of techniques available. They noted that this goes beyond Gamma Camera Imaging, covering conventional and PET-CT imaging and inclusion of associated therapy techniques. They proposed changing standard 14.34 to "be able to assist with imaging and therapeutic procedures involving the use of radionuclides including PET tracers and particle emitters".

4.267  One respondent questioned the phrase in standard 14.27 "broad range of standard imaging techniques". They questioned what this means and indicated it could result in different levels of competency amongst students. Instead, they suggested that the standards could define different pathways into the profession and state the core examinations that would be associated with that pathway (e.g. general radiographer - major trauma, general out and in-patient work, mobiles, theatre, fluoroscopy; MRI radiographer - MRI of the head, IAMs, spine, extremities etc).

4.268  However, the Society and College of Radiographers indicated this standard was designed to "support a more flexible approach to producing a radiographer that meets service need and can adapt to emerging technologies and techniques". They suggested proposed standards 14.31-35 be deleted, as they do not cover all current or emerging technology e.g., mammography, DEXA or PET imaging.

4.269  A couple of respondents suggested we strengthen proposed standards 14.32-33, noting undergraduates can perform cross sectional imaging upon graduation, and assistant practitioners within England can practice these skills with correct training if it is within their scope of practice, so those going into the profession should be the same level.

4.270  The Society and College of Radiographers proposed several additional standards, as they felt the current standards do not encompass the full scope of practice of the profession. These covered examinations, appropriate care and diagnostic care pathways, and the full range of pathways. Their proposals stated that radiographers must be able to perform certain diagnostic imaging techniques, minimally invasive interventional procedures and contrast agent examinations. We were also asked to consider a new standard on providing appropriate care for the range of service users, their carers' and relatives before, during and after imaging examinations, minimally invasive interventional procedures and contrast agent examinations.

*Therapeutic Radiographer standards*

4.271  The Society and College of Radiographers noted that the proposed therapeutic radiography standards are "representative of changes being made within pre-registration education", such as MRI involvement, interprofessional education and training, holistic care assessment, increased planning theory

and practical applications. They therefore supported these changes, subject to further minor wording amendments. In general, these were to clarify the remit of the standards or to better reflect current practice.

4.272 It was also suggested that we reorder certain standards so that they follow the patient pathway (pre-treatment to treatment), to improve clarity and readability.

4.273 In relation to nuclear medicine, one respondent noted that the therapeutic radiographer standards do not mention nuclear medicine. They noted that their department is made up of 1/3 therapeutic radiographers and stressed the importance of future recruits knowing about this. They suggested we add in a new standard in standard 13 of "Understand the principles of Radionuclide procedures in Radiotherapy including NM SPECT-CT and PET-CT guided planning and Radionuclide Therapies and Theragnostics."

**Question 7: Do you have any comments on the proposed amendments to the preamble and glossary to the standards of proficiency?**

4.274 We received a total of 166 responses to this question.

**Summary**

4.275 Most respondents provided no comments on the preamble or glossary (101 responses, 61%).

4.276 A further 23 responses (14%) stated they agreed with the amendments, indicating they were "more reader friendly", "helpful in improving understanding of the purpose and uses of the SOPs", "clear and concise" and "a good reminder of how the standards complement individual professional standards".

4.277 37 responses (22%) provided detailed comments on the preamble and / or glossary. These either related to language used, terms in the glossary or other regulatory issues unrelated to the standards specifically. These are set out below.

4.278 The final 5 responses either stated "yes" but provided no comments (3 responses) or were blank / incomplete (2 responses).

**Comments**

4.279 Below is a summary of the suggested amendments to the preamble and glossary raised in the 37 substantive comments to this question.

*Accessibility of language*

4.280 We received two comments on language used in the preamble. One comment stated that wording was not in plain concise language, but "management-talk".

Another said that "service users should not have to refer to a glossary to easily understand what is meant within the standards".

***Use of "be able to" and "understand"***

4.281 We received two comments about the use of language like "be able to" in the standards. One respondent asked us to differentiate between "be able to" and "understand", noting in particular proposed standard 15.8 in their profession's standards, relating to sterile fields, which currently uses the language of "understand". They argued that it is essential registrants acting as scrub practitioners are able to set up and maintain a sterile field.

4.282 Another argued that the word "understand" can be interpreted in many different ways and mean different things to individuals. It could be described as only surface learning (recall/comprehension of information) or deep learning (being able to apply, appraise and synthesise this knowledge). They therefore suggested that we define what is meant by understanding within these standards.

4.283 One respondent questioned the language of "be able to" and what this means for students and registrants. The response noted that we have explained this is so the standards remain applicable to both students who are not yet registering and current registrants. They argued that this could suggest students who are only "aware" or "able to understand" may be eligible to register, which, they said, was not the case. They also argued *"if the standards of proficiency are supposed to reflect the level of proficiency required to register, should they not use language such as "be able to"?"* They argued that this would set aside those who meet the standards of proficiency from those who are trainees (and therefore not yet expected to meet the standards of proficiency).

## Scope of practice

4.284 We also received a question about how the standards relate to registrant's scope of practice. There was some confusion about our statement in the preamble that the standards must be met to join the Register, but registrants only need to meet standards relevant to their scope of practice. This response argued that, if this was the case, the standards should not be labelled "standards of proficiency" and instead should only include standards all registrants in that profession must meet.

***Glossary terms***

4.285 Just under half of comments to this question (49%) discussed the glossary and suggested we change or add terms to it, in particular definitions for:

- Modality.

- Service user.

- Safeguarding.

- Stakeholder.

- "Diagnostic" and "assessment", explaining why HCPC uses one word or the other.

- Supervision.

4.286 We were also asked to revise the definitions of the following:

- Inclusive - use "equitable" rather than "equal", to provide for the fact some service users might require special provision and therefore not be treated equally

- Consent – respondents suggested that the current phrasing could be taken such that treatment is given by a service user or someone acting on their behalf, so instead re phrase to *"After they have received and understood all the information they need to make a decision; consent is permission given by a service user or someone acting on their behalf, for a registrant to provide care, treatment or other services."*

- Leadership - referencing feedback provided in the earlier leadership question

- Case conference - Remove the term and replace with Multi-Disciplinary Team meeting (MDT), with a case conference used as an example

4.287 One respondent noted that the fact that "child/ children" were defined separately to "service user" but the term "service user" is used for both adults and children which was somewhat confusing.

4.288 Two respondents noted that the glossary contains words not actually used in the text of the proposed standards. This included "apologising" and "delegate".

4.289 Some respondents made general comments about the length of text. One response said the preamble is "somewhat long".

*Other regulatory issues*

4.290 As with other questions, some responses also used this question to raise other regulatory issues, these will be considered separately to this review.

**Question 8: 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**

4.291 The vast majority (173) of consultation respondents selected no, 39 respondents answered this question affirmatively ("yes"), with 20 of those responses filling in the free text comments box. 57 respondents selected "don't know."

**No**

4.292 12 of the respondents who selected "no", reported that:
- The revisions are an improvement and strengthen this aspect
- Cultural sensitivity and BAME guidelines need to be emphasised.
- The document is very wordy and loses clarity due to this.
- It is *"good to change to 'inclusive' rather than 'non-discriminatory'"*

**Don't know**

4.293 Of the 57 respondents that selected "don't know," eight left free text comments. In which there were no discernible themes.

**Yes**

4.294 Just over half (11) of respondents who said yes provided comments, repeating feedback that they had provided in response to the previous question one, including that:

- The wording is not strong or robust enough/is too passive throughout the standards. Stressing that it's not enough to "be aware" or "understand"; it needs to be specified that practitioners must be respectful, accepting and supportive with those who are different. It is not only about understanding, but is also about being sensitive and actively promoting equity.
- One respondent shared their view that the standards do not make explicit the need for registrants to be actively challenging their own views, addressing their own implicit biases and offering services that actively seek to understand and work with the clients lived experience.
- One respondent stated they would "resist any approach that prescribed training in "cultural competency" but rather would be promoting cultural humility and curiosity."

4.295 Four respondents highlighted the lack of direct reference to LGBTQ+ and BAME; reporting that *"the level of discrimination is still very high and corrosive and must be directly addressed by HCPC."*

4.296 One respondent raised the importance of differentiating between protected characteristics in the Equality Act (2010) and other characteristics not included in Law and how they relate to proposed standard 5.B… *"standard 5.1 would benefit from ensuring all above protected characteristics are included…standard 5B should also include marriage and civil partnership alongside the other protected characteristics."* Another respondent stated that it should include paternity and other inclusive parenthood options.

### *Disability*

4.297 Five respondents referenced potential negative impacts in relation to disability, stating that the technology, communication and digital skills standards may have implications for people with certain disabilities and learning difficulties. These respondents also indicated that neurodiversity needs to be included and one respondent indicated that it should cover "any conditions impacting on communication or capacity."

4.298 Two respondents indicated the need to clarify that the level 7 English proficiency standard can be met with the use of assistive technology as would be an appropriate adjustment for dyslexia.

4.299 One respondent highlighted that (prospective) registrants have concerns about the impact of their mental health condition on their ability to practice and seek advice as to the support they will likely require. This respondent called for more examples which relate to mental health and practice, to be provided by the HCPC in guidance. This respondent also queried whether individuals with mental and physical health difficulties have been involved in this review of the SOPs.

4.300 Another respondent similarly stated that they think there should be an additional section that covers the need for registrants to be aware of their needs in relation to their mental and physical health; when and how additional support is required; and how to ask for such support.

### *Age*

4.301 One respondent stated that they think there will be a negative impact in relation to the protected characteristic of age but didn't elaborate as to why or how. Another respondent also identified age and added that different stages of life can present challenges (for example, caring for a disabled child or parent / the menopause), when an individual may require extra support to meet standards of practice.

4.302 One respondent commented that there can be impacts by age, especially for children - this respondent specifically referenced children's rights, consent and protection from abuse.

4.303 Another respondent said that age could possibly play a factor in the adoption of new technologies, and gave the example of virtual consultations via video, and a move to more online working, which they noted did seem to be disproportionally harder for older members of the workforce, both cognitively and visually. This respondent also highlighted the need for those individuals to adapt.

### *Race*

4.304 One respondent stated that the need to speak English to the required level could potentially discriminate against Welsh speakers who live and work in Welsh speaking areas in the UK.

4.305 Two respondents made comments relating specifically to the Speech and Language Therapist (SLT) profession and made points about multilingual settings for their service users. One noted that English language competency is insufficient where a client's first language is not English, and so instead the emphasis needs to be on community awareness. Another highlighted that the standards have now become too generic and need to challenge *"the white western-centric model that pervades most of our evidence base for how children learn language and what "good" parenting looks like"*. This respondent suggested that the standards should actively remove barriers that discriminate against children from households that are multilingual or where parenting practice is communal.

**Question 9: 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?**

4.306 The vast majority of individual respondents (80%) and the majority of organisational respondents (55%) believed our proposals to be proportionate to our role in protecting the public and represent the threshold level necessary for safe and effective practice. Only 5% of individual respondents and 6% of organisational respondents did not believe that these proposals adequately did so. 8% of individuals and 31% of organisations chose "don't know".

4.307 A quarter of respondents provided comments in response to this question. We have only featured new comments in the analysis of this question. Where respondents used this question to reiterate points that they made elsewhere, these are not addressed here but are covered under the original question.

**Writing Style, Wording & Presentation**

4.308 Several respondents made comments about the writing style & presentation of this proposal and the standards in general. Some commented on the breadth of the proposals; with a few indicating shorter, more succinct standards would assist registrants to translate them into practice.

4.309 Some of these respondents made suggestions concerning the wording of the standards; one respondent felt that the use of flexible and enabling wording made the standards too generic and that they were therefore not specific enough to ensure good practice.

**Flexibility & Adaptability**

4.310 Some respondents expressed concerns that the current proposals were not flexible enough to adapt to changes in practice. One organisation felt that more consideration needed to be given to the ways in which practice has changed in the past six months, due to the Covid-19 pandemic, as well as the likely changes that would come in the future as a result of this.

**Safety Concerns with Drug Administration and/or Equipment**

4.311 A few respondents expressed concerns over the lack of adequate reference to the safety of certain aspects of practice. These aspects included: drug administration and prescribing, intravenous drug administration as well as automatic external defibrillator (AED) and other defibrillator use.

**Other concerns**

4.312 Some respondents noted issues with equality, diversity & inclusion were the reason they did not consider our proposals were proportionate to our role to protect the public and did not represent the threshold level necessary for safe and effective practice. However, no specifics were given concerning this (likely, as a result of covering these points elsewhere in the consultation, for example in response to question 8).

4.313 Two respondents felt that more clarity had to be given to registrants regarding informed consent and its overall role in protecting the public/service users.

4.314 Health and wellbeing was a prevalent theme in the comments from some respondents. Many respondents felt insufficient emphasis was given in the standards to health and wellbeing of the registrants, however, one respondent applauded the proposal for its mention of registrant health and wellbeing, positing that they found this to be a "great addition".

4.315 A few respondents alluded to other considerations, including supervision, delegation, education and training, safeguarding and the complaints procedure. However, these have been referenced in previous sections, so will are not repeated here.

**Question 10: Do you have any additional comments about the standards of proficiency?**

4.316 This was an optional question which nearly half (47%) of the respondents answered. Many organisational responses applauded the HCPC on their work and/or indicated their commitment to collaboration with the HCPC. Respondents did however raise a number of topics in their responses to this question, which are set out below:

**Writing Style, wording & presentation**

4.317 Several respondents made comments regarding the writing style, wording and presentation of the consultation document, most of which, echoed the comments given in response to question 9.

4.318 One respondent suggested that there needed to be consistency between the terms "autonomous practitioner" and "independent practitioner", as the former was used in the generic standards and the latter in the profession-specific standards.

4.319 Additionally, another respondent also suggested that more definitions should be added to the glossary of the standards.

**Supervision & Delegation**

4.320 Some respondents raised a concern over the lack of adequate mention of supervision and/or delegation. In terms of delegation, all respondents that commented on this matter felt that more explicit reference was required. Some respondents also believed more emphasis could have been given to supervision in the standards.

**Education & Training (including CPD)**

4.321 Several responses made reference to the topic of education and training, which also included Continuous Professional Development (CPD). Respondents suggested that there should be an additional standard to necessitate the responsibility of current registrants to adequately train new registrants and students, or that this should be covered in one of the existing standards.

**Equality, Diversity & Inclusion**

4.322 Several individuals and organisations made reference to EDI matters in their responses. One organisation felt it was important for the HCPC to embed equity, equality of outcome, diversity and positive social change in all of its standards, to ensure results.

**IELTS**

4.323 Two respondents addressed their concerns over the current requirements for International English Language Testing System (IELTS) results. One individual commented specifically on the requirements for Speech &

Language Therapists, stating that the level 8 criteria was too strict. Additionally, in relation to the level required for speaking in other professions, another respondent commented that IELTS band score of 7 (or score of 6, with one of the subtests), should be accepted, as they believed that it would not affect the quality of service.

# 5.    Our comments and decisions

5.1    We have carefully considered all of the consultation responses, feedback received during Service User Engagement Workshops and our Equality Impact Assessment. We have used them to inform the revisions we have made to the standards.

5.2    Following the round of revisions made after the consultation, we conducted a further round of engagement with professional bodies and education providers. In these engagements we asked for input on our proposed standards, with a special focus on whether the revisions were threshold for the different professions. We also wanted to ensure that all of our education providers would be able to deliver programmes which were able to assess the proficiencies in the proposed standards.

5.3    The following section sets out the decisions we have taken which underpin the content of the final standards.

5.4    In this section we make reference to numbering of our proposed final standards. The standards for each profession (which include the generic standards) can be found at annexure D. A table comparing these final standards against the standards taken to consultation can be found at annexure E.

**Language in the generic standards**

5.5    We received many comments about the use of passive language in the standards. Respondents were concerned that this might cause confusion and could undermine fitness to practise investigations, as registrants could evidence that they have met the standard because they understand the concept without actually being able to do it in practice

5.6    Having considered these comments further, and having reviewed the approach taken by other regulators, for example the Nursing and Midwifery Council, we agree with the feedback we received from respondents. In particular, we want to avoid the situation where a registrant is able to join the register without being able to … as this could represent a risk to public safety.

5.7    We have therefore decided to change the wording of the standards, so that they now open with the line *"At the point of registration, registrants will be able to:"*. The standards then follow on from the above. This allows the language of the standards to be much more active and clarifies our expectations of registrants  being able to do the things set out in the standards at the point of registration.

**Equality, Diversity and Inclusion (EDI)**

5.8 We received detailed feedback about our Equality, Diversity and Inclusion standards. In response, we have introduced several new standards which cover:

- Equality legislation.
- Personal biases (which may be unconscious) and the need to ensure these do not affect the treatment of others.
- An expanded approach to the protected characteristics, which moves away from listing the protected characteristics, which we felt might encourage a narrow reading of the standards, and instead requires the consideration of "differences of any kind" which includes the protected characteristics and intersectional experiences.
- The duty to make reasonable adjustments, which includes supporting others to make these.
- The impact of a person's characteristics on their health.
- Reference to EDI in our standards on leadership.
- Recognition that EDI needs to be embedded across all areas of the standards and practice

5.9 We have also merged standards 5 and 6 into one section on EDI.

5.10 We received many requests for the standards to provide more detail, including standards on specific protected characteristics or training requirements. We've aimed to strike a balance between providing greater detail, to make our expectations clearer, and ensuring our standards remain outcome focused, at the threshold stage, and are not overly prescriptive.

5.11 Registrants are required to read these standards in the round, and therefore embed the EDI standards across all areas of practice. This is one reason we have not included specific EDI standards within each section of the standards as this could create the impression that sections without an express EDI provision meant that there was no duty in that respect.

5.12 When we say that registrants are required to read the standards in the round, we are also referring to a wide range of other sources which support the implementation of the HCPC's standards.  These include guidance provided by the HCPC itself but also to resources from employers, professional bodies and education providers. Amendments to our preamble should help registrants understand how they are to read and apply the standards in their practice. We will also be producing supporting guidance following publication that will include detail on EDI.

5.13 We will continue to work with a wide range of stakeholders as we develop more guidance and other supporting materials for these standards.

**Service user involvement**

5.14 During early consultation, we received feedback that the voices of service users needed to be strengthened in our standards and we have made several changes to the standards to strengthen our position on service user involvement. We have proposed these changes as part of our wider support for service users playing an active role in the provision of their health and care and our belief that increased service user involvement will have a positive impact on public safety.

- A strengthened standard on consent, referencing the need for this to be informed and valid, with due regard for mental capacity (Standard 2)
- Strengthened expectations on confidentiality and record keeping (Standard 7)
- Reinstated our communication standard on the use of interpreters (Standard 8)
- New standard on identifying stress and anxiety in others (Standard 9)
- A new standard on engaging service users in research (Standard 14)

5.15 We received concerns from some professions, who are not traditionally service user facing, about how they will meet some of these standards (for example, biomedical scientists). While we understand these concerns, we think that it is important to continue to strengthen our approach towards consent.

5.16 We are confident that even with these changes, all of our registrants will be able to meet their standards of proficiency This is because all our standards are outcomes-focused and need to be demonstrated in a way that is relevant to an individual registrant's scope of practice.

5.17 We will be working with affected professions to establish how our supporting guidance on the SOPs can take roles like these into account.

**Maintaining fitness to practise**

5.18 We have taken into consideration respondents' concerns that conflating mental health with maintaining fitness to practise could have a negative impact on registrants seeking out support.

5.19 We have decided to re-word standard 3 so it is now solely focused on registrant health and wellbeing, rather than fitness to practise. This aligns with the approaches of other regulators, such as the General Medical Council.

5.20 We believe that the requirement to maintain fitness to practise is captured in existing standards under standard 2: "practise within the legal and ethical boundaries of their profession" and, more specifically, standard 2.4: "understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics". Some respondents asked us to define fitness to practise. This

definition exists in [other HCPC documentation](#) about our fitness to practise process.

5.21 We have also re-worded many of the standards under standard 3, in light of feedback. This includes changing "coping strategies" to "wellbeing strategies" and including new standards on registrants identifying stress and anxiety in themselves and others and adopting strategies for physical and mental health, self-care and self-awareness. These standards were originally from the proposed profession specific standards for ODPs and the standards for paramedics respectively.

5.22 By introducing a new standard on identifying stress and anxiety in others, we hope to address concerns raised by respondents about the difficulty of sometimes self-identifying when you are struggling and need help. We hope this standard will encourage a more supportive culture within organisations and improve access to mental health support.

5.23 We have also introduced other standards across the SOPs that support health and wellbeing, including referring to the emotional burden of workloads in standard 1 and changing the language in standard 11 from reflection to reflective practice.

5.24 We did receive feedback about the role of employers in supporting mental health. We will be working closely with employers in the implementation of these new standards. Working with others to support health and wellbeing is also a key focus of our Corporate Strategy and our Registrant Health and Wellbeing Strategy.

**Technology and digital skills**

5.25 We have made changes to the standards relating to technology and digital skills. These include new references to digital technology in standard 7 and 8, on confidentiality and communication, and a new standard on using digital record keeping tools where required in standard 10.

5.26 More detailed standards on technology and digital skills have been added for certain professions, but we recognised that there was significant variation in different practice settings and professions. In the interest of keeping the standards at threshold level, we have therefore focused our changes to generic standards on the above broad areas, as opposed to introducing more detailed requirements.

5.27 Use of technology and digital skills is an area we will continue to revisit in future reviews of the standards. Our standards are outcomes based and broadly worded in general. This is an important consideration for standards relating to technology where language which was too specific may result in standards quickly becoming obsolete as technology continues to develop.

**Leadership**

5.28    In general, respondents asked us to introduce more detailed standards on leadership or noted that the wording of our standards relating to leadership may not have found application across all roles.

5.29    We have changed the definition of leadership so that it is now clearer that this is a skill which all professionals can demonstrate, at all levels.

5.30    We have also introduced several new standards on leadership. These require registrants to:

- recognise that leadership is a skill all professionals can demonstrate (standard 8.7);
- identify their own leadership qualities, behaviours and approaches, being mindful of the importance of equality, diversity and inclusion (standard 8.8);
- demonstrate leadership behaviours appropriate to your practice (standard 8.9);
- act as a role model for others (standard 8.10); and
- promote and engage in the learning of others (standard 8.11).

5.31    We will be issuing further guidance on leadership on our website, to support registrants to implement these standards.

**Other changes to the generic standards**

5.32    We have introduced a new section on public health for all our registrants. These standards cover:

- Understanding their role in health promotion, education and preventing ill health
- How social, economic and environmental factors influence a person's health and wellbeing
- Empowering and enabling individuals to manage their own health
- Engaging in occupational health, including an awareness of vaccination requirements

5.33    Many of these public health –related standards already exist in the current version of the SOPs for our professions. However, the pandemic has highlighted the importance of public health, the impact health inequalities can have and the role all health and care professionals can play, and so we wanted to emphasise the importance of public health by creating its own section.

5.34    We recognise that the role our professions will play in public health will vary and look very different for non-clinical professionals. The language of the new standards is focused on understanding the role of their profession and

registrants will need to demonstrate these as far as they relate to their scope of practice.

5.35    We have also re-worded the English Language standard in the generic standards, to reference the required standard for the profession rather than a specific level, due to the confusion caused by the higher level required for Speech and Language Therapists.

5.36    Throughout the standards we have also made various wording amendments, either to clarify the meaning of certain standards or to update language or make it more in keeping with all our professions.

5.37    We have also aligned the wording of certain standards with the Standards for Conduct, Performance and Ethics (SCPEs) and expressly mentioned the role of the SCPEs under standard 2. This was in response to many respondents questioning why we did not cover certain topics in the Standards of Proficiency, which are covered in the SCPEs. It is important that both sets of standards are read together and registrants are able to demonstrate both in their practice.

**Profession-specific standards**

5.38    Following the end of the public consultation in October 2020, we have undertaken significant further engagement with a range of stakeholders, with a specific focus on education providers and professional bodies. While this was another opportunity for these stakeholders to give input on the standards in general we also asked for their feedback on specific issues that may have been raised by other consultees. This was a large scale, iterative process, carried out simultaneously across the 15 different professions.

5.39    Through the thorough and consultative process we have taken, we are confident that the standards we are proposing are deliverable by education providers, achievable for registrants, reflect the current threshold of practice for each profession and ensure safe and effective practice for service users.

5.40    We have considered each profession's standards on a case-by-case basis taking into account the consultation responses. The number of changes to the proposed profession- specific standards we have made varies by profession. While some profession's standards have remained largely the same (practitioner psychologists, for example), as a consequence of the consultation process more  changes have been made to others (such as radiographers). This document summaries the key changes for each profession. .  A full list of all of the amendments we have made can be found in the table of proposed changes annexed to this document. Where we have received significant feedback on an issue but have decided not to make a change, we have also provided that rationale

5.41    The standards for different professions have also changed in line with changes to the generic standards we have outlined above. For instance, each profession's standards have changed so that the wording is more active. There have also been changes made where we have brought profession-specific standards into line with our commitment to leadership and to equality, diversity and inclusion.

5.42    In light of the responses we have received, we have decided not to implement some of the changes to the standards that we consulted on where these changes would represent requirements that were set above the threshold level for individual professions. Decisions on what constitutes threshold level have been reached following detailed additional consultation and engagement with the relevant professional bodies and key stakeholders including employers and educator providers across the four UK nations.

## *Arts therapists*

### *Language*

5.43    Respondents to our consultation suggested that we should bring the language in our standards up to date with socio-cultural perspectives on therapy. They also suggested that we should make the standards more inclusive.

5.44    An example of the change we have made in light of this feedback followed on from our engagement with various course coordinators of drama therapy programmes in the UK. The coordinators suggested that we should amend standard 13.28 to include reference to 'many different cultures and traditions' instead of 'different histories in Eastern and Western Europe and the Americas'.

5.45    This change to wording which acknowledges the contributions made to the professions by those outside Europe and the Americas and is an example of the standards reflecting contemporary practice and inclusive language.

## *Biomedical scientists*

### *Consent*

5.46    Consultation respondents raised concerns about the ability of biomedical scientists to meet the generic standard we proposed on service user consent. Following this consultation and further engagement with professional bodies, we have decided not to amend this standard .We will instead develop guidance which will clarify our expectations for registrants who are not in service user facing roles.

5.47    While scope of practice considerations mean that this standard is threshold for biomedical scientists at present, we are also mindful of future-proofing the standards in the event that biomedical scientists increase their interactions

with service users through broadening their scope or by increasing their medical entitlements.

5.48    As the standard is about being able to understand and obtain consent, it is something a registrant would only need to demonstrate if they are in a role where obtaining consent is required. For those working solely in laboratories, this consent might not be direct but would be about understanding the concept of consent and its importance more generally. If a biomedical scientist subsequently moved into another role (for example, as part of a vaccination programme) then this standard would be more relevant to their scope and practice and they would have to ensure their service users had consented to that vaccine

*Service user versus patient pathways*

5.49    In line with a general change in terminology across the standards, we have changed references of 'patients' to 'service users' in the profession-specific standards for biomedical scientists.

*Authorising results*

*5.50*   In the light of the consultation responses and further engagement with professional bodies, we have proposed an additional standard (13.31) relating to biomedical scientists being able to perform and interpret investigative tests and authorise laboratory results they have generated.

### Clinical scientists

*Use of 'modalities'*

5.51    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. Following engagements with Health Education England, we have agreed to add to our definition of the term 'modalities' in the footnote to standard 11.7. This footnote explains how modalities for clinical scientists are not directly linked to a title on the register, in contrast to other professions.

### Chiropodists/podiatrists

5.52    Aside from general changes to wording in line with the  standards, we are not proposing significant further changes to the standards for chiropodists and podiatrists.

5.53    We have reached this decision after analysing the consultation responses and following specific engagement with the relevant professional bodies and education providers.

### Dieticians

5.54    Aside from general changes to wording in line with the standards, we are not proposing significant further changes to the standards for dieticians.

5.55    We have reached this decision after analysing the consultation responses and following specific engagement with the relevant professional bodies and education providers.

## *Hearing Aid dispensers*

5.56    Aside from general changes to wording in line with the  standards, we are not proposing significant further changes to the standards for hearing aid dispensers.

5.57    We have reached this decision after analysing the consultation responses and following specific engagement with the relevant professional bodies and education providers.

## *Occupational therapists*

### *Holistic care*

5.58    Our proposed standard 12.16 included wording requiring registrants to "provide service users with holistic and person-centred care". Feedback in response to our consultation indicated that there was confusion about how to demonstrate "holistic person-centred care."

5.59    Following  engagement with professional bodies, instead of using the wording around "holistic and person-centred care" we have instead included factors which registrants can take into account when delivering care, including physical, biological and social factors.

## *Operating department practitioners*

### *Service users' elimination needs*

5.60    We propose the standard for ODPs is changed from the need to 'understand' the procedure of catheterisation for service users, to being able to 'undertake' this procedure, in line with our consultation.

5.61    This change was an important element for professional bodies and other stakeholders during pre-consultation processes and ensures continued alignment of the skills of ODPs with other AHP colleagues.

### *Surgical first assistant*

5.62    As detailed in the consultation response analysis, while there were some calls for ODPs to 'be able to undertake' the role of surgical first assistant, we have

decided to not make this change and to retain wording which requires ODPs to 'understand' the role of surgical first assistant.

5.63    This is partly due to the fact that the roles of surgical first assistants are varied across different parts of the UK (some nations of the UK and various regions of England do not make use of the role at all).  This would make it very challenging for some education providers to provide experience in this role, partly due to a lack of placement opportunities.

5.64    We were concerned that such a variation would make it challenging for all education providers to meet this new standard. We understand that this would be particularly challenging for Diploma of Higher Education (DipHE) programmes. As Scotland's only accredited ODP programme is at DipHE level, this variation would also have specific impacts on that country and present a problem for the HCPC as a UK-wide regulator.

*Preparation and delivery of drugs*

5.65    Standard 13.17 requires ODPs to be able to prepare and administer drugs to service users via a range of routes, including oral, rectal, topical and by intramuscular, subcutaneous and intravenous injection.

5.66    At consultation this standard included the phrase "prescribed drugs." Following consultation, we have removed the word "prescribed" from the above standard as its inclusion could create the impression that this standard related to Prescription Only Medicines or to prescribing rights in general.

5.67    With a focus on skills required to administer drugs, we consider  that this standard is at threshold level.

*Understand common abnormal blood physiology*

5.68    At consultation we proposed a standard which included elements of theory and skills relevant to working with blood.

5.69    Following consultation, we have decided to split this into two separate standards: standard 13.19 which sets out "understand common abnormal blood physiology, including blood gas analysis"; and a new standard 13.20 which sets out "undertake venepuncture, peripheral IV cannulation and blood sampling" This does not change the substance of the proficiencies but provides  clarity and  a more logical split between theoretical and practical skills.

**Orthoptists**

*Sale and supply of drugs*

5.70    In 2016, the HCPC published standards for the use by orthoptists of exemptions to sell and supply medicines. This set out the standards which

registrants need to meet if they acquired the Medical Exemptions ("ME") annotation.

5.71 Since the development of these standards, accredited undergraduate courses have implemented these standards into their curricula. This now means that all graduates of accredited orthoptics programmes can expect to receive an ME annotation at the point they join the register (rather than undertaking post qualification training as was previously the case).

5.72 With this in mind, following consultation we have included within the profession specific Standards of Proficiency for orthoptists a range of new standards which cover the sale and administration of drugs currently contained in the standalone standards for sale and supply for that profession.

### Paramedics

*Pre-hospital care and out-of-hospital care*

5.73 The current standards for paramedics make reference to pre-hospital and out-of-hospital care to differentiate the settings within which paramedics could work.

5.74 We have decided to move away from language relating to pre-hospital and out-of-hospital care, as consultees felt this did not adequately represent the current role of the profession which operates across a much wider range of settings.

5.75 We have removed references to pre-hospital and out-of-hospital care and in many cases we have replaced these phrases with "emergency and urgent care" and "primary and community care."

*Major incident response*

5.76 We have added a  standard to reflect the role paramedics are expected to play in responding to major incidents, including public health emergencies.

5.77 This new standard includes the importance of effective communication as well as the role of the paramedic in maintaining business continuity.

5.78 This standard also mentions the expectation that paramedics will be able to establish and run a triage system. This is an essential skill of incident response but is also a reflection of the importance of leadership and autonomous working which run through the proposed Standards of Proficiency.

### Physiotherapists

*Technology and digital skills*

5.79 Aside from language and tone changes to bring the standards into line in terms of consistency with the rest of the standards of proficiency, several changes were made to reflect the important role of technology and digital skills. This includes standard 13.21 which relates to evaluating data about trends in population health to inform physiotherapy practice.

### *Practitioner psychologists*

5.80 Aside from general changes to wording in line with the standards, we are not proposing significant further changes to the standards for practitioner psychologists

5.81 We have reached this decision after analysing the consultation responses and following specific engagement with the relevant professional bodies and education providers.

### *Prosthetists/ orthotists*

5.82 Aside from general changes to wording in line with the  standards, we are not proposing significant further changes to the standards for prosthetists and orthotists.

5.83 We have reached this decision after analysing the consultation responses and following specific engagement with the relevant professional bodies and education providers.

### *Radiographers*

*Administration of drugs including intravenous and oral contrast agents*

5.84 As part of our consultation we included a standard around the administration of drugs including intravenous and oral contrast agents. Following consultation and further engagement with education providers and the professional body, we have determined that the administration of these agents is not expected at threshold level. We have therefore redrafted standard 12.20 and this now reads "understand the mechanisms for the administration of drugs, including intravenous and oral contrast agents."

*Standard imaging techniques and minimally invasive interventional procedures*

5.85 The current standards require registrants to be able to perform the "full" range of standard imaging techniques. We have decided to replace the term "full range" with "broad range" as we believe this enables education providers to work with more flexibility while still ensuring that registrants enter the register with the skills they need to practice safely and effectively.

5.86    We have also decided to remove reference to "interventional procedures" as we have determined that this is not threshold following discussion with professional bodies and education providers.

*Discussions around modalities*

5.87    We engaged with the professional body for radiographers on how we could further separate the different modalities of radiographers, given the feedback we received in response to our consultation.

5.88    The Society of Radiographers had argued for splitting the two modalities into two separate professions each with their own separate standards of proficiency. They believed that this separation would add useful clarity for service users and for education providers.

5.89    Each of HCPC's 15 regulated professions are set out individually in statute. We determined that the most appropriate approach was to separate out more of those standards that were different between the two modalities, but not to create two new separate professions with separate standards. The approach we are taking is based on different modalities and this approach is commonly used across HCPC's professions. We believe that this supports appropriate clarity, provides for separation where this is warranted and consistency where this is appropriate. We will continue to keep this area under review as the radiography profession develops over time.

5.90     This is not a step we have taken as there is insufficient evidence to support that such a split would benefit service users or achieve the other stated aims of such a split.  Following our post-consultation engagements, we are satisfied that many of the aims of such a separation could be better achieved by professional bodies, education providers and employers continuing to collaborate on the development of the profession.

**Speech and language therapists**

*Inclusive language*

5.91    We have made minor changes to wording in the standards of proficiency for speech and language therapists. These changes aim to make the profession-specific standards more inclusive and reflective of the needs of service users. This includes specific mention of the importance of understanding the needs of service users whose home language is not English and to registrants understanding the need to modify assessment and interventions in line with the specific needs of their service user.

5.92    These changes are in addition to the equality, diversity and inclusion obligations that all registrants will have to meet as part of their generic standards.

## Preamble and glossary

5.93    We have amended the preamble to the standards to provide greater clarity about how the HCPC uses the standards and how registrants will be expected to meet these. In particular, we have created new sections called 'How HCPC uses the standards', which outlines how we use the standards of proficiency in our education, registration, CPD and FTP processes, and 'How to use the standards'. We have also clarified what we mean by threshold standards and how registrants will continue to meet the standards over time as their scope of practice develops.

5.94    In response to comments about our use of language in the standards, we have also created a section called 'Terminology in the standards' which acknowledges that not all terminology used will be preferred by all professions and that the standards are threshold so only reflect the minimum level of skills and knowledge for our professions to join the Register.

5.95    In the glossary, we have removed certain terms which do not feature in the standards of proficiency and which had been carried across in our proposed Standards of Proficiency from the Standards of Conduct, Performance and Ethics glossary.

5.96    We have also revised certain definitions, based on stakeholder feedback, as well as introduced new definitions such as Quality Management, Safeguarding and Supervision.

## Equality and diversity impacts

5.97    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.

5.98    We have completed a detailed Equality Impact Assessment (EIA) (annexure C). This document reflects on the potential EDI impacts respondents shared with us during the consultation.

5.99    The EIA sets out many of the positive impacts on of the changes we are proposing to the SOPs and has been taken into account when we making our decisions. It also attempts to anticipate any unintended negative consequences for people with protected characteristics and sets out possible steps to avoid or mitigate this impact.

**Implementation**

5.100 The standards of proficiency are vital to the work of the HCPC and changes to them will have an impact across the organisation. The detailed implementation of these changes will fall to different departments according to their needs. Below is a summary of key dates in the implementation of the standards.

5.101 In January 2022, we held two workshops with a range of education providers to provide the basic information of our implementation plan and to receive input from them about its practicality.

5.102 Following Council approval, we plan to publish the standards in April 2022

5.103 Beginning in May 2022 (the last 5 months of the 2021/2022 academic year) we propose to enter a phased process of implementation. Following consultation with education providers, we are confident that it would not be feasible to expect implementation of the new SOPs in the academic year which begins immediately after their finalisation. Therefore, the remainder of academic year 1 will be used to allow education providers to develop plans for the implementation of the SOPs.

5.104 Between May and September 2022 we will continue to engage with stakeholders to ensure that key messages about the updates to the standards reach registrants in a variety of ways. During this time, the Professional Practise and Insight Directorate, along with Registration and Fitness to Practice will undertake targeted information campaigns, including webinars on the standards aimed at registrants.

5.105 The standards will come into effect on September 1st 2022. This is the point at which registrants will need to meet the standards insofar as they are relevant to their scope of practice. It is also the date the standards will be applicable for the assessment of international applications. After this effective date, the practise of registrants will be assessed against these standards in FTP processes.

5.106 From the 1st of September (the beginning of academic year 2) we will start using the new SOPs for approval processes of education programmes.

5.107 For existing programmes, we would expect the submission of their revised programmes to start from Autumn 2022 onwards, working with providers to establish a reasonable deadline date. We understand that programmes will need to make different levels of adjustments to meet the standards and will adopt a flexible and collaborative approach. By September 2023 providers will be delivering against the revised SOPs for all students in their approved programmes (i.e., not those who begin their course in September 2023 only).

5.108 We will also be developing supporting guidance for key areas of the standards, similar to the Standards for Education and Training, over the coming year. This will support registrants to apply the standards in practice.

# 6   List of respondents

Below is a list of all the organisations that responded to the consultation.

Academy for Healthcare Science

Anglia Ruskin University - Paramedic Science

Association of Educational Psychologists

British & Irish Orthoptic Society

British Academy of Audiology

British and Irish Orthoptic Society

British Association for Music Therapy

British Association of Art Therapists

British Association of Prosthetists and Orthotists

British Dietetic Association

British Nuclear Medicine Society

British Psychological Society

British Psychological Society

British Society of Hearing Aid Audiologists

Cardiff University

Chartered Society of Physiotherapy

Chatter Bug Speech & Language Therapy

College of Operating Department Practitioners

College of Paramedics

College of Podiatry

Council of Deans of Health

Derbyshire Healthcare NHS Foundation Trust

Dow University, Institute of physical medicine and Rehabilitation

Federation of Clinical Scientists (FCS)

General Medical Council

Glasgow Caledonian University

GMB Union

Greater Glasgow and Clyde NHS Board (Area Psychology Committee)

Health Education England

HEIW

Humber NHS Trust

Hywel Dda University Health Board

Institute of Biomedical Science

Institute of Biomedical Science

Kaleidoscope Children & Young People's Services (Lewisham & Greenwich NHS Trust)

Leicestershire Partnership Trust (Speech & Language Therapy Unit)

Lisa's neat feet

Liverpool John Moores University

London South Bank University (Occupational Therapy Programme)

National Community Hearing Association

NHS Education for Scotland

NHS Education Scotland

NHS Employers

NHS England & Improvement (Imaging Transformation Programme)

NHS England and NHS Improvement

North West Anglia NHS Foundation Trust

Oxford Brookes University

Patient, Carer and Public Involvement Programme (University of Sunderland)

Primary Care Dietetic team in Leicestershire Partnership Trust

Professional Standards Association

Psychologists for Social Change

Psychologists for Social Change and Ethnic Minority Educational Psychology (BEEP) Network

Public Health England

Queen Margaret University, Edinburgh (Audiology Team)

Registration Council of Clinical Physiologists

Royal College of Occupational Health Therapists

Royal College of Speech & Language Therapists

Society and College of Radiographers

South Warwickshire Foundation trust

Southport and Ormskirk hospitals

Staffordshire University Professional Doctorate of Health Psychology Team

The Christie School of Oncology

The Institute of Chiropodists and Podiatrists

The Walton Centre

UKABIF

UNISON

UNITE

University Hospital Coventry and Warwickshire

University of Cumbria

University of Leeds

University of Portsmouth (Operating Department Practice)

University of St Mark & St John

University of Sunderland (Patient, Carer and Public Involvement Group)

# Equality, Diversity and Inclusion Impact Assessment (EIA)

## Section 1: Project overview

| | |
|---|---|
| **Project title:** Standards of proficiency review | |
| **Name of assessor:** Matthew Clayton | **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 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;
- The standards of proficiency are set to ensure safe and effective practice for the protection of service users. Placing increased importance on EDI in the SOPs is intended to ensure that service users receive safe and effective treatment regardless of any protected characteristic they may have.
- 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?**

We have gathered evidence via engagement activity with key stakeholders throughout the review and the public consultation process to make sure we heard from as many individuals and organisations as possible This engagement began in 2019 and comprised of several pre-consultation activities

• 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 the pre-consultation engagement can be found in [our paper to Council](#) in September 2019.

Our public consultation ran from July to October 2020. The consultation was conducted through an online survey which was promoted through our communications channels. Part of our early engagement with professional bodies and other representative groups was to ask for their assistance in promoting the consultation to their members once it was launched.

Following the analysis of the consultation responses, we made several amendments to the proposed standards of proficiency. We then reached out to professional bodies and education providers to have detailed discussions about the specific changes we had proposed.

In engaging with stakeholders and developing the standards, we had due regard to the Public Sector Equality Duty under Section 149 of the Equality Act 2010 including the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

EDI was a key theme of the workshops conducted with stakeholders over the Summer of 2019. In these workshops 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?

The public consultation as part of the on-line survey included two specific questions about EDI.

- *Question 1: 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?*

The vast majority of respondents (78%) agreed and welcomed the enhanced clarity and focus on inclusive practice. Only 7% said "no" and the rest were "unsure" but didn't elaborate. While there was wide support for the standards, respondents still raised concerns about the way that the commitment to EDI was being expressed in the standards. Respondents suggested that more active language should be included and that phrases like 'be aware of' did not create a strong enough obligation for registrants. Some respondents argued that the standards should be more focused on outcomes rather than the expected behaviours of registrants. Others raised their desire for the standards to explicitly set out concepts like unconscious bias and privilege

- *Question 8: 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?*

A majority of 58% of respondents did not believe that EDI implications would arise from our proposals. While just 13% felt implications would arise and 19% were unsure. Where respondents felt implications would arise, their concerns largely related to the standards not expressly creating an obligation to promote equality (a requirement to be 'anti-racist' rather than 'not racist' for example). Connected to this, respondents believed that the standards would be strengthened by explicit reference to especially marginalised characteristics – most frequently these characteristics were sexual orientation and race.

Several consultation responses also provided suggestions on EDI in the standards outside of the two targeted EDI questions. Through this feedback, we have made several changes across both the generic and the profession specific standards including the use of more inclusive language.

Shortly after closing the public consultation, we presented an update on the SOPs to the EDI forum. The feedback focused on the use of language in the standards. With one participant noting that the standards carried implicit assumptions of good health and made normative assumptions about ill-health. While another felt that the standards should be more attentive to power dynamics and their impact on relationships.

We received detailed feedback about our Equality, Diversity and Inclusion standards. In response, we have introduced several new standards which cover:

- Equality legislation.
- Personal biases (which may be unconscious) and the need to ensure these do not affect the treatment of others.
- An expanded approach to the protected characteristics, which moves away from listing the protected characteristics, which we felt might encourage a narrow reading of the standards, and instead requires the consideration of "differences of any kind" which includes the protected characteristics and intersectional experiences.
- The duty to make reasonable adjustments, which includes supporting others to make these.
- The impact of a person's characteristics on their health.
- Reference to EDI in our standards on leadership.
- Recognition that EDI needs to be embedded across all areas of the standards and practice

*Limitations*

While we have made every effort to gather evidence about the EDI impacts of the proposed standards, there are limitations to the evidence we hold. The vast majority of respondents who answered questions in the consultation relating to EDI did not identify negative impacts of the proposed standards. Where respondents answered to say they believed there could be negative impacts on indicated they did not know, only 19 left any further feedback using open text boxes. While this feedback was often very detailed, the relatively small number of respondents who provided these comments is a limitation.

We have deliberately not mentioned specific protected characteristics in any part of the proposed standards and have instead strengthened our approach to EDI in general throughout the standards. The lack of specific mention of protected groups may have made it more difficult for some respondents to clearly identify sections of the standards that had direct impact on EDI.

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

See above for evidence considered towards this impact assessment.

## 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)

Our revised approach to EDI in the standards is intended to have a positive impact by placing 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 in 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.

Following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact arising from a person's age. No concerns were identified during our consultation prior to developing the new standards, or engagement exercises since their development. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly.

**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.

One respondent in the consultation raised the issue of digital exclusion of people with disabilities and was concerned that a further reliance on technology in the standards would be detrimental to some people with disabilities. However, following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact relating to disability. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly.

We expect education providers and employers to ensure that students and registrants are provided with reasonable adjustments to ensure they can meet their HCPC standards.

**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.

Following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact relating to gender reassignment. No concerns were identified during our consultation prior to developing the new standards, or engagement exercises since their development. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly.

**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.

Following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact relating to marriage and civil partnerships. No concerns were identified during our consultation prior to developing the new standards, or engagement exercises since their development. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly.

**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.

Following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact for women who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding. No concerns were identified during our consultation prior to developing the new standards, or engagement exercises since their development. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly through

We expect education providers and employers to ensure that students and registrants are provided with reasonable adjustments to ensure they can meet their HCPC standards.

**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 more greatly 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. While working with a wide range of stakeholders, 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.

**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.

Following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact based on a person's religion. No concerns were identified during our consultation prior to developing the new standards, or engagement exercises since their development. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly.

**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.

Following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact based on a person's sex. No concerns were identified during our consultation prior to developing the new standards, or engagement exercises since their development. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly.

**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.

Following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact arising from a person's sexual orientation. No concerns were identified during our consultation prior to developing the new standards, or engagement exercises since their development. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly.

**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 we have received during all of our engagement activities

New generic standards which focus on prevention of ill-health (for example) are also intended to ensure that attention is paid to groups which may not have a protected characteristic but are

more likely to have higher risks of ill-health (for example, because of their social or economic conditions or based on where they live). A profession specific example is standard 5.9 for dietitians which requires registrants to "demonstrate sensitivity to factors that affect diet, lifestyle and health and that may affect the interaction between service user and dietitian."

**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. In 2019, we hosted four workshops; one in in Belfast, Cardiff, Edinburgh and London

In deciding what implementation timescales we will work towards (for education providers to implement in the new standards in their programmes) we have accounted for the make-up of education and training across the four countries. For example, some UK nations may only have a single accredited education provider offering programmes for a specific profession. In these cases, disruption of such an education programme would have an out-sized impact on the profession in that country.

## 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 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?**

- Following our initial engagements and our consultation, we have made several changes to EDI content in the proposed standards as set out in this document.
- We have embedded equality, diversity and fairness in the proposed standards. 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.
- Race may be a factor leading to individuals being impacted by our proposed changes due to the impact the revised standards will have on international applicants. To mitigate this, 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).
- It is important to note that the standards have been developed with a focus on outcomes. This focus on outcomes (rather than process) means that registrants, students, employers and education providers can make assessments against the standards in the most flexible way possible.

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

- A flexible approach to implementation, coupled with a commitment to EDI processes will play a significant role in mitigating any unintended negative consequences, and in particular will support assessment practice that utilises reasonable adjustments for disabled learners.
- Through this review and other work we are taking proactive steps to ensure that HCPC registrants are an active part of a health and care workforce which is prepared to offer care to a diverse population of service users.

## 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.

[problem here is the format. We don't have an action plan because the action has already all taken place. I've just outlined some of the basic future work policy and standards will take?]

**Summary of action plan**

The project of reviewing the SOPs has now been concluded.

The Policy and Standards team will publish guidance on the new standards during the implementation period and in collaboration with colleagues from the Education department.

We have worked to ensure that our implementation plan takes into account the needs of education providers and students and is conducted with the least disruption possible.

Outside of the work relating to the SOPs, the Policy and Standards team will be undertaking numerous pieces of work which will be beneficial for listed equality groups. For example, updates are planned for our document entitled "Health, disability and becoming a health and care professional".

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

**How will the project eliminate discrimination, harassment and victimisation?**

The amendments we propose are intended to embed equality, diversity and inclusion in the standards. In particular, the proposed revisions to standards 5 and 6 should serve to help eliminate discrimination, harassment and victimisation by our registrants.

As the threshold for entry to the register, the SOPs describe the outcomes expected for safe and effective practice. As such, they are not well suited to provide specific steps for registrants to take in order to achieve these outcomes and form the floor (rather than the ceiling) of a registrant's commitment to equality, diversity and inclusion.

It is important to note that the standards have been developed with a focus on outcomes. This focus on outcomes (rather than process) means that registrants, students, employers and education providers can make assessments against the standards in the most flexible way possible.

**How will the project advance equality of opportunity?**

The amendments we propose to the SOPs 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.

Through this and other work we are taking proactive steps to ensure that HCPC registrants are an active part of a health and care workforce which is prepared to offer care to a diverse population of service users.

# Compiled draft standards of proficiency

## Contents

# Standards of proficiency

## Arts therapists
Valid from: [Date]

# Standards of proficiency

At the point of registration, arts therapists must be able to:

| **1** | **practise safely and effectively within their scope of practice** |
|---|---|
| 1.1 | identify 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 safely and effectively, including managing the emotional burden that comes with working in a pressured environment |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |
| 1.4 | understand the value of therapy in developing insight and self-awareness through their own personal experience |

| **2** | **practise within the legal and ethical boundaries of their profession** |
|---|---|
| 2.1 | maintain high standards of personal and professional conduct |
| 2.2 | promote and protect the service user's interests at all times |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty |
| 2.10 | understand and apply legislation, policies and guidance relevant to their profession and scope of practice |
| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |
| 2.12 | understand the role of the art, music or dramatherapist in different settings |
| 2.13 | recognise that the obligation to maintain fitness to practise includes engagement in their own arts-based process |

| 3 | **look after their health and wellbeing, seeking appropriate support where necessary** |
|---|---|
| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |

| 4 | **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 and actions |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |
| 4.3 | 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 | make and receive appropriate referrals, where necessary |
| 4.5 | exercise personal initiative |
| 4.6 | demonstrate a logical and systematic approach to problem solving |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |

| 5 | **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
|---|---|
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences |
| 5.2 | understand equality legislation and apply it to their practice |
| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may  be unconscious) on practice and take personal action |

| | to ensure all service users and carers are treated appropriately with respect and dignity |
|---|---|
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |
| 5.8 | take account of psychological, social, cultural, economic and other relevant factors when collecting case histories and other appropriate information |

| 6 | understand the importance of and maintain confidentiality |
|---|---|
| 6.1 | ahere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |
| 6.6 | recognise that the concepts of confidentiality and informed consent extend to illustrative records such as paintings, digital images and other creative practice |

| 7 | communicate effectively |
|---|---|
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |

| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1]) |
|---|---|
| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences |
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | use information, communication and digital technologies appropriate to their practice |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |
| 7.9 | explain the nature, purpose and techniques of therapy to service users and carers and proceed within an ethos of co-designing the therapeutic alliance |

| 8 | **work appropriately with others** |
|---|---|
| 8.1 | work in partnership with service users, carers, colleagues and others |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |
| 8.6 | understand the qualities, behaviours and benefits of leadership |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |

[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.

| 8.9 | demonstrate leadership behaviours appropriate to their practice |
|------|------|
| 8.10 | act as a role model for others |
| 8.11 | promote and engage in the learning of others |
| 8.12 | understand the need to engage service users and carers as equal partners in planning, co-design and evaluating diagnostics and assessment outcomes to meet their needs and goals |
| 8.13 | recognise the role of arts therapists as an integral part of health and social care provision for service users and their integration with health and social care |
| 8.14 | understand the need to establish and sustain a therapeutic relationship within a creative and containing environment |

| 9 | **maintain records appropriately** |
|------|------|
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | use digital record keeping tools, where required |

| 10 | **reflect on and review practice** |
|------|------|
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |
| 10.3 | understand the role and value of ongoing clinical supervision in an arts therapy context |

| 11 | **assure the quality of their practice** |
|------|------|
| 11.1 | engage in evidence-based practice |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement |
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures and, in conjunction with the service user  where possible, revise the plans as necessary |

| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes |
|------|--------------------------------------------------------------------------------------------------|

| **12** | **understand and apply the key concepts of the knowledge base relevant to their profession** |
|--------|---------------------------------------------------------------------------------------------|

12.1 appreciate and be actively informed by lived experiences of wellness and illness as well as the effects of social disablement and exclusion, and consider this alongside diagnostic knowledge relevant to their profession

12.2 demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

12.3 recognise the role(s) of other professions in health and social care and understand how they may relate to the role of arts therapists within the integrated teams that serve communities

12.4 understand the structure and function of health and social care systems and services in the UK

12.5 recognise the importance of working in partnership with service users when carrying out research

12.6 understand the theoretical basis of, and the variety of approaches to, assessment and intervention

12.7 understand the psychological and cultural background to health, and be aware of influences on the service user – therapist relationship

12.8 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

12.9 understand the therapeutic relationship, including its limitations

12.10 employ a coherent approach to the therapeutic process

12.11 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

12.12 know about theories of group work and the management of group process

12.13 know about theories relevant to work with an individual

12.14 know about:
- human development
- psychology
- human communication and language development
- the continuum of mental health, psychiatric assessment and treatment and self-help and social resources
- disability/impairment and ways in which people experience themselves as having been disabled
- impairments of social functioning
- the principal psychotherapeutic interventions and their theoretical bases
- the nature and application of other relevant interventions

12.15 recognise different methods of understanding the experience of service users, including diagnosis (specifically mental health and learning disability) and be able to critique these systems of knowledge from differed socio-cultural perspectives

**Arts therapists only**

12.16 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

12.17 know the practice and process of visual art-making

12.18 understand the role of the physical setting and the art-making process in the physical and psychological containment of emotions

12.19 understand the role and function of the art object within the relationship between service user and art therapist

12.20 understand the role and use of visual symbols in art that communicate conscious and unconscious processes

12.21 understand the influence of socio-cultural context on the making and viewing of art in art therapy

12.22 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**

12.23 understand core processes and forms of creativity, movement, play and dramatic representation pertinent to practice with a range of service user groups

12.24 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

12.25 know a range of theatrical representation techniques and be able to engage service users in a variety of performance-derived roles

12.26 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

12.27 recognise that different approaches to the discipline have developed from many different cultures and traditions

12.28 recognise that the discipline has deep foundations within the many cultural traditions that use ritual, play, drama and performance for the enhancement of health

12.29 know the key principles of influential theatre practitioners and their relevance to the therapeutic setting

**Music therapists only**

12.30 apply a coherent approach to their work, appropriate to each setting in which they practise

12.31 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

12.32 make culturally informed use of a broad range of musical styles and genres within their music therapy practice and continue to develop this through engagement in their own arts-based process

12.33 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, a harmonic instrument and digital technology to a competent level

| 13 | draw on appropriate knowledge and skills to inform practice |
|---|---|
| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | gather appropriate information |
| 13.3 | analyse and critically evaluate the information collected |
| 13.4 | select and use appropriate assessment techniques and equipment |
| 13.5 | undertake and record a thorough, sensitive and detailed assessment |
| 13.6 | undertake or arrange investigations as appropriate |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | recognise a range of research methodologies relevant to their role |
| 13.9 | recognise the value of research to the critical evaluation of practice |
| 13.10 | critically evaluate research and other evidence to inform their own practice |
| 13.11 | engage service users in research as appropriate |

13.12 work with service users both to define a clear timeframe for the length of therapy, to review this with them, and to evaluate the therapy's strengths, benefits and limitations

13.13 formulate specific and appropriate management plans

13.14 observe and record service users' responses and assess the implication for diagnosis and intervention

**Arts therapists only**

13.16 use a range of arts and art-making materials and techniques competently and be able to support a service user to work with these

**Dramatherapists only**

13.17 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**

13.18 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 support a service user to work with these

| 14 | **establish and maintain a safe practice environment** |
|----|----|
| 14.1 | understand the need to maintain the safety of themselves and others, including service users, carers and colleagues |
| 14.2 | demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies |
| 14.3 | 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 |
| 14.4 | select appropriate personal protective equipment and use it correctly |
| 14.5 | establish safe environments for practice, which appropriately manages risk |

| 15 | **promote and prevent ill health** |
|----|----|
| 15.1 | understand the role of their profession in health promotion, health education and preventing ill health |
| 15.2 | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being |
| 15.3 | empower and enable individuals (including service users and colleagues) to play a part in managing their own health |
| 15.4 | engage in occupational health, including being aware of immunisation requirements |

# Biomedical scientists
Valid from: [Date]

# Standards of proficiency

At the point of registration, biomedical scientists must be able to:

**1    practise safely and effectively within their scope of practice**

1.1    identify 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 safely and effectively, including managing the emotional burden that comes with working in a pressured environment

1.3    keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career

**2    practise within the legal and ethical boundaries of their profession**

2.1    maintain high standards of personal and professional conduct

2.2    promote and protect the service user's interests at all times

2.3    understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary

2.4    understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics

2.5    respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process

2.6    recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances

2.7    understand the importance of and obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented

2.8    understand the importance of capacity in the context of delivering care and treatment

2.9    understand the scope of a professional duty of care, and exercise that duty

2.10    understand and apply legislation, policies and guidance relevant to their profession and scope of practice

2.11    recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain

2.12    demonstrate awareness of the British, European and International Standards that govern and affect pathology laboratory practice

**3    look after their health and wellbeing, seeking appropriate support where necessary**

| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |

| 4 | **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 and actions |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |
| 4.3 | 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 | make and receive appropriate referrals, where necessary |
| 4.5 | exercise personal initiative |
| 4.6 | demonstrate a logical and systematic approach to problem solving |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |

| 5 | **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising that this can be affected by difference of any kind including, but not limited to, protected characteristics[2], intersectional experiences and cultural differences |
| 5.2 | understand equality legislation and apply it to their practice |

[2] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |
| --- | --- |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |

| 6 | understand the importance of and maintain confidentiality |
| --- | --- |
| 6.1 | ahere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |

| 7 | communicate effectively |
| --- | --- |
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5[3]) |

[3] 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.

| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics[4], intersectional experiences and cultural differences |
|---|---|
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | use information, communication and digital technologies appropriate to their practice |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |

| 7.9 | communicate the outcomes of biomedical procedures |
|---|---|

| **8** | **work appropriately with others** |
|---|---|
| 8.1 | work in partnership with service users, carers, colleagues and others |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |
| 8.6 | understand the qualities, behaviours and benefits of leadership |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |
| 8.9 | demonstrate leadership behaviours appropriate to their practice |
| 8.10 | act as a role model for others |
| 8.11 | promote and engage in the learning of others |

[4] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 8.12 | understand the need to engage service users and carers in planning and evaluating diagnostics and assessment outcomes to meet their needs and goals |
|------|---|
| 8.13 | demonstrate awareness of the impact of pathology services on the service user care pathway |

| **9** | **maintain records appropriately** |
|------|---|
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | use digital record keeping tools, where required |

| 9.4 | recognise, communicate and understand the risks and possible serious consequences of errors and omissions in both requests for, and results of, laboratory investigations |
|------|---|
| 9.5 | use systems for the accurate and correct identification of service users and laboratory specimens |
| 9.6 | understand the need to adhere to protocols of specimen identification, including bar coding and electronic tag systems |
| 9.7 | understand the importance of backup storage of electronic data |

| **10** | **reflect on and review practice** |
|------|---|
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |

| **11** | **assure the quality of their practice** |
|------|---|
| 11.1 | engage in evidence-based practice |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement |
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary |

| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes |
|---|---|
| 11.7 | select and apply quality and process control measures |
| 11.8 | identify and respond appropriately to abnormal outcomes from quality indicators |

| **12** | **understand and apply the key concepts of the knowledge base relevant to their profession** |
|---|---|
| 12.1 | understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 12.3 | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of biomedical scientist |
| 12.4 | understand the structure and function of health and social care systems and services in the UK |
| 12.5 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
| 12.6 | be able to demonstrate knowledge of the underpinning scientific principles of investigations provided by clinical laboratory services |
| 12.7 | 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 |
| 12.8 | be able to evaluate analyses using qualitative and quantitative methods to aid the diagnosis, screening and monitoring of health and disorders |
| 12.9 | understand the techniques and associated instrumentation used in the practice of biomedical science |
| 12.10 | understand the biological hazards groups and associated containment levels |

| **13** | **draw on appropriate knowledge and skills to inform practice** |
|---|---|
| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | gather appropriate information |
| 13.3 | analyse and critically evaluate the information collected |
| 13.4 | select and use appropriate assessment techniques and equipment |
| 13.5 | undertake and record a thorough, sensitive and detailed assessment |
| 13.6 | undertake or arrange investigations as appropriate |

| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | recognise a range of research methodologies relevant to their role |
| 13.9 | recognise the value of research to the critical evaluation of practice |
| 13.10 | critically evaluate research and other evidence to inform their own practice |
| 13.11 | engage service users in research as appropriate |
| 14.12 | perform and supervise procedures in clinical laboratory investigations to reproducible standards |
| 13.13 | operate and utilise specialist equipment according to their discipline |
| 13.14 | validate scientific and technical data and observations according to pre-determined quality standards |
| 13.15 | demonstrate proficiency in practical skills in cellular science, blood science, infection science, molecular and genetic science and reproductive science, where appropriate to the discipline |
| 13.16 | 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 |
| 13.17 | demonstrate practical skills in the investigation of disease processes |
| 13.18 | work in conformance with standard operating procedures and conditions |
| 13.19 | work with accuracy and precision |
| 13.20 | perform calibration and quality control checks |
| 13.21 | demonstrate operational management of laboratory equipment to check that equipment is functioning within its specifications and to respond appropriately to abnormalities |
| 13.22 | understand the implications of non-analytical errors |
| 13.23 | 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- service user testing and non-invasive techniques |
| 13.24 | formulate specific and appropriate management plans including the setting of timescales |
| 13.25 | select suitable specimens and procedures relevant to service users' clinical needs, including collection and preparation of specimens as and when appropriate |
| 13.26 | demonstrate awareness of the need to assess and evaluate new procedures prior to routine use |
| 13.27 | investigate and monitor disease processes and normal states |
| 13.28 | use standard operating procedures for analyses including point of care in vitro diagnostic devices |
| 13.29 | use statistical packages and present data in an appropriate format |

| 13.30 | design experiments, report, interpret and present data using scientific convention, including application of SI units and other units used in biomedical science |
| 13.31 | safely interpret and authorise service user results |

| **14** | **establish and maintain a safe practice environment** |
| 14.1 | understand the need to maintain the safety of themselves and others, including service users, carers and colleagues |
| 14.2 | demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies |
| 14.3 | 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 |
| 14.4 | select appropriate personal protective equipment and use it correctly |
| 14.5 | establish safe environments for practice, which appropriately manages risk |
| 14.6 | understand the application of principles of good laboratory practice |

| **15** | **promote and prevent ill health** |
| 15.1 | understand the role of their profession in health promotion, health education and preventing ill health |
| 15.2 | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being |
| 15.3 | empower and enable individuals (including service users and colleagues) to play a part in managing their own health |
| 15.4 | engage in occupational health, including being aware of immunisation requirements |

# Clinical scientists
Valid from: [Date]

# Standards of proficiency

At the point of registration, clinical scientists must be able to:

| | |
|---|---|
| **1** | **practise safely and effectively within their scope of practice** |
| 1.1 | identify 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 safely and effectively, including managing the emotional burden that comes with working in a pressured environment |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |

| | |
|---|---|
| **2** | **practise within the legal and ethical boundaries of their profession** |
| 2.1 | maintain high standards of personal and professional conduct |
| 2.2 | promote and protect the service user's interests at all times |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty |
| 2.10 | understand and apply legislation, policies and guidance relevant to their profession and scope of practice |
| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |

| | |
|---|---|
| **3** | **look after their health and wellbeing, seeking appropriate support where necessary** |

| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |

| 4 | **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 and actions |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |
| 4.3 | 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 | make and receive appropriate referrals, where necessary |
| 4.5 | exercise personal initiative |
| 4.6 | demonstrate a logical and systematic approach to problem solving |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |
| 4.9 | make judgements on the effectiveness of procedures |

| 5 | **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics[5], intersectional experiences and cultural differences |

[5] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and

| 5.2 | understand equality legislation and apply it to their practice |
|---|---|
| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |

| **6** | **understand the importance of and maintain confidentiality** |
|---|---|
| 6.1 | ahere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |

| **7** | **communicate effectively** |
|---|---|
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5[6]) |

maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

[6] 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

| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics[7], intersectional experiences and cultural differences |
|---|---|
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | understand the need to support  the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | use information, communication and digital technologies appropriate to their practice |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |
| 7.9 | communicate the outcome of problem solving and research and developmental activities |
| 7.10 | summarise and present complex scientific ideas in an appropriate form |

| 8 | **work appropriately with others** |
|---|---|
| 8.1 | work in partnership with service users, carers, colleagues and others |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |
| 8.6 | understand the qualities, behaviours and benefits of leadership |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |

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.

[7] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 8.9 | demonstrate leadership behaviours appropriate to their practice |
| 8.10 | act as a role model for others |
| 8.11 | promote and engage in the learning of others |
| 8.12 | understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals |

| **9** | **maintain records appropriately** |
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | use digital record keeping tools, where required |

| **10** | **reflect on and review practice** |
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |

| **11** | **assure the quality of their practice** |
| 11.1 | engage in evidence-based practice |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement |
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary |
| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes |
| 11.7 | understand the importance of participating in accreditation systems related to the modality[8] |

---

[8] 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. In this context, we use modality to mean areas of practice defined for the purpose of

| 11.8 | use quality control and quality assurance techniques, including restorative action |
| 11.9 | recognise the need to be aware of emerging technologies and new developments |

| **12** | **understand and apply the key concepts of the knowledge base relevant to their profession** |
| --- | --- |
| 12.1 | understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 12.3 | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of biomedical scientist |
| 12.4 | understand the structure and function of health and social care systems and services in the UK |
| 12.5 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
| 12.6 | 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 |
| 12.7 | understand the wider clinical situation relevant to the service users presenting to the speciality |
| 12.8 | understand the clinical applications of the speciality and the consequences of decisions made upon actions and advice |
| 12.9 | understand the evidence base that underpins the use of the procedures employed by the service |
| 12.10 | understand the principles associated with a range of techniques employed in the modality |
| 12.11 | know the standards of practice expected from techniques |

| **13** | **draw on appropriate knowledge and skills to inform practice** |
| --- | --- |
| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | gather appropriate information |
| 13.3 | analyse and critically evaluate the information collected |

registration. Other terms, such as specialisms, may be used in other contexts. Registrants declare their modality to the HCPC, but it does not appear on the public version of the HCPC Register. This is unlike the modalities of other registered professions, which do appear on the HCPC Register and are linked to protected titles. Modalities may differ from the healthcare science themes and specialities used elsewhere.

| 13.4 | select and use appropriate assessment techniques and equipment |
|---|---|
| 13.5 | undertake and record a thorough, sensitive and detailed assessment |
| 13.6 | undertake or arrange investigations as appropriate |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | recognise a range of research methodologies relevant to their role |
| 13.9 | recognise the value of research to the critical evaluation of practice |
| 13.10 | critically evaluate research and other evidence to inform their own practice |
| 13.11 | engage service users in research as appropriate |

| 13.11 | know, appropriate to the speciality / specialities, how to position or immobilise service users for safe and effective interventions |
|---|---|
| 13.12 | perform a range of techniques employed in the speciality / specialities |
| 13.13 | understand the need to conform to standard operating procedures and conditions |
| 13.14 | understand the need to work with accuracy and precision |
| 13.15 | solve problems that may arise during the routine application of techniques |
| 13.16 | formulate specific and appropriate management plans including the setting of timescales |
| 13.17 | develop an investigation strategy which takes account of all the relevant clinical and other information available |
| 13.18 | identify the clinical decision which the test or intervention will inform |
| 13.19 | 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 |
| 13.20 | search and to appraise scientific literature and other sources of information critically |
| 13.21 | develop the aims and objectives associated with a project |
| 13.22 | develop an experimental protocol to meet these aims and objectives in a way that provides objective and reliable data, free from bias |
| 13.23 | perform the required experimental work and be able to produce and present the results including statistical analysis |
| 13.24 | interpret results in the light of existing knowledge and the hypothesis developed, and be able to formulate further research questions |
| 13.25 | present data and a critical appraisal of it to peers in an appropriate form |

| 14 | establish and maintain a safe practice environment |
|---|---|
| 14.1 | understand the need to maintain the safety of themself and others, including service users, carers and colleagues |

| 14.2 | demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies |
|---|---|
| 14.3 | 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 |
| 14.4 | select appropriate personal protective equipment and use it correctly |
| 14.5 | establish safe environments for practice, which appropriately manages risk |
| 14.6 | understand sources of hazard in the workplace, including specimens, raw materials, clinical and special waste and equipment |
| 14.7 | know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly depending on speciality / specialities |

| **15** | **promote and prevent ill health** |
|---|---|
| 15.1 | understand the role of their profession in health promotion, health education and preventing ill health |
| 15.2 | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being |
| 15.3 | empower and enable individuals (including service users and colleagues) to play a part in managing their own health |
| 15.4 | engage in occupational health, including being aware of immunisation requirements |

# Dietitians
Valid from: [Date]

# Standards of proficiency

At the point of registration, dietitians must be able to:

| 1 | **practise safely and effectively within their scope of practice** |
|---|---|
| 1.1 | identify 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 safely and effectively, including managing the emotional burden that comes with working in a pressured environment |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |

| 2 | **practise within the legal and ethical boundaries of their profession** |
|---|---|
| 2.1 | maintain high standards of personal and professional conduct |
| 2.2 | promote and protect the service user's interests at all times |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, and maintain high standards of care in all circumstances |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty |
| 2.10 | understand and apply legislation, policies and guidance relevant to their profession and scope of practice |
| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |

2.12    know about policy, ethical and research frameworks that underpin, inform, and influence the practice of dietetics

2.13    understand the ethical and legal implications of withholding and withdrawing feeding including nutrition support

| 3 | look after their health and wellbeing, seeking appropriate support where necessary |
|---|---|
| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |

| 4 | 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 and actions |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |
| 4.3 | 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 | make and receive appropriate referrals, where necessary |
| 4.5 | exercise personal initiative |
| 4.6 | demonstrate a logical and systematic approach to problem solving |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |
| 4.9 | make reasoned decisions to accept or decline requests for intervention |

| 5 | recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner |
|---|---|
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics[9], intersectional experiences and cultural differences |

[9] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and

| 5.2 | understand equality legislation and apply it to their practice |
|---|---|
| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |
| 5.8 | understand the significance and potential effect of dietary and non-dietary factors when helping individuals, groups and communities to make informed choices about interventions and lifestyle |
| 5.9 | demonstrate sensitivity to factors that affect diet, lifestyle and health and that may affect the interaction between service user and dietitian |

| 6 | **understand the importance of and maintain confidentiality** |
|---|---|
| 6.1 | adhere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |

| 7 | **communicate effectively** |
|---|---|

maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
|---|---|
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5[10]) |
| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics , intersectional experiences and cultural differences |
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | use information, communication and digital technologies appropriate to their practice |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |

| 8 | **work appropriately with others** |
|---|---|
| 8.1 | work in partnership with service users, carers, colleagues and others |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |
| 8.6 | understand the qualities, behaviours and benefits of leadership |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |

[10] 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.

| 8.9 | demonstrate leadership behaviours appropriate to their practice |
|------|---------------------------------------------------------------|
| 8.10 | act as a role model for others |
| 8.11 | promote and engage in the learning of others |
| 8.12 | understand the need to empower and engage individuals, groups, and communities in planning and evaluating interventions to meet their needs and goals |
| 8.13 | empower individuals, groups and communities to make informed choices including diet, physical activity and other lifestyle adjustments |
| 8.14 | work with service users to implement changes in interventions in line with new developments, evidenced-based practice and their outcomes |

| **9** | **maintain records appropriately** |
|------|---------------------------------------------------------------|
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | use digital record keeping tools, where required |

| **10** | **reflect on and review practice** |
|------|---------------------------------------------------------------|
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |

| **11** | **assure the quality of their practice** |
|------|---------------------------------------------------------------|
| 11.1 | engage in evidence-based practice |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement |
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary |
| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes |

| 12 | understand and apply the key concepts of the knowledge base relevant to their profession |
|---|---|

12.1     understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession

12.2     demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

12.3     recognise the role(s) of other professions in health and social care and understand how they may relate to the role of dietitian

12.4     understand the structure and function of health and social care systems and services in the UK

12.5     understand the theoretical basis of, and the variety of approaches to, assessment, diagnosis, intervention and evaluation

12.6     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

12.7     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

12.8     understand the principles behind the use of nutritional analysis programs to analyse food intake records and recipes and interpret the results

12.9     understand in the context of nutrition and dietetic practice legislation relating to food labelling and health claims

12.10     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

12.11 understand, in the context of nutrition and dietetic practice:

- management of health and social care
- public health relevant to the dietetic management of individuals, groups or communities
- social policy
- sociology

12.12 understand the methods commonly used in nutrition research and be able to evaluate research papers critically

| 13 | draw on appropriate knowledge and skills to inform practice |
|---|---|
| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | gather appropriate information |
| 13.3 | analyse and critically evaluate the information collected |
| 13.4 | select and use appropriate assessment techniques and equipment |
| 13.5 | undertake and record a thorough, sensitive and detailed assessment |
| 13.6 | undertake or arrange investigations as appropriate |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | recognise a range of research methodologies relevant to their role |
| 13.9 | recognise the value of research to the critical evaluation of practice |
| 13.10 | critically evaluate research and other evidence to inform their own practice |
| 13.11 | engage service users in research as appropriate |
| 13.12 | accurately assess nutritional needs of individuals, groups and populations, in a sensitive and detailed way using appropriate techniques and resources |
| 13.13 | 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 |
| 13.14 | monitor the progress of nutrition and dietetic interventions using appropriate information, techniques and measures |
| 13.15 | critically evaluate the information gained in monitoring to review and revise the intervention |
| 13.16 | use nutritional analysis programs to analyse food intake, records and recipes and interpret the results |
| 13.17 | use statistical, epidemiological, and research skills to gather and interpret evidence to make reasoned conclusions and judgements to enhance dietetic practice |
| 13.18 | choose the most appropriate strategy to influence nutritional behaviour and choice |

13.19 undertake and explain dietetic interventions, having regard to current knowledge and evidence-based practice

13.20 advise on safe procedures for food preparation and handling and any effect on nutritional quality

13.21 advise on the effect of food processing on nutritional quality

13.22 advise on menu planning, taking account of food preparation and processing, nutritional standards and requirements of service users

13.23 interpret nutritional information including food labels which may have nutritional or clinical implications

**14    establish and maintain a safe practice environment**

14.1 understand the need to maintain the safety of themselves and others, including service users, carers and colleagues

14.2 demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies

14.3 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

14.4 select appropriate personal protective equipment and use it correctly

14.5 establish safe environments for practice, which appropriately manages risk

**15    promote and prevent ill health**

15.1 understand the role of their profession in health promotion, health education and preventing ill health

15.2 understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being

15.3 empower and enable individuals (including service users and colleagues) to play a part in managing their own health

15.4 engage in occupational health, including being aware of immunisation requirements

hcpc health & care professions council

# Hearing aid dispensers
Valid from: [Date]

DRAFT

# Standards of proficiency

At the point of registration, hearing aid dispensers must be able to:

| | |
|---|---|
| **1** | **practise safely and effectively within their scope of practice** |
| 1.1 | identify 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 safely and effectively, including managing the emotional burden that comes with working in a pressured environment |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |

| | |
|---|---|
| **2** | **practise within the legal and ethical boundaries of their profession** |
| 2.1 | maintain high standards of personal and professional conduct |
| 2.2 | promote and protect the service user's interests at all times |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty |
| 2.10 | understand and apply legislation, policies and guidance relevant  to their profession and scope of practice |
| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |

| | |
|---|---|
| **3** | **look after their health and wellbeing, seeking appropriate support where necessary** |

| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |
|---|---|
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |

| 4 | **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 and actions |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |
| 4.3 | 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 | make and receive appropriate referrals, where necessary |
| 4.5 | exercise personal initiative |
| 4.6 | demonstrate a logical and systematic approach to problem solving |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |
| 4.9 | make judgements on the effectiveness of procedures |

| 5 | **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
|---|---|
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics[11], intersectional experiences and cultural differences |
| 5.2 | understand equality legislation and apply it to their practice |

---

[11] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |

| 6 | **understand the importance of and maintain confidentiality** |
| 6.1 | adhere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |

| 7 | **communicate effectively** |
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5[12]) |
| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any |

---

[12] 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.

| | kind including, but not limited to, protected characteristics[13], intersectional experiences and cultural differences |
|---|---|
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | use information, communication and digital technologies appropriate to their practice |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |
| 7.9 | explain the financial implications of suitable hearing aid systems |
| 7.10 | understand the specific communication needs of those with hearing difficulties and be aware of appropriate steps to overcome communication barriers |
| 7.11 | recognise the need to seek external assistance in situations where communication is ineffective for whatever reason |
| 7.12 | recognise the need to use appropriate interpersonal and communication skills to facilitate effective care for those with hearing difficulties |
| 7.13 | understand the need to empower service users to manage their aural health and related issues including self-management, where appropriate |
| 7.14 | inform service users about the range of strategies available to them which could improve their ability to hear and communicate more effectively |

| **8** | **work appropriately with others** |
|---|---|
| 8.1 | work in partnership with service users, carers, colleagues and others |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |
| 8.6 | understand the qualities, behaviours and benefits of leadership |

[13] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 8.7 | recognise that leadership is a skill all professionals can demonstrate |
|---|---|
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |
| 8.9 | demonstrate leadership behaviours appropriate to their practice |
| 8.10 | act as a role model for others |
| 8.11 | promote and engage in the learning of others |
| 8.12 | understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions and supporting them to set realistic goals which meet their needs |
| 8.13 | recognise those conditions or circumstances that require the involvement of other professionals and give the appropriate advice to service users |

| 9 | maintain records appropriately |
|---|---|
| 9.1 | keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | use digital record keeping tools, where required |

| 10 | reflect on and review practice |
|---|---|
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |
| 10.3 | demonstrate awareness of emerging technologies and new developments in hearing care practices |

| 11 | assure the quality of their practice |
|---|---|
| 11.1 | engage in evidence-based practice |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement |
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary |

| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes |
|---|---|

| **12** | **understand and apply the key concepts of the knowledge base relevant to their profession** |
|---|---|

| 12.1 | understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession |
|---|---|
| 12.2 | demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 12.3 | 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 |
| 12.4 | understand the structure and function of health and social care systems and services in the UK |
| 12.5 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
| 12.6 | understand, in the context of hearing aid audiology:<br><br>– acoustics, speech production and perception;<br>– appropriate approaches to auditory rehabilitation;<br>– hearing aid and associated technologies including selection, fitting, programming and evaluation;<br>– psycho-acoustics;<br>– the anatomy and physiology of the outer, middle, inner ear and central auditory pathways; and<br>– the measurement of hearing and of other auditory system functions |

| **13** | **draw on appropriate knowledge and skills to inform practice** |
|---|---|
| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | gather appropriate information |
| 13.3 | analyse and critically evaluate the information collected |
| 13.4 | select and use appropriate assessment techniques and equipment |
| 13.5 | undertake and record a thorough, sensitive and detailed assessment |
| 13.6 | undertake or arrange investigations as appropriate |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | recognise a range of research methodologies relevant to their role |
| 13.9 | recognise the value of research to the critical evaluation of practice |
| 13.10 | critically evaluate research and other evidence to inform their own practice |

| 13.11 | engage service users in research as appropriate |
|---|---|
| 13.12 | use technologies safely and effectively where appropriate for diagnostic or monitoring procedures, treatment, therapy or other actions |
| 13.13 | safely use appropriate techniques and equipment to assess hearing difficulties and the physical condition of the ear |
| 13.14 | select and evaluate the most appropriate hearing aid system, performance settings and associated technologies for service users |
| 13.15 | plan, implement and manage appropriate rehabilitation programmes for service users to optimise outcomes |
| 13.16 | safely and competently take impressions of the ear |
| 13.17 | safely and competently programme and physically fit hearing aids |
| 13.18 | understand the need to provide service users with access to continuing care, maintenance and support |
| 13.19 | formulate specific and appropriate management plans including the setting of timescales |
| 13.20 | formulate and provide appropriate advice regarding hearing aids and associated technologies and their use to facilitate informed choices by service users |
| 13.21 | undertake and record appropriate case histories |
| 13.22 | understand the need to make and keep full and accurate records of assessment results, hearing aid prescriptions and actual settings, rehabilitation plans and outcomes |
| 13.23 | check that equipment is functioning accurately and within specifications and to take appropriate action in the case of faulty functioning and operation |
| 13.24 | interpret the data arising from case history, physical examination, hearing assessments and hearing instruments, where appropriate |

| 14 | establish and maintain a safe practice environment |
|---|---|
| 14.1 | understand the need to maintain the safety of themselves and others, including service users, carers and colleagues |
| 14.2 | demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies |
| 14.3 | 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 |
| 14.4 | select appropriate personal protective equipment and use it correctly |
| 14.5 | establish safe environments for practice, which appropriately manages risk |
| 14.6 | ensure that the environment in which service users are seen is appropriate for the assessment, service, care and attention given |

| 15 | promote and prevent ill health |
|----|--------------------------------|
| 15.1 | understand the role of their profession in health promotion, health education and preventing ill health |
| 15.2 | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being |
| 15.3 | empower and enable individuals (including service users and colleagues) to play a part in managing their own health |
| 15.4 | engage in occupational health, including being aware of immunisation requirements |

# Occupational therapists
Valid from: [Date]

# Standards of proficiency

At the point of registration, occupational therapists must be able to:

| **1** | **practise safely and effectively within their scope of practice** |
|---|---|
| 1.1 | identify 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 safely and effectively, including managing the emotional burden that comes with working in a pressured environment |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |

| **2** | **practise within the legal and ethical boundaries of their profession** |
|---|---|
| 2.1 | maintain high standards of personal and professional conduct |
| 2.2 | promote and protect the service user's interests at all times |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty |
| 2.10 | understand and apply legislation, policies and guidance relevant to their profession and scope of practice |
| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |
| 2.12 | understand the effect of legislation on the delivery of care |

| 3 | **look after their health and wellbeing, seeking appropriate support where necessary** |
|---|---|
| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |

| 4 | **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 and actions |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |
| 4.3 | 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 | make and receive appropriate referrals, where necessary |
| 4.5 | exercise personal initiative |
| 4.6 | demonstrate a logical and systematic approach to problem solving |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |

| 5 | **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
|---|---|
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics[14], intersectional experiences and cultural differences |

---

[14] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 5.2 | understand equality legislation and apply it to their practice |
|---|---|
| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |

| **6** | **understand the importance of and maintain confidentiality** |
|---|---|
| 6.1 | adhere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |

| **7** | **communicate effectively** |
|---|---|
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |

| | |
|---|---|
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5[15]) |
| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics[16], intersectional experiences and cultural differences |
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | use information, communication and digital technologies appropriate to their practice |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |
| 7.9 | actively listen to a service user's occupational narrative and analyse the content in order to plan for the future |
| 7.10 | understand the values, beliefs, culture, behaviours and interests of service users and carers, through interview and personal discussion |

| 8 | work appropriately with others |
|---|---|
| 8.1 | work in partnership with service users, carers, colleagues and others |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team |

[15] 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.

[16] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |
|---|---|
| 8.6 | understand the qualities, behaviours and benefits of leadership |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |
| 8.9 | demonstrate leadership behaviours appropriate to their practice |
| 8.10 | act as a role model for others |
| 8.11 | promote and engage in the learning of others |
| 8.12 | understand the need to engage service users and carers in planning and evaluating assessments, treatments and interventions to meet their needs and goals |
| 8.13 | ensure intervention reviews are informed by changes in service user's circumstances |
| 8.14 | understand the need to work with those who provide services in and across different sectors, in order to best meet service user's needs. Recognise the involvement of public, private and voluntary sector providers in the delivery of health, care and other services which affect occupational performance. |
| 8.15 | 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 |
| 8.16 | understand the value of enabling and empowering service users, with the aim of enhancing their access to all services and opportunities available to them |
| 8.17 | understand group dynamics and roles, and facilitate group work in order to maximise support, learning and change within groups and communities |
| 8.18 | 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 |
| 8.19 | work in appropriate partnership with service users in order to evaluate the effectiveness of occupational therapy intervention |

| 9 | **maintain records appropriately** |
|---|---|
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | use digital record keeping tools, where required |

| 10 | **reflect on and review practice** |
|---|---|

| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| --- | --- |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |

10.3 recognise and evaluate the potential of occupational therapy in new and emerging areas of practice

**11    assure the quality of their practice**

11.1 engage in evidence-based practice

11.2 gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care

11.3 monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement

11.4 participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures

11.5 evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary

11.6 recognise the value of gathering and using data for quality assurance and improvement programmes

**12    understand and apply the key concepts of the knowledge base relevant to their profession**

12.1 understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession

12.2 demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

12.3 recognise the role(s) of other professions in health and social care and understand how they may relate to the role of occupational therapist

12.4 understand the structure and function of health and social care systems and services in the UK

12.5 understand the occupational nature of human beings and how they function in everyday activities such as self care, productivity and leisure and their changing needs during the lifecycle

12.6 understand the inter-relationship between the person, their environment and their chosen occupation, barriers and enablers in this system and how to change each component as part of rehabilitation

12.7 apply the theoretical concepts underpinning occupational therapy, including concepts of:

-
- anatomy
- physiology

- pathology
- human development
- ergonomics
- biomechanics
- psychology
- sociology
- occupational science

12.8 Be able to apply the theoretical concepts underpinning occupational therapy to inform the understanding of physical, emotional and mental health

12.9 understand the effect of occupational alienation, dysfunction deprivation and injustice, recognising the importance of restoring and facilitating opportunities to achieve occupational wellness

12.10 understand and analyse activity and occupation and their relation to and effect on, health, wellbeing and function as part of occupational formulation, diagnosis and therapeutic use of occupation

12.11 understand the theoretical basis of, and the variety of approaches to, assessment, planning, intervention and evaluation that focus on occupational outcomes

12.12 understand the need to identify and assess diverse occupational, physical, psychological, cognitive, cultural and environmental needs and problems of service users and carers

12.13 demonstrate awareness of physical, attitudinal, social, economic, educational, environmental and work-related policies and services and their effect on people within a diverse society

12.14 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

12.15 demonstrate awareness 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

12.16 understand the use of the current philosophical models for occupational therapy that focuses on service users and holistic person-centred care, and a person's ability to participate in occupations, taking into account physical, biological, psychological and social factors and the environmental context

12.17 understand the concept of, and support others with, the facilitation of, teaching and learning including teaching self management strategies to service users and carers

| 13 | draw on appropriate knowledge and skills to inform practice |
|---|---|
| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | gather appropriate information |
| 13.3 | analyse and critically evaluate the information collected |
| 13.4 | select and use appropriate assessment techniques and equipment |
| 13.5 | undertake and record a thorough, sensitive and detailed assessment |
| 13.6 | undertake or arrange investigations as appropriate |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | recognise a range of research methodologies relevant to their role |
| 13.9 | recognise the value of research to the critical evaluation of practice |
| 13.10 | critically evaluate research and other evidence to inform their own practice |
| 13.11 | engage service users in research as appropriate |
| 13.12 | understand the need to consider the assessment of the health, social care, employment and learning needs of service users including the need for risk assessment and positive risk taking |
| 13.13 | select and use relevant standardised and non-standardised assessment techniques and observation to gather information about the service user's functional and occupational abilities, occupational performance and participation, taking account of the cultural and environmental context |
| 13.14 | formulate specific and appropriate care or case management plans including the setting of timescales |
| 13.15 | 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 |
| 13.16 | select as appropriate, the specific occupations and activities for use as therapeutic media, taking into account the particular needs of service users |
| 13.17 | understand and use the scientific theories, concepts, principles and professional frameworks underpinning occupational therapy practice |
| 13.18 | demonstrate awareness of the broad range of occupations and activities that can be used in intervention and how these should reflect the individual's occupational needs and preferences |
| 13.19 | select or develop therapeutic media and environments, and adapt these as appropriate to meet service user's needs, build on their abilities and enhance their occupational performance and participation |
| 13.20 | understand the need to meet the emotional, social, psychological, cognitive and physical health-based occupational needs of service users across a range of practice areas and how this can vary across a range of practice areas |

**14    establish and maintain a safe practice environment**

14.1    understand the need to maintain the safety of themself and others, including service users, carers and colleagues

14.2    demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies

14.3    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

14.4    select appropriate personal protective equipment and use it correctly

14.5    establish safe environments for practice, which appropriately manages risk

14.6    understand and apply appropriate moving and handling techniques

**15    promote and prevent ill health**

15.1    understand the role of their profession in health promotion, health education and preventing ill health

15.2    understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being

15.3    empower and enable individuals (including service users and colleagues) to play a part in managing their own health

15.4    engage in occupational health, including being aware of immunisation requirements

# Operating Department Practitioners

Valid from: [Date]

# Standards of proficiency

At the point of registration, operating department practitioners must be able to:

| | |
|---|---|
| **1** | **practise safely and effectively within their scope of practice** |
| 1.1 | identify 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 safely and effectively, including managing the emotional burden that comes with working in a pressured environment |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |

| | |
|---|---|
| **2** | **practise within the legal and ethical boundaries of their profession** |
| 2.1 | maintain high standards of personal and professional conduct |
| 2.2 | promote and protect the service user's interests at all times |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty |
| 2.10 | understand and apply legislation, policies and guidance relevant to their profession and scope of practice |
| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |
| 2.12 | practise in accordance with relevant medicines legislation |
| 2.13 | understand the complexity of caring for vulnerable persons in perioperative and other healthcare settings, and the need to adapt care as necessary |

| 3 | **look after their health and wellbeing, seeking appropriate support where necessary** |
|---|---|
| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |

| 4 | **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 and actions |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |
| 4.3 | 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 | make and receive appropriate referrals, where necessary |
| 4.5 | exercise personal initiative |
| 4.6 | demonstrate a logical and systematic approach to problem solving |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |

| 5 | **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
|---|---|
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics[17], intersectional experiences and cultural differences |

[17] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 5.2 | understand equality legislation and apply it to their practice |
|---|---|
| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |

| 6 | **understand the importance of and maintain confidentiality** |
|---|---|
| 6.1 | adhere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |

| 7 | **communicate effectively** |
|---|---|
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5[18]) |

[18] 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

| | |
|---|---|
| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics[19], intersectional experiences and cultural differences |
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | use information, communication and digital technologies appropriate to their practice |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |
| 7.9 | use effective communication skills when sharing information about service users with other members of the multidisciplinary team |
| 7.10 | use effective communication skills in the reception and identification of service users, and in the transfer of service users to the care of others |

| 8 | work appropriately with others |
|---|---|
| 8.1 | work in partnership with service users, carers, colleagues and others |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |
| 8.2 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |
| 8.3 | contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.4 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |
| 8.5 | understand the qualities, behaviours and benefits of leadership |
| 8.6 | recognise that leadership is a skill all professionals can demonstrate |

provide evidence that they have reached the necessary standard. Please visit our website for more information.

[19] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 8.7 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |
| 8.8 | demonstrate leadership behaviours appropriate to their practice |
| 8.9 | act as a role model for others |
| 8.10 | promote and engage in the learning of others |
| 8.11 | understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals |
| 8.12 | understand and be able to apply psychological and sociological principles to maintain effective relationships |

| **9** | **maintain records appropriately** |
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | use digital record keeping tools, where required |

| **10** | **reflect on and review practice** |
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |
| 10.3 | participate in team briefings and debriefings following treatment, procedures or interventions |

| **11** | **assure the quality of their practice** |
| 11.1 | engage in evidence-based practice |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement |
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary |

| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes |
|---|---|

| 12 | understand and apply the key concepts of the knowledge base relevant to their profession |
|---|---|

| 12.1 | understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession |
|---|---|
| 12.2 | demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 12.3 | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of the operating department practitioner |
| 12.4 | understand the structure and function of health and social care system and services in the UK |
| 12.5 | recognise disease and trauma processes, and how to apply this knowledge to the service user's perioperative care |
| 12.6 | demonstrate awareness of the main sequential stages of human development, including cognitive, emotional and social measures of maturation through the life-span |
| 12.7 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
| 12.8 | understand relevant physiological parameters and how to interpret changes from the norm |
| 12.9 | understand the principles of operating department practice and their application to perioperative and other healthcare settings |
| 12.10 | understand how to order, store and issue drugs to service users safely and effectively |
| 12.11 | understand the pharmacokinetic and pharmacodynamic effects and contraindications of drugs used |
| 12.12 | 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 |
| 12.13 | calculate accurately prescribed drug dosages for individual service user needs |
| 12.14 | understand the principles and practices of the management of clinical emergencies and participate as part of a team managing a clinical emergency, where necessary |

| 13 | draw on appropriate knowledge and skills to inform practice |
|---|---|

| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |
|------|-------------------------------------------------------------------------------------------------------------|
| 13.2 | gather appropriate information |
| 13.3 | analyse and critically evaluate the information collected |
| 13.4 | select and use appropriate assessment techniques and equipment |
| 13.5 | undertake and record a thorough, sensitive and detailed assessment |
| 13.6 | undertake or arrange investigations as appropriate |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | recognise a range of research methodologies relevant to their role |
| 13.9 | recognise the value of research to the critical evaluation of practice |
| 13.10 | critically evaluate research and other evidence to inform their own practice |
| 13.11 | engage service users in research as appropriate |
| 13.12 | understand service users' elimination needs and undertake all sex urinary catheterisation |
| 13.13 | understand the role of the surgical first assistant in assisting with surgical intervention |
| 13.14 | be able to undertake appropriate pre-assessment, anaesthetic, surgical and post-anaesthesia care interventions, including managing the service user's airway, respiration and circulation and providing assisted ventilation where necessary |
| 13.15 | understand the management and processes involved in the administration of blood and blood products |
| 13.16 | be able to monitor and record fluid balance, and where appropriate, administer prescribed fluids in accordance with national and local guidelines |
| 13.17 | be able to prepare and administer drugs to service users via a range of routes, including oral, rectal, topical and by intramuscular, subcutaneous and intravenous injection |
| 13.18 | 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 |
| 13.19 | understand common abnormal blood physiology, including blood gas analysis, |
| 13.20 | Be able to undertake venepuncture, peripheral IV cannulation and blood sampling |
| 13.21 | assess and monitor the service user's pain status and as appropriate administer prescribed pain relief in accordance with national and local guidelines |
| 13.22 | modify and adapt practice to emergency situations |
| 13.23 | understand the principles of life support |

| 13.24 | undertake the management of a service user in cardiac arrest and participate in the team managing on-going resuscitation, where required |
|---|---|
| 13.25 | receive and identify service users and their care needs |
| 13.26 | participate in the briefing and debriefing of perioperative teams and the use of surgical safety checklists |
| 13.27 | formulate specific and appropriate care plans including the setting of timescales |
| 13.28 | effectively gather information relevant to the care of service users in a range of emotional states |
| 13.29 | adapt and apply problem solving skills to clinical emergencies |

| **14** | **establish and maintain a safe practice environment** |
|---|---|
| 14.1 | understand the need to maintain the safety of themself and others, including service users, carers and colleagues |
| 14.2 | demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies |
| 14.3 | 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 |
| 14.4 | select appropriate personal protective equipment and use it correctly |
| 14.5 | establish safe environments for practice, which appropriately manages risk |
| 14.6 | understand the impact of human factors within relevant settings and the implications for service user safety |
| 14.7 | promote and comply with measures designed to control infection |
| 14.8 | understand the nature and purpose of sterile fields, and the practitioner's individual role and responsibility for maintaining them |
| 14.9 | understand and be able to apply appropriate moving and handling techniques |
| 14.10 | position service users for safe and effective interventions |
| 14.11 | understand the principles and ensure the safe use of medical devices used in perioperative, anaesthetic, surgical and post-anaesthesia care |

| **15** | **promote and prevent ill health** |
|---|---|
| 15.1 | understand the role of their profession in health promotion, health education and preventing ill health |
| 15.2 | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being |
| 15.3 | empower and enable individuals (including service users and colleagues) to play a part in managing their own health |

| 15.4 | engage in occupational health, including being aware of immunisation requirements |
|------|-------------------------------------------------------------------------------------|

Standards of proficiency

# Orthoptists

Valid from: [Date]

## Standards of proficiency

At the point of registration, orthoptists must be able to:

| 1 | **practise safely and effectively within their scope of practice** |
|---|---|
| 1.1 | identify 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 safely and effectively, including managing the emotional burden that comes with working in a pressured environment |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |

| 2 | **practise within the legal and ethical boundaries of their profession** |
|---|---|
| 2.1 | maintain high standards of personal and professional conduct |
| 2.2 | promote and protect the service user's interests at all times |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty |
| 2.10 | understand and apply legislation, policies and guidance relevant to their profession and scope of practice |
| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |

| 3 | **look after their health and wellbeing, seeking appropriate support where necessary** |
|---|---|
| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |

| 4 | **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 and actions |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |
| 4.3 | 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 | make and receive appropriate referrals, where necessary |
| 4.5 | exercise personal initiative |
| 4.6 | demonstrate a logical and systematic approach to problem solving |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |
| 4.9 | coordinate a complete service user pathway, where appropriate, and in line with local guidelines |

| 5 | **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
|---|---|
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference |

| | |
|---|---|
| | of any kind including, but not limited to, protected characteristics[20], intersectional experiences and cultural differences |
| 5.2 | understand equality legislation and apply it to their practice |
| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including on socially isolated groups |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |

| | |
|---|---|
| **6** | **understand the importance of and maintain confidentiality** |
| 6.1 | ahere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |

| | |
|---|---|
| **7** | **communicate effectively** |
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |

[20] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| | |
|---|---|
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5[21]) |
| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics[22], intersectional experiences and cultural differences |
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | use information, communication and digital technologies appropriate to their practice |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |
| 7.9 | recognise the need to modify interpersonal skills for the assessment and management of children |

| | |
|---|---|
| **8** | **work appropriately with others** |
| 8.1 | work in partnership with service users, carers, colleagues and others |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team |

21 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.

22 The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |
| --- | --- |
| 8.6 | understand the qualities, behaviours and benefits of leadership |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |
| 8.9 | demonstrate leadership behaviours appropriate to their practice |
| 8.10 | act as a role model for others |
| 8.11 | promote and engage in the learning of others |
| 8.12 | understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals |
| 8.13 | 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 |
| 8.14 | recognise the orthoptist's role in the promotion of ocular health by other health professionals |

| 9 | **maintain records appropriately** |
| --- | --- |
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | use digital record keeping tools, where required |

| 10 | **reflect on and review practice** |
| --- | --- |
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |

| 11 | **assure the quality of their practice** |
| --- | --- |
| 11.1 | engage in evidence-based practice |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement |

| | |
|---|---|
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary |
| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes |

| 12 | **understand and apply the key concepts of the knowledge base relevant to their profession** |
|---|---|
| 12.1 | understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 12.3 | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of orthoptist |
| 12.4 | understand the structure and function of health and social care systems and services in the UK |
| 12.5 | understand human growth, physical and mental, and human development across the lifespan, as it relates to the practice of orthoptics |
| 12.6 | understand the development of anatomical substrates and their relevance to the development of binocular single vision, visual function and visual perception |
| 12.7 | 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 function and visual perception |
| 12.8 | understand neuroanatomy and the effects of disruption of neural pathways on the visual system, cranial nerves and supranuclear control of eye movements |
| 12.9 | know the factors which influence individual variations in human ability and development |
| 12.10 | demonstrate awareness of human behaviour and recognise the need for sensitivity to the psychosocial aspects of ocular conditions, including strabismus |
| 12.11 | 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 |

| 12.12 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
|---|---|
| 12.13 | understand ocular alignment and binocular single vision, and the sensory and motor elements required to attain and maintain these |
| 12.14 | know the principles governing visual function and the development of vision, and be able to apply them to clinical practice |
| 12.15 | understand the factors which can cause the disruption of binocular vision |
| 12.16 | 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 |
| 12.17 | understand the principles of uniocular and binocular perception, and the anatomical substrate of these functions |
| 12.18 | understand refractive error and its effect on ocular alignment, visual perception and visual development |
| 12.19 | know how convergence, accommodation and pupillary response affect investigation, diagnosis and service user management, and be able to apply them to clinical practice |
| 12.20 | understand ocular motility systems, their neural control and how typical and atypical anatomical structures influence them |
| 12.21 | know the principles governing ocular motility and their relevance to diagnosis and management, and be able to apply them to clinical practice |
| 12.22 | know the sensory and motor adaptive mechanisms that occur in order to compensate for strabismus and abnormalities of binocular vision |
| 12.23 | recognise the functional and perceptual difficulties that may arise as a result of defective visual, binocular or ocular motor functions |
| 12.24 | understand the effect of other acquired disorders of the body on the eye, the visual and ocular motor systems including paediatric, endocrine, autoimmune, oncological, trauma, psychological and neurological disease |
| 12.25 | know about the range of ophthalmic conditions which can disrupt vision, binocular vision and produce eye movement disorders |
| 12.26 | understand the principles and application of orthoptic and ophthalmological equipment used during the investigative process |
| 12.27 | plan, operate and evaluate appropriate vision screening programmes |
| 12.28 | Demonstrate safe use of medicines and including being able to undertake drug calculations accurately. |
| 12.29 | understand pharmacological principles which include pharmacodynamics and pharmacokinetics of medicines relevant to their practice and how these may be altered by certain characteristics |
| 12.30 | Understand the legal context relevant to the use of exemptions in |

legislation for the sale, supply and administration of medicines, as well as current local and national policy and guidance concerning medicines use

| 12.31 | Understand the differences between the sale, supply and administration of medicines using exemptions, other supply or administration mechanisms and prescribing mechanisms |
| 12.32 | Understand when to sell or supply medicines using exemptions, based on a relevant examination, assessment and history taking |
| 12.33 | understand the different non-pharmacological and pharmacological approaches to modifying disease management relevant to their practice and the risks and benefits of each option |
| 12.34 | understand the potential for medicines to have adverse effects and how to minimise them including effects caused by medicines given in error |
| 12.35 | monitor response to medicines and modify or cease treatment as appropriate within their professional scope of practice, including referral to another professional |
| 12.36 | 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 |
| 12.38 | Understand antimicrobial resistance and the roles of infection prevention and control |
| 12.39 | Understand the importance of shared decision-making with service users to encourage self-care and adherence with medicines advice |

| 13 | draw on appropriate knowledge and skills to inform practice |
|---|---|
| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | gather appropriate information |
| 13.3 | analyse and critically evaluate the information collected |
| 13.4 | select and use appropriate assessment techniques and equipment |
| 13.5 | undertake thorough, sensitive, and detailed patient medical history, including an appropriate medication history |
| 13.6 | undertake or arrange investigations as appropriate |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | recognise a range of research methodologies relevant to their role |
| 13.9 | recognise the value of research to the critical evaluation of practice |
| 13.10 | critically evaluate research and other evidence to inform their own practice |

| 13.11 | engage service users in research as appropriate |
| --- | --- |
| 13.12 | 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 |
| 13.13 | know the principles and application of measurement techniques used to assess binocular vision and other ocular conditions |
| 13.14 | conduct a thorough investigation of ocular motility |
| 13.15 | take a comprehensive case history |
| 13.16 | know the tests required to aid in differential diagnosis |
| 13.17 | identify where there is a clinical need for medical, neurological, social or psychological investigations or interventions |
| 13.18 | use investigative techniques to identify ocular defects within a specific population to form a diagnosis and devise an appropriate course of action |
| 13.19 | diagnose conditions and select appropriate management |
| 13.20 | diagnose a range of vision, binocular vision and ocular motility defects and all categories of strabismus |
| 13.21 | identify pathological changes and related clinical features of conditions commonly encountered by orthoptists |
| 13.22 | understand the principles and techniques of, and be able to perform, an objective and subjective refraction |
| 13.23 | understand the principles and techniques used, and be able to perform an examination of the anterior and posterior segments of the eye |
| 13.24 | understand the principles and techniques used, and be able to perform visual fields assessments |
| 13.25 | understand the principles and techniques used in electrophysiological assessment of visual function and the visual pathway |
| 13.26 | formulate specific and appropriate management plans, and set timescales |
| 13.27 | know how to apply orthoptic and ophthalmological intervention appropriately at different stages of visual development and ageing |
| 13.28 | know how to use optical methods to influence vision and binocular vision |
| 13.29 | know the principles and application of measurement techniques used to assess binocular vision and other ocular conditions |
| 13.30 | recognise and document any adverse reaction to treatment and take appropriate action in response to this |

| 13.31 | know the role, pharmacological action, clinical indications and contra-indications of ophthalmic drugs and how they may be selected and used in orthoptic practice |
|---|---|
| 13.32 | understand research in the fields of ocular motility, strabismus, amblyopia and binocular disorders and how it could affect practice |

| **14** | **establish and maintain a safe practice environment** |
|---|---|
| 14.1 | understand the need to maintain the safety of themselves and others, including service users, carers and colleagues |
| 14.2 | demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies |
| 14.3 | 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 |
| 14.4 | select appropriate personal protective equipment and use it correctly |
| 14.5 | establish safe environments for practice, which appropriately manages risk |
| 14.6 | know how to position or immobilise service users correctly for safe and effective interventions |

| **15** | **promote and prevent ill health** |
|---|---|
| 15.1 | understand the role of their profession in health promotion, health education and preventing ill health |
| 15.2 | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being |
| 15.3 | empower and enable individuals (including service users and colleagues) to play a part in managing their own health |
| 15.4 | engage in occupational health, including being aware of immunisation requirements |

# Paramedics
Valid from: [Date]

# Standards of proficiency

At the point of registration, paramedics must be able to:

| 1 | **practise safely and effectively within their scope of practice** |
|---|---|
| 1.1 | identify 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 safely and effectively, including managing the emotional burden that comes with working in a pressured environment |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |
| 1.3 | 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 | work safely in challenging and unpredictable environments, including taking appropriate action to assess and manage risks to themselves and service users and carers |

| 2 | **practise within the legal and ethical boundaries of their profession** |
|---|---|
| 2.1 | maintain high standards of personal and professional conduct |
| 2.2 | promote and protect the service user's interests at all times |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty |
| 2.10 | understand and apply legislation, policies and guidance relevant to their profession and scope of practice |

| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |
| 2.12 | practise in accordance with current legislation governing the use of medicines by paramedics |
| 2.13 | understand the criteria required for making a self-referral and when to proceed |

| 3 | **look after their health and wellbeing, seeking appropriate support where necessary** |
| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |

| 4 | **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 and actions |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |
| 4.3 | 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 | make and receive appropriate referrals, where necessary |
| 4.5 | exercise personal initiative |
| 4.6 | demonstrate a logical and systematic approach to problem solving |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |
| 4.9 | use a range of integrated skills and self-awareness to manage clinical challenges effectively in unfamiliar and unpredictable circumstances or situations |

| 4.10 | make decisions about the most appropriate care pathways for service users and refer service users appropriately |
|---|---|

| 5 | recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner |
|---|---|
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics[23], intersectional experiences and cultural differences |
| 5.2 | understand equality legislation and apply it to their practice |
| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |

| 6 | understand the importance of and maintain confidentiality |
|---|---|
| 6.1 | adhere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |

[23] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |
|---|---|

| 7 | **communicate effectively** |
|---|---|
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5[24]) |
| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics[25], intersectional experiences and cultural differences |
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | use information, communication and digital technologies appropriate to their practice |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |

| 8 | **work appropriately with others** |
|---|---|
| 8.1 | work in partnership with service users, carers, colleagues and others |
| 9.2 | **recognise the principles and practices of other health and care professionals and systems and how they interact with their profession** |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |

---

[24] 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.

[25] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |
| 8.6 | understand the qualities, behaviours and benefits of leadership |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |
| 8.9 | demonstrate leadership behaviours appropriate to their practice |
| 8.10 | act as a role model for others |
| 8.11 | promote and engage in the learning of others |

| **9** | **maintain records appropriately** |
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | use digital record keeping tools, where required |

| **10** | **reflect on and review practice** |
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |

| **11** | **assure the quality of their practice** |
| 11.1 | engage in evidence-based practice |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement |
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures in conjunction with the service user and revise the plans as necessary |

| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes |
|---|---|

| **12** | **understand and apply the key concepts of the knowledge base relevant to their profession** |
|---|---|

12.1 understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession

12.2 demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

12.3 recognise the role(s) of other professions in health and social care and understand how they may relate to the role of paramedic

12.4 understand the structure and function of health and social care systems and services in the UK

12.5 understand the theoretical basis of, and the variety of approaches to, assessment and intervention

12.6 understand human anatomy and physiology and development across the lifespan, 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 service user management strategies

12.7 understand the following aspects of biological science:
– disease and trauma processes and how to apply this knowledge to develop appropriate treatment plans for the service user's 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
–

12.8 understand the following aspects of physical science:
– principles and theories of physics, biomechanics, electronics and ergonomics that can be applied to paramedic practice

– understand scientific units of measurement acquired in clinical and healthcare practice and the principles of analysis and interpretation
– 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

12.9 understand the following aspects of sociological, health and behavioural science:
– how aspects of sociology, health and behavioural sciences are fundamental to the role of the paramedic in developing and maintaining effective relationships
– recognise how sociology can inform an understanding of physical and mental health, illness and healthcare in the context of paramedic practice


12.10 understand the following aspects of clinical science:
– pathological changes and related clinical features of conditions encountered in emergency and urgent care and primary and community care
– physiological, pharmacological, structural, behavioural and functional changes in service user 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


12.11 understand the pharmacological principles applied to healthcare which include pharmacodynamics and pharmacokinetics and apply to those medicines utilised by paramedics to treat service users.
-the role of pain management, its complexity and the importance of robust approaches using both pharmacological and pharmacological strategies
-the analysis of polypharmacy, evaluating pharmacological interactions and the impact upon mental wellbeing and healthcare provision.
-recognise adverse drug reactions and manage appropriately, including reporting as required

12.12 understand Human development and the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through the human lifespan.
–Recognise human growth and development including factors influencing individual variations in human ability and health status
–Evaluate how variation influences susceptibility to disease, injury and responses to treatment across the lifespan

–Understand the role of nutrition in promoting health and illness across the lifespan
–Understand the fundamentals of genetics

12.13 Understand the effects of psychological factors on health and illness and the impact of culture on illness
–Recognise the contribution of behavioural factors in health and illness
–Understand the basic knowledge of the key theories of behavioural change to include the principles of cognitive behavioural therapy and motivational interviewing

12.14 understand and evaluate social determinants of health, including inequality and factors contributing to the needs of different social groups, and the factors that influence an individual in health and illness.
–Recognise how sociological, health and behavioural sciences are fundamental to the role of the paramedic in developing and maintaining effective relationships
–Recognise how sociology can inform an understanding of physical and mental health, illness and healthcare in the context of paramedic practice

| 13 | draw on appropriate knowledge and skills to inform practice |
|---|---|
| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | gather appropriate information |
| 13.3 | analyse and critically evaluate the information collected |
| 13.4 | select and use appropriate assessment techniques and equipment |
| 13.5 | undertake and record a thorough, sensitive and detailed assessment |
| 13.6 | undertake or arrange investigations as appropriate |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | recognise a range of research methodologies relevant to their role |
| 13.9 | recognise the value of research to the critical evaluation of practice |
| 13.10 | critically evaluate research and other evidence to inform their own practice |
| 13.11 | engage service users in research as appropriate |
| 13.12 | know the theories and science that underpin the theory and principles of paramedic practice |
| 13.13 | know the indications and contra-indications of using specific paramedic techniques in emergency and urgent care and primary and community care, including their limitations and modifications |
| 13.14 | ensure decision making is supported by effective safety netting |
| 13.15 | modify and adapt practice to meet the clinical needs of service users within the emergency and urgent care environment |

| 13.16 | know how to select or modify approaches to meet the needs of service users, their relatives and carers, when presented in the emergency and urgent care environment |
|---|---|
| 13.17 | formulate specific and appropriate management plans including the setting of appropriate timescales |
| 13.18 | conduct a thorough and detailed physical examination of the service user using appropriate skills to inform clinical reasoning and guide the formulation of a differential diagnosis across all age ranges |
| 13.19 | use observation to gather information about the functional abilities of service users, how this affects the management of patients and the appropriate patient care pathways |
| 13.20 | understand the need to consider the assessment of both the health and psycho-social care needs of service users and carers |

| **14** | **establish and maintain a safe practice environment** |
|---|---|
| 14.1 | understand the need to maintain the safety of themselves and others, including service users, carers and colleagues |
| 14.2 | demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies |
| 14.3 | 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 |
| 14.4 | select appropriate personal protective equipment and use it correctly |
| 14.5 | establish safe environments for practice, which appropriately manages risk |
| 14.6 | understand and be able to apply appropriate moving and handling techniques |
| 14.7 | understand and be prepared for the responsibilities of the paramedic in responding to hazardous or major incidents, including public health emergencies |
| 14.8 | establish and run a triage system |
| 14.9 | understand the use and importance of effective communication in major incidents |
| 14.10 | demonstrate an understanding of the need for business continuity, escalation and resilience plans |

| **15** | **promote and prevent ill health** |
|---|---|
| 15.1 | understand the role of their profession in health promotion, health education and preventing ill health |
| 15.2 | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being |

15.3    empower and enable individuals (including service users and colleagues) to play a part in managing their own health

15.4    engage in occupational health, including being aware of immunisation requirements

# Physiotherapists
Valid from: [Date]

# Standards of proficiency

At the point of registration, physiotherapists must be able to:

| 1 | **practise safely and effectively within their scope of practice** |
|---|---|
| 1.1 | identify 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 safely and effectively, including managing the emotional burden that comes with working in a pressured environment |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |

| 2 | **practise within the legal and ethical boundaries of their profession** |
|---|---|
| 2.1 | maintain high standards of personal and professional conduct |
| 2.2 | promote and protect the service user's interests at all times |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, and maintain high standards of care in all circumstances |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty |
| 2.10 | understand and apply legislation, policies and guidance relevant to their profession and scope of practice |
| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |

| 3 | **look after their health and wellbeing, seeking appropriate support where necessary** |
|---|---|

| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |
|-----|---|
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |

| 4 | **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 and actions |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |
| 4.3 | 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 | make and receive appropriate referrals, where necessary |
| 4.5 | exercise personal initiative |
| 4.6 | demonstrate a logical and systematic approach to problem solving |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |

| 5 | **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
|-----|---|
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics[26], intersectional experiences and cultural differences |
| 5.2 | understand equality legislation and apply it to their practice |

[26] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |
| 5.8 | recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals and communities |

| 6 | **understand the importance of and maintain confidentiality** |
| 6.1 | adhere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |

| 7 | **communicate effectively** |
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5[27]) |

[27] 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

| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics[28], intersectional experiences and cultural differences |
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | use information, communication and digital technologies appropriate to their practice |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |
| 7.9 | understand the need to empower service users to manage their foot health and related issues and recognise the need to provide advice to the service user on self-treatment where appropriate |

| 8 | work appropriately with others |
| 8.1 | work in partnership with service users, carers, colleagues and others |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |
| 8.6 | understand the qualities, behaviours and benefits of leadership |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |
| 8.9 | demonstrate leadership behaviours appropriate to their practice |

provide evidence that they have reached the necessary standard. Please visit our website for more information.

[28] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 8.10 | act as a role model for others |
|------|--------------------------------|
| 8.11 | promote and engage in the learning of others |
| 8.12 | understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals |
| 8.13 | understand the need to agree the goals, priorities and methods of physiotherapy intervention in partnership with the service user |

| 9 | **maintain records appropriately** |
|---|------------------------------------|
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | use digital record keeping tools, where required |

| 10 | **reflect on and review practice** |
|----|------------------------------------|
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |

| 11 | **assure the quality of their practice** |
|----|------------------------------------------|
| 11.1 | engage in evidence-based practice |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement |
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary |
| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes |
| 11.7 | evaluate intervention plans to ensure that they meet the physiotherapy needs of service users, informed by changes in circumstances and health status |

11.8 engage with healthcare technologies and health infomatics to record, audit and evaluate decision-making, the delivery of care and its outcomes

| 12 | understand and apply the key concepts of the knowledge base relevant to their profession |
|---|---|

12.1 understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession

12.2 demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

12.3 recognise the role(s) of other professions in health and social care and understand how they may relate to the role of physiotherapist

12.4 understand the structure and function of health, care and social care systems and services in the UK

12.5 understand the theoretical basis of, and the variety of approaches to, assessment and intervention

12.6 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 neuromlogical, musculoskeletal, cardio-vascular and respiratory systems
- the integration and interplay of other human body systems and how they influence the neurological, 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

12.7 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

12.8 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

12.9    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 health promotion and behavioural change– theories of team working

| **13** | **draw on appropriate knowledge and skills to inform practice** |
|---|---|
| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | gather appropriate information |
| 13.3 | analyse and critically evaluate the information collected |
| 13.4 | select and use appropriate assessment techniques and equipment |
| 13.5 | undertake and record a thorough, sensitive and detailed assessment |
| 13.6 | undertake or arrange investigations as appropriate |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | recognise a range of research methodologies relevant to their role |
| 13.9 | recognise the value of research to the critical evaluation of practice |
| 13.10 | critically evaluate research and other evidence to inform their own practice |
| 13.11 | engage service users in research as appropriate |
| 13.12 | construct, deliver and evaluate individual and group physiotherapy programmes |
| 13.13 | undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment |
| 13.14 | form a working diagnosis on the basis of physiotherapy assessment |
| 13.15 | formulate specific and appropriate management plans including the setting of timescales |
| 13.16 | apply problem solving and clinical reasoning to assessment findings to plan and prioritise appropriate physiotherapy |
| 13.17 | recognise the need to discuss, and be able to explain the rationale for, the use of physiotherapy interventions |

| 13.18 | select, plan, implement and manage physiotherapy interventions aimed at the facilitation and restoration of movement and function |
| 13.19 | know how to position or immobilise service users for safe and effective interventions |
| 13.20 | select and apply safe and effective physiotherapy specific practice skills including manual therapy, exercise and movement, electrotherapeutic modalities and kindred approaches |
| 13.21 | evaluate data about trends in population health, to inform their own practice |

| **14** | **establish and maintain a safe practice environment** |
| 14.1 | understand the need to maintain the safety of themselves and others, including service users, carers and colleagues |
| 14.2 | demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies |
| 14.3 | 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 |
| 14.4 | select appropriate personal protective equipment and use it correctly |
| 14.5 | establish safe environments for practice, which appropriately manages risk |
| 14.6 | understand and apply appropriate moving and handling techniques |

| **15** | **promote and prevent ill health** |
| 15.1 | understand the role of their profession in health promotion, health education and preventing ill health |
| 15.2 | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being |
| 15.3 | empower and enable individuals (including service users and colleagues) to play a part in managing their own health |
| 15.4 | engage in occupational health, including being aware of immunisation requirements |

# Chiropodists / podiatrists

Valid from: [Date]

# Standards of proficiency

At the point of registration, chiropodists / podiatrists must be able to:

| 1 | **practise safely and effectively within their scope of practice** |
|---|---|
| 1.1 | identify 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 safely and effectively, including managing the emotional burden that comes with working in a pressured environment |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |

| 2 | **practise within the legal and ethical boundaries of their profession** |
|---|---|
| 2.1 | maintain high standards of personal and professional conduct |
| 2.2 | promote and protect the service user's interests at all times |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty |
| 2.10 | understand and apply legislation, policies and guidance relevant to their profession and scope of practice |
| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |

| 3 | **look after their health and wellbeing, seeking appropriate support where necessary** |
|---|---|

| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |

| 4 | **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 and actions |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |
| 4.3 | 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 | make and receive appropriate referrals, where necessary |
| 4.5 | exercise personal initiative |
| 4.6 | demonstrate a logical and systematic approach to problem solving |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |

| 5 | **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics[29], intersectional experiences and cultural differences |
| 5.2 | understand equality legislation and apply it to their practice |

[29] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |
| --- | --- |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |

| 6 | **understand the importance of and maintain confidentiality** |
| --- | --- |
| 6.1 | adhere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |

| 7 | **communicate effectively** |
| --- | --- |
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5[30]) |

---

[30] 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.

| | |
|---|---|
| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics[31], intersectional experiences and cultural differences |
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | use information, communication and digital technologies appropriate to their practice |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |
| 7.9 | understand the need to empower service users to manage their foot health and related issues and recognise the need to provide advice to the service user on self-treatment where appropriate |

| 8 | **work appropriately with others** |
|---|---|
| 8.1 | work in partnership with service users, carers, colleagues and others |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |
| 8.6 | understand the qualities, behaviours and benefits of leadership |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |
| 8.9 | demonstrate leadership behaviours appropriate to their practice |

[31] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 8.10 | act as a role model for others |
|---|---|
| 8.11 | promote and engage in the learning of others |
| 8.12 | understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals |

| **9** | **maintain records appropriately** |
|---|---|
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | use digital record keeping tools, where required |

| **10** | **reflect on and review practice** |
|---|---|
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |

| **11** | **assure the quality of their practice** |
|---|---|
| 11.1 | engage in evidence-based practice |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement |
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary |
| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes |

| **12** | **understand and apply the key concepts of the knowledge base relevant to their profession** |
|---|---|

12.1    understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession

12.2    demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

12.3    recognise the role(s) of other professions in health and social care and understand how they may relate to the role of chiropodist / podiatrist

12.4    understand the structure and function of health and social care systems and services in the UK

12.5    understand the theoretical basis of, and the variety of approaches to, assessment and intervention and be able to undertake these in practice

12.6    understand, in the context of chiropody and podiatry:

– anatomy and human locomotion
– behavioural sciences
– foot health promotion, education and support
– histology
– immunology
– pharmacology
– physiology
– psychology– podiatric orthopaedics and biomechanics
– podiatric therapeutic sciences
– local pathology

| 13 | **draw on appropriate knowledge and skills to inform practice** |
|------|---|
| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | gather appropriate information |
| 13.3 | analyse and critically evaluate the information collected |
| 13.4 | select and use appropriate assessment techniques and equipment |
| 13.5 | undertake and record a thorough, sensitive and detailed assessment |
| 13.6 | undertake or arrange investigations as appropriate |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | recognise a range of research methodologies relevant to their role |
| 13.9 | recognise the value of research to the critical evaluation of practice |
| 13.10 | critically evaluate research and other evidence to inform their own practice |
| 13.11 | engage service users in research as appropriate |
| 13.12 | formulate specific and appropriate management plans including the setting of timescales |

| 13.13 | conduct neurological, vascular, biomechanical, dermatological and podiatric assessments in the context of chiropody and podiatry |
| 13.14 | use a systematic approach to formulate and test a preferred diagnosis |
| 13.15 | use basic life support skills and to deal safely with clinical emergencies |
| 13.16 | interpret the signs and symptoms of systemic disorders as they manifest in the lower limb and foot with particular reference to:<br><br>– cardiovascular disorders<br>– dermatological disorders<br>– developmental disorders<br>– diabetes mellitus<br>– infections<br>– malignancy<br>– neurological disorders<br>– renal disorders<br>– rheumatoid arthritis and other arthropathies |
| 13.17 | carry out the following techniques safely and effectively:<br><br>– administer relevant prescription-only medicines, interpret any relevant pharmacological history and recognise potential consequences for service user treatment<br>– apply local anaesthesia techniques<br>– carry out suitable or relevant debridement of intact and ulcerated skin<br>– carry out surgical procedures for skin and nail conditions<br>– make and use chair-side foot orthoses<br>– manage dermatological and nail disorders<br>– prescribe foot orthoses<br>– use appropriate physical and chemical therapies |

| **14** | **establish and maintain a safe practice environment** |
| 14.1 | understand the need to maintain the safety of themselves and others, including service users, carers and colleagues |
| 14.2 | demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies |
| 14.3 | 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 |
| 14.4 | select appropriate personal protective equipment and use it correctly |
| 14.5 | establish safe environments for practice, which appropriately manages risk |
| 14.6 | understand and apply appropriate moving and handling techniques |
| 14.7 | position or immobilise service users correctly for safe and effective interventions |
| 14.8 | know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages |

**15** **promote and prevent ill health**

15.1    understand the role of their profession in health promotion, health education and preventing ill health

15.2    understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being

15.3    empower and enable individuals (including service users and colleagues) to play a part in managing their own health

15.4    engage in occupational health, including being aware of immunisation requirements

# Practitioner psychologists
Valid from: [Date]

# Standards of proficiency

At the point of registration, practitioner psychologists must be able to:

| **1** | **practise safely and effectively within their scope of practice** |
|---|---|
| 1.1 | identify 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 safely and effectively, including managing the emotional burden that comes with working in a pressured environment |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |

| **2** | **practise within the legal and ethical boundaries of their profession** |
|---|---|
| 2.1 | maintain high standards of personal and professional conduct |
| 2.2 | promote and protect the service user's interests at all times |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty |
| 2.10 | understand and apply legislation, policies and guidance relevant to their profession and scope of practice |
| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |
| 2.12 | understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on service users |
| 2.13 | recognise appropriate boundaries and understand the dynamics of power relationships |

2.14    understand the organisational context for their practice as a practitioner psychologist

| | |
|---|---|
| **3** | **look after their health and wellbeing, seeking appropriate support where necessary** |
| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |

3.5    manage the physical, psychological and emotional impact of their practice

| | |
|---|---|
| **4** | **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 and actions |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |
| 4.3 | 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 | make and receive appropriate referrals, where necessary |
| 4.5 | exercise personal initiative |
| 4.6 | demonstrate a logical and systematic approach to problem solving |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |

| | |
|---|---|
| **5** | **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind |

including, but not limited to, protected characteristics[32], intersectional experiences and cultural differences

| | |
|---|---|
| 5.2 | understand equality legislation and apply it to their practice |
| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |
| 5.8 | understand the impact of differences of any kind, including, but not limited to, the protected characteristics[33], intersectional experiences and cultural differences, on psychological wellbeing or behaviour including how these differences may result in experiences of marginalisation |
| 5.9 | understand the requirement to adapt practice to meet the needs of different groups and individuals |

| | |
|---|---|
| **6** | **understand the importance of and maintain confidentiality** |
| 6.1 | adhere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |

[32] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

[33] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |
| --- | --- |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |

| **7** | **communicate effectively** |
| --- | --- |
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5[34]) |
| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics[35], intersectional experiences and cultural differences |
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | use information, communication and digital technologies appropriate to their practice |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |

| 7.9 | select the appropriate means for communicating feedback to service users |
| --- | --- |
| 7.10 | provide psychological opinion and advice in formal settings, as appropriate |
| 7.11 | communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences |

[34] 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.

[35] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

7.12 explain the nature and purpose of specific psychological techniques to service users

7.13 summarise and present complex ideas in an appropriate form

7.14 use formulations to assist multi-professional communication and understanding

7.15 understand explicit and implicit communications in a practitioner – service user relationship

7.16 appropriately define and contract work with commissioning service users or their representatives

**Counselling psychologists only**

7.17 understand how empathic understanding can be helped by creativity and artistry in the use of language and metaphor

| 8 | **work appropriately with others** |
|---|---|
| 8.1 | work in partnership with service users, carers, colleagues and others |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |
| 8.6 | understand the qualities, behaviours and benefits of leadership |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |
| 8.9 | demonstrate leadership behaviours appropriate to their practice |
| 8.10 | act as a role model for others |
| 8.11 | promote and engage in the learning of others |

8.12 understand the need to engage service users and carers in planning and evaluating assessments, treatments and interventions to meet their needs and goals

8.13 understand the need to implement interventions, care plans or management plans in partnership with service users, other professionals and carers

8.14 initiate, develop and end a practitioner – service user relationship

8.15 understand the dynamics present in relationships between service users and practitioners

8.16 plan, design and deliver teaching and training which takes into account the needs and goals of participants

8.17 support the learning of others in the application of psychological skills, knowledge, practices and procedures

8.18 determine and use appropriate psychological formulations in partnership with service users to facilitate their understanding of their experience or situation

| 9 | maintain records appropriately |
|---|---|
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | use digital record keeping tools, where required |

| 10 | reflect on and review practice |
|---|---|
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |

10.3 reflect critically on their practice and consider alternative ways of working

10.4 understand models of supervision and their contribution to practice

**Clinical psychologists and counselling psychologists only**

10.5 critically reflect on the use of self in the therapeutic process

| 11 | assure the quality of their practice |
|---|---|
| 11.1 | engage in evidence-based practice |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement |
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary |

| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes |
|---|---|

11.7 revise formulations in the light of ongoing intervention and, when necessary, reformulate the situation

11.8 monitor agreements and practices with service users, groups and organisations

| **12** | **understand and apply the key concepts of the knowledge base relevant to their profession** |
|---|---|

12.1 understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession

12.2 demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

12.3 recognise the role(s) of other professions and stakeholders relevant to the work of their domain, and understand how they may relate to the role of practitioner psychologist

12.4 understand the structures and functions of health and social care systems and services in the UK, plus other services relevant to the work of their domain

12.5 understand the theoretical basis of, and the variety of approaches to, assessment and intervention

12.6 understand the role of the practitioner psychologist across a range of settings and services

12.7 understand the application of consultation models to service delivery and practice, including the role of leadership and group processes

**Clinical psychologists only**

12.8 understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation

12.9 understand more than one evidence-based model of formal psychological therapy

12.10 understand psychological models related to how biological, sociological and circumstantial or life-event-related factors impinge on psychological processes to affect psychological wellbeing

12.11 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

12.12 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

12.13 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

12.14 understand change and transition processes at the individual, group and organisational level

12.15 understand social approaches such as those informed by community, critical and social constructivist perspectives

12.16 understand the impact of psychopharmacological and other clinical interventions on psychological work with service users

**Counselling psychologists only**

12.17 understand the philosophical bases which underpin those psychological theories

12.18 understand the philosophy, theory and practice of more than one evidence-based model of formal psychological therapy

12.19 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

12.20 understand the therapeutic relationship and alliance as conceptualised by each model

12.21 understand the spiritual and cultural traditions and practices relevant to counselling psychology and their application to service users and carers, as well as its variation at organisational and community levels

12.22 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

12.23 understand theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology including people of all ages and culture;

    – 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

12.24 understand different theories of lifespan development and their assessment and remediation

12.25 understand social and cultural contexts in a manner informed by community, critical and social constructivist perspectives

12.26 understand theories of psychopathology and of change including transition processes at the individual, group and organisational level

12.27 understand the impact of psychopharmacology and other interventions on psychological work with service users

**Educational psychologists only**

12.28 understand the role of the educational psychologist across a range of school and community settings and services

12.29 understand the educational and emotional factors that facilitate or impede the provision of effective teaching and learning

12.30 understand psychological theories of, and research evidence in, child, adolescent and young adult development relevant to educational psychology

12.31 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

12.32 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

12.33 understand psychological models of the factors that lead to underachievement, disaffection and social exclusion amongst vulnerable groups

12.34 understand theories and evidence underlying psychological intervention with children, adolescents, young adults, their parents or carers, and education and other professionals

12.35 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

12.36 understand change and transition processes at the individual, group and organisational level

12.37 understand the theoretical basis of, and the variety of approaches to, consultation and assessment in educational psychology

12.38 understands the impact of school systems and the educational curriculum, including the legal framework relating to support and funding in schools, on children and young people

12.39 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

12.40 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

**Forensic psychologists only**

12.41 understand the application of psychology in the legal system

12.42 understand the application and integration of a range of theoretical perspectives on socially and individually damaging behaviours, including psychological, social and biological perspectives

12.43 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

12.44   understand psychological theories and their application to the provision of psychological therapies that focus on offenders and victims of offences

12.45   understand effective assessment approaches with service users presenting with individually or socially damaging behaviour

12.46   understand the development of criminal and antisocial behaviour

12.47   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

12.48   understand context and perspectives in health psychology

12.49   understand the epidemiology of health and illness

understand:

12.50

– 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

12.51   understand applications of health psychology and professional issues

12.52   understand healthcare in professional settings

12.53   understand psychological models related to how biological, sociological, and circumstantial or life-event-related factors impinge on psychological processes

## Occupational psychologists only

understand the following in occupational psychology:

12.54

- Psychological assessment at work
- Learning, training and development
- Leadership, engagement and motivation
- Wellbeing and work
- Work design, organisational change and development

## Sports and exercise psychologists only

12.55   understand cognitive processes, including motor skills, practice skills, learning and perception; and self-regulation

12.56   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

understand exercise and physical activity including:

12.57
– 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

understand individual differences including:

12.58
– mental toughness, hardiness and resilience;
– personality;
– confidence;
– motivation;
– self-concept and self-esteem; and
– stress and coping

understand social processes within sport and exercise psychology including:

12.59
– interpersonal skills and relationships;
– group dynamics and functioning;
– organisational issues; and
– leadership

12.60  understand the impact of developmental processes, including lifespan issues and processes related to career transitions and termination

| 13 | draw on appropriate knowledge and skills to inform practice |
|---|---|
| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | gather appropriate information |
| 13.3 | analyse and critically evaluate the information collected |
| 13.4 | select and use appropriate assessment techniques and equipment |
| 13.5 | undertake and record a thorough, sensitive and detailed assessment |
| 13.6 | undertake or arrange investigations as appropriate |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | recognise a range of research methodologies relevant to their role |
| 13.9 | recognise the value of research to the critical evaluation of practice |

| 13.10 | critically evaluate research and other evidence to inform their own practice |
| 13.11 | engage service users in research as appropriate |
| 13.12 | apply psychology across a variety of different contexts using a range of evidence-based and theoretical models, frameworks and psychological paradigms |
| 13.13 | conduct consultancy |
| 13.14 | formulate specific and appropriate management plans including the setting of timescales |
| 13.15 | manage resources to meet timescales and agreed project objectives |
| 13.16 | use psychological formulations to plan appropriate interventions that take the service user's perspective into account |
| 13.17 | direct the implementation of applications and interventions carried out by others |
| 13.18 | make informed judgements on complex issues in the absence of complete information |
| 13.19 | work effectively whilst holding alternative competing explanations in mind |
| 13.20 | generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations |
| 13.21 | 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 |
| 13.22 | decide how to assess, formulate and intervene psychologically from a range of possible models and modes of intervention with service users or service systems |
| 13.23 | use formal assessment procedures, systematic interviewing procedures and other structured methods of assessment relevant to their domain |
| 13.24 | critically evaluate risks and their implications |
| 13.25 | recognise when further intervention is inappropriate, or unlikely to be helpful |
| 13.26 | initiate, design, develop, conduct and critically evaluate psychological research |
| 13.27 | understand and use applicable techniques for research and academic enquiry, including qualitative and quantitative approaches |
| 13.28 | 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 |
| 13.29 | understand and apply research ethics |
| 13.30 | conduct service and large scale evaluations |

**Clinical psychologists only**

| 13.31 | assess social context and organisational characteristics |

| 13.32 | develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models |
|---|---|
| 13.33 | draw on knowledge of developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities |

understand therapeutic techniques and processes as applied when working with a range of individuals in distress including:

| 13.34 | – those who experience difficulties related to anxiety, mood, adjustment to adverse circumstances or life-events, eating, psychosis, use of substances; and<br>– those with somatoform, psychosexual, developmental, personality, cognitive and neurological presentations |
|---|---|
| 13.35 | deliver appropriate psychological therapies acquired through study and supervised practice and maintained with regular, ongoing supervision |
| 13.36 | implement, on the basis of psychological formulation, psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the service user |
| 13.37 | implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy to defined levels of competence, including the use of cognitive behavioural therapy |
| 13.38 | promote awareness of the actual and potential contribution of psychological services |
| 13.39 | evaluate and respond to organisational and service delivery changes, including the provision of consultation |
| 13.40 | understand and be able to act on and provide advice on policy concerning health and care |

**Counselling psychologists only**

| 13.41 | contrast, compare and critically evaluate a range of models of therapy |
|---|---|
| 13.42 | draw on knowledge of developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities |
| 13.43 | critically evaluate theories of mind and personality |
| 13.44 | understand therapy through their own life-experience |
| 13.45 | adapt practice to take account of the nature of relationships throughout the lifespan |
| 13.46 | formulate service users' concerns within the chosen therapeutic models |
| 13.47 | critically evaluate psychopharmacology and its effects from research and practice |
| 13.48 | critically evaluate theories of psychopathology and change |

13.49 implement, on the basis of psychological formulation, psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the service user

13.50 implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy

13.51 promote awareness of the actual and potential contribution of psychological services

13.52 evaluate and respond to organisational and service delivery changes, including the provision of consultation

**Educational psychologists only**

13.53 develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models

13.54 carry out and analyse large-scale data gathering, including questionnaire surveys

13.55 work with key partners to support the design, implementation, conduct, evaluation and dissemination of research activities and to support evidence-based research

13.56 formulate evidence-based interventions that focus on applying knowledge, skills and expertise to support local and national initiatives

13.57 develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards

13.58 implement evidenced-based interventions and plans through and with other professions and with children and young people, parents and / or carers

13.59 adopt a proactive and preventative approach in order to promote the psychological wellbeing of service users

13.60 choose and use a broad range of psychological interventions, appropriate to the service user's needs and setting

13.61 integrate and implement therapeutic approaches based on a range of evidence-based psychological interventions

13.62 promote awareness of the actual and potential contribution of psychological services

**Forensic psychologists only**

13.63 plan and design training and development programmes

13.64 plan and implement assessment procedures for training programmes

13.65 promote awareness of the actual and potential contribution of psychological services

13.66 assess social context and organisational characteristics

13.67 research and develop psychological methods, concepts, models, theories and instruments in forensic psychology

13.68  evaluate and respond to organisational and service delivery changes, including the provision of consultation

13.69  draw on knowledge of developmental and social changes and constraints across an individual's lifespan to facilitate adaptability and change

13.70  implement interventions and care-plans through and with other professionals who form part of the service user careteam

13.71  implement, on the basis of empirically derived psychological formulation, psychological therapy or other interventions appropriate to the presenting maladaptive or socially damaging behaviour of the service user

13.72  integrate and implement evidence-based psychological therapy at either an individual or group level

**Health psychologists only**

13.73  plan and implement assessment procedures for training programmes

13.74  develop appropriate psychological assessments based on appraisal of the influence of the biological, social and environmental context

13.75  develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models

13.76  carry out and analyse large-scale data gathering, including questionnaire surveys

13.77  draw on knowledge of developmental, social and biological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities

13.78  contrast, compare and critically evaluate a range of models of behaviour change

13.79  understand techniques and processes as applied when working with different individuals who experience difficulties

13.80  develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards

13.81  evaluate and respond to change in health psychology and in consultancy and service-delivery contexts

13.82  to implement, on the basis of psychological formulation, psychological therapy or other interventions appropriate to the presenting problem, and to the psychological and social circumstances of the service user

13.83  integrate and implement therapeutic approaches based on a range of evidence-based psychological interventions

13.84  choose and use a broad range of psychological interventions, appropriate to the service user's needs and setting

**Occupational psychologists only**

13.85  assess individuals, groups and organisations in detail

13.86  use the consultancy cycle

13.87 research and develop psychological methods, concepts, models, theories and instruments in occupational psychology

13.88 use psychological theory to guide research solutions for the benefit of organisations and individuals

13.89 understand and act and provide advice on policy development concerning employees' and job seekers' rights

13.90 run, direct, train and monitor others in the effective implementation of an application

**Sport and exercise psychologists only**

13.91 assess social context and organisational characteristics

13.92 develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models

13.93 formulate service users' concerns within the chosen intervention models

| **14** | **establish and maintain a safe practice environment** |
|---|---|
| 14.1 | understand the need to maintain the safety of themself and others, including service users, carers and colleagues |
| 14.2 | demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies |
| 14.3 | 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 |
| 14.4 | select appropriate personal protective equipment and use it correctly |
| 14.5 | establish safe environments for practice, which appropriately manages risk |

**Sports and exercise psychologists only**

14.6 demonstrate awareness of the possible physical risks associated with certain sport and exercise contexts

| **15** | **promote and prevent ill health** |
|---|---|
| 15.1 | understand the role of their profession in health promotion, health education and preventing ill health |
| 15.2 | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being |
| 15.3 | empower and enable individuals (including service users and colleagues) to play a part in managing their own health |
| 15.4 | engage in occupational health, including being aware of immunisation requirements |

# Prosthetists / orthotists
Valid from: [Date]

# Standards of proficiency

At the point of registration, prosthetists / orthotists must be able to:

| 1 | **practise safely and effectively within their scope of practice** |
|---|---|
| 1.1 | identify 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 safely and effectively, including managing the emotional burden that comes with working in a pressured environment |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |

| 2 | **practise within the legal and ethical boundaries of their profession** |
|---|---|
| 2.1 | maintain high standards of personal and professional conduct |
| 2.2 | promote and protect the service user's interests at all times |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, and maintain high standards of care in all circumstances |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty |
| 2.10 | understand and apply legislation, policies and guidance relevant to their profession and scope of practice |
| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |
| 2.12 | be aware of the quality guidelines and device design principles that apply to the specifications of individual devices |

| 3 | **look after their health and wellbeing, seeking appropriate support where necessary** |
|---|---|
| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |

| 4 | **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 and actions |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |
| 4.3 | 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 | make and receive appropriate referrals, where necessary |
| 4.5 | exercise personal initiative |
| 4.6 | demonstrate a logical and systematic approach to problem solving |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |
| 4.9 | make reasoned decisions to accept or decline requests for intervention |

| 5 | **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
|---|---|
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind |

|     | including, but not limited to, protected characteristics[36], intersectional experiences and cultural differences |
| --- | --- |
| 5.2 | understand equality legislation and apply it to their practice |
| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |
| 5.8 | 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 |
| 5.9 | recognise the social factors affecting the rehabilitation of service users |

| **6** | **understand the importance of and maintain confidentiality** |
| --- | --- |
| 6.1 | adhere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |
| 6.5 | be aware that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |

---

[36] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 7 | communicate effectively |
|---|---|
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5[37]) |
| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics[38], intersectional experiences and cultural differences |
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | use information, communication and digital technologies appropriate to their practice |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |
| 8.6 | recognise the need for effective communication with technical staff to ensure the appropriateness and quality of prostheses and orthoses |

| 8 | work appropriately with others |
|---|---|
| 8.1 | work in partnership with service users, carers, colleagues and others |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |

[37] 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.

[38] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| | |
|---|---|
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |
| 8.6 | understand the qualities, behaviours and benefits of leadership |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |
| 8.9 | demonstrate leadership behaviours appropriate to their practice |
| 8.10 | act as a role model for others |
| 8.11 | promote and engage in the learning of others |
| 8.12 | understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals |

| | |
|---|---|
| **9** | **maintain records appropriately** |
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | use digital record keeping tools, where required |

| | |
|---|---|
| **10** | **reflect on and review practice** |
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |

| | |
|---|---|
| **11** | **assure the quality of their practice** |
| 11.1 | engage in evidence-based practice |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement |
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |

| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary |
| --- | --- |
| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes |

| 11.7 | 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 service users |
| --- | --- |

| **12** | **understand and apply the key concepts of the knowledge base relevant to their profession** |
| --- | --- |
| 12.1 | understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 13.3 | 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 systems and services in the UK |
| 13.5 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
| 13.6 | know human structure and function, especially the human musculoskeletal system |
| 13.7 | 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 |
| 13.8 | understand the structure and properties of materials and their appropriate application to prosthetic or orthotic hardware and clinical practice |
| 13.9 | understand biomechanical principles and the appropriate application of forces to the human body following prescription and supply of a prosthesis or orthosis |
| 13.10 | understand the biomechanics of gait and interventions |
| 13.11 | demonstrate a sound knowledge and understanding of the theoretical basis of prosthetic and orthotic science |

| **13** | **draw on appropriate knowledge and skills to inform practice** |
| --- | --- |

| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |
|------|---|
| 13.2 | gather appropriate information |
| 13.3 | analyse and critically evaluate the information collected |
| 13.4 | select and use appropriate assessment techniques and equipment |
| 13.5 | undertake and record a thorough, sensitive and detailed assessment |
| 13.6 | undertake or arrange investigations as appropriate |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | recognise a range of research methodologies relevant to their role |
| 13.9 | recognise the value of research to the critical evaluation of practice |
| 13.10 | critically evaluate research and other evidence to inform their own practice |
| 13.11 | engage service users in research as appropriate |
| 13.12 | understand the need to maintain all equipment to a high standard |
| 13.13 | formulate specific and appropriate management plans including the setting of timescales |
| 13.14 | use equipment and machinery appropriately to capture and modify anthropometric, kinetic, and kinematic data safely and effectively |
| 13.15 | provide, where appropriate, a suitable cast or electronic data to accompany the written information |
| 13.16 | use contemporary technologies that aid service user assessment |
| 13.17 | complete an accurate clinical assessment |
| 13.18 | demonstrate awareness of the weight and potential level of activity of service users, and the uses that prostheses or orthoses will be subject to, as part of health and safety assessments |
| 13.19 | measure and cast for prostheses and orthoses and, where necessary, rectify them |
| 13.20 | 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 |
| 13.21 | analyse normal and abnormal gait, locomotor function and movement using both qualitative and quantitative means |
| 13.22 | assess factors important to the relevant design specification of prostheses and orthoses and apply these when designing a device |
| 13.23 | conduct neurological, vascular, biomechanical and dermatological assessments in the context of prosthetics and orthotics |
| 13.24 | use a systematic approach to formulate a clinical diagnosis |

| 14 | establish and maintain a safe practice environment |
|---|---|
| 14.1 | understand the need to maintain the safety of themself and others, including service users, carers and colleagues |
| 14.2 | demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies |
| 14.3 | 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 |
| 14.4 | select appropriate personal protective equipment and use it correctly |
| 14.5 | establish safe environments for practice, which appropriately manages risk |
| 14.6 | understand and apply appropriate moving and handling techniques |
| 14.7 | know how to position or immobilise service users correctly for safe and effective interventions |

| 15 | promote and prevent ill health |
|---|---|
| 15.1 | understand the role of their profession in health promotion, health education and preventing ill health |
| 15.2 | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being |
| 15.3 | empower and enable individuals (including service users and colleagues) to play a part in managing their own health |
| 15.4 | engage in occupational health, including being aware of immunisation requirements |

# Radiographers
Valid from: [Date]

# Standards of proficiency

At the point of registration, radiographers must be able to:

| 1 | **practise safely and effectively within their scope of practice** |
|---|---|
| 1.1 | identify 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 safely and effectively, including managing the emotional burden that comes with working in a pressured environment |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |

| 2 | **practise within the legal and ethical boundaries of their profession** |
|---|---|
| 2.1 | maintain high standards of personal and professional conduct |
| 2.2 | promote and protect the service user's interests at all times |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic and / or therapeutic process |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty |
| 2.10 | understand and apply legislation, policies and guidance relevant  to their profession and scope of practice |
| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |

2.12  practise in accordance with current legislation governing the use of ionising and non-ionising radiation for medical and other purposes

2.13  understand the legislative, policy, ethical and research frameworks that underpin, inform and influence the practice of radiography

| 3 | **look after their health and wellbeing, seeking appropriate support where necessary** |
|---|---|
| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |

| 4 | **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 and actions |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |
| 4.3 | 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 | make and receive appropriate referrals, where necessary |
| 4.5 | exercise personal initiative |
| 4.6 | demonstrate a logical and systematic approach to problem solving |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |

| 5 | **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
|---|---|
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics[39], intersectional experiences and cultural differences |

[39] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and

| | |
|---|---|
| 5.2 | understand equality legislation and apply it to their practice |
| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded across all areas of the standards and practice |
| 5.8 | understand the emotions, behaviours and psychosocial needs of people undergoing radiotherapy or diagnostic imaging, as well as that of their families and carers |

| | |
|---|---|
| **6** | **understand the importance of and maintain confidentiality** |
| 6.1 | adhere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |

| | |
|---|---|
| **7** | **communicate effectively** |
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |

maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5[40]) |
| --- | --- |
| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics[41], intersectional experiences and cultural differences |
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | use information, communication and digital technologies appropriate to their practice |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |
| 7.9 | formulate and provide information and support for service users about their treatment and / or imaging process and procedures, with regular reappraisal of their information needs as appropriate |

**Diagnostic radiographers only**

| 7.10 | advise other healthcare professionals about the relevance and application of imaging modalities to the service user's needs |
| --- | --- |
| 7.11 | provide appropriate information and support for service users throughout their diagnostic imaging examinations |

**Therapeutic radiographers only**

| 7.12 | advise other healthcare professionals about the relevance and application of radiotherapy and, where relevant, imaging modalities to the service user's needs |
| --- | --- |
| 7.13 | provide appropriate information and support for service users throughout their radiotherapy treatment and care or related diagnostic imaging examinations |

---

[40] 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.

[41] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 8 | **work appropriately with others** |
|---|---|
| 8.1 | work in partnership with service users, carers, colleagues and others |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |
| 8.6 | understand the qualities, behaviours and benefits of leadership |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |
| 8.9 | demonstrate leadership behaviours appropriate to their practice |
| 8.10 | act as a role model for others |
| 8.11 | promote and engage in the learning of others |
| 8.12 | demonstrate awareness of the need to empower service users to participate in the decision-making processes related to their profession |
| 8.13 | demonstrate awareness of the need to encourage, support and mentor staff at all practitioner levels |
| 8.14 | demonstrate awareness of roles and responsibilities where work is delegated and demonstrate understanding of how this applies in practice |
| 8.15 | understand, interpret and act upon information from other healthcare professionals and service users, in order to maximise health gain whilst minimising risks to the service user (such as from radiation dose) |
| 8.16 | understand the need to involve service users in service design, service delivery, education and research |

**Diagnostic radiographers only**

| 8.17 | understand the need to engage service users and carers in planning and evaluating their diagnostic imaging and interventional procedures |
|---|---|

**Therapeutic radiographers only**

| 8.18 | Understand the need to engage service users and carers in radiotherapy pre-treatment planning treatment and follow up and where relevant in planning and evaluating their diagnostic imaging and interventional procedures |
|---|---|

| 9 | **maintain records appropriately** |
|---|---|

| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | use digital record keeping tools, where required |

| **10** | **reflect on and review practice** |
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |

| **11** | **assure the quality of their practice** |
| 11.1 | engage in evidence-based practice |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement |
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary |
| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes |

| 11.7 | understand the principles and regulatory requirements for quality control and quality assurance as they apply to their profession |
| 11.8 | understand the quality improvement processes in place relevant to their profession |

| **12** | **understand and apply the key concepts of the knowledge base relevant to their profession** |
| 12.1 | understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |

12.3 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

12.4 understand the structure and function of health and social care systems and services in the UK

12.5 demonstrate awareness of the philosophy and the development of the profession of radiography to inform understanding of current practice

12.6 understand the role of the radiographer and other operators in the promotion of health and health education in relation to public health, healthy living and health screening for disease detection

12.7 understand the harms and benefits of population and targeted health screening

12.8 understand the radiobiological principles on which the practice of radiography is based

12.9 understand the concept of risk vs benefit with regards to ionising radiation and non-ionising radiation, acknowledging this will differ depending on modality, and communicate this with service users, taking into consideration service user judgement

12.10 understand the philosophy and principles involved in the practice of their profession

12.11 understand and apply the principles of ionising radiation production, interaction with matter, beam modification, administration of radionuclides and radiation protection

12.12 know the physical and scientific principles on which image formation using ionising and non-ionising radiation is based

12.13 understand radiation dosimetry and the principles of dose calculation

12.14 understand the theoretical basis underpinning service user assessment prior to and during their procedure

12.15 understand the capability, applications and range of equipment used in their profession

12.16 distinguish between normal and abnormal appearances on images

12.17 know the concepts and principles involved in the practice of their profession and how these inform and direct clinical judgement and decision making

12.18 know the pharmacology of drugs used in their profession

12.19 understand the legislation, principles and methods for the safe and effective administration of drugs used in their profession

12.20 understand the mechanisms for the administration of drugs, including intravenous and oral contrast agents

12.21 recognise and respond to adverse or abnormal reactions to medications used in relation to their profession

12.22 understand the principles of the safe storage, transportation and disposal of medicinal products used in relation their profession

12.23 demonstrate awareness of the current developments and trends in the science and practice of radiography

12.24 understand the different communication needs, anatomy and disease processes and their manifestation in children

12.25 demonstrate awareness of the principles of Artificial Intelligence (AI) and deep learning technology, and it's application to practice

**Diagnostic radiographers only**

12.26 understand the signs and symptoms of disease and trauma that result in referral for diagnostic imaging procedures and their image appearances

12.27 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, limbs, thorax, pelvis and abdomen
– the cardiovascular, respiratory, genito-urinary, gastro-intestinal and neuro-endocrine systems

**Therapeutic radiographers only**

12.28 understand the structure and function of the human body in health and disease, including:
– regional and cross-sectional anatomy of the head, neck, limbs, thorax, pelvis and abdomen
– common pathologies and mechanisms of disease with a concentration on cancer, histology, haematology and the lymphatic and immune systems

12.29 understand:
– oncology, the pathophysiology of solid and systemic malignancies
– epidemiology
– aetiology
– the management and effect of cancer

12.30 know the physiological signs and symptoms, clinical investigations and diagnostic procedures that result in referral for radiotherapy

12.31 know the biochemical science of radiation pathophysiology

12.32 understand the influence of adjuvant and neoadjuvant treatment including surgery and chemotherapy on radiotherapy dose prescription, timing of radiotherapy and post radiotherapy complications

12.33 understand the principles of nuclear medicine and radionuclide procedures in radiotherapy guided planning and radionuclide therapies and theragnostics

**13　　draw on appropriate knowledge and skills to inform practice**

| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |
| --- | --- |
| 13.2 | gather appropriate information |
| 13.3 | analyse and critically evaluate the information collected |
| 13.4 | select and use appropriate assessment techniques and equipment |
| 13.5 | undertake and record a thorough, sensitive and detailed assessment |
| 13.6 | undertake or arrange investigations as appropriate |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | recognise a range of research methodologies relevant to their role |
| 13.9 | recognise the value of research to the critical evaluation of practice |
| 13.10 | critically evaluate research and other evidence to inform their own practice |
| 13.11 | engage service users in research as appropriate |
| 13.12 | formulate specific and appropriate management plans including the setting of timescales |
| 13.13 | assess, monitor and care for the service user across the pathway of care relevant to their profession |
| 13.14 | undertake and record a thorough, sensitive and detailed clinical assessment, selecting and using appropriate techniques and equipment |
| 13.15 | use physical, graphical, verbal and electronic methods to collect and analyse information from a range of relevant sources including service user's clinical history, diagnostic images and reports, pathological tests and results, dose recording and treatment verification systems |
| 13.16 | interrogate and process data and information gathered accurately in order to conduct the procedures most appropriate to the service user's needs |
| 13.17 | appraise image information for clinical manifestations and technical accuracy, and take further action as required |
| 13.18 | manage complex and unpredictable situations including the ability to adapt planned procedures |
| 13.19 | operate radiotherapy or diagnostic imaging equipment safely and accurately relevant to their profession |
| 13.20 | check that equipment is functioning accurately and within the specifications, and to take appropriate action in the case of faulty functioning and operation |
| 13.21 | select and explain the rationale for radiographic techniques and immobilisation procedures appropriate to the service user's physical and disease management requirements |
| 13.22 | position and immobilise service users correctly for safe and accurate procedures |

**Diagnostic radiographer only**

13.23    Authorise and plan appropriate diagnostic imaging examinations

13.24    calculate radiation doses and exposures and record and understand the significance of radiation dose

13.25    perform a broad range of standard imaging techniques, including examinations requiring contrast agents for relevant modalities  across a variety of diagnostic or screening care pathways

13.26    assist with a range of more complex diagnostic imaging techniques and interventional procedures providing radiographic support to the service user and other members of the multidisciplinary team

13.27    provide appropriate care for the range of service users and their carers before, during and after imaging examinations, minimally invasive interventional procedures and contrast agent examinations

13.28    perform a range of imaging examinations where the service user's individual characteristics require examinations to be carried out using non-standard techniques

13.29    perform a range of techniques using mobile imaging equipment outside of a dedicated imaging room

13.30    Manage and assist with imaging techniques performed on anaesthetised or unconscious patients

13.31    adjust ionising radiation exposures and image recording parameters to achieve required image quality at optimal dose for children and adults

13.32    perform a range of imaging techniques and interventions on children

13.33    use to best effect the processing and related technology supporting imaging systems

13.34    manage and assist with fluoroscopic diagnostic and interventional procedures, including those that are complex and involve the use of contrast agents

13.35    perform a broad range of computed tomographic (CT) examinations, including standard head CT examinations, and assist with CT examinations of the spine, chest and abdomen in acute trauma, and to contribute effectively to other CT studies

13.36    perform standard magnetic resonance imaging procedures

13.37    assist with ultrasound imaging procedures

13.38    assist with imaging procedures involving the use of radionuclides including PET tracers and particle emitters.

13.39    critically analyse clinical images for technical quality and suggest improvement if required

13.40    distinguish disease trauma and urgent and unexpected findings as they manifest on diagnostic images and take direct and timely action to assist the referrer

**Therapeutic radiographers only**

13.41    plan appropriate radiotherapy procedures

13.42 Assist in the construction of appropriate immobilisation (including beam modifying) devices, individualised to the specific needs of each service user and the treatment regime prescribed

13.43 Identify organs at risk (OAR) on images to provide information for radiotherapy treatment planning

13.44 Calculate does across a range of radiation modalities, including photons, protons and electrons, utilising a treatment planning system and verify this accordingly with a record and verification system

13.45 in relation to radiotherapy planning :-
- support service users in understanding radiation exposure, risk and benefit associated with radiation exposure and doses in relation to their imaging examination.
- perform multimodality imaging techniques and the image registration process, and where appropriate contrast agent examinations, demonstrating appropriate care to service users and their carers.
- manipulate exposure and image recording parameters to optimal effect
- perform standard Computed Tomographic (CT) and assist in performing Magnetic Resonance (MR) planning procedures
- use to best effect the processing and related technology supporting imaging systems

13.46 Generate a treatment plan and verify treatment parameters ensuring optimal radiotherapy prescription delivery

13.47 Use to best effect the image processing and related technology, including computer-based imaging systems for radiotherapy purposes

13.48 Perform the full range of radiotherapy processes and techniques accurately and safely

13.49 Manage and assist with fluoroscopic procedures, including those requiring the use of contrast agents

13.50 Interpret and evaluate images obtained during radiotherapy planning and treatment, taking appropriate action to optimise accuracy dose delivery to the target volume

13.51 Check that the OAR does is as planned/prescribed during treatment

13.52 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 for the purpose of radiotherapy planning and delivery

13.53 critically evaluate and interpret the radiation prescription in such a way that radiotherapy is delivered accurately and reproducibly

13.54 recognise changing signs, symptoms and progression of disease, and make appropriate decisions not to treat or to review further before proceeding with treatment, including reviewing treatment imaging information

## 14      establish and maintain a safe practice environment

| 14.1 | understand the need to maintain the safety of themselves and others, including service users, carers and colleagues |
| --- | --- |
| 14.2 | demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies |
| 14.3 | 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 |
| 14.4 | select appropriate personal protective equipment and use it correctly |
| 14.5 | establish safe environments for practice, which appropriately manages risk |
| 14.6 | understand and apply appropriate moving and handling techniques |
| 14.7 | ensure the physical safety of all individuals in the imaging/ therapeutic work environment, especially with regard to radiation safety and high-strength magnetic fields |
| 14.8 | use basic life support techniques and be able to deal with clinical emergencies |
| 14.9 | know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly |

| **15** | **promote and prevent ill health** |
| --- | --- |
| 15.1 | understand the role of their profession in health promotion, health education and preventing ill health |
| 15.2 | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being |
| 15.3 | empower and enable individuals (including service users and colleagues) to play a part in managing their own health |
| 15.4 | engage in occupational health, including being aware of immunisation requirements |

# Speech and language therapists
Valid from: [Date]

# Standards of proficiency

At the point of registration, speech and language therapists must be able to:

| 1 | practise safely and effectively within their scope of practice |
|---|---|
| 1.1 | identify 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 safely and effectively, including managing the emotional burden that comes with working in a pressured environment |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |

| 2 | practise within the legal and ethical boundaries of their profession |
|---|---|
| 2.1 | maintain high standards of personal and professional conduct |
| 2.2 | promote and protect the service user's interests at all times |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty |
| 2.10 | understand and apply legislation, policies and guidance relevant to their profession and scope of practice |
| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |
| 2.12 | understand the ethical and legal implications of withholding and withdrawing feeding and nutrition and the impact of social, psychological and medical factors to service users' communication difficulties and / or swallowing status |

2.13 understand the centrality of home language(s) to a service user's identity, family life and community (culture and/or religion), by working to maintain, develop or enhance a client's home language

| 3 | **look after their health and wellbeing, seeking appropriate support where necessary** |
|---|---|
| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment |

| 4 | **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 and actions |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary |
| 4.3 | 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 | make and receive appropriate referrals, where necessary |
| 4.5 | exercise personal initiative |
| 4.6 | demonstrate a logical and systematic approach to problem solving |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice |

| 5 | **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
|---|---|
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind |

including, but not limited to, protected characteristics[42], intersectional experiences and cultural differences

| | |
|---|---|
| 5.2 | understand equality legislation and apply it to their practice |
| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |

| **6** | **understand the importance of and maintain confidentiality** |
|---|---|
| 6.1 | adhere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |

| **7** | **communicate effectively** |
|---|---|

---

[42] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
|---|---|
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 8 of the International English Language Testing System, with no element below 7.5[43]) |
| | 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 14.17) |
| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics[44], intersectional experiences and cultural differences |
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | use information, communication and digital technologies appropriate to their practice |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |
| 7.9 | recognise the possible contribution of social, psychological and medical factors to service users' communication difficulties and / or swallowing status |

| **8** | **work appropriately with others** |
|---|---|
| 8.1 | work in partnership with service users, carers, colleagues and others |
| 9.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |

---

[43] 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.

[44] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team |
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate |
| 8.6 | understand the qualities, behaviours and benefits of leadership |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |
| 8.9 | demonstrate leadership behaviours appropriate to their practice |
| 8.10 | act as a role model for others |
| 8.11 | promote and engage in the learning of others |
| 9.5 | work in partnership with service users and carers in planning and evaluating assessments, treatments and interventions to meet their needs and goals |
| 9.6 | 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 |
| 9.7 | recognise that the need to work with others includes health, social care and educational professionals |
| 9.8 | recognise the importance of working in partnership with service users and their families |

| **9** | **maintain records appropriately** |
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | use digital record keeping tools, where required |

| **10** | **reflect on and review practice** |
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review |

| **11** | **assure the quality of their practice** |
| 11.1 | engage in evidence-based practice |

| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
|---|---|
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement |
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary |
| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes |

| 12 | understand and apply the key concepts of the knowledge base relevant to their profession |
|---|---|

| 12.1 | understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession |
|---|---|
| 12.2 | demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 12.3 | 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 |
| 12.4 | understand the structure and function of education, health and social care services and systems in the UK |
| 12.5 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention taking account of the need to modify approaches in line with cultural, religious and linguistic needs |
| 12.6 | understand educational theory and practice and the relationship between language and literacy in relation to speech and language therapy, including sound awareness and school readiness skills |
| 12.7 | understand linguistics and phonetics, psycholinguistics, sociolinguistics and all levels of typical processing and the differences for individuals whose home language is not English |
| 12.8 | understand biomedical and medical sciences as relevant to the development and maintenance of communication and swallowing |
| 12.9 | understand psychology as relevant to lifespan development and change, typical and impaired communication, and psychological and social wellbeing |

12.10 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

12.11 understand therapeutic contexts, models and processes, relevant to the practice of speech and language therapy

12.12 understand developmental and acquired disorders of speech, language, communication and swallowing

12.13 understand the diversity of client's cultural background, including awareness of cultural groups, protected characteristics, and social class

| 13 | draw on appropriate knowledge and skills to inform practice |
|---|---|
| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | gather appropriate information |
| 13.3 | analyse and critically evaluate the information collected |
| 13.4 | select and use appropriate assessment techniques and equipment |
| 13.5 | undertake and record a thorough, sensitive and detailed assessment |
| 13.6 | undertake or arrange investigations as appropriate |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | recognise a range of research methodologies relevant to their role |
| 13.9 | recognise the value of research to the critical evaluation of practice |
| 13.10 | critically evaluate research and other evidence to inform their own practice |
| 13.11 | engage service users in research as appropriate |

13.11 formulate specific and appropriate management plans including the setting of timescales

13.12 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

13.13 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

13.14 understand health education and how it relates to communication and swallowing

13.15 recognise the influence of situational contexts on communicative functioning and swallowing status

13.16 evaluate the effects of communication difficulties and swallowing status on the psychosocial wellbeing of service users, their families and carers

as a core professional skill for speech and language therapists, communicate in English to the standard equivalent to level 8 of the International English Language Testing System, with no element below 7.5

13.17

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.

use knowledge of speech and language therapy to assess and work with people with the following impairments:

13.18
– acquired speech and language impairments
– developmental or acquired cognitive impairments
– developmental speech and language disorders
– dysfluency
– dysphagia
– voice disorders or voice modification needs

13.19 assess and plan interventions in the service user's home language with the assistance of professional interpreters, and with reference to professional clinical guidelines and evidence-based practice

## 14 establish and maintain a safe practice environment

14.1 understand the need to maintain the safety of themselves and others, including service users, carers and colleagues

14.2 demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies

14.3 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

14.4 select appropriate personal protective equipment and use it correctly

14.5 establish safe environments for practice, which appropriately manages risk

## 15 promote and prevent ill health

15.1 understand the role of their profession in health promotion, health education and preventing ill health

15.2 understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being

15.3 empower and enable individuals (including service users and colleagues) to play a part in managing their own health

15.4 engage in occupational health, including being aware of immunisation requirements

# Compiled tables of changes for the standards of proficiency

# Contents

**Draft standards of proficiency for arts therapists**

This document sets out the proposed changes to the standards of proficiency for arts therapists. Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**. Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions.

The columns show changes between the current version on the left, the changes proposed at consultation in the centre, and the proposed new standards on the right. The standards are numbered according to the current proposals.

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 (at consultation) | New standard |
|---|---|---|---|
| **Registrant arts therapists must:** | | | |
| **1** | **be able to practise safely and effectively within their scope of practice** | | ~~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** | ~~Know~~ **identify** 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** | recognise the need to manage their own workload and resources safely and effectively, **including managing the emotional burden that comes with working in a pressured environment** |
| 1.3 | | | **keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career** |
| 1.4 | understand the value of therapy in developing insight and self-awareness through their own personal experience | | 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** | | ~~be able to~~ **practise within the legal and ethical boundaries of their profession** |
| **2.1** | | | **maintain high standards of personal and professional conduct** |
| 2.2 | 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** | ~~understand the need to~~ promote and protect the service user's interests at all times |

| | | | |
|---|---|---|---|
| | | protect the service user's interests at all times | |
| 2.3 | | **understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary** | understand the importance of safeguarding **by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging** in these processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council | | understand what is required of them by the Health and Care Professions Council, **including but not limited to the Standards of conduct, performance and ethics** |
| 2.5 | 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 | | ~~understand the need to~~ respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the **assessment**, diagnostic, **treatment** and **/ or** therapeutic process ~~and in maintaining health and wellbeing~~ |
| 2.6 | 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 | | recognise that relationships with service users, **carers and others** should be based on mutual respect and trust, maintaining high standards of care **in all circumstances** |
| 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* | |
| 2.7 | understand the importance of and be able to obtain informed consent | be able to exercise a professional duty of care | understand the importance of and be able to obtain **valid** consent, **which is** |

| | | | |
|---|---|---|---|
| | | *Moved from 2.8* | **voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented** |
| 2.8 | | | **understand the importance of capacity in the context of delivering care and treatment** |
| 2.9 | be able to exercise a professional duty of care | **understand** ~~know about~~ current legislation applicable to the work of their profession<br>*Moved from 2.5* | ~~Be able to exercise~~ **understand the scope of** a professional duty of care, **and exercise that duty** |
| 2.10 | | | understand **and apply** legislation, **policies and guidance** relevant to their profession **and scope of practice** |
| 2.11 | | | **recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain** |
| 2.12 | understand the role of the art, music or dramatherapist in different settings | | understand the role of the art, music or dramatherapist in different settings |
| 2.13 | | | **recognise that the obligation to maintain fitness to practise includes engagement in their own arts-based process** |
| **3** | **be able to maintain fitness to practise** | | **look after their health and wellbeing, seeking appropriate support where necessary** |
| 3.1 | understand the need to maintain high standards of personal and professional conduct | | **identify anxiety and stress in themselves and recognise the potential impact on their practice** |

| | | | |
|---|---|---|---|
| 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** | understand the importance of their own **mental and physical** health **and wellbeing strategies in maintaining fitness to practise** ~~and be able to take appropriate action if their health may affect their ability to practise safely and effectively~~ |
| 3.3 | | | **understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary** |
| 3.4 | | **understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary** | **develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment** |
| | 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** | ~~understand both the need to keep skills and knowledge up to date and the importance of career-long learning~~ |
| | recognise that the obligation to maintain fitness to practise includes engagement in their own arts-based process | | ~~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** | | 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<br>*Moved from 4.4 to emphasise the importance of this standard* | recognise that they are personally responsible for and must be able to justify their decisions **and actions** |
| 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**<br>*Moved from 4.1* | ~~be able to~~ use their skills, knowledge and experience, and the information available to them, to make informed decisions ~~or initiate solutions where necessary~~ **and / or take action where necessary** |
| 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<br>*Moved from 4.2* | 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 | recognise that they are personally responsible for and must be able to justify their decisions | be able to make and receive appropriate referrals<br>*Moved from 4.5* | ~~be able to~~ make and receive appropriate referrals, **where necessary** |
| 4.5 | be able to make and receive appropriate referrals | be able to initiate resolution of problems and be able to exercise personal initiative<br>*Moved from 4.3* | ~~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<br>*Moved from standard 14* | ~~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<br>*Moved from standard 14* | ~~be able to~~ use research, reasoning and problem solving skills to **when** determin**ing** appropriate actions |
| 4.8 | | **understand the importance of active participation in training, supervision and mentoring** | understand the need for active participation in training, supervision and mentoring **in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice** |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | | **recognise** the impact of culture, equality and diversity on practice **and practise in a non-discriminatory and inclusive manner** |
| 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 | respond appropriately to the needs of all different groups and individuals **in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences** |
| 5.2 | | | **understand equality legislation and apply it to their practice** |
| 5.3 | | **be aware of the impact of their own values and beliefs on practice** | **recognise the potential** impact of their own values, beliefs **and personal biases (which may be unconscious)** on practice **and take personal action to ensure all service users and carers are treated appropriately with respect and dignity** |

| | | | |
|---|---|---|---|
| | | 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, **marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs<br>*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* | ~~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,~~ **~~marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,~~** ~~socio-economic status and spiritual or religious beliefs~~ |
| 5.4 | | | **understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice** |
| 5.5 | | | **recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups** |
| 5.6 | | | **actively challenge these barriers, supporting the implementation of change wherever possible** |
| 5.7 | | | **recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all** |

| | | | HCPC standards, across all areas of practice |
|---|---|---|---|
| 5.8 | understand the need to take account of psychological, social, cultural, economic and other factors when collecting case histories and other appropriate information | | take account of psychological, social, cultural, economic and other **relevant** factors when collecting case histories and other appropriate information |
| | **be able to practise in a non-discriminatory manner** | be able to practise in a non-discriminatory **and inclusive** manner | ~~be able to practise in a non-discriminatory manner~~ |
| | | **be aware of the characteristics and consequences of barriers to inclusion** | ~~be aware of the characteristics and consequences of barriers to inclusion~~ |
| **6** | **understand the importance of and be able to maintain confidentiality** | | understand the importance of and ~~be able to~~ maintain confidentiality |
| 6.1 | 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* | adhere to the professional duty of confidentiality and understand when disclosure may be required |
| 6.2 | 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 **and other relevant** information *Moved from 7.4* | understand the principles of information **and data** governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | 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* | recognise and respond **in a timely manner to** situations where it is necessary to share information to safeguard service users, **carers and / or** the wider public |

| | | | |
|---|---|---|---|
| 6.4 | | | **understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators)** |
| 6.5 | | | **recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms** |
| 6.6 | 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* | recognise that the concepts of confidentiality and informed consent extend to illustrative records such as paintings, digital images and other creative practice |
| **7** | **be able to communicate effectively** | | ~~be able to~~ communicate effectively |
| 7.1 | 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 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
| 7.2 | 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] | | communicate in English to the **required** standard for their profession (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.* | | |
| 7.3 | | | **understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences** |
| | 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* | |

[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.

| | | | |
|---|---|---|---|
| | 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~~<br>*Captured by the new standards below* | |
| | 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~~<br>*Moved to standard 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~~<br>*Captured by the new standards below* | |
| | 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~~<br>*Captured by the new standards below* | |
| | 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~~<br>*Captured by the new standards below* | |
| 7.4 | | **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** | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with |

| | | | |
|---|---|---|---|
| | | **and carers with the information they may need where appropriate** | the information they may need where appropriate |
| 7.5 | | **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** | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | | | **understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter** |
| 7.7 | | be able to use information and communication technologies appropriate to their practice *Moved from standard 14* | use information, communication and digital technologies appropriate to their practice |
| 7.8 | | | **understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions** |
| 7.9 | be able to explain the nature, purpose and techniques of therapy to service users and carers | | explain the nature, purpose and techniques of therapy to service users and carers **and proceed within an ethos of co-designing the therapeutic alliance** |
| **8** | **be able to work appropriately with others** | | ~~be able to work~~ appropriately with others |
| 8.1 | be able to work, where appropriate, in partnership with service users, | be able to work, where appropriate, in partnership with service users, **their** | work in partnership with service users, carers, colleagues and others |

| | | | |
|---|---|---|---|
| | other professionals, support staff and others | **relatives and carers,** other professionals, support staff and others | |
| 8.2 | | | **recognise the principles and practices of other health and care professionals and systems and how they interact with their profession** |
| 8.3 | understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team | | understand the need to build and sustain professional relationships as both an ~~independent~~ autonomous practitioner and collaboratively as a member of a team |
| 8.4 | 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<br>*Moved from 9.4* | ~~be able to~~ contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | | | **identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate** |
| 8.6 | | **understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice** | understand the qualities, behaviours and benefits of leadership ~~and be able to apply them in the context of your practice~~ |
| 8.7 | | | **recognise that leadership is a skill all professionals can demonstrate** |
| 8.8 | | | **identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion** |

| | | | |
|---|---|---|---|
| 8.9 | | | **demonstrate leadership behaviours appropriate to their practice** |
| 8.10 | | | **act as a role model for others** |
| 8.11 | | | **promote and engage in the learning of others** |
| 8.12 | 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* | understand the need to engage service users and carers **as equal partners** in planning, **co-design** and evaluating diagnostics and assessment outcomes to meet their needs and goals |
| 8.13 | recognise the role of arts therapists and the contribution they can make to health and social care | | recognise the role of arts therapists as **an integral part of health and social care provision for service users** and their integration with health and social care |
| 8.14 | understand the need to establish and sustain a therapeutic relationship within a creative and containing environment | | understand the need to establish and sustain a therapeutic relationship within a creative and containing environment |
| **9** | **be able to maintain records appropriately** | | ~~be able to~~ maintain records appropriately |
| 9.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | | ~~be able to~~ keep accurate~~, comprehensive and comprehensible~~ records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines | | manage records and all other information in accordance with applicable legislation, protocols and guidelines |

| | | | |
|---|---|---|---|
| 9.3 | | | **use digital record keeping tools, where required** |
| **10** | **be able to reflect on and review practice** | | ~~be able to~~ reflect on and review practice |
| 10.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of case conferences and other methods of review | | recognise the value of **multi-disciplinary reviews,** case conferences and other methods of review |
| 10.3 | understand the role and value of ongoing clinical supervision in an arts therapy context | | understand the role and value of ongoing clinical supervision in an arts therapy context |
| **11** | **be able to assure the quality of their practice** | | ~~be able to~~ assure the quality of their practice |
| 11.1 | 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~~ | ~~be able to~~ engage in evidence-based practice |
| 11.2 | 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 | ~~be able to~~ gather and use feedback and information, including qualitative and quantitative data, to evaluate the respons~~es~~ of service users to their care |
| | 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* | |

| | | | |
|---|---|---|---|
| 11.3 | 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 | monitor and systematically evaluate the quality of practice, and maintain an effective **quality management and quality assurance process** working towards continual improvement |
| 11.4 | 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* | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures |
| | | **be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures** | |
| 11.5 | be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user | | evaluate care plans or intervention plans using recognised and appropriate outcome measures and, in conjunction with the service user where possible, revise the plans as necessary |
| 11.6 | 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 | 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* | recognise the value of gathering and using data for quality assurance and improvement programmes |
| **12** | **understand the key concepts of the knowledge base relevant to their profession** | | understand **and apply** 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, | | ~~understand the structure and function of the human body, together with knowledge of health, disease, disorder~~ |

| | | | |
|---|---|---|---|
| | disorder and dysfunction relevant to their profession | | ~~and dysfunction relevant to their profession~~ |
| 12.1 | | | **appreciate and be actively informed by lived experiences of wellness and illness as well as the effects of social disablement and exclusion, and consider this alongside diagnostic knowledge relevant to their profession** |
| 12.2 | 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<br>*For consistency across the professions* | demonstrate awareness 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~~<br>*Addressed by a new standard on leadership under standard 9 (9.A)* | |
| 12.3 | 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<br>*Moved from 13.6* | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of arts therapists within the integrated teams **that serve communities** |
| 12.4 | 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<br>*Moved from 13.4* | understand the structure and function of health and social care systems and services in the UK |
| 12.5 | 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 | recognise the importance of working in partnership with service users when carrying out research |

| | | **and understand how they may relate to the role of arts therapists** *Moved from 13.5* | |
|---|---|---|---|
| 12.6 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention | | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
| 12.7 | understand the psychological and cultural background to health, and be aware of influences on the service user – therapist relationship | | understand the psychological and cultural background to health, and be aware of influences on the service user – therapist relationship |
| 12.8 | 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 | | 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 |
| 12.9 | understand the therapeutic relationship, including its limitations | | understand the therapeutic relationship, including its limitations |
| 12.10 | be able to employ a coherent approach to the therapeutic process | | employ a coherent approach to the therapeutic process |
| 12.11 | 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 | | 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 |
| 12.12 | know about theories of group work and the management of group process | | know about theories of group work and the management of group process |
| 12.13 | know about theories relevant to work with an individual | | know about theories relevant to work with an individual |
| 12.14 | know about:<br>- human development<br>- normal and abnormal psychology | | know about:<br>- human development<br>- ~~normal and abnormal~~ psychology |

| | | | |
|---|---|---|---|
| | - normal and abnormal human communication and language development<br>- mental illness, psychiatric assessment and treatment<br>- congenital and acquired disability<br>- disorders of social functioning<br>- the principal psychotherapeutic interventions and their theoretical bases<br>- the nature and application of other relevant interventions | | - ~~normal and abnormal~~ human communication and language development<br>- ~~mental illness,~~ **the continuum of mental health,** psychiatric assessment and treatment **and self-help and social resources**<br>- ~~congenital and acquired disability~~<br>- **disability/impairment and ways in which people experience themselves as having been disabled**<br>- ~~disorders of social functioning~~<br>- **impairments of social functioning**<br>- the principal psychotherapeutic interventions and their theoretical bases<br>- the nature and application of other relevant interventions |
| 12.15 | 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 | | recognise **different** methods of ~~distinguishing between health and sickness,~~ **understanding the experience of service users,** including diagnosis (specifically mental health and learning disability) and be able to critique these systems of knowledge from differed socio-cultural perspectives |
| **Art therapists only** | | | |
| 12.16 | 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 | | 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 |

| | | | |
|---|---|---|---|
| | theory, research and practice and the relevant aspects of connected disciplines including visual arts, aesthetics, anthropology, psychology, psychiatry, sociology, psychotherapy and medicine | | and the relevant aspects of connected disciplines ~~including visual arts, aesthetics, anthropology, psychology, psychiatry, sociology, psychotherapy and medicine~~ |
| 12.17 | know the practice and process of visual art-making | | know the practice and process of visual art-making |
| 12.18 | understand the role of the physical setting and the art-making process in the physical and psychological containment of emotions | | understand the role of the physical setting and the art-making process in the physical and psychological containment of emotions |
| 12.19 | understand the role and function of the art object within the relationship between service user and art therapist | | understand the role and function of the art object within the relationship between service user and art therapist |
| 12.20 | understand the role and use of visual symbols in art that communicate conscious and unconscious processes | | understand the role and use of visual symbols in art that communicate conscious and unconscious processes |
| 12.21 | understand the influence of socio-cultural context on the making and viewing of art in art therapy | | understand the influence of socio-cultural context on the making and viewing of art in art therapy |
| 12.22 | 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 | | 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** | | | |
| 12.23 | understand core processes and forms of creativity, movement, play | | understand core processes and forms of creativity, movement, play and |

| | | | |
|---|---|---|---|
| | and dramatic representation pertinent to practice with a range of service user groups | | dramatic representation pertinent to practice with a range of service user groups |
| 12.24 | 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 | | 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 |
| 12.25 | know a range of theatrical representation techniques and be able to engage service users in a variety of performance-derived roles | | know a range of theatrical representation techniques and be able to engage service users in a variety of performance-derived roles |
| 12.26 | 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 | | 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 |
| 12.27 | recognise that different approaches to the discipline have developed from different histories in Eastern and Western Europe and the Americas | | recognise that different approaches to the discipline have developed from many **different cultures and traditions** |
| 12.28 | recognise that the discipline has deep foundations within the many cultural traditions that use ritual, play, drama and performance for the enhancement of health | | recognise that the discipline has deep foundations within the many cultural traditions that use ritual, play, drama and performance for the enhancement of health |
| 12.29 | know the key principles of influential theatre practitioners and their relevance to the therapeutic setting | | know the key principles of influential theatre practitioners and their relevance to the therapeutic setting |

| | Music therapists only | | |
|---|---|---|---|
| 12.30 | 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 | ~~be able to~~ apply a coherent approach to their work, appropriate to each setting in which they practise |
| 12.31 | 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 | 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 |
| 12.32 | 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~~ | make culturally informed use of a broad range of musical styles and genres within their music therapy practice **and continue to develop this through engagement in their own arts-based process** |
| 12.33 | 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 | 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, a harmonic instrument **and digital technology** to a competent level |
| **13** | **be able to draw on appropriate knowledge and skills to inform practice** | | ~~be able to~~ draw on appropriate knowledge and skills to inform practice |
| 13.1 | be able to conduct appropriate diagnostic or monitoring procedures, | be able to change their practice as needed to take account of new | ~~be able to~~ change their practice as needed to take account of new |

| | | | |
|---|---|---|---|
| | treatment, therapy or other actions safely and effectively | developments, **technologies and** ~~or~~ changing contexts<br>*Moved from 14.4* | developments, technologies and ~~or~~ changing contexts |
| 13.2 | 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<br>*Moved from 14.5* | ~~be able to~~ gather appropriate information |
| 13.3 | be able to formulate specific and appropriate management plans including the setting of timescales | be able to analyse and critically evaluate the information collected<br>*Moved from 14.11* | ~~be able to~~ analyse and critically evaluate the information collected |
| 13.4 | be able to change their practice as needed to take account of new developments or changing contexts | be able to select and use appropriate assessment techniques<br>*Moved from 14.6* | ~~be able to~~ select and use appropriate assessment techniques **and equipment** |
| 13.5 | be able to gather appropriate information | be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and resources<br>*Moved from 14.7* | ~~be able to~~ undertake and record a thorough, sensitive and detailed assessment |
| 13.6 | be able to select and use appropriate assessment techniques | be able to undertake or arrange investigations as appropriate<br>*Moved from 14.8* | ~~be able to~~ undertake or arrange investigations as appropriate |
| 13.7 | 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<br>*Moved from 14.1* | ~~be able to~~ conduct appropriate ~~diagnostic~~ assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | be able to undertake or arrange investigations as appropriate | be aware of a range of research methodologies ~~and their respective limitations in evaluating~~ | ~~be aware of~~ recognise a range of research methodologies **relevant to their role** |

| | | | |
|---|---|---|---|
| | | ~~psychotherapeutic interventions and treatments~~<br>*Moved from 14.15* | |
| 13.9 | 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<br>*Moved from 14.14* | recognise the value of research to the critical evaluation of practice |
| 13.10 | 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<br>*Moved from 14.16* | ~~be able to~~ critically evaluate research and other evidence to inform their own practice |
| 13.11 | | | **engage service users in research as appropriate** |
| 13.12 | 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<br>*Moved from 14.2* | work with service users both to define a **clear timeframe for the length of therapy**, **to review this with them**, and to evaluate the therapy's strengths, benefits and limitations |
| | be able to demonstrate a logical and systematic approach to problem solving | ~~be able to demonstrate a logical and systematic approach to problem solving~~<br>*Moved to standard 4* | |
| | 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~~<br>*Moved to standard 4* | |
| 13.13 | 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*<br><br>*Moved from 14.3* | formulate specific and appropriate management plans |

| | | | |
|---|---|---|---|
| 13.14 | 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<br>*Moved from 14.9* | observe and record service users' responses and assess the implication for diagnosis and intervention |
| | 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<br>*Moved from 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 use information and communication technologies appropriate to their practice | ~~be able to use information and communication technologies appropriate to their practice~~<br>*Moved to standard 8* | |
| **Art therapists only** | | | |
| 13.16 | 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 | | use a range of arts and art-making materials and techniques competently and be able to ~~help~~ **support** a service user to work with these |
| **Dramatherapists only** | | | |
| 13.17 | 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 | | 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** | | | |

| | | | |
|---|---|---|---|
| 13.18 | 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 | 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 support a service user to work with these |
| **14** | **understand the need to establish and maintain a safe practice environment** | | ~~understand the need to~~ establish and maintain a safe practice environment |
| 14.1 | understand the need to maintain the safety of both service users and those involved in their care | | understand the need to maintain the safety of **themself and others, including** service users, **carers and colleagues** ~~and those involved in their care~~ |
| 14.2 | 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 | | ~~be aware of applicable~~ **demonstrate awareness of relevant** 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~~ **and comply with all local operational procedures and policies** |
| 14.3 | be able to work safely, including being able to select appropriate hazard control and risk management, in a safe manner and in accordance with health and safety legislation | 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~~ 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 |

| 14.4 | be able to select appropriate personal protective equipment and use it correctly | | ~~be able to~~ select appropriate personal protective equipment and use it correctly |
|---|---|---|---|
| 14.5 | 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 | ~~be able to~~ establish safe environments for practice, which appropriately manages risk ~~to service users, those treating them and others, including the use of hazard control and particularly infection control~~ |
| 15 | **promote and prevent ill health** | | |
| 15.1 | | | **understand the role of their profession in health promotion, health education and preventing ill health** |
| 15.2 | | | **understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being** |
| 15.3 | | | **empower and enable individuals (including service users and colleagues) to play a part in managing their own health** |
| 15.4 | | | **engage in occupational health, including being aware of immunisation requirements** |

**Proposed standards of proficiency for biomedical scientists**

This document sets out the proposed changes to the standards of proficiency for biomedical scientists. Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**. Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions.

The columns show changes between the current version on the left, the changes proposed at consultation in the centre, and the proposed new standards on the right. The standards are numbered according to the current proposals.

The current standards of proficiency for biomedical scientists are available to download and view for comparison at:

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

| No. | Standard | Suggested amendments (at consultation) | Proposed standard |
|---|---|---|---|
| **Registered biomedical scientists must:** | | | |
| 1 | **be able to practise safely and effectively within their scope of practice** | | ~~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** | **identify** 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** | recognise the need to manage their own workload and resources safely and effectively, **including managing the emotional burden that comes with working in a pressurised environment** |
| 1.3 | | | **keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career** |
| 2 | **be able to practise within the legal and ethical boundaries of their profession** | | ~~be able to~~ **practise within the legal and ethical boundaries of their profession** |
| 2.1 | | | **maintain high standards of personal and professional development** |
| 2.2 | 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 | promote and protect the service user's interests at all times |

| | | | |
|---|---|---|---|
| 2.3 | | **understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary** | understand the importance of safeguarding **by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging** ~~and the need to engage in appropriate safeguarding~~ processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council | | understand what is required of them by the Health and Care Professions Council, **including but not limited to the Standards of conduct, performance and ethics** |
| 2.5 | 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** | ~~understand the need to~~ respect and uphold the rights, dignity, values, and autonomy of service users, **including their role in assessment, diagnostic, treatment and / or therapeutic process** ~~and in maintaining health and wellbeing~~ |
| 2.6 | 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 | | recognise that relationships with service users, **carers and others** should be based on mutual respect and trust, and ~~be able to~~ maintain high standards of care ~~even situations of personal incompatibility~~ **in all circumstances** |
| 2.7 | understand the importance of and be able to obtain informed consent | | understand the importance of and be able to obtain ~~informed~~ **valid** consent, **which is voluntary and informed and has due regard to capacity, is** |

| | | | |
|---|---|---|---|
| | | | **proportionate to the circumstances and is appropriately documented** |
| 2.8 | | | **Understand the importance of capacity in the context of delivering care and treatment** |
| 2.9 | be able to exercise a professional duty of care | | **Understand the scope of** ~~be able to exercise~~ a professional duty of care**, and exercise that duty** |
| 2.10 | know about current legislation applicable to the work of their profession | **understand** ~~know about~~ current legislation applicable to the work of their profession | Understand **and apply current** legislation, **policies and guidance relevant** to their profession **and scope of practice** |
| 2.11 | | | **Recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain** |
| 2.12 | be aware of the British, European and International Standards that govern and affect pathology laboratory practice | | ~~Be aware~~ **demonstrate awareness** of the British, European and International Standards that govern and affect pathology laboratory practice |
| **3** | **be able to maintain fitness to practise** | | **Look after their health and wellbeing, seeking appropriate support where necessary** ~~be able to maintain fitness to practise~~ |
| 3.1 | understand the need to maintain high standards of personal and professional conduct | | **Identify anxiety and stress in themselves and recognise the potential impact on their practice** ~~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** | understand the importance of ~~maintaining~~ their own mental and physical health **and wellbeing strategies in maintaining fitness to practise** ~~and be able to take appropriate action if their health may affect their ability to practise safely and effectively~~ |
| 3.3 | | | **Understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary** |
| 3.4 | | **understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary** | **Develop and adopt clear strategies for physical and mental self-care and self-awareness and safe working environment** ~~understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary~~ |
| **4** | **be able to practise as an autonomous professional, exercising their own professional judgement** | | ~~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 ***Moved from 4.4*** | | recognise that they are personally responsible for and must be able to justify their decisions **and actions** |
| 4.2 | be able to use their skills, knowledge and experience, and the information | | ~~be able to~~ use their skills, knowledge and experience, and the information |

| | | | |
|---|---|---|---|
| | available to them, to make informed decisions or initiate solutions where necessary<br>***Moved from 4.1*** | | available to them, to make informed decisions **and / or** ~~initiate solutions~~ **take action** where necessary |
| 4.3 | 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 | 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<br>*Moved from 4.2, changes for consistency across the professions* | ~~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 and requests for interventions from other services<br>***Moved from 4.6, changes for consistency across the professions*** | be able to make **and receive** appropriate referrals ~~and requests for interventions from other services~~ | ~~be able to~~ make **and receive** appropriate referrals, **where necessary** |
| 4.5 | be able to initiate resolution of problems and be able to exercise personal initiative | | ~~be able to initiate resolution of problems and be able to~~ exercise personal initiative |
| 4.6 | be able to demonstrate use research, reasoning, and a logical and systematic approach to problem solving skills to determine appropriate actions<br>***Moved from standard 14*** | be able to **demonstrate** ~~use research, reasoning, and~~ a logical and systematic approach to problem solving ~~skills to determine appropriate actions~~ | ~~be able to~~ demonstrate a logical and systematic approach to problem solving |
| 4.7 | 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 | ~~be able to~~ use research, reasoning~~,~~ and problem solving skills when determin**ing** appropriate actions |

| | | | |
|---|---|---|---|
| | *Moved from standard 14* | | |
| 4.8 | understand the importance of participation in training, supervision and mentoring | understand the importance of **active** participation in training, supervision and mentoring | understand the ~~importance~~ need for ~~of~~ active participation in training, supervision ~~and~~ mentoring **in supporting high standards of practice and personal and professional conduct, and the importance of demonstrating this in practice** |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | | ~~be aware of~~ **recognise** the impact of culture, equality and diversity on practice **and practise in a non-discriminatory and inclusive manner** |
| 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 | ~~understand the need to adapt practice to~~ respond appropriately to the needs of all different groups and individuals **in practice, recognising this can be affected by different of any kind, including, but not limited to, protected characteristics, intersectional experiences and cultural differences** |
| 5.2 | | | **Understand equality legislation and apply it to their practice** |
| 5.3 | | **be aware of the impact of their own values and beliefs on practice** | ~~be aware of~~ recognise the potential impact of their own values, beliefs (which may be unconscious) on practice and take personal action to ensure all service users and |

| | | | carers are treated appropriately with respect and dignity |
|---|---|---|---|
| 5.4 | | | **Understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice** |
| 5.5 | | **be aware of the characteristics and consequences of barriers to inclusion**<br><br>*(Considered in previous standard 6, which has since been removed )* | **Recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups** |
| 5.6 | | | **Actively challenge these barriers, supporting the implementation of change wherever possible** |
| 5.7 | | | **Recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice** |
| **6** | **understand the importance of and be able to maintain confidentiality** | | **understand the importance of and** ~~**be able to**~~ **maintain confidentiality** |
| 6.1 | be aware of the limits of the concept of confidentiality | | ~~be aware of the limits of the concept~~ **adhere to the professional duty** of confidentiality **and understand when disclosure may be required** |
| 6.2 | understand the principles of information governance and be aware of the safe and effective use of health and social care information | understand the principles of information governance and be aware of the safe and effective use of health, ~~and~~ social care **and other relevant** information | understand the principles of information governance **and data** and be aware of the safe and effective use of health social care and other relevant information |

| | | | |
|---|---|---|---|
| 6.3 | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public | | ~~be able to~~ recognise and respond ~~appropriately~~ **in a timely manner** to situations where it is necessary to share information to safeguard service users, **carers and /** or the wider public |
| 6.4 | | | **Understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication and support (such as interpreters or translators)** |
| 6.5 | | | **Recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records, such as photography, video and audio recordings and digital platforms** |
| **7** | **be able to communicate effectively** | | ~~be able to~~ communicate effectively |
| 7.1 | 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~~ | ~~be able to~~ use effective and appropriate verbal and non-verbal skills to communicate with service users, colleagues and others |
| 7.2 | 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] | | ~~be able to~~ communicate in English to the **required** standard **for their profession (**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.* | | |
| 7.3 | 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, 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, **disability,** ethnicity, gender, **marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs | ~~be aware of the~~ **Understand the** characteristics and consequences of verbal and non-verbal communication and how this can be affected by **difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences** ~~factors such as age, culture,~~ **disability,** ~~ethnicity, gender, marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,~~ ~~socio-economic status and spiritual or religious beliefs~~ |
| 7.4 | | **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** | ~~be able to~~ work with service users **and /** or their carers to facilitate the service user's preferred role in decision-making, and provide service |

| | | | |
|---|---|---|---|
| | | information they may need where appropriate | users and carers with the information they may need where appropriate |
| 7.5 | | **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** | ~~be able to~~ modify their **own** means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | | | **Understand the need to support the communication needs and preferences of service users and carers and remove any barriers to communication where possible** |
| 7.7 | | be able to use information and communication technologies appropriate to their practice **Moved from standard 14** | ~~be able to~~ use information, ~~and~~ communication **and digital** technologies appropriate to their practice |
| 7.8 | | | **Understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decision** |
| 7.9 | be able to communicate the outcome of biomedical procedures | | ~~be able to~~ communicate the outcome of biomedical procedures |
| **8** | **be able to work appropriately with others** | | ~~be able to~~ **work appropriately with others** |
| 8.1 | be able to work, where appropriate, in partnership with service users, | be able to work, where appropriate, in partnership with service users, **their** | be able to work, ~~where appropriate,~~ in partnership with service users, ~~their relatives and~~ carers, **colleagues** |

| | | | |
|---|---|---|---|
| | other professionals, support staff, communities and others | **relatives and carers,** other professionals, support staff~~, communities~~ and others | ~~other professionals, support staff, communities~~ and others |
| 8.2 | | | **Recognise the principles and practises of other health and care professionals and systems and how they interact with their profession** |
| 8.3 | understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team | | understand the need to build and sustain professional relationships as both an ~~independen~~t **autonomous** practitioner and collaboratively as a member of a team |
| 8.4 | 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 |
| 8.5 | | | **Identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate** |
| 8.6 | | **understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice** | understand the qualities, behaviours and benefits of leadership ~~and be able to apply them in the context of your practice~~ |
| 8.7 | | | **Recognise that leadership is a skill all professionals can demonstrate** |
| 8.8 | | | **Identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion** |

| | | | |
|---|---|---|---|
| 8.9 | | | **Demonstrate leadership behaviours appropriate to their practice** |
| 8.10 | | | **Act as a role model to others** |
| 8.11 | | | **Promote and engage in the learning of others** |
| 8.12 | understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals | | understand the need to engage service users and carers in planning and evaluating diagnostics, ~~treatments and interventions~~ **and assessment outcomes** to meet their needs and goals |
| 8.13 | be aware of the impact of pathology services on the patient care pathway | be aware of the impact of pathology services on the **service user** ~~patient~~ care pathway | **demonstrate awareness** of the impact of pathology services on the service user care pathway |
| **9** | **be able to maintain records appropriately** | | ~~be able to~~ **maintain records appropriately** |
| 9.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | | ~~be able to~~ keep **full, clear and** accurate, ~~comprehensive and comprehensible~~ records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines | | ~~recognise the need to~~ manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | | | **Use digital record keeping tools, where required** |
| 9.4 | be able to recognise, communicate and understand the risks | | recognise, communicate and understand the risks and possible |

| | | | |
|---|---|---|---|
| | and possible serious consequences of errors and omissions in both requests for, and results of, laboratory investigations | | serious consequences of errors and omissions in both requests for, and results of, laboratory investigations |
| 9.5 | be able to use systems for the accurate and correct identification of patients and laboratory specimens | be able to use systems for the accurate and correct identification of **service users** ~~patients~~ and laboratory specimens | use systems for the accurate and correct identification of service users and laboratory specimens |
| 9.6 | understand the need to adhere to protocols of specimen identification, including bar coding and electronic tag systems | | understand the need to adhere to protocols of specimen identification, including bar coding and electronic tag systems |
| 9.7 | understand the importance of backup storage of electronic data | | understand the importance of backup storage of electronic data |
| **10** | **be able to reflect on and review practice** | | ~~be able to~~ **reflect on and review practice** |
| 10.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | | understand the value of ~~reflection~~ **reflective** practice and the need to record the outcome of such reflection **to support continuous improvement** |
| 10.2 | 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 <br> *For consistency across the professions, following feedback from stakeholders of what was the most universal term* | recognise the value of **multidisciplinary reviews,** case conferences and other methods of review |
| **11** | **be able to assure the quality of their practice** | | ~~be able to~~ **assure the quality of their practice** |

| | | | |
|---|---|---|---|
| 11.1 | 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~~ | ~~be able to~~ engage in evidence-based practice |
| 11.2 | 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** | ~~be able to~~ gather and use feedback and information, including qualitative and quantitative data, to evaluate the response of service users to their care |
| 11.3 | | **be able to monitor and systematically evaluate the quality of practice, and maintain an effective audit trail to work towards continual improvement** | ~~be able to~~ **monitor and systematically evaluate the quality of practice, and maintain an effective** ~~audit trail~~ **quality management and quality assurance process working** ~~to work~~ **towards continual improvement** |
| 11.4 | | **be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures** | ~~be able to~~ participate in ~~audit procedures and~~ quality management, including quality control, quality assurance, **clinical governance** and the use of appropriate outcome measures |
| 11.5 | 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** | ~~be able to~~ evaluate **care plans or** intervention plans using recognised **and appropriate** outcome measures**, in conjunction with the service user where possible,** and revise the plans as necessary ~~in conjunction with the service user~~ |

| | | | |
|---|---|---|---|
| 11.6 | | **recognise the value of contributing to the generation of data for quality assurance and improvement programmes** | recognise the value of **gathering and using** ~~contributing to the generation of~~ data for quality assurance and improvement programmes |
| 11.7 | be able to select and apply quality and process control measures | | select and apply quality and process control measures |
| 11.8 | be able to identify and respond appropriately to abnormal outcomes from quality indicators | | identify and respond appropriately to abnormal outcomes from quality indicators |
| **12** | **understand the key concepts of the knowledge base relevant to their profession** | | **understand and apply the key concepts of the knowledge base relevant to their profession** |
| 12.1 | understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession | | understand the structure and function of the human body, together with knowledge of **physical and mental** health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | 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 | ~~be aware of~~ **demonstrate awareness of** the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 12.3 | 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** | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of biomedical scientist |
| 12.4 | understand the structure and function of health and social care services in the UK | | understand the structure and function of health and social care **systems and** services in the UK |

| | | | |
|---|---|---|---|
| 12.5 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention | | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
| 12.6 | be able to demonstrate knowledge of the underpinning scientific principles of investigations provided by clinical laboratory services | | be able to demonstrate knowledge of the underpinning scientific principles of investigations provided by clinical laboratory services |
| 12.7 | 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 | | 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 |
| 12.8 | be able to evaluate analyses using qualitative and quantitative methods to aid the diagnosis, screening and monitoring of health and disorders | | be able to evaluate analyses using qualitative and quantitative methods to aid the diagnosis, screening and monitoring of health and disorders |
| 12.9 | understand the techniques and associated instrumentation used in the practice of biomedical science | | understand the techniques and associated instrumentation used in the practice of biomedical science |
| 12.10 | understand the biological hazards groups and associated containment levels | | understand the biological hazards groups and associated containment levels |
| **13** | **be able to draw on appropriate knowledge and skills to inform practice** | | ~~**be able to**~~ **draw on appropriate knowledge and skills to inform practice** |
| **13.1** | be able to change their practice as needed to take account of new developments or changing contexts | be able to change their practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts | be able to change their practice as needed to take account of new |

| | | | developments, technologies and changing contexts |
|---|---|---|---|
| **13.2** | be able to gather appropriate information | be able to gather appropriate information | ~~be able to~~ gather appropriate information |
| **13.3** | be able to analyse and critically evaluate the information collected | be able to analyse and critically evaluate the information collected | be able to analyse and critically evaluate the information collected |
| **13.4** | be able to select and use appropriate assessment techniques | | be able to select and use appropriate assessment techniques **and equipment** |
| **13.5** | | **be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment** | **be able to undertake and record a thorough, sensitive and detailed assessment, ~~using appropriate techniques and equipment~~** |
| **13.6** | be able to undertake or arrange investigations as appropriate | | be able to undertake or arrange investigations as appropriate |
| **13.7** | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, interventions or other actions safely and effectively | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy~~, interventions~~ or other actions safely and effectively | be able to conduct appropriate ~~diagnostic~~ **assessment** or monitoring procedures, treatment, therapy or other actions safely and effectively |
| **13.8** | be aware of a range of research methodologies and be able to critically evaluate research in order to inform practice | be aware of a range of research methodologies ~~and be able to critically evaluate research in order to inform practice~~ | ~~be aware of~~ **recognise** a range of research methodologies **relevant to their role** |
| **13.9** | recognise the value of research to the critical evaluation of practice | recognise the value of research to the critical evaluation of practice | 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 | be able to critically evaluate research and other evidence to inform their own practice |
|---|---|---|---|
| 13.10 | | | |
| 13.11 | | | **Engage service users in research as appropriate** |
| 13.12 | be able to perform and supervise procedures in clinical laboratory investigations to reproducible standards | | perform and supervise procedures in clinical laboratory investigations to reproducible standards |
| 13.13 | be able to operate and utilise specialist equipment according to their discipline | | operate and utilise specialist equipment according to their discipline |
| 13.14 | be able to validate scientific and technical data and observations according to pre-determined quality standards | | validate scientific and technical data and observations according to pre-determined quality standards |
| 13.15 | 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 | | demonstrate proficiency in practical skills in cellular science, blood science, infection science, molecular and genetic science and reproductive science, where appropriate to the discipline |
| 13.16 | be able to demonstrate practical skills in the processing and analysis of specimens including specimen identification, the effect of storage on | | 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 | | specimens and the safe retrieval of specimens |
| **13.17** | be able to demonstrate practical skills in the investigation of disease processes | | demonstrate practical skills in the investigation of disease processes |
| 13.18 | be able to work in conformance with standard operating procedures and conditions | | work in conformance with standard operating procedures and conditions |
| 13.19 | be able to work with accuracy and precision | | work with accuracy and precision |
| 13.20 | be able to perform calibration and quality control checks | | perform calibration and quality control checks |
| 13.21 | be able to demonstrate operational management of laboratory equipment to check that equipment is functioning within its specifications and to respond appropriately to abnormalities | | demonstrate operational management of laboratory equipment to check that equipment is functioning within its specifications and to respond appropriately to abnormalities |
| 13.22 | understand the implications of non-analytical errors | | understand the implications of non-analytical errors |
| 13.23 | 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 | 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 | 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- |

| | | | |
|---|---|---|---|
| | services for near patient testing and non-invasive techniques | near- **service user** ~~patient~~ testing and non-invasive techniques | service user testing and non-invasive techniques |
| 13.24 | be able to formulate specific and appropriate management plans including the setting of timescales | | formulate specific and appropriate management plans including the setting of timescales |
| 13.25 | 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 select suitable specimens and procedures relevant to **service users'** ~~patients'~~ clinical needs, including collection and preparation of specimens as and when appropriate | select suitable specimens and procedures relevant to service users' clinical needs, including collection and preparation of specimens as and when appropriate |
| 13.26 | be aware of the need to assess and evaluate new procedures prior to routine use | | demonstrate awareness of the need to assess and evaluate new procedures prior to routine use |
| 13.27 | be able to investigate and monitor disease processes and normal states | | investigate and monitor disease processes and normal states |
| 13.28 | be able to use standard operating procedures for analyses including point of care in vitro diagnostic devices | | use standard operating procedures for analyses including point of care in vitro diagnostic devices |
| 13.29 | be able to use statistical packages and present data in an appropriate format | | use statistical packages and present data in an appropriate format |

| | | | |
|---|---|---|---|
| 13.30 | 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 | | design experiments, report, interpret and present data using scientific convention, including application of SI units and other units used in biomedical science |
| 13.31 | | | **safely interpret and authorise service user results** |
| **14** | **understand the need to establish and maintain a safe practice environment** | | ~~understand the need to establish and maintain a safe practice environment~~ |
| 14.1 | understand the need to maintain the safety of both service users and those involved in their care | | understand the need to maintain the safety of **themselves and others, including** ~~both~~ service users, **carers and colleagues** ~~and those involved in their care~~ |
| 14.2 | 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 | | ~~be aware of applicable~~ **demonstrate awareness of relevant** 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~~ **and comply with all local operational procedures and policies** |
| 14.3 | 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 | | ~~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 |

| | | | |
|---|---|---|---|
| 14.4 | be able to select appropriate personal protective equipment and use it correctly | | ~~be able to~~ select appropriate personal protective equipment and use it correctly |
| 14.5 | 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 | be able to establish safe environments for practice, which appropriately manages risk to service users ~~those treating them and others, including the use of hazard control and particularly infection control~~ |
| 14.6 | understand the application of principles of good  laboratory practice | | understand the application of principles of good laboratory practice |
| **15** | **Promote and prevent ill health** | | |
| **15.1** | | | **Understand the role of their profession in health promotion, health education and preventing ill-health** |
| **15.2** | | | **Understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being** |
| **15.3** | | | **Empower and enable individuals (including service users and colleagues) to play a part in managing their own health** |
| **15.4** | | | **Engage in occupational health, including being aware of immunisation requirements** |

**Draft standards of proficiency for chiropodists / podiatrists**

This document sets out the proposed changes to the standards of proficiency for chiropodists. Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**. Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions.

The columns show changes between the current version on the left, the changes proposed at consultation in the centre, and the proposed new standards on the right. The standards are numbered according to the current proposals.

The current standards of proficiency for chiropodists/podiatrists are available to download and view for comparison at:

https://www.hcpc-uk.org/standards/standards-of-proficiency/chiropodists-podiatrists/

| No. | Standard | Proposed amendments | |
|-----|----------|---------------------|---|
| **Registrant chiropodists / podiatrists must:** | | | |
| **1** | **be able to practise safely and effectively within their scope of practice** | | ~~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** | ~~know~~ **identify** 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** | recognise the need to manage their own workload and resources safely and effectively, **including managing the emotional burden that comes with working in a pressured environment** |
| 1.3 | | | **keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career** |
| **2** | **be able to practise within the legal and ethical boundaries of their profession** | | ~~be able to~~ **practise within the legal and ethical boundaries of their profession** |
| **2.1** | | | **maintain high standards of personal and professional conduct** |

| | | | |
|---|---|---|---|
| 2.2 | 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 | ~~understand the need to~~ promote and protect the service user's interests at all times |
| 2.3 | | **understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary** | understand the importance of safeguarding **by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging** ~~and the need to engage~~ in ~~appropriate~~ **these** ~~safeguarding~~ processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council | | understand what is required of them by the Health and Care Professions Council, **including but not limited to the Standards of conduct, performance and ethics** |
| 2.5 | 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 | | ~~understand the need to~~ respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the **assessment**, diagnostic, **treatment** and **/ or** therapeutic process ~~and in maintaining health and wellbeing~~ |
| 2.6 | recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of | | recognise that relationships with service users, **carers and others** should be based on mutual respect and trust, ~~and be able to~~ maintain**ing** high standards |

| | | | |
|---|---|---|---|
| | care even in situations of personal incompatibility | | of care **in all circumstances** ~~even in situations of personal incompatibility~~ |
| 2.7 | know about current legislation applicable to the work of their profession | understand the importance of and be able to obtain informed consent<br>*Moved from 2.6* | understand the importance of and be able to obtain **valid** ~~informed~~ consent, **which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented** |
| 2.8 | | | **understand the importance of capacity in the context of delivering care and treatment** |
| 2.9 | understand the importance of and be able to obtain informed consent | be able to exercise a professional duty of care<br>*Moved from 2.7* | **understand the scope of** ~~be able to exercise a~~ professional duty of care, **and exercise that duty** |
| 2.10 | be able to exercise a professional duty of care | **understand** ~~know about~~ current legislation applicable to the work of their profession<br>*Moved from 2.5* | understand **and apply** ~~about~~ **current legislation, policies and guidance relevant** ~~applicable~~ to ~~the work of~~ their profession **and scope of practice** |
| 2.11 | | | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |
| 3 | **be able to maintain fitness to practise** | | **look after their health and wellbeing, seeking appropriate support where necessary** ~~be able to maintain fitness to practise~~ |

| | | | |
|---|---|---|---|
| 3.1 | understand the need to maintain high standards of personal and professional conduct | | **identify anxiety and stress in themselves and recognise the potential impact on their practice** ~~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** | understand the importance of ~~maintaining~~ their own mental and physical health and **wellbeing strategies in maintaining fitness to practise** ~~be able to take appropriate action if their health may affect their ability to practise safely and effectively~~ |
| 3.3 | | | **understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary** |
| 3.4 | | **understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary** | **develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment** ~~understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary~~ |

| | | | |
|---|---|---|---|
| 3.5 | 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** | | ~~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* | recognise that they are personally responsible for and must be able to justify their decisions **and actions** |
| 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* | ~~be able to~~ use their skills, knowledge and experience, and the information available to them, to make informed decisions **and /** or ~~initiate solutions~~ **take action** where necessary |
| 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* | ~~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 | recognise that they are personally responsible for and must be able to justify their decisions | be able to make and receive appropriate referrals<br>*Moved from 4.5* | ~~be able to~~ make and receive appropriate referrals**, where necessary** |
| 4.5 | be able to make and receive appropriate referrals | be able to initiate resolution of problems and be able to exercise personal initiative<br>*Moved from 4.3* | ~~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<br>*Moved from standard 14* | ~~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<br>*Moved from standard 14* | ~~be able to~~ use research, reasoning and problem solving skills to **when** ~~determine~~ determining appropriate actions |
| 4.8 | understand the importance of participation in training, supervision and mentoring | understand the importance of **active** participation in training, supervision**,** and mentoring<br>*Moved from 4.6* | understand the ~~importance~~ **need for** ~~of~~ active participation in training, supervision and mentoring **in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice** |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | | ~~be aware of~~ **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
| 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 | ~~understand the need to adapt practice to~~ respond appropriately to the needs of all different groups and individuals **in practice, recognising this can be** |

| | | | |
|---|---|---|---|
| | | | **affected by difference of any kind including, but not limited to, protected characteristics[2], intersectional experiences and cultural differences** |
| 5.2 | | | **understand equality legislation and apply it to their practice** |
| 5.3 | | **be aware of the impact of their own values and beliefs on practice** | ~~be aware of the~~ **recognise the potential** impact of their own values, ~~and~~ beliefs **and personal biases (which may be unconscious)** on practice **and take personal action to ensure all service users and carers are treated appropriately with respect and dignity** |
| | | 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, **marriage or civil partnership, 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_ | |

[2] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| | | | |
|---|---|---|---|
| | | *the exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication* | |
| 5.4 | | | **understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice** |
| 5.5 | | | **recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups** |
| 5.6 | | | **actively challenge these barriers, supporting the implementation of change wherever possible** |
| 5.7 | | | **recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice** |
| | | | |
| | **be able to practise in a non-discriminatory manner** | be able to practise in a non-discriminatory **and inclusive** manner | |
| | | **be aware of the characteristics and consequences of barriers to inclusion** | |
| **6** | **understand the importance of and be able to maintain confidentiality** | | **understand the importance of and ~~be able to~~ maintain confidentiality** |

| | | | |
|---|---|---|---|
| 6.1 | be aware of the limits of confidentiality | be aware of the limits of **the concept of** confidentiality | ~~be aware of the limits of the concept of~~ **adhere to the professional duty of** confidentiality **and understand when disclosure may be required** |
| 6.2 | understand the principles of information governance and be aware of the safe and effective use of health and social care information | understand the principles of information governance and be aware of the safe and effective use of health, ~~and~~ social care **and other relevant** information | understand the principles of information **and data** governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public | | ~~be able to~~ recognise and respond ~~appropriately~~ **in a timely manner** to situations where it is necessary to share information to safeguard service users, **carers and /** or the wider public |
| 6.4 | | | **understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators)** |
| 6.5 | | | **recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms** |
| | | | |

| 7 | be able to communicate effectively | | ~~be able to communicate effectively~~ |
|---|---|---|---|
| 7.1 | 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 | ~~be able to~~ use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
| 7.2 | 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]<br><br>*[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.* | | ~~be able to~~ communicate in English to the **required** standard **for their profession (**equivalent to level 7 of the International English Language Testing System, with no element below 6.5[3]**)** |

[3] 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.

| | | | |
|---|---|---|---|
| 7.3 | | | **understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics[4], intersectional experiences and cultural differences** |
| 7.4 | | **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 may need where appropriate** | ~~be able to~~ work with service users **and /** or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | | **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** | ~~be able to~~ modify their **own** means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | | | **understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter** |
| 7.7 | | be able to use information and communication technologies appropriate to their practice | ~~be able to~~ use information ~~and~~ communication **and digital** |

[4] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| | | | |
|---|---|---|---|
| | | *Moved from standard 14* | technologies appropriate to their practice |
| 7.8 | | | **understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions** |
| 7.9 | 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 | understand the need to empower **service users** ~~patients~~ to manage their foot health and related issues and recognise the need to provide advice to the **service user** ~~patient~~ on self-treatment where appropriate | understand the need to empower service users to manage their foot health and related issues and recognise the need to provide advice to the service user on self-treatment where appropriate |
| | 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* | |
| | 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* | |
| | be aware of the characteristics and consequences of verbal and non-verbal communication and how this | ~~be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be~~ | |

| | | | |
|---|---|---|---|
| | can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs | ~~affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs~~ <br> *Moved to standard 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~~ <br> *Captured by the new standards below* | |
| | 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~~ <br> *Captured by the new standards below* | |
| | 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~~ <br> *Captured by the new standards below* | |
| | | | |
| **8** | **be able to work appropriately with others** | | ~~be able to work appropriately with~~ **others** |
| 8.1 | 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, **their relatives and carers,** other professionals, support staff and others | ~~be able to~~ work, ~~where appropriate~~, in partnership with service users, their ~~relatives and~~ carers, **colleagues** ~~other professionals, support staff~~ and others |
| 8.2 | | | recognise the principles and practices of other health and care professionals |

| | | | and systems and how they interact with their profession |
|---|---|---|---|
| 8.3 | understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team | | understand the need to build and sustain professional relationships as both an ~~independent~~ **autonomous** practitioner and collaboratively as a member of a team |
| 8.4 | 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* | ~~be able to~~ contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | | | **identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate** |
| 8.6 | | **understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice** | understand the qualities, behaviours and benefits of leadership ~~and be able to apply them in the context of your practice~~ |
| 8.7 | | | **recognise that leadership is a skill all professionals can demonstrate** |
| 8.8 | | | **identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion** |
| 8.9 | | | **demonstrate leadership behaviours appropriate to their practice** |

| | | | |
|---|---|---|---|
| 8.10 | | | **act as a role model for others** |
| 8.11 | | | **promote and engage in the learning of others** |
| 8.12 | 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<br>*Moved from 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 |
| **9** | **be able to maintain records appropriately** | | ~~be able to~~ **maintain records appropriately** |
| 9.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | | ~~be able to~~ keep **full, clear and** accurate, ~~comprehensive and comprehensible~~ records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines | | ~~recognise the need to~~ manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | | | **use digital record keeping tools, where required** |
| | | | |
| **10** | **be able to reflect on and review practice** | | ~~be able to~~ **reflect on and review practice** |

| | | | |
|---|---|---|---|
| 10.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | | understand the value of ~~reflection~~ **reflective** ~~on~~ practice and the need to record the outcome of such reflection **to support continuous improvement** |
| 10.2 | recognise the value of case conferences and other methods of review | | recognise the value of **multi-disciplinary reviews,** case conferences and other methods of review |
| **11** | **be able to assure the quality of their practice** | | ~~be able to~~ **assure the quality of their practice** |
| 11.1 | 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~~ | ~~be able to~~ engage in evidence-based practice |
| 11.2 | 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 | ~~be able to~~ gather and use feedback and information, including qualitative and quantitative data, to evaluate the response~~s~~ of service users to their care |
| | 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* | |
| 11.3 | 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** | ~~be able to~~ monitor and systematically evaluate the quality of practice, and maintain an effective ~~audit trail~~ **quality** |

|  |  | maintain an effective audit trail **to** ~~and~~ work towards continual improvement | **management and quality assurance process working** ~~to work~~ towards continual improvement |
| --- | --- | --- | --- |
|  | 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* |  |
| 11.4 |  | **be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures** | **be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures** |
| 11.5 | be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user |  | ~~be able to~~ evaluate **care plans or** intervention plans using recognised **and appropriate** outcome measures, **in conjunction with the service user where possible**, and revise the plans as necessary ~~in conjunction with the service user~~ |
| 11.6 | 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 | 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* | recognise the value of **gathering and using** ~~contributing to the generation of~~ data for quality assurance and improvement programmes |
|  |  |  |  |

| 12 | **understand the key concepts of the knowledge base relevant to their profession** | | **understand and apply the key concepts of the knowledge base relevant to their profession** |
|---|---|---|---|
| 12.1 | 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 <br> *Moved from 13.6* | understand the structure and function of the human body, together with knowledge of **physical and mental** health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | 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 <br> *Moved from 13.1* | ~~be aware~~ **demonstrate awareness** ~~of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process~~ |
| 12.3 | 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** <br> *Moved from 13.2* | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of chiropodist / podiatrist |
| | understand the concept of leadership and its application to practice | ~~understand the concept of leadership and its application to practice~~ <br> *Addressed by a new standard on leadership under standard 9 (9.A)* | |
| 12.4 | 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 <br> *Moved from 13.3* | understand the structure and function of health and social care **systems and** services in the UK |

| | | | |
|---|---|---|---|
| 12.5 | understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession | understand the theoretical basis of, and the variety of approaches to, assessment and intervention *Moved from 13.5* | understand the theoretical basis of, and the variety of approaches to, assessment and intervention **and be able to undertake these in practice** |
| 12.6 | understand, in the context of chiropody and podiatry:<br><br>– anatomy and human locomotion<br>– behavioural sciences<br>– foot health promotion and education<br>– histology<br>– immunology<br>– pharmacology<br>– physiology<br>– podiatric orthopaedics and biomechanics<br>– podiatric therapeutic sciences<br>– systemic and podiatric pathology | | understand, in the context of chiropody and podiatry:<br><br>– anatomy and human locomotion<br>– behavioural sciences<br>– foot health promotion, ~~and~~ education **and support**<br>– histology<br>– immunology<br>– pharmacology<br>– physiology<br>– **psychology**– podiatric orthopaedics and biomechanics<br>– podiatric therapeutic sciences<br>– ~~systemic and podiatric~~ **local** pathology |
| | | | |
| **13** | **be able to draw on appropriate knowledge and skills to inform practice** | | ~~be able to~~ **draw on appropriate knowledge and skills to inform practice** |
| 13.1 | be able to conduct appropriate diagnostic or monitoring procedures, | be able to change their practice as needed to take account of new | ~~be able to~~ change their practice as needed to take account of new |

| | | | |
|---|---|---|---|
| | treatment, therapy or other actions safely and effectively | developments, **technologies and** ~~or~~ changing contexts<br>*Moved from 14.9* | developments, technologies and changing contexts |
| 13.2 | be able to gather appropriate information | | ~~be able to~~ gather appropriate information |
| 13.3 | be able to select and use appropriate assessment techniques | be able to analyse and critically evaluate the information collected<br>*Moved from 14.13* | ~~be able to~~ analyse and critically evaluate the information collected |
| 13.4 | 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<br>*Moved from 14.2* | ~~be able to~~ select and use appropriate assessment techniques **and equipment** |
| 13.5 | 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<br>*Moved from 14.4* | ~~be able to~~ undertake and record a thorough, sensitive and detailed assessment, ~~using appropriate techniques and equipment~~ |
| 13.6 | 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<br>*Moved from 14.12* | ~~be able to~~ undertake or arrange investigations as appropriate |
| 13.7 | 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<br>*Moved from 14.1* | ~~be able to~~ conduct appropriate ~~diagnostic~~ **assessment** or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | be able to use basic life support skills and to deal safely with clinical emergencies | be aware of a range of research methodologies<br>*Moved from 14.18* | ~~be aware of~~ **recognise** a range of research methodologies **relevant to their role** |

| | | | |
|---|---|---|---|
| 13.9 | be able to change their practice as needed to take account of new developments or changing contexts | recognise the value of research to the critical evaluation of practice<br>*Moved from 14.17* | recognise the value of research to the critical evaluation of practice |
| 13.10 | 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:<br><br>– cardiovascular disorders<br>– dermatological disorders<br>– developmental disorders<br>– diabetes mellitus<br>– infections<br>– malignancy<br>– neurological disorders<br>– renal disorders<br>– rheumatoid arthritis and other arthropathies | be able to **critically** evaluate research and other evidence to inform their own practice<br>*Moved from 14.19* | ~~be able to~~ critically evaluate research and other evidence to inform their own practice |
| 13.11 | | | **engage service users in research as appropriate** |
| 13.12 | be able to carry out the following techniques safely and effectively:<br><br>– administer relevant prescription-only medicines, interpret any relevant pharmacological history and recognise potential consequences for patient treatment<br>– apply local anaesthesia techniques<br>– carry out mechanical debridement | be able to formulate specific and appropriate management plans including the setting of timescales<br>*Moved from 14.5* | ~~be able to~~ formulate specific and appropriate management plans including the setting of timescales |

| | | | |
|---|---|---|---|
| | of intact and ulcerated skin<br>– carry out surgical procedures for skin and nail conditions<br>– make and use chair-side foot orthoses<br>– manage nail disorders<br>– prescribe foot orthoses<br>– use appropriate physical and chemical therapies | | |
| 13.13 | 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<br>*Moved from 14.6* | ~~be able to~~ conduct neurological, vascular, biomechanical, dermatological and podiatric assessments in the context of chiropody and podiatry |
| 13.14 | be able to analyse and critically evaluate the information collected | be able to use a systematic approach to formulate and test a preferred diagnosis<br>*Moved from 14.7* | ~~be able to~~ use a systematic approach to formulate and test a preferred diagnosis |
| 13.15 | 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<br>*Moved from 14.8* | ~~be able to~~ use basic life support skills and to deal safely with clinical emergencies |
| | be able to demonstrate a logical and systematic approach to problem solving | ~~be able to demonstrate a logical and systematic approach to problem solving~~<br>*Moved to standard 4* | |
| | 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~~<br>*Moved to standard 4* | |
| 13.16 | 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: | ~~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<br>– dermatological disorders<br>– developmental disorders<br>– diabetes mellitus<br>– infections<br>– malignancy<br>– neurological disorders<br>– renal disorders<br>– rheumatoid arthritis and other arthropathies<br>*Moved from 14.10* | – cardiovascular disorders<br>– dermatological disorders<br>– developmental disorders<br>– diabetes mellitus<br>– infections<br>– malignancy<br>– neurological disorders<br>– renal disorders<br>– rheumatoid arthritis and other arthropathies |
| 13.17 | be aware of a range of research methodologies | be able to carry out the following techniques safely and effectively:<br><br>– administer relevant prescription-only medicines, interpret any relevant pharmacological history and recognise potential consequences for **service user** ~~patient~~ treatment<br>– apply local anaesthesia techniques<br>– carry out mechanical debridement of intact and ulcerated skin<br>– carry out surgical procedures for skin and nail conditions<br>– make and use chair-side foot orthoses<br>– manage nail disorders<br>– prescribe foot orthoses<br>– use appropriate physical and chemical therapies<br>*Moved from 14.11* | ~~be able to~~ carry out the following techniques safely and effectively:<br><br>– administer relevant prescription-only medicines, interpret any relevant pharmacological history and recognise potential consequences for service user treatment<br>– apply local anaesthesia techniques<br>– carry out **suitable or relevant** ~~mechanical~~ debridement of intact and ulcerated skin<br>– carry out surgical procedures for skin and nail conditions<br>– make and use chair-side foot orthoses<br>– manage **dermatological and** nail disorders<br>– prescribe foot orthoses<br>– use appropriate physical and chemical therapies |

|  |  |  |  |
|---|---|---|---|
|  | 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* |  |
|  | 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** | **understand the need to establish and maintain a safe practice environment** |  | ~~understand the need to establish and maintain a safe practice environment~~ |
| 14.1 | understand the need to maintain the safety of both service users and those involved in their care |  | understand the need to maintain the safety of **themself and others, including** ~~both~~ service users, **carers and colleagues** ~~and those involved in their care~~ |
| 14.2 | 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 |  | ~~be aware of applicable~~ **demonstrate awareness of  relevant** 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~~ **and comply with all local operational procedures and policies** |
| 14.3 | be able to work safely, including being able to select appropriate hazard control and risk |  | ~~be able to~~ work safely, including being able to select appropriate hazard control and risk management, reduction |

| | | | |
|---|---|---|---|
| | management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation | | or elimination techniques in a safe manner and in accordance with health and safety legislation |
| 14.4 | be able to select appropriate personal protective equipment and use it correctly | | ~~be able to~~ select appropriate personal protective equipment and use it correctly |
| 14.5 | 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 | ~~be able to~~ establish safe environments for practice, which appropriately manages risk ~~to service users, those treating them and others, including the use of hazard control and particularly infection control~~ |
| 14.6 | know how to position or immobilise patients correctly for safe and effective interventions | **understand** ~~know~~ how to position or immobilise **service users** ~~patients~~ correctly for safe and effective interventions *For consistency across the professions* | understand and ~~be able to~~ apply appropriate moving and handling techniques |
| 14.7 | know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages | | ~~understand how to~~ position or immobilise service users correctly for safe and effective interventions |
| 14.8 | | | know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages |
| | be aware of immunisation requirements and the role of occupational health | | |

| | | | |
|---|---|---|---|
| | | | |
| **15** | **Promote and prevent ill health** | | |
| 15.1 | | | understand the role of their profession in health promotion, health education and preventing ill health |
| 15.2 | | | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being |
| 15.3 | | | empower and enable individuals (including service users and colleagues) to play a part in managing their own health |
| 15.4 | | | engage in occupational health, including being aware of immunisation requirements |

**Proposed standards of proficiency for clinical scientists**

This document sets out the proposed changes to the standards of proficiency for clinical scientists. Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**. Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions.

The columns show changes between the current version on the left, the changes proposed at consultation in the centre, and the proposed new standards on the right. The standards are numbered according to the current proposals.

The current standards of proficiency for clinical scientists are available to download and view for comparison at:

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

| No. | Standard | Suggested amendments (at consultation) | Proposed standard |
|-----|----------|----------------------------------------|-------------------|
| **Registered clinical scientists must:** | | | |
| 1 | **be able to practise safely and effectively within their scope of practice** | | ~~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** | **identify** 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** | recognise the need to manage their own workload and resources safely and effectively, **including managing the emotional burden that comes with working in a pressurised environment** |
| 1.3 | | | **keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career** |
| 2 | **be able to practise within the legal and ethical boundaries of their profession** | | ~~be able to~~ **practise within the legal and ethical boundaries of their profession** |
| 2.1 | | | **maintain high standards of personal and professional development** |
| 2.2 | 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** | promote and protect the service user's interests at all times |

| | | | |
|---|---|---|---|
| | | **protect the service user's interests** at all times | |
| 2.3 | | **understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary** | understand the importance of safeguarding **by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging** ~~and the need to engage in appropriate safeguarding~~ processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council | | understand what is required of them by the Health and Care Professions Council, **including but not limited to the Standards of conduct, performance and ethics** |
| 2.5 | 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** | ~~understand the need to~~ respect and uphold the rights, dignity, values, and autonomy of service users, **including their role in assessment, diagnostic, treatment and / or therapeutic process** ~~and in maintaining health and wellbeing~~ |
| 2.6 | 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 | | recognise that relationships with service users, **carers and others** should be based on mutual respect and trust, and ~~be able to~~ maintain high standards of care ~~even situations of personal incompatibility~~ **in all circumstances** |
| 2.7 | understand the importance of and be able to obtain informed consent | | understand the importance of and be able to obtain ~~informed~~ **valid** consent, |

| | | | |
|---|---|---|---|
| | | | which is voluntary and informed and has due regard to capacity, is proportionate to the circumstances and is appropriately documented |
| 2.8 | | | **Understand the importance of capacity in the context of delivering care and treatment** |
| 2.9 | be able to exercise a professional duty of care | | **Understand the scope of** ~~be able to exercise~~ a professional duty of care**, and exercise that duty** |
| 2.10 | know about current legislation applicable to the work of their profession | **understand** ~~know about~~ current legislation applicable to the work of their profession | Understand **and apply current** legislation, **policies and guidance relevant** to their profession **and scope of practice** |
| 2.11 | | | **Recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain** |
| **3** | **be able to maintain fitness to practise** | | **Look after their health and wellbeing, seeking appropriate support where necessary** ~~be able to maintain fitness to practise~~ |
| 3.1 | understand the need to maintain high standards of personal and professional conduct | | **Identify anxiety and stress in themselves and recognise the potential impact on their practice** ~~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** | understand the importance of ~~maintaining~~ their own mental and physical health **and wellbeing** |

| | | | |
|---|---|---|---|
| | | health may affect their ability to practise safely and effectively | strategies in maintaining fitness to practise ~~and be able to take appropriate action if their health may affect their ability to practise safely and effectively~~ |
| 3.3 | | | **Understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary** |
| 3.4 | | understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary | **Develop and adopt clear strategies for physical and mental self-care and self-awareness and safe working environment** ~~understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary~~ |
| **4** | **be able to practise as an autonomous professional, exercising their own professional judgement** | | ~~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 *Moved from 4.4* | | recognise that they are personally responsible for and must be able to justify their decisions **and actions** |
| 4.2 | be able to use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary | | ~~be able to~~ use their skills, knowledge and experience, and the information available to them, to make informed decisions **and /** or ~~initiate solutions~~ **take action** where necessary |

|  |  |  |  |
|---|---|---|---|
|  | *Moved from 4.1* |  |  |
| 4.3 | 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 | 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<br>*Moved from 4.2, changes for consistency across the professions* | ~~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 and requests for interventions from other services<br>***Moved from 4.6, changes for consistency across the professions*** | be able to make **and receive** appropriate referrals ~~and requests for interventions from other services~~ | ~~be able to~~ make **and receive** appropriate referrals, **where necessary** |
| 4.5 | be able to initiate resolution of problems and be able to exercise personal initiative |  | ~~be able to initiate resolution of problems and be able to~~ exercise personal initiative |
| 4.6 | be able to demonstrate use research, reasoning, and a logical and systematic approach to problem solving skills to determine appropriate actions<br>***Moved from standard 14*** | be able to **demonstrate** ~~use research, reasoning, and~~ a logical and systematic approach to problem solving ~~skills to determine appropriate actions~~ | ~~be able to~~ demonstrate a logical and systematic approach to problem solving |
| 4.7 | be able to use research, reasoning, and a logical and systematic approach to problem solving skills to determine appropriate actions<br>***Moved from standard 14*** | 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 problem solving skills when determin**ing** appropriate actions |

| | | | |
|---|---|---|---|
| 4.8 | understand the importance of participation in training, supervision and mentoring | understand the importance of **active** participation in training, supervision and mentoring | understand the ~~importance~~ need for ~~of~~ active participation in training, supervision ~~and~~ mentoring **in supporting high standards of practice and personal and professional conduct, and the importance of demonstrating this in practice** |
| 4.9 | be able to make judgements on the effectiveness of procedures | | ~~be able to~~ make judgements on the effectiveness of procedures |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | | ~~be aware of~~ **recognise** the impact of culture, equality and diversity on practice **and practise in a non-discriminatory and inclusive manner** |
| 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 | ~~understand the need to adapt practice to~~ respond appropriately to the needs of all different groups and individuals **in practice, recognising this can be affected by different of any kind, including, but not limited to, protected characteristics, intersectional experiences and cultural differences** |
| 5.2 | | | **Understand equality legislation and apply it to their practice** |
| 5.3 | | **be aware of the impact of their own values and beliefs on practice** | ~~be aware of~~ recognise the potential impact of their own values, beliefs (which may be unconscious) on practice and take personal action to ensure all service users and |

| | | | |
|---|---|---|---|
| | | | **carers are treated appropriately with respect and dignity** |
| 5.4 | | | **Understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice** |
| 5.5 | | **be aware of the characteristics and consequences of barriers to inclusion**<br><br>*(Considered in previous standard 6, which has since been removed )* | **Recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups** |
| 5.6 | | | **Actively challenge these barriers, supporting the implementation of change wherever possible** |
| 5.7 | | | **Recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice** |
| 6 | **understand the importance of and be able to maintain confidentiality** | | **understand the importance of and** ~~be able to~~ **maintain confidentiality** |
| 6.1 | be aware of the limits of the concept of confidentiality | | ~~be aware of the limits of the concept~~ **adhere to the professional duty** of confidentiality **and understand when disclosure may be required** |
| 6.2 | understand the principles of information governance and be aware of the safe and effective use of health and social care information | understand the principles of information governance and be aware of the safe and effective use of health, ~~and~~ social care **and other relevant** information | understand the principles of information governance **and data** and be aware of the safe and effective use of health social care and other relevant information |

| | | | |
|---|---|---|---|
| 6.3 | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public | | ~~be able to~~ recognise and respond ~~appropriately~~ **in a timely manner** to situations where it is necessary to share information to safeguard service users, **carers and /** or the wider public |
| 6.4 | | | **Understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication and support (such as interpreters or translators)** |
| 6.5 | | | **Recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records, such as photography, video and audio recordings and digital platforms** |
| **7** | **be able to communicate effectively** | | ~~be able to~~ communicate effectively |
| 7.1 | 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~~ | ~~be able to~~ use effective and appropriate verbal and non-verbal skills to communicate with service users, colleagues and others |
| 7.2 | 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] | | ~~be able to~~ communicate in English to the **required** standard **for their profession (**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.* | | |
| 7.3 | 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, 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, **disability,** ethnicity, gender, **marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs | ~~be aware of the~~ **Understand the** characteristics and consequences of verbal and non-verbal communication and how this can be affected by **difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences** ~~factors such as age, culture,~~ **disability,** ~~ethnicity, gender, marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,~~ ~~socio-economic status and spiritual or religious beliefs~~ |
| 7.4 | | **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** | ~~be able to~~ work with service users **and /** or their carers to facilitate the service user's preferred role in decision-making, and provide service |

| | | | |
|---|---|---|---|
| | | **information they may need where appropriate** | users and carers with the information they may need where appropriate |
| 7.5 | | **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** | ~~be able to~~ modify their **own** means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | | | **Understand the need to support the communication needs and preferences of service users and carers and remove any barriers to communication where possible** |
| 7.7 | | be able to use information and communication technologies appropriate to their practice **Moved from standard 14** | ~~be able to~~ use information, ~~and~~ communication **and digital** technologies appropriate to their practice |
| 7.8 | | | **Understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decision** |
| 7.9 | be able to communicate the outcome of problem solving and research and developmental activities | | ~~be able to~~ communicate the outcome of problem solving and research and developmental activities |
| 7.10 | be able to summarise and present complex scientific ideas in an appropriate form | | ~~be able to~~ summarise and present complex scientific ideas in an appropriate form |

| 8 | **be able to work appropriately with others** | | ~~be able to~~ **work appropriately with others** |
|---|---|---|---|
| 8.1 | 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, **their relatives and carers,** other professionals, support staff~~, communities~~ and others | be able to work, ~~where appropriate~~, in partnership with service users, ~~their relatives and~~ carers, **colleagues** ~~other professionals, support staff, communities~~ and others |
| 8.2 | | | **Recognise the principles and practises of other health and care professionals and systems and how they interact with their profession** |
| 8.3 | understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team | | understand the need to build and sustain professional relationships as both an ~~independent~~ **autonomous** practitioner and collaboratively as a member of a team |
| 8.4 | 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 |
| 8.5 | | | **Identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate** |
| 8.6 | | **understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice** | understand the qualities, behaviours and benefits of leadership ~~and be able to apply them in the context of your practice~~ |
| 8.7 | | | **Recognise that leadership is a skill all professionals can demonstrate** |

| | | | |
|---|---|---|---|
| 8.8 | | | **Identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion** |
| 8.9 | | | **Demonstrate leadership behaviours appropriate to their practice** |
| 8.10 | | | **Act as a role model to others** |
| 8.11 | | | **Promote and engage in the learning of others** |
| 8.12 | understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals | | understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals |
| **9** | **be able to maintain records appropriately** | | ~~be able to~~ **maintain records appropriately** |
| 9.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | | ~~be able to~~ keep **full, clear and** accurate~~, comprehensive and comprehensible~~ records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines | | ~~recognise the need to~~ manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | | | **Use digital record keeping tools, where required** |

| 10 | be able to reflect on and review practice | | ~~be able to~~ reflect on and review practice |
|---|---|---|---|
| 10.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | | understand the value of ~~reflection~~ **reflective** practice and the need to record the outcome of such reflection **to support continuous improvement** |
| 10.2 | 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<br>*For consistency across the professions, following feedback from stakeholders of what was the most universal term* | recognise the value of **multidisciplinary reviews,** case conferences and other methods of review |
| 11 | be able to assure the quality of their practice | | ~~be able to~~ assure the quality of their practice |
| 11.1 | 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~~ | ~~be able to~~ engage in evidence-based practice |
| 11.2 | 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** | ~~be able to~~ gather and use feedback and information, including qualitative and quantitative data, to evaluate the response of service users to their care |
| 11.3 | | be able to monitor and systematically evaluate the quality of practice, and maintain an effective audit trail to work towards continual improvement | ~~be able to~~ monitor and systematically evaluate the quality of practice, and maintain an effective ~~audit trail~~ quality management and quality assurance process working ~~to work~~ towards continual improvement |

| | | | |
|---|---|---|---|
| 11.4 | | **be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures** | ~~be able to~~ participate in ~~audit procedures and~~ quality management, including quality control, quality assurance, **clinical governance** and the use of appropriate outcome measures |
| 11.5 | 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** | ~~be able to~~ evaluate **care plans or** intervention plans using recognised **and appropriate** outcome measures**, in conjunction with the service user where possible,** and revise the plans as necessary ~~in conjunction with the service user~~ |
| 11.6 | | **recognise the value of contributing to the generation of data for quality assurance and improvement programmes** | recognise the value of **gathering and using** ~~contributing to the generation of~~ data for quality assurance and improvement programmes |
| 11.7 | understand the importance of participating in accreditation systems related to the modality[2]<br><br>[2]*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.* | understand the importance of participating in accreditation systems related to the modality[1]<br><br>[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.** | understand the importance of participating in accreditation systems related to the modality[1]<br><br>[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.* ***In this context, we use modality to mean areas of practice defined for the purpose of registration. Other terms, such as specialisms, may be used in other contexts. Registrants declare their*** |

| | | | |
|---|---|---|---|
| | | | *modality to the HCPC, but it does not appear on the public version of the HCPC Register.* **This is unlike the modalities of other registered professions, which do appear on the HCPC Register and are linked to protected titles**. *Modalities may differ from the healthcare science themes and specialities used elsewhere.* |
| 11.8 | be able to use quality control and quality assurance techniques, including restorative action | | ~~be able to~~ use quality control and quality assurance techniques, including restorative action |
| 11.9 | recognise the need to be aware of emerging technologies and new developments | | recognise the need to be aware of emerging technologies and new developments |
| **12** | **understand the key concepts of the knowledge base relevant to their profession** | | **understand and apply the key concepts of the knowledge base relevant to their profession** |
| 12.1 | understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession | | understand the structure and function of the human body, together with knowledge of **physical and mental** health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | 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 | ~~be aware of~~ **demonstrate awareness of** the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |

| | | | |
|---|---|---|---|
| 12.3 | 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** | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of biomedical scientist |
| 12.4 | understand the structure and function of health and social care services in the UK | | understand the structure and function of health and social care **systems and** services in the UK |
| 12.5 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention | | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
| 12.6 | 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 | | 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 |
| 12.7 | understand the wider clinical situation relevant to the service users presenting to the speciality | | understand the wider clinical situation relevant to the service users presenting to the speciality |
| 12.8 | understand the clinical applications of the speciality and the consequences of decisions made upon actions and advice | | understand the clinical applications of the speciality and the consequences of decisions made upon actions and advice |
| 12.9 | understand the evidence base that underpins the use of the procedures employed by the service | | understand the evidence base that underpins the use of the procedures employed by the service |

| | | | |
|---|---|---|---|
| 12.10 | understand the principles associated with a range of techniques employed in the modality | | understand the principles associated with a range of techniques employed in the modality |
| 12.11 | know the standards of practice expected from techniques | | know the standards of practice expected from techniques |
| **13** | **be able to draw on appropriate knowledge and skills to inform practice** | | ~~**be able to**~~ **draw on appropriate knowledge and skills to inform practice** |
| **13.1** | be able to change their practice as needed to take account of new developments or changing contexts | be able to change their practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts | be able to change their practice as needed to take account of new developments, technologies and changing contexts |
| **13.2** | be able to gather appropriate information | be able to gather appropriate information | ~~be able to~~ gather appropriate information |
| **13.3** | be able to analyse and critically evaluate the information collected | be able to analyse and critically evaluate the information collected | be able to analyse and critically evaluate the information collected |
| **13.4** | be able to select and use appropriate assessment techniques | | be able to select and use appropriate assessment techniques **and equipment** |
| **13.5** | | **be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment** | **be able to undertake and record a thorough, sensitive and detailed assessment,** ~~using appropriate techniques and equipment~~ |
| **13.6** | be able to undertake or arrange investigations as appropriate | | be able to undertake or arrange investigations as appropriate |
| **13.7** | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, interventions or other actions safely and effectively | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy~~,~~ ~~interventions~~ or other actions safely and effectively | be able to conduct appropriate ~~diagnostic~~ **assessment** or monitoring procedures, treatment, therapy or other actions safely and effectively |

| | | | |
|---|---|---|---|
| 13.8 | be aware of a range of research methodologies and be able to critically evaluate research in order to inform practice | be aware of a range of research methodologies ~~and be able to critically evaluate research in order to inform practice~~ | ~~be aware of~~ **recognise** a range of research methodologies **relevant to their role** |
| 13.9 | recognise the value of research to the critical evaluation of practice | recognise the value of research to the critical evaluation of practice | recognise the value of research to the critical evaluation of practice |
| 13.10 | | **be able to critically evaluate research and other evidence to inform their own practice** | **be able to critically evaluate research and other evidence to inform their own practice** |
| 13.11 | | | **Engage service users in research as appropriate** |
| 13.12 | know, appropriate to the modality, how to position or immobilise service users for safe and effective interventions | | know, appropriate to the ~~modality~~ **speciality / specialities,** how to position or immobilise service users for safe and effective interventions |
| 13.13 | be able to perform a range of techniques employed in the modality | | perform a range of techniques employed in the **speciality / specialities** |
| 13.14 | understand the need to conform to standard operating procedures and conditions | | understand the need to conform to standard operating procedures and conditions |
| 13.15 | understand the need to work with accuracy and precision | | understand the need to work with accuracy and precision |

| | | | |
|---|---|---|---|
| **13.16** | be able to solve problems that may arise during the routine application of techniques | | solve problems that may arise during the routine application of techniques |
| **13.17** | be able to formulate specific and appropriate management plans including the setting of timescales | | formulate specific and appropriate management plans including the setting of timescales |
| 13.18 | be able to develop an investigation strategy which takes account of all the relevant clinical and other information available | | develop an investigation strategy which takes account of all the relevant clinical and other information available |
| 13.19 | be able to identify the clinical decision which the test or intervention will inform | | identify the clinical decision which the test or intervention will inform |
| 13.20 | 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 | 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 | 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 |
| 13.21 | be able to search and to appraise scientific literature and other sources of information critically | | search and to appraise scientific literature and other sources of information critically |
| 13.22 | be able to develop the aims and objectives associated with a project | | develop the aims and objectives associated with a project |
| 13.23 | be able to develop an experimental protocol to meet these aims and objectives in a way that provides | | develop an experimental protocol to meet these aims and objectives in a |

| | | | |
|---|---|---|---|
| | objective and reliable data, free from bias | | way that provides objective and reliable data, free from bias |
| 13.24 | be able to perform the required experimental work and be able to produce and present the results including statistical analysis | | perform the required experimental work and be able to produce and present the results including statistical analysis |
| 13.25 | be able to interpret results in the light of existing knowledge and the hypothesis developed, and be able to formulate further research questions | | interpret results in the light of existing knowledge and the hypothesis developed, and be able to formulate further research questions |
| 13.26 | be able to present data and a critical appraisal of it to peers in an appropriate form | | present data and a critical appraisal of it to peers in an appropriate form |
| **14** | **understand the need to establish and maintain a safe practice environment** | | ~~understand the need to establish and maintain a safe practice environment~~ |
| 14.1 | understand the need to maintain the safety of both service users and those involved in their care | | understand the need to maintain the safety of **themselves and others, including** ~~both~~ service users, **carers and colleagues** ~~and those involved in their care~~ |
| 14.2 | 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 | | ~~be aware of applicable~~ **demonstrate awareness of relevant** 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~~ **and comply with all local operational procedures and policies** |

| | | | |
|---|---|---|---|
| 14.3 | 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 | | ~~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 |
| 14.4 | be able to select appropriate personal protective equipment and use it correctly | | ~~be able to~~ select appropriate personal protective equipment and use it correctly |
| 14.5 | 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 | be able to establish safe environments for practice, which appropriately manages risk to service users ~~those treating them and others, including the use of hazard control and particularly infection control~~ |
| 14.6 | 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** | understand sources of hazard in the workplace, including specimens, raw materials, clinical and special waste and equipment |
| 14.7 | know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly | | know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly **depending on speciality / specialties** |
| **15** | **Promote and prevent ill health** | | |
| **15.1** | | | **Understand the role of their profession in health promotion,** |

| | | | health education and preventing ill-health |
|---|---|---|---|
| **15.2** | | | **Understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being** |
| **15.3** | | | **Empower and enable individuals (including service users and colleagues) to play a part in managing their own health** |
| **15.4** | | | **Engage in occupational health, including being aware of immunisation requirements** |

**Proposed standards of proficiency for dietitians**

This document sets out the proposed changes to the standards of proficiency for dieticians. Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**. Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions.

The columns show changes between the current version on the left, the changes proposed at consultation in the centre, and the proposed new standards on the right. The standards are numbered according to the current proposals.

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 | Suggested amendments (at consultation) | Proposed standard |
|---|---|---|---|
| **Registered dietitians must:** | | | |
| 1 | **be able to practise safely and effectively within their scope of practice** | | ~~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** | **identify** 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** | recognise the need to manage their own workload and resources safely and effectively, **including managing the emotional burden that comes with working in a pressurised environment** |
| 1.3 | | | **keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career** |
| **2** | **be able to practise within the legal and ethical boundaries of their profession** | | ~~be able to~~ **practise within the legal and ethical boundaries of their profession** |
| 2.1 | | | **maintain high standards of personal and professional development** |
| 2.2 | 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 | promote and protect the service user's interests at all times |

| | | | |
|---|---|---|---|
| 2.3 | | **understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary** | understand the importance of safeguarding **by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging** ~~and the need to engage in appropriate safeguarding~~ processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council | | understand what is required of them by the Health and Care Professions Council, **including but not limited to the Standards of conduct, performance and ethics** |
| 2.5 | 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** | ~~understand the need to~~ respect and uphold the rights, dignity, values, and autonomy of service users, **including their role in assessment, diagnostic, treatment and / or therapeutic process** ~~and in maintaining health and wellbeing~~ |
| 2.6 | 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 | | recognise that relationships with service users, **carers and others** should be based on mutual respect and trust, and ~~be able to~~ maintain high standards of care ~~even situations of personal incompatibility~~ **in all circumstances** |
| 2.7 | understand the importance of and be able to obtain informed consent | | understand the importance of and be able to obtain ~~informed~~ **valid** consent, **which is voluntary and informed and has due regard to capacity, is** |

| | | | |
|---|---|---|---|
| | | | **proportionate to the circumstances and is appropriately documented** |
| 2.8 | | | **Understand the importance of capacity in the context of delivering care and treatment** |
| 2.9 | be able to exercise a professional duty of care | | **Understand the scope of** ~~be able to exercise~~ a professional duty of care**, and exercise that duty** |
| 2.10 | know about current legislation applicable to the work of their profession | **understand** ~~know about~~ current legislation applicable to the work of their profession | Understand **and apply current** legislation, **policies and guidance relevant** to their profession **and scope of practice** |
| 2.11 | | | **Recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain** |
| 2.12 | know about policy, ethical and research frameworks that underpin, inform, and influence the practice of dietetics | | know about policy, ethical and research frameworks that underpin, inform, and influence the practice of dietetics |
| 2.13 | understand the ethical and legal implications of withholding and withdrawing feeding including nutrition | | understand the ethical and legal implications of withholding and withdrawing feeding including nutrition **support** |
| 3 | **be able to maintain fitness to practise** | | **Look after their health and wellbeing, seeking appropriate support where necessary** ~~be able to maintain fitness to practise~~ |

| | | | |
|---|---|---|---|
| 3.1 | understand the need to maintain high standards of personal and professional conduct | | **Identify anxiety and stress in themselves and recognise the potential impact on their practice** ~~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** | understand the importance of ~~maintaining~~ their own mental and physical health **and wellbeing strategies in maintaining fitness to practise** ~~and be able to take appropriate action if their health may affect their ability to practise safely and effectively~~ |
| 3.3 | | | **Understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary** |
| 3.4 | | **understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary** | **Develop and adopt clear strategies for physical and mental self-care and self-awareness and safe working environment** ~~understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary~~ |
| **4** | **be able to practise as an autonomous professional, exercising their own professional judgement** | | ~~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<br>***Moved from 4.4*** | | recognise that they are personally responsible for and must be able to justify their decisions **and actions** |
| 4.2 | be able to use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary<br>***Moved from 4.1*** | | ~~be able to~~ use their skills, knowledge and experience, and the information available to them, to make informed decisions **and /** or ~~initiate solutions~~ **take action** where necessary |
| 4.3 | 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 | 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<br>*Moved from 4.2, changes for consistency across the professions* | ~~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 and requests for interventions from other services<br>***Moved from 4.6, changes for consistency across the professions*** | be able to make **and receive** appropriate referrals ~~and requests for interventions from other services~~ | ~~be able to~~ make **and receive** appropriate referrals, **where necessary** |
| 4.5 | be able to initiate resolution of problems and be able to exercise personal initiative | | ~~be able to initiate resolution of problems and be able to~~ exercise personal initiative |
| 4.6 | be able to demonstrate use research, reasoning, and a logical and systematic approach to problem solving skills to determine appropriate actions | be able to **demonstrate** ~~use research, reasoning, and~~ a logical and systematic approach to problem solving ~~skills to determine appropriate actions~~ | ~~be able to~~ demonstrate a logical and systematic approach to problem solving |

| | | | |
|---|---|---|---|
| | *Moved from standard 14* | | |
| 4.7 | be able to use research, reasoning, and a logical and systematic approach to problem solving skills to determine appropriate actions<br>*Moved from standard 14* | 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 problem solving skills when determin**ing** appropriate actions |
| 4.8 | understand the importance of participation in training, supervision and mentoring | understand the importance of **active** participation in training, supervision and mentoring | understand the ~~importance~~ need for ~~of~~ active participation in training, supervision and mentoring **in supporting high standards of practice and personal and professional conduct, and the importance of demonstrating this in practice** |
| 4.9 | be able to make reasoned decisions to accept or decline requests for intervention | | ~~be able to~~ make reasoned decisions to accept or decline requests for intervention |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | | ~~be aware of~~ **recognise** the impact of culture, equality and diversity on practice **and practise in a non-discriminatory and inclusive manner** |
| 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 | ~~understand the need to adapt practice to~~ respond appropriately to the needs of all different groups and individuals **in practice, recognising this can be affected by different of any kind, including, but not limited to, protected characteristics,** |

| | | | |
|---|---|---|---|
| | | | intersectional experiences and cultural differences |
| 5.2 | | | **Understand equality legislation and apply it to their practice** |
| 5.3 | | be aware of the impact of their own values and beliefs on practice | ~~be aware of~~ **recognise the potential impact of their own values, beliefs (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity** |
| 5.4 | | | **Understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice** |
| 5.5 | | be aware of the characteristics and consequences of barriers to inclusion<br><br>*(Considered in previous standard 6, which has since been removed )* | **Recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups** |
| 5.6 | | | **Actively challenge these barriers, supporting the implementation of change wherever possible** |
| 5.7 | | | **Recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice** |
| 5.8 | understand the significance and potential effect of non-dietary factors when helping individuals, groups | | understand the significance and potential effect of **dietary and** non-dietary factors when helping |

| | | | |
|---|---|---|---|
| | and communities to make informed choices about interventions and lifestyle | | individuals, groups and communities to make informed choices about interventions and lifestyle |
| 5.9 | be able to demonstrate sensitivity to factors that affect diet, lifestyle and health and that may affect the interaction between service user and dietitian<br>***Moved from previous standard 6, which has since been removed*** | | ~~be able to~~ demonstrate sensitivity to factors that affect diet, lifestyle and health and that may affect the interaction between service user and dietitian |
| **6** | **understand the importance of and be able to maintain confidentiality** | | **understand the importance of and ~~be able to~~ maintain confidentiality** |
| 6.1 | be aware of the limits of the concept of confidentiality | | ~~be aware of the limits of the concept~~ **adhere to the professional duty** of confidentiality **and understand when disclosure may be required** |
| 6.2 | understand the principles of information governance and be aware of the safe and effective use of health and social care information | understand the principles of information governance and be aware of the safe and effective use of health**,** ~~and~~ social care **and other relevant** information | understand the principles of information governance **and data** and be aware of the safe and effective use of health social care and other relevant information |
| 6.3 | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public | | ~~be able to~~ recognise and respond ~~appropriately~~ **in a timely manner** to situations where it is necessary to share information to safeguard service users, **carers and /** or the wider public |
| 6.4 | | | **Understand the need to ensure confidentiality is maintained in all situations in which service users** |

| | | | |
|---|---|---|---|
| | | | **rely on additional communication and support (such as interpreters or translators)** |
| 6.5 | | | **Recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records, such as photography, video and audio recordings and digital platforms** |
| **7** | **be able to communicate effectively** | | ~~be able to~~ **communicate effectively** |
| 7.1 | 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~~ | ~~be able to~~ use effective and appropriate verbal and non-verbal skills to communicate with service users, colleagues and others |
| 7.2 | 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]<br><br>[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)* | | ~~be able to~~ communicate in English to the **required** standard **for their profession (**equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1]**)** |

| | | | |
|---|---|---|---|
| | *or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.* | | |
| 7.3 | 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, 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, **disability,** ethnicity, gender, **marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs | ~~be aware of the~~ **Understand the** characteristics and consequences of verbal and non-verbal communication and how this can be affected by **difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences** ~~factors such as age, culture,~~ **disability,** ~~ethnicity, gender,~~ **marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,~~ ~~socio-economic status and spiritual or religious beliefs~~ |
| 7.4 | | **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 may need where appropriate** | ~~be able to~~ work with service users **and /** or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | | **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** | ~~be able to~~ modify their **own** means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |

| | | | |
|---|---|---|---|
| 7.6 | | | **Understand the need to support the communication needs and preferences of service users and carers and remove any barriers to communication where possible** |
| 7.7 | | be able to use information and communication technologies appropriate to their practice **Moved from standard 14** | ~~be able to~~ use information, ~~and~~ communication **and digital** technologies appropriate to their practice |
| 7.8 | | | **Understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decision** |
| 8 | **be able to work appropriately with others** | | ~~be able to~~ **work appropriately with others** |
| 8.1 | 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, **their relatives and carers,** other professionals, support staff~~, communities~~ and others | be able to work, ~~where appropriate,~~ in partnership with service users, ~~their relatives and~~ carers, **colleagues** ~~other professionals, support staff, communities~~ and others |
| 8.2 | | | **Recognise the principles and practises of other health and care professionals and systems and how they interact with their profession** |
| 8.3 | understand the need to build and sustain professional relationships as both an independent practitioner and | | understand the need to build and sustain professional relationships as both an ~~independent~~ **autonomous** |

| | | | |
|---|---|---|---|
| | collaboratively as a member of a team | | practitioner and collaboratively as a member of a team |
| 8.4 | 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 |
| 8.5 | | | **Identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate** |
| 8.6 | | **understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice** | understand the qualities, behaviours and benefits of leadership ~~and be able to apply them in the context of your practice~~ |
| 8.7 | | | **Recognise that leadership is a skill all professionals can demonstrate** |
| 8.8 | | | **Identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion** |
| 8.9 | | | **Demonstrate leadership behaviours appropriate to their practice** |
| 8.10 | | | **Act as a role model to others** |
| 8.11 | | | **Promote and engage in the learning of others** |
| 8.12 | understand the need to empower and engage individuals, groups, and communities in planning and | | understand the need to empower and engage individuals, groups, and communities in planning and |

| | | | |
|---|---|---|---|
| | evaluating interventions to meet their needs and goals | | evaluating interventions to meet their needs and goals |
| 8.13 | be able to empower individuals, groups and communities to make informed choices including diet, physical activity and other lifestyle adjustments | | ~~be able to~~ empower individuals, groups and communities to make informed choices including diet, physical activity and other lifestyle adjustments |
| 8.14 | be able to work with service users to implement changes in interventions in line with new developments | | be able to work with service users to implement changes in interventions in line with new developments, **evidence-based practice and their outcomes** |
| **9** | **be able to maintain records appropriately** | | ~~be able to~~ **maintain records appropriately** |
| 9.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | | ~~be able to~~ keep **full, clear and** accurate, ~~comprehensive and comprehensible~~ records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines | | ~~recognise the need to~~ manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | | | **Use digital record keeping tools, where required** |
| **10** | **be able to reflect on and review practice** | | ~~be able to~~ **reflect on and review practice** |
| 10.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | | understand the value of ~~reflection~~ **reflective** practice and the need to record the outcome of such reflection |

| | | | to support continuous improvement |
|---|---|---|---|
| 10.2 | 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<br>*For consistency across the professions, following feedback from stakeholders of what was the most universal term* | recognise the value of **multidisciplinary reviews,** case conferences and other methods of review |
| **11** | **be able to assure the quality of their practice** | | ~~be able to~~ **assure the quality of their practice** |
| 11.1 | 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~~ | ~~be able to~~ engage in evidence-based practice |
| 11.2 | 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** | ~~be able to~~ gather and use feedback and information, including qualitative and quantitative data, to evaluate the response of service users to their care |
| 11.3 | | **be able to monitor and systematically evaluate the quality of practice, and maintain an effective audit trail to work towards continual improvement** | ~~be able to~~ **monitor and systematically evaluate the quality of practice, and maintain an effective** ~~audit trail~~ **quality management and quality assurance process working** ~~to work~~ **towards continual improvement** |
| 11.4 | | **be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures** | ~~be able to~~ participate in ~~audit procedures and~~ quality management, including quality control, quality assurance, **clinical governance** and |

| | | | |
|---|---|---|---|
| | | | the use of appropriate outcome measures |
| 11.5 | 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** | ~~be able to~~ evaluate **care plans or** intervention plans using recognised **and appropriate** outcome measures, **in conjunction with the service user where possible,** and revise the plans as necessary ~~in conjunction with the service user~~ |
| 11.6 | | **recognise the value of contributing to the generation of data for quality assurance and improvement programmes** | recognise the value of **gathering and using** ~~contributing to the generation of~~ data for quality assurance and improvement programmes |
| 11.2 | 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** | **understand the key concepts of the knowledge base relevant to their profession** | | **understand and apply the key concepts of the knowledge base relevant to their profession** |
| 12.1 | understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession | | understand the structure and function of the human body, together with knowledge of **physical and mental** health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | be aware of the principles and applications of scientific enquiry, including the evaluation of | be aware of the principles and applications of scientific enquiry, including the evaluation | ~~be aware of~~ **demonstrate awareness of** the principles and applications of scientific enquiry, |

| | | of **treatment efficacy** ~~interventions~~ and the research process | including the evaluation of treatment efficacy and the research process |
|---|---|---|---|
| | interventions and the research process | | |
| 12.3 | 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 dietitian** | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of dietitian |
| 12.4 | understand the structure and function of health and social care services in the UK | | understand the structure and function of health and social care **systems and** services in the UK |
| 12.5 | understand the theoretical basis of, and the variety of approaches to, assessment, diagnosis, intervention and evaluation | | understand the theoretical basis of, and the variety of approaches to, assessment, diagnosis, intervention and evaluation |
| 12.6 | understand, in the context of nutrition and dietetic practice:<br><br>- biochemistry<br>- clinical dietetics<br>- clinical medicine<br>- epidemiology<br>- genetics<br>- immunology<br>- microbiology<br>- nutritional sciences<br>- pathophysiology<br>- pharmacology<br>- physiology<br>- public health nutrition | understand, in the context of nutrition and dietetic practice:<br><br>- biochemistry<br>- clinical dietetics<br>- clinical medicine<br>- epidemiology<br>- genetics<br>- immunology<br>- microbiology<br>- nutritional sciences<br>- pathophysiology<br>- pharmacology<br>- physiology<br>- **psychology**<br>- public health nutrition | understand, in the context of nutrition and dietetic practice:<br><br>- biochemistry<br>- clinical dietetics<br>- clinical medicine<br>- epidemiology<br>- genetics<br>- immunology<br>- microbiology<br>- nutritional sciences<br>- pathophysiology<br>- pharmacology<br>- physiology<br>- psychology<br>- public health nutrition |
| 12.7 | understand, in the context of nutrition and dietetic practice: | | understand, in the context of nutrition and dietetic practice: |

| | | | |
|---|---|---|---|
| | - food hygiene<br>- food science<br>- food skills<br>- food systems management<br>- menu planning<br>- the factors that influence food choice | | - food hygiene<br>- food science<br>- food skills<br>- food systems management<br>- menu planning<br>- the factors that influence food choice |
| 12.8 | understand the principles behind the use of nutritional analysis programs to analyse food intake records and recipes and interpret the results | | understand the principles behind the use of nutritional analysis programs to analyse food intake records and recipes and interpret the results |
| 12.9 | understand in the context of nutrition and dietetic practice legislation relating to food labelling and health claims | | understand in the context of nutrition and dietetic practice legislation relating to food labelling and health claims |
| 12.10 | 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 | | 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 |
| 12.11 | understand, in the context of nutrition and dietetic practice:<br><br>- management of health and social care<br>- psychology<br>- public health relevant to the dietetic management of individuals, groups or communities<br>- social policy | understand, in the context of nutrition and dietetic practice:<br><br>- management of health and social care<br>- ~~psychology~~<br>- public health relevant to the dietetic management of individuals, groups or communities<br>- social policy<br>- sociology | understand, in the context of nutrition and dietetic practice:<br><br>- management of health and social care<br>- public health relevant to the dietetic management of individuals, groups or communities<br>- social policy<br>- sociology |

| | | | |
|---|---|---|---|
| | - sociology | | |
| 12.12 | understand the methods commonly used in nutrition research and be able to evaluate research papers critically | | understand the methods commonly used in nutrition research and be able to evaluate research papers critically |
| **13** | **be able to draw on appropriate knowledge and skills to inform practice** | | ~~be able to~~ **draw on appropriate knowledge and skills to inform practice** |
| **13.1** | be able to change their practice as needed to take account of new developments or changing contexts | be able to change their practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts | be able to change their practice as needed to take account of new developments, technologies and changing contexts |
| **13.2** | be able to gather appropriate information | be able to gather appropriate information | ~~be able to~~ gather appropriate information |
| **13.3** | be able to analyse and critically evaluate the information collected in order to identify nutritional needs and develop a diagnosis | be able to analyse and critically evaluate the information collected ~~in order to identify nutritional needs and develop a diagnosis~~ *Moved from 14.6* | be able to analyse and critically evaluate the information collected |
| **13.4** | be able to select and use appropriate assessment techniques | | be able to select and use appropriate assessment techniques **and equipment** |
| **13.5** | | **be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment** | **be able to undertake and record a thorough, sensitive and detailed assessment,** ~~using appropriate techniques and equipment~~ |
| **13.6** | be able to undertake or arrange investigations as appropriate | | be able to undertake or arrange investigations as appropriate |
| **13.7** | be able to conduct appropriate diagnostic or monitoring procedures, | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, | be able to conduct appropriate ~~diagnostic~~ **assessment** or monitoring |

| | | | |
|---|---|---|---|
| | treatment, therapy, interventions or other actions safely and effectively | ~~interventions~~ or other actions safely and effectively | procedures, treatment, therapy or other actions safely and effectively |
| **13.8** | be aware of a range of research methodologies and be able to critically evaluate research in order to inform practice | be aware of a range of research methodologies ~~and be able to critically evaluate research in order to inform practice~~ | ~~be aware of~~ **recognise** a range of research methodologies **relevant to their role** |
| **13.9** | recognise the value of research to the critical evaluation of practice | recognise the value of research to the critical evaluation of practice | recognise the value of research to the critical evaluation of practice |
| **13.10** | | **be able to critically evaluate research and other evidence to inform their own practice** | **be able to critically evaluate research and other evidence to inform their own practice** |
| **13.11** | | | **Engage service users in research as appropriate** |
| **13.12** | 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 accurately assess nutritional needs of individuals, groups and populations, in a sensitive and detailed way using appropriate techniques and resources |
| **13.13** | be able to analyse and critically evaluate assessment information to develop intervention plans including the setting of timescales, goals and outcomes | 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 | 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 |
| **13.14** | be able to monitor the progress of nutrition and dietetic interventions | | be able to monitor the progress of nutrition and dietetic interventions |

| | | | |
|---|---|---|---|
| | using appropriate information, techniques and measures | | using appropriate information, techniques and measures |
| **13.15** | be able to critically evaluate the information gained in monitoring to review and revise the intervention | | be able to critically evaluate the information gained in monitoring to review and revise the intervention |
| **13.16** | be able to use nutritional analysis programs to analyse food intake, records and recipes and interpret the results | | be able to use nutritional analysis programs to analyse food intake, records and recipes and interpret the results |
| **13.17** | 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 statistical, epidemiological, and research skills to gather and interpret evidence to make reasoned conclusions and judgements to enhance dietetic practice |
| 13.18 | be able to choose the most appropriate strategy to influence nutritional behaviour and choice | | be able to choose the most appropriate strategy to influence nutritional behaviour and choice |
| 13.19 | be able to undertake and explain dietetic interventions, having regard to current knowledge and evidence-based practice | | be able to undertake and explain dietetic interventions, having regard to current knowledge and evidence-based practice |
| 13.20 | be able to advise on safe procedures for food preparation and handling and any effect on nutritional quality | | be able to advise on safe procedures for food preparation and handling and any effect on nutritional quality |
| 13.21 | be able to advise on the effect of food processing on nutritional quality | | be able to advise on the effect of food processing on nutritional quality |
| 13.22 | be able to advise on menu planning, taking account of food preparation | | be able to advise on menu planning, taking account of food preparation |

| | | | |
|---|---|---|---|
| | and processing, nutritional standards and requirements of service users | | and processing, nutritional standards and requirements of service users |
| 13.23 | be able to interpret nutritional information including food labels which may have nutritional or clinical implications | | be able to interpret nutritional information including food labels which may have nutritional or clinical implications |
| **14** | **understand the need to establish and maintain a safe practice environment** | | ~~understand the need to establish and maintain a safe~~ **practice environment** |
| 14.1 | understand the need to maintain the safety of both service users and those involved in their care | | understand the need to maintain the safety of **themselves and others, including** ~~both~~ service users, **carers and colleagues** ~~and those involved in their care~~ |
| 14.2 | 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 | | ~~be aware of applicable~~ **demonstrate awareness of relevant** 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~~ **and comply with all local operational procedures and policies** |
| 14.3 | 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 | | ~~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 |

| | | | |
|---|---|---|---|
| 14.4 | be able to select appropriate personal protective equipment and use it correctly | | ~~be able to~~ select appropriate personal protective equipment and use it correctly |
| 14.5 | 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 | be able to establish safe environments for practice, which appropriately manages risk to service users ~~those treating them and others, including the use of hazard control and particularly infection control~~ |
| **15** | **Promote and prevent ill health** | | |
| **15.1** | | | **Understand the role of their profession in health promotion, health education and preventing ill-health** |
| **15.2** | | | **Understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being** |
| **15.3** | | | **Empower and enable individuals (including service users and colleagues) to play a part in managing their own health** |
| **15.4** | | | **Engage in occupational health, including being aware of immunisation requirements** |

**Draft standards of proficiency for hearing aid dispensers**

This document sets out the proposed changes to the standards of proficiency for hearing aid dispensers. Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**. Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions.

The columns show changes between the current version on the left, the changes proposed at consultation in the centre, and the proposed new standards on the right. The standards are numbered according to the current proposals.

The current standards of proficiency for hearing aid dispensers are available to download and view for comparison at:

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

| No. | Standard | Proposed amendments | New standard |
|-----|----------|---------------------|--------------|
| **Registered hearing aid dispensers must:** | | | |
| **1** | **be able to practise safely and effectively within their scope of practice** | | ~~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** | ~~Know~~ **identify** 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** | recognise the need to manage their own workload and resources safely and effectively, **including managing the emotional burden that comes with working in a pressured environment** |
| 1.3 | | | **keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career** |
| **2** | **be able to practise within the legal and ethical boundaries of their profession** | | ~~be able to~~ **practise within the legal and ethical boundaries of their profession** |
| **2.1** | | | **maintain high standards of personal and professional conduct** |
| 2.2 | 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 | ~~understand the need to~~ promote and protect the service user's interests at all times |
| 2.3 | | **understand the importance of safeguarding and the need to engage** | understand the importance of safeguarding **by actively looking for signs of abuse, demonstrating** |

| | | in appropriate safeguarding processes where necessary | understanding of relevant safeguarding processes, and engaging in these processes where necessary |
|---|---|---|---|
| 2.4 | understand what is required of them by the Health and Care Professions Council | | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | 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 | | ~~understand the need to~~ respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process ~~and in maintaining health and wellbeing~~ |
| 2.6 | 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 | | recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances |
| 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* | |
| 2.7 | understand the importance of and be able to obtain informed consent | be able to exercise a professional duty of care *Moved from 2.8* | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented |

| | | | |
|---|---|---|---|
| 2.8 | | | **understand the importance of capacity in the context of delivering care and treatment** |
| 2.9 | be able to exercise a professional duty of care | **understand** ~~know about~~ current legislation applicable to the work of their profession<br>*Moved from 2.5* | ~~Be able to exercise~~ **understand the scope of** a professional duty of care, **and exercise that duty** |
| 2.10 | | | understand **and apply** legislation, **policies and guidance** relevant to their profession **and scope of practice** |
| 2.11 | | | **recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain** |
| **3** | **be able to maintain fitness to practise** | | **look after their health and wellbeing, seeking appropriate support where necessary** |
| 3.1 | understand the need to maintain high standards of personal and professional conduct | | **identify anxiety and stress in themselves and recognise the potential impact on their practice** |
| 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** | understand the importance of their own **mental and physical** health **and wellbeing strategies in maintaining fitness to practise** ~~and be able to take appropriate action if their health may affect their ability to practise safely and effectively~~ |
| 3.3 | | | **understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary** |

| | | | |
|---|---|---|---|
| 3.4 | | **understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary** | **develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment** |
| 3.5 | 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** | ~~understand both the need to keep skills and knowledge up to date and the importance of career-long learning~~ |
| **4** | **be able to practise as an autonomous professional, exercising their own professional judgement** | | 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* | recognise that they are personally responsible for and must be able to justify their decisions **and actions** |
| 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* | ~~be able to~~ use their skills, knowledge and experience, and the information available to them, to make informed decisions ~~or initiate solutions where necessary~~ **and / or take action where necessary** |

| | | | |
|---|---|---|---|
| 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<br>*Moved from 4.2* | 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 | recognise that they are personally responsible for and must be able to justify their decisions | be able to make and receive appropriate referrals<br>*Moved from 4.5* | ~~be able to~~ make and receive appropriate referrals, **where necessary** |
| 4.5 | be able to make and receive appropriate referrals | be able to initiate resolution of problems and be able to exercise personal initiative<br>*Moved from 4.3* | ~~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<br>*Moved from standard 14* | ~~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<br>*Moved from standard 14* | ~~be able to~~ use research, reasoning and problem solving skills to **when** determin**ing** appropriate actions |
| 4.8 | | **understand the importance of active participation in training, supervision and mentoring** | understand the need for active participation in training, supervision and mentoring **in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice** |
| 4.9 | | | **make judgements on the effectiveness of procedures** |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | | **recognise** the impact of culture, equality and diversity on practice **and** |

| | | | practise in a non-discriminatory and inclusive manner |
|---|---|---|---|
| 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 | respond appropriately to the needs of all different groups and individuals **in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences** |
| 5.2 | | | **understand equality legislation and apply it to their practice** |
| 5.3 | | **be aware of the impact of their own values and beliefs on practice** | **recognise the potential** impact of their own values, beliefs **and personal biases (which may be unconscious)** on practice **and take personal action to ensure all service users and carers are treated appropriately with respect and dignity** |
| 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, **marriage or civil partnership, 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* | ~~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, **marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs~~ |

| | | | |
|---|---|---|---|
| | | *partnership which considered could not impact on verbal and non-verbal communication* | |
| 5.4 | | | **understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice** |
| 5.5 | | | **recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups** |
| 5.6 | | | **actively challenge these barriers, supporting the implementation of change wherever possible** |
| 5.7 | | | **recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice** |
| **6** | **be able to practise in a non-discriminatory manner** | be able to practise in a non-discriminatory **and inclusive** manner | ~~be able to practise in a non-discriminatory manner~~ |
| 6.A | | **be aware of the characteristics and consequences of barriers to inclusion** | ~~be aware of the characteristics and consequences of barriers to inclusion~~ |
| **6** | **understand the importance of and be able to maintain confidentiality** | | understand the importance of and ~~be able to~~ maintain confidentiality |
| 6.1 | be aware that the concepts of confidentiality and informed consent extend to illustrative records such as | be aware of the limits of the concept of confidentiality *Moved from 7.2* | adhere to the professional duty of confidentiality and understand when disclosure may be required |

| | | | |
|---|---|---|---|
| | video and audio recordings, paintings, digital images and other art work | | |
| 6.2 | 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 **and other relevant** information *Moved from 7.4* | understand the principles of information **and data** governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | 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* | recognise and respond **in a timely manner to** situations where it is necessary to share information to safeguard service users, **carers and / or** the wider public |
| 6.4 | | | **understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators)** |
| 6.5 | | | **recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms** |
| ~~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~~ | ~~understand the principles of information governance and be aware of the safe and effective use of health, and social care~~ **and other relevant** ~~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** | **be able to communicate effectively** | | ~~be able to~~ **communicate effectively** |
| 7.1 | 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~~ | ~~be able to~~ use effective and appropriate verbal and non-verbal skills to communicate with service users, colleagues and others |
| 7.2 | 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]<br><br>[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)* | | ~~be able to~~ communicate in English to the **required** standard **for their profession (**equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1]**)** |

| | | | |
|---|---|---|---|
| | *or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.* | | |
| 7.3 | 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, 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, **disability,** ethnicity, gender, **marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs | ~~be aware of the~~ **understand the** characteristics and consequences of verbal and non-verbal communication and how this can be affected by **difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences** ~~factors such as age, culture,~~ **disability,** ~~ethnicity, gender,~~ **marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,~~ ~~socio-economic status and spiritual or religious beliefs~~ |
| 7.4 | | **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 may need where appropriate** | ~~be able to~~ work with service users **and /** or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | | **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** | ~~be able to~~ modify their **own** means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |

| | | | |
|---|---|---|---|
| 7.6 | | | **understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter** |
| 7.7 | | be able to use information and communication technologies appropriate to their practice<br>***Moved from standard 14*** | ~~be able to~~ use information, ~~and~~ communication **and digital** technologies appropriate to their practice |
| 7.8 | | | **Understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decision** |
| 7.9 | be able to explain the financial implications of suitable hearing aid systems | | **explain the financial implications of suitable hearing aid systems** |
| 7.10 | 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 | **understand the specific communication needs of those with hearing difficulties and be aware of appropriate steps to overcome communication barriers** |
| 7.11 | recognise the need to seek external assistance in situations where communication is ineffective for whatever reason | | **recognise the need to seek external assistance in situations where communication is ineffective for whatever reason** |
| 7.12 | 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~~<br>*Captured by the new standards above* | **recognise the need to use appropriate interpersonal and communication skills to facilitate effective care for those with hearing difficulties** |

| | | | |
|---|---|---|---|
| 7.13 | recognise the need to use appropriate interpersonal and communication skills to facilitate effective care for those with impaired hearing | recognise the need to use appropriate interpersonal and communication skills to facilitate effective care for those with ~~impaired~~ hearing **difficulties** | **understand the need to empower service users to manage their aural health and related issues including self-management, where appropriate** |
| 7.14 | understand the need to empower service users to manage their aural health and related issues including self-management, where appropriate | | **inform service users about the range of strategies available to them which could improve their ability to hear and communicate more effectively** |
| **8** | **be able to work appropriately with others** | | ~~be able to work~~ appropriately with others |
| 8.1 | 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, **their relatives and carers,** other professionals, support staff and others | work in partnership with service users, carers, colleagues and others |
| 8.2 | | | **recognise the principles and practices of other health and care professionals and systems and how they interact with their profession** |
| 8.3 | understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team | | understand the need to build and sustain professional relationships as both an ~~independent~~ autonomous practitioner and collaboratively as a member of a team |
| 8.4 | 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* | ~~be able to~~ contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | | | **identify anxiety and stress in service users, carers and colleagues,** |

| | | | |
|---|---|---|---|
| | | | adapting their practice and providing support where appropriate |
| 8.6 | | understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice | understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice |
| 8.7 | | | recognise that leadership is a skill all professionals can demonstrate |
| 8.8 | | | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |
| 8.9 | | | demonstrate leadership behaviours appropriate to their practice |
| 8.10 | | | act as a role model for others |
| 8.11 | | | promote and engage in the learning of others |
| 8.12 | | | understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions and supporting them to set realistic goals which meet their needs |
| 8.13 | | | recognise those conditions or circumstances that require the involvement of other professionals and give the appropriate advice to service users |
| 9 | be able to maintain records appropriately | | be able to maintain records appropriately |

| | | | |
|---|---|---|---|
| 9.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | | ~~be able to~~ keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines | | manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | | | **use digital record keeping tools, where required** |
| **10** | **be able to reflect on and review practice** | | ~~be able to~~ reflect on and review practice |
| 10.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement |
| 10.2 | recognise the value of case conferences and other methods of review | | recognise the value of **multi-disciplinary reviews,** case conferences and other methods of review |
| 10.3 | be aware of emerging technologies and new developments in hearing care practices | | **demonstrate awareness** of emerging technologies and new developments in hearing care practices |
| **11** | **be able to assure the quality of their practice** | | ~~be able to~~ assure the quality of their practice |
| 11.1 | 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~~ | ~~be able to~~ engage in evidence-based practice |

| | | | |
|---|---|---|---|
| 11.2 | 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 | ~~be able to~~ gather and use feedback and information, including qualitative and quantitative data, 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* | |
| 11.3 | 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 | monitor and systematically evaluate the quality of practice, and maintain an effective **quality management and quality assurance process** working towards continual improvement |
| 11.4 | 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* | participate in quality management, including quality control, quality assurance, clinical governance 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** | |
| 11.5 | be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user | | evaluate care plans or intervention plans using recognised and appropriate outcome measures and, in conjunction with the service user where possible, revise the plans as necessary |
| 11.6 | recognise the need to monitor and evaluate the quality of practice and the value of contributing to the | recognise ~~the need to monitor and evaluate the quality of practice and~~ the value of contributing to the generation | recognise the value of gathering and using data for quality assurance and improvement programmes |

| | | | |
|---|---|---|---|
| | generation of data for quality assurance and improvement programmes | of data for quality assurance and improvement programmes *Captured by amendments above* | |
| **12** | **understand the key concepts of the knowledge base relevant to their profession** | | understand **and apply** the key concepts of the knowledge base relevant to their profession |
| 12.1 | understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their profession | | understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process | | demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 12.3 | 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** | 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 |
| 12.4 | understand the structure and function of health and social care services in the UK | | understand the structure and function of health and social care systems and 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)* | |
| 12.5 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention | | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |

| | | | |
|---|---|---|---|
| 12.6 | understand, in the context of hearing aid audiology:<br><br>– acoustics, speech production and perception;<br>– appropriate approaches to auditory rehabilitation;<br>– hearing aid and associated technologies including selection, fitting, programming and evaluation;<br>– psycho-acoustics;<br>– the anatomy and physiology of the outer, middle, inner ear and central auditory pathways; and<br>– the measurement of hearing and of other auditory system functions | | understand, in the context of hearing aid audiology:<br><br>– acoustics, speech production and perception;<br>– appropriate approaches to auditory rehabilitation;<br>– hearing aid and associated technologies including selection, fitting, programming and evaluation;<br>– psycho-acoustics;<br>– the anatomy and physiology of the outer, middle, inner ear and central auditory pathways; and<br>– the measurement of hearing and of other auditory system functions |
| **13** | **be able to draw on appropriate knowledge and skills to inform practice** | | ~~be able to~~ draw on appropriate knowledge and skills to inform practice |
| 13.1 | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively | be able to change their practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts<br>*Moved from 14.4* | ~~be able to~~ change their practice as needed to take account of new developments, technologies and ~~or~~ changing contexts |
| 13.2 | 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<br>*Moved from 14.5* | ~~be able to~~ gather appropriate information |
| 13.3 | be able to formulate specific and appropriate management plans including the setting of timescales | be able to analyse and critically evaluate the information collected<br>*Moved from 14.11* | ~~be able to~~ analyse and critically evaluate the information collected |

| | | | |
|---|---|---|---|
| 13.4 | be able to change their practice as needed to take account of new developments or changing contexts | be able to select and use appropriate assessment techniques <br> *Moved from 14.6* | ~~be able to~~ select and use appropriate assessment techniques **and equipment** |
| 13.5 | be able to gather appropriate information | be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and resources <br> *Moved from 14.7* | ~~be able to~~ undertake and record a thorough, sensitive and detailed assessment ~~using appropriate techniques and resources~~ |
| 13.6 | be able to select and use appropriate assessment techniques | be able to undertake or arrange investigations as appropriate <br> *Moved from 14.8* | ~~be able to~~ undertake or arrange investigations as appropriate |
| 13.7 | 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 <br> *Moved from 14.1* | ~~be able to~~ conduct appropriate ~~diagnostic~~ assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | 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~~ <br> *Moved from 14.15* | ~~be aware of~~ recognise a range of research methodologies **relevant to their role** |
| 13.9 | 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 <br> *Moved from 14.14* | recognise the value of research to the critical evaluation of practice |
| 13.10 | 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 <br> *Moved from 14.16* | ~~be able to~~ critically evaluate research and other evidence to inform their own practice |

| 13.11 | | | **engage service users in research as appropriate** |
|---|---|---|---|
| 13.12 | | | use technologies safely and effectively where appropriate for diagnostic or monitoring procedures, treatment, therapy or other actions |
| 13.13 | 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<br>*Moved from 14.3* | safely use appropriate techniques and equipment to assess hearing difficulties and the physical condition of the ear |
| 13.14 | 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<br>*Moved from 14.4* | select and evaluate the most appropriate hearing aid system, performance settings and associated technologies for service users |
| 13.15 | 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<br>*Moved from 14.5* | plan, implement and manage appropriate rehabilitation programmes for service users to optimise outcomes |
| 13.16 | be able to select and use appropriate assessment techniques | be able to safely and competently take impressions of the ear<br>*Moved from 14.6* | safely and competently take impressions of the ear |
| 13.17 | 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<br>*Moved from 14.7* | safely and competently programme and physically fit hearing aids |
| 13.18 | be able to check that equipment is functioning accurately and within specifications and to take | understand the need to provide service users with access to continuing care, maintenance and support<br>*Moved from 14.8* | understand the need to provide service users with access to continuing care, maintenance and support |

| | | | |
|---|---|---|---|
| | appropriate action in the case of faulty functioning and operation | | |
| 13.19 | be able to undertake or arrange investigations as appropriate | be able to formulate specific and appropriate management plans including the setting of timescales <br> *Moved from 14.9* | formulate specific and appropriate management plans including the setting of timescales |
| 13.20 | 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 <br> *Moved from 14.10* | formulate and provide appropriate advice regarding hearing aids and associated technologies and their use to facilitate informed choices by service users |
| 13.21 | be able to interpret the data arising from case history, physical examination and hearing assessments | be able to undertake and record appropriate case histories <br> *Moved from 14.12* | undertake and record appropriate case histories |
| 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~~ <br> *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~~ <br> *Moved to standard 4* | |
| 13.22 | 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 <br> *Moved from 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 |
| 13.23 | be aware of a range of research methodologies | be able to check that equipment is functioning accurately and within specifications and to take appropriate | check that equipment is functioning accurately and within specifications and |

| | | | |
|---|---|---|---|
| | | action in the case of faulty functioning and operation<br>*Moved from 14.16* | to take appropriate action in the case of faulty functioning and operation |
| 13.24 | 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**<br>*Moved from 14.19* | interpret the data arising from case history, physical examination, hearing assessments and hearing instruments, where appropriate |
| 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~~<br>*Moved to standard 8* | |
| **14** | **understand the need to establish and maintain a safe practice environment** | | ~~understand the need to~~ establish and maintain a safe practice environment |
| 14.1 | understand the need to maintain the safety of both service users and those involved in their care | | understand the need to maintain the safety of **themself and others, including** service users, **carers and colleagues** ~~and those involved in their care~~ |
| 14.2 | 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<br>*Moved from 15.3* | ~~be aware of applicable~~ **demonstrate awareness of relevant** 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~~ **and comply with all local operational procedures and policies** |
| 14.3 | be aware of applicable health and safety legislation, and any relevant safety policies and procedures in | be able to work safely, including being able to select appropriate hazard control and risk management, reduction | ~~be able to~~ work safely, including being able to select appropriate hazard control and risk management, reduction |

| | | | |
|---|---|---|---|
| | force at the workplace, such as incident reporting and be able to act in accordance with these | or elimination techniques in a safe manner and in accordance with health and safety legislation<br>*Moved from 15.4* | or elimination techniques in a safe manner and in accordance with health and safety legislation |
| 14.4 | | **be able to select appropriate personal protective equipment and use it correctly** | select appropriate personal protective equipment and use it correctly |
| 14.5 | 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 | ~~be able to~~ establish safe environments for practice, which appropriately manages risk ~~to service users, those treating them and others, including the use of hazard control and particularly infection control~~ |
| 14.6 | 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 | ensure that the environment in which service users are seen is appropriate for the assessment, service, care and attention given<br>*Moved from 15.2* | ensure that the environment in which service users are seen is appropriate for the assessment, service, care and attention given |
| 15 | | | **promote and prevent ill health** |
| 15.1 | | | **understand the role of their profession in health promotion, health education and preventing ill health** |
| 15.2 | | | **understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being** |
| 15.3 | | | **empower and enable individuals (including service users and** |

| | | | |
|---|---|---|---|
| | | | **colleagues) to play a part in managing their own health** |
| 15.4 | | | **engage in occupational health, including being aware of immunisation requirements** |

**Proposed standards of proficiency for Occupational Therapists**

This document sets out the proposed changes to the standards of proficiency for Occupational Therapists . Proposed deletions are indicated in ~~the text by~~ strikethrough whilst additions are shown in **bold**. Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions.

The columns show changes between the current version on the left, the changes proposed at consultation in the centre, and the proposed new standards on the right. The standards are numbered according to the current proposals.

The current standards of proficiency for Occupational Therapists  are available to download and view for comparison at:

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 | Suggested amendments (at consultation) | Proposed standard |
|---|---|---|---|
| **Registered occupational therapists must:** | | | |
| 1 | **be able to practise safely and effectively within their scope of practice** | | ~~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** | **identify** 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** | recognise the need to manage their own workload and resources safely and effectively, **including managing the emotional burden that comes with working in a pressurised environment** |
| 1.3 | | | **keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career** |
| 2 | **be able to practise within the legal and ethical boundaries of their profession** | | ~~be able to~~ **practise within the legal and ethical boundaries of their profession** |
| 2.1 | | | **maintain high standards of personal and professional development** |
| 2.2 | 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 | promote and protect the service user's interests at all times |

| | | | |
|---|---|---|---|
| 2.3 | | **understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary** | understand the importance of safeguarding **by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging** ~~and the need to engage in appropriate safeguarding~~ processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council | | understand what is required of them by the Health and Care Professions Council, **including but not limited to the Standards of conduct, performance and ethics** |
| 2.5 | 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 | | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in **the assessment**, diagnostic **treatment** and **/ or** therapeutic process ~~and in maintaining health and wellbeing~~ |
| 2.6 | 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 | | recognise that relationships with service users, **carers and others** should be based on mutual respect and trust, and ~~be able to~~ maintain high standards of care ~~even situations of personal incompatibility~~ **in all circumstances** |
| 2.7 | understand the importance of and be able to obtain informed consent | | understand the importance of and be able to obtain ~~informed~~ **valid** consent, **which is voluntary and informed and has due regard to capacity, is proportionate to the circumstances and is appropriately documented** |

| | | | |
|---|---|---|---|
| | | | |
| 2.8 | | | **Understand the importance of capacity in the context of delivering care and treatment** |
| 2.9 | be able to exercise a professional duty of care | | **Understand the scope of** ~~be able to exercise~~ a professional duty of care, **and exercise that duty** |
| 2.10 | know about current legislation applicable to the work of their profession | **understand** ~~know about~~ current legislation applicable to the work of their profession | Understand **and apply current** legislation, **policies and guidance relevant** to their profession **and scope of practice** |
| 2.11 | | | **Recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain** |
| 2.12 | understand the effect of legislation on the delivery of care | | understand the effect of legislation on the delivery of care |
| **3** | **be able to maintain fitness to practise** | | **Look after their health and wellbeing, seeking appropriate support where necessary** ~~be able to maintain fitness to practise~~ |
| 3.1 | understand the need to maintain high standards of personal and professional conduct | | **Identify anxiety and stress in themselves and recognise the potential impact on their practice** ~~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** | understand the importance of ~~maintaining~~ their own mental and physical health **and wellbeing** |

| | | health may affect their ability to practise safely and effectively | strategies in maintaining fitness to practise ~~and be able to take appropriate action if their health may affect their ability to practise safely and effectively~~ |
|---|---|---|---|
| 3.3 | | | **Understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary** |
| 3.4 | | understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary | **Develop and adopt clear strategies for physical and mental self-care and self-awareness and safe working environment** ~~understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary~~ |
| **4** | **be able to practise as an autonomous professional, exercising their own professional judgement** | | ~~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 *Moved from 4.4* | | recognise that they are personally responsible for and must be able to justify their decisions **and actions** |
| 4.2 | be able to use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary | | ~~be able to~~ use their skills, knowledge and experience, and the information available to them, to make informed decisions **and /** or ~~initiate solutions~~ **take action** where necessary |

| | | | |
|---|---|---|---|
| | *Moved from 4.1* | | |
| 4.3 | 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 | 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* | ~~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 and requests for interventions from other services **Moved from 4.6, changes for consistency across the professions** | be able to make **and receive** appropriate referrals ~~and requests for interventions from other services~~ | ~~be able to~~ make **and receive** appropriate referrals, **where necessary** |
| 4.5 | be able to initiate resolution of problems and be able to exercise personal initiative | | ~~be able to initiate resolution of problems and be able to~~ exercise personal initiative |
| 4.6 | 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** | be able to **demonstrate** ~~use research, reasoning, and~~ a logical and systematic approach to problem solving ~~skills to determine appropriate actions~~ | ~~be able to~~ demonstrate a logical and systematic approach to problem solving |
| 4.7 | be able to use research, reasoning, and a logical and systematic approach to problem solving skills to determine appropriate actions **Moved from standard 14** | 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 problem solving skills when determin**ing** appropriate actions |

| | | | |
|---|---|---|---|
| 4.8 | understand the importance of participation in training, supervision and mentoring | understand the importance of **active** participation in training, supervision and mentoring | understand the ~~importance~~ need for ~~of~~ active participation in training, supervision and mentoring **in supporting high standards of practice and personal and professional conduct, and the importance of demonstrating this in practice** |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | | ~~be aware of~~ **recognise** the impact of culture, equality and diversity on practice **and practise in a non-discriminatory and inclusive manner** |
| 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 | ~~understand the need to adapt practice to~~ respond appropriately to the needs of all different groups and individuals **in practice, recognising this can be affected by different of any kind, including, but not limited to, protected characteristics, intersectional experiences and cultural differences** |
| 5.2 | | | **Understand equality legislation and apply it to their practice** |
| 5.3 | | **be aware of the impact of their own values and beliefs on practice** | ~~be aware of~~ **recognise the potential impact of their own values, beliefs (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity** |

| | | | |
|---|---|---|---|
| 5.4 | | | **Understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice** |
| 5.5 | | **be aware of the characteristics and consequences of barriers to inclusion**<br><br>*(Considered in previous standard 6, which has since been removed* **)** | **Recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups** |
| 5.6 | | | **Actively challenge these barriers, supporting the implementation of change wherever possible** |
| 5.7 | | | **Recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice** |
| | understand the specific local context of practice, including the socio-cultural diversity of the community | | understand the specific local context of practice, including the **protected characteristics and** socio-cultural diversity of the community |
| | recognise the socio-cultural environmental issues that influence the context within which people live and work | | recognise the socio-cultural environmental issues that influence the context within which people live and work |
| | 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** | recognise the effect of inequality, poverty, exclusion, identity, social difference and diversity on occupational performance, participation **and engagement** |

| 6 | understand the importance of and be able to maintain confidentiality | | understand the importance of and ~~be able to~~ maintain confidentiality |
|---|---|---|---|
| 6.1 | be aware of the limits of the concept of confidentiality | | ~~be aware of the limits of the concept~~ **adhere to the professional duty** of confidentiality **and understand when disclosure may be required** |
| 6.2 | understand the principles of information governance and be aware of the safe and effective use of health and social care information | understand the principles of information governance and be aware of the safe and effective use of health, ~~and~~ social care **and other relevant** information | understand the principles of information governance **and data** and be aware of the safe and effective use of health social care and other relevant information |
| 6.3 | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public | | ~~be able to~~ recognise and respond ~~appropriately~~ **in a timely manner** to situations where it is necessary to share information to safeguard service users, **carers and /** or the wider public |
| 6.4 | | | **Understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication and support (such as interpreters or translators)** |
| 6.5 | | | **Recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records, such as photography, video and audio recordings and digital platforms** |

| 7 | **be able to communicate effectively** | | ~~be able to communicate effectively~~ |
|---|---|---|---|
| 7.1 | 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~~ | ~~be able to~~ use effective and appropriate verbal and non-verbal skills to communicate with service users, colleagues and others |
| 7.2 | 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]<br><br>[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.* | | ~~be able to~~ communicate in English to the **required** standard **for their profession (**equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1]**)** |
| 7.3 | 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, ethnicity, gender, socio- | 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, **marriage or civil partnership, pregnancy or maternity,** | ~~be aware of the~~ **Understand the** characteristics and consequences of verbal and non-verbal communication and how this can be affected by **difference of any kind including, but not limited to, protected** |

| | | | |
|---|---|---|---|
| | economic status and spiritual or religious beliefs | **race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs | **characteristics, intersectional experiences and cultural differences** ~~factors such as age, culture,~~ **disability,** ~~ethnicity, gender,~~ **marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,** ~~socio-economic status and spiritual or religious beliefs~~ |
| 7.4 | | **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 may need where appropriate** | ~~be able to~~ work with service users **and /** or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | | **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** | ~~be able to~~ modify their **own** means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | | | **Understand the need to support the communication needs and preferences of service users and carers and remove any barriers to communication where possible** |
| 7.7 | | be able to use information and communication technologies appropriate to their practice<br>***Moved from standard 14*** | ~~be able to~~ use information, ~~and~~ communication **and digital** technologies appropriate to their practice |

| | | | |
|---|---|---|---|
| 7.8 | | | **Understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decision** |
| 7.9 | 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 | actively listen to a service user's occupational narrative and analyse the content in order to plan for the future |
| 7.10 | 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 | ~~through interview and personal discussion,~~ understand the values, beliefs, culture, **behaviour**s and interests of service users and carers, **through interview and personal discussion** |
| 8 | **be able to work appropriately with others** | | ~~be able to~~ work appropriately with others |
| 8.1 | 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, **their relatives and carers,** other professionals, support staff~~, communities~~ and others | be able to work, ~~where appropriate,~~ in partnership with service users, ~~their relatives and~~ carers, **colleagues** ~~other professionals, support staff, communities~~ and others |
| 8.2 | | | **Recognise the principles and practises of other health and care professionals and systems and how they interact with their profession** |
| 8.3 | understand the need to build and sustain professional relationships as both an independent practitioner and | | understand the need to build and sustain professional relationships as both an ~~independent~~ **autonomous** |

| | | | |
|---|---|---|---|
| | collaboratively as a member of a team | | practitioner and collaboratively as a member of a team |
| 8.4 | 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 |
| 8.5 | | | **Identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate** |
| 8.6 | | **understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice** | understand the qualities, behaviours and benefits of leadership ~~and be able to apply them in the context of your practice~~ |
| 8.7 | | | **Recognise that leadership is a skill all professionals can demonstrate** |
| 8.8 | | | **Identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion** |
| 8.9 | | | **Demonstrate leadership behaviours appropriate to their practice** |
| 8.10 | | | **Act as a role model to others** |
| 8.11 | | | **Promote and engage in the learning of others** |
| 8.12 | understand the need to engage service users and carers in planning and evaluating diagnostics, | | understand the need to engage service users and carers in planning and evaluating ~~diagnostics~~ **assessments**, treatments and |

| | | | |
|---|---|---|---|
| | treatments and interventions to meet their needs and goals | | interventions to meet their needs and goals |
| 8.13 | | | **ensure intervention reviews are informed by changes in service user's circumstances** |
| 8.14 | understand the need to work with those who provide services in and across different sectors | | understand the need to work with those who provide services in and across different sectors**, in order to best meet service user's needs. Recognise the involvement of public, private and voluntary sector providers in the delivery of health, care and other services which affect occupational performance.** |
| 8.15 | 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 | | 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 |
| | 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 | | 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 |
| | understand group dynamics and roles, and be able to facilitate group work, in order to maximise support, | | understand group dynamics and roles, and ~~be able to~~ facilitate group work in order to maximise support, |

| | | | |
|---|---|---|---|
| | learning and change within groups and communities | | learning and change within groups and communities |
| | 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 | | 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 |
| | be able to work in appropriate partnership with service users in order to evaluate the effectiveness of occupational therapy intervention | | work in appropriate partnership with service users in order to evaluate the effectiveness of occupational therapy intervention |
| **9** | **be able to maintain records appropriately** | | ~~be able to~~ **maintain records appropriately** |
| 9.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | | ~~be able to~~ keep **full, clear and** accurate ~~, comprehensive and comprehensible~~ records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines | | ~~recognise the need to~~ manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | | | **Use digital record keeping tools, where required** |
| **10** | **be able to reflect on and review practice** | | ~~be able to~~ **reflect on and review practice** |
| 10.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | | understand the value of ~~reflection~~ **reflective** practice and the need to record the outcome of such reflection **to support continuous improvement** |

| | | | |
|---|---|---|---|
| 10.2 | recognise the value of case conferences, supervision and other methods of reflecting on and reviewing practice | recognise the value of case conferences~~,~~ ~~supervision~~ and other methods of ~~reflecting on and reviewing practice~~ **review** *For consistency across the professions, following feedback from stakeholders of what was the most universal term* | recognise the value of **multidisciplinary reviews,** case conferences and other methods of review |
| 10.3 | be able to recognise the potential of occupational therapy in new and emerging areas of practice | | recognise **and evaluate** the potential of occupational therapy in new and emerging areas of practice |
| **11** | **be able to assure the quality of their practice** | | ~~be able to~~ **assure the quality of their practice** |
| 11.1 | 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~~ | ~~be able to~~ engage in evidence-based practice |
| 11.2 | 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** | ~~be able to~~ gather and use feedback and information, including qualitative and quantitative data, to evaluate the response of service users to their care |
| 11.3 | | **be able to monitor and systematically evaluate the quality of practice, and maintain an effective audit trail to work towards continual improvement** | ~~be able to~~ **monitor and systematically evaluate the quality of practice, and maintain an effective** ~~audit trail~~ **quality management and quality assurance process working** ~~to work~~ **towards continual improvement** |
| 11.4 | | **be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures** | ~~be able to~~ participate in ~~audit procedures and~~ quality management, including quality control, quality assurance, **clinical governance** and |

| | | | |
|---|---|---|---|
| | | | the use of appropriate outcome measures |
| 11.5 | 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** | ~~be able to~~ evaluate **care plans or** intervention plans using recognised **and appropriate** outcome measures, **in conjunction with the service user where possible,** and revise the plans as necessary ~~in conjunction with the service user~~ |
| 11.6 | | **recognise the value of contributing to the generation of data for quality assurance and improvement programmes** | recognise the value of **gathering and using** ~~contributing to the generation of~~ data for quality assurance and improvement programmes |
| **12** | **understand the key concepts of the knowledge base relevant to their profession** | | **understand and apply the key concepts of the knowledge base relevant to their profession** |
| 12.1 | understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession | | understand the structure and function of the human body, together with knowledge of **physical and mental** health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | 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 | ~~be aware of~~ **demonstrate awareness of** the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 12.3 | 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 occupational therapist** | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of biomedical scientist |

| | | | |
|---|---|---|---|
| 12.4 | understand the structure and function of health and social care services in the UK | | understand the structure and function of health and social care **systems and** services in the UK |
| 12.5 | 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 ~~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 occupational nature of human beings and how they function in everyday activities **such as self care, productivity and leisure and their changing needs during the** lifecycle |
| 12.6 | | | **understand the inter-relationship between the person, their environment and their chosen occupation, barriers and enablers in this system and how to change each component as part of rehabilitation** |
| 12.7 | | **be able to apply the theoretical concepts underpinning occupational therapy, including concepts of:**<br><br>**- anatomy**<br>**- physiology**<br>**- pathology**<br>**- human development**<br>**- ergonomics**<br>**- biomechanics**<br>**- psychology**<br>**- sociology**<br>**- relevant behavioural sciences**<br>**- occupational science** | **apply the theoretical concepts underpinning occupational therapy, including concepts of:**<br><br>**- activity analysis**<br>**- anatomy**<br>**- physiology**<br>**- psychology and mental health**<br>**- pathology**<br>**- human development**<br>**- ergonomics**<br>**- biomechanics**<br>**- psychology**<br>**- sociology**<br>**- relevant behavioural sciences**<br>**- occupational science** |

| | | **Be able to apply the theoretical concepts underpinning occupational therapy to inform the understanding of physical, emotional and mental health** | ~~Be able to~~ **apply the theoretical concepts underpinning occupational therapy to inform the understanding of physical, emotional and mental health** |
|---|---|---|---|
| 12.8 | | | |
| 12.9 | 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 | 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 | understand the effect of occupational alienation, dysfunction deprivation and injustice ~~on individuals, families, groups and communities and~~ recognis~~e~~ing the importance of restoring and facilitating opportunities ~~with the aim~~ to achieve occupational wellness |
| 12.10 | be able to understand and analyse activity and occupation and their relation to and effect on, health, wellbeing and function | | understand and analyse activity and occupation and their relation to and effect on, health, wellbeing and function **as part of occupational formulation, diagnosis and therapeutic use of occupation** |
| 12.11 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention | understand the theoretical basis of, and the variety of approaches to, assessment**,** ~~and~~ intervention **and evaluation** | understand the theoretical basis of, and the variety of approaches to, assessment, **planning,** intervention and evaluation **that focus on occupational outcomes** |
| 12.12 | understand the need to identify and assess occupational, physical, psychological, cultural and environmental needs and problems of service users, their families and carers | understand the need to identify and assess occupational, physical, psychological, **cognitive,** cultural and environmental needs and problems of service users, their families and carers | understand the need to identify and assess **diverse** occupational, physical, psychological, cognitive, cultural and environmental needs and problems of service users, ~~their families~~ and carers |
| 12.13 | be aware of social, environmental and work-related policies and | be aware of **physical, attitudinal,** social, environmental and work-related policies and | **demonstrate awareness** of physical, attitudinal, social, **economic,** |

| | | | |
|---|---|---|---|
| | services and their effect on human needs within a diverse society | services and their effect on **people** ~~human needs~~ within a diverse society | **educational**, environmental and work-related policies and services and their effect on people within a diverse society |
| 12.14 | recognise the value of the diversity and complexity of human behaviour through the exploration of different physical, psychological, environmental, social, emotional and spiritual perspectives | 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 | 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 |
| 12.15 | 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 | | **demonstrate awareness** 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 |
| 12.16 | | 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~~<br>*Moved from 13.10* | understand the use of the current philosophical models for occupational therapy that focuses on service users and holistic person-centred care, **and a person's ability to participate in occupations, taking into account physical, biological, psychological and social factors and the environmental context** |
| 12.17 | | **understand the concept of, and be able to support others with, the facilitation of learning** | understand the concept of, and support others with, the facilitation of, teaching and learning **including teaching self management** |

| | | | strategies to service users and carers |
|---|---|---|---|
| **13** | **be able to draw on appropriate knowledge and skills to inform practice** | | ~~be able to~~ **draw on appropriate knowledge and skills to inform practice** |
| **13.1** | be able to change their practice as needed to take account of new developments or changing contexts | be able to change their practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts | be able to change their practice as needed to take account of new developments, technologies and changing contexts |
| **13.2** | be able to gather appropriate information | be able to gather appropriate information | ~~be able to~~ gather appropriate information |
| **13.3** | be able to analyse and critically evaluate the information collected | be able to analyse and critically evaluate the information collected | be able to analyse and critically evaluate the information collected |
| **13.4** | be able to select and use appropriate assessment techniques | | be able to select and use appropriate assessment techniques **and equipment** |
| **13.5** | | **be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment** | **be able to undertake and record a thorough, sensitive and detailed assessment,** ~~using appropriate techniques and equipment~~ |
| **13.6** | be able to undertake or arrange investigations as appropriate | | be able to undertake or arrange investigations as appropriate |
| **13.7** | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, interventions or other actions safely and effectively | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy~~,~~ ~~interventions~~ or other actions safely and effectively | be able to conduct appropriate ~~diagnostic~~ **assessment** or monitoring procedures, treatment, therapy or other actions safely and effectively |

| | | | |
|---|---|---|---|
| **13.8** | be aware of a range of research methodologies and be able to critically evaluate research in order to inform practice | be aware of a range of research methodologies ~~and be able to critically evaluate research in order to inform practice~~ | ~~be aware of~~ **recognise** a range of research methodologies **relevant to their role** |
| **13.9** | recognise the value of research to the critical evaluation of practice | recognise the value of research to the critical evaluation of practice | recognise the value of research to the critical evaluation of practice |
| **13.10** | | **be able to critically evaluate research and other evidence to inform their own practice** | **be able to critically evaluate research and other evidence to inform their own practice** |
| **13.11** | | | **Engage service users in research as appropriate** |
| **13.12** | understand the need to consider the assessment of the health, social care, employment and learning needs of service users | | understand the need to consider the assessment of the health, social care, employment and learning needs of service users **including the need for risk assessment and positive risk taking** |
| **13.13** | be able to select and use relevant assessment tools to identify occupational performance needs | be able to select and use relevant assessment ~~tools~~ **techniques** to identify occupational performance **and participation** needs | select and use relevant **standardised and non-standardised** assessment techniques **and observation** to ~~identify occupational performance and participation needs~~ **gather information about the service user's functional and occupational abilities, occupational performance and participation, taking account of the cultural and environmental context** |

| | | | |
|---|---|---|---|
| **13.14** | be able to formulate specific and appropriate care or case management plans including the setting of timescales | | formulate specific and appropriate care or case management plans including the setting of timescales |
| **13.15** | 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 | | 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 |
| **13.16** | 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 | | select as appropriate, the specific occupations and activities for use as therapeutic media, taking into account the particular ~~therapeutic~~ needs of service users |
| **13.17** | be able to understand and use the relevant sciences and established theories, frameworks and concepts of occupational therapy | 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** | understand and use the scientific theories, concepts, principles and professional frameworks underpinning occupational therapy practice |
| 13.18 | be aware of the full range of occupations and activities used in intervention and how these should reflect the individual's occupational needs | 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** | **demonstrate awareness** of the broad range of occupations and activities that can be used in intervention and how these should reflect the individual's occupational needs and preferences |

ETC 10 March 2022
Results of Standards of Proficiency review consultation

| | | | |
|---|---|---|---|
| 13.19 | 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 analyse, develop or modify therapeutic media and environments to service users, to build on their abilities and enhance their occupational performance **and participation** | **select** or develop ~~or modify~~ therapeutic media and environments, **and adapt these as appropriate to meet** service user's needs, build on their abilities and enhance their occupational performance and participation |
| 13.20 | know how to meet the social, psychological and physical health-based occupational needs of service users across a range of practice areas | know how to meet the social, psychological**, cognitive** and physical health-based occupational needs of service users across a range of practice areas | **understand the need** to meet the **emotional,** social, psychological, cognitive and physical health-based occupational needs of service users across a range of practice areas **and how this can vary across a range of practice areas** |
| **14** | **understand the need to establish and maintain a safe practice environment** | | ~~understand the need to establish and maintain a safe practice environment~~ |
| 14.1 | understand the need to maintain the safety of both service users and those involved in their care | | understand the need to maintain the safety of **themselves and others, including** ~~both~~ service users**, carers and colleagues** ~~and those involved in their care~~ |
| 14.2 | 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 | | ~~be aware of applicable~~ **demonstrate awareness of relevant** 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~~ **and comply with all local operational procedures and policies** |

| | | | |
|---|---|---|---|
| 14.3 | 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 | | ~~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 |
| 14.4 | be able to select appropriate personal protective equipment and use it correctly | | ~~be able to~~ select appropriate personal protective equipment and use it correctly |
| 14.5 | 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 | be able to establish safe environments for practice, which appropriately manages risk to service users ~~those treating them and others, including the use of hazard control and particularly infection control~~ |
| 14.6 | know and be able to apply appropriate moving and handling techniques | ~~know~~ **understand** and be able to apply appropriate moving and handling techniques | understand and ~~be able to~~ apply appropriate moving and handling techniques |
| **15** | **Promote and prevent ill health** | | |
| **15.1** | **Understand the role of their profession in health promotion, health education and preventing ill-health** | | |
| **15.2** | **Understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being** | | |
| **15.3** | **Empower and enable individuals (including service users and** | | |

| | | | |
|---|---|---|---|
| | colleagues) to play a part in managing their own health | | |
| 15.4 | Engage in occupational health, including being aware of immunisation requirements | | |

**Draft standards of proficiency for operating department practitioners**

This document sets out the proposed changes to the standards of proficiency for operating department practitioners . Proposed deletions a~~re indicated in~~ the text by strikethrough whilst additions are shown in **bold**. Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions.

The columns show changes between the current version on the left, the changes proposed at consultation in the centre, and the proposed new standards on the right. The standards are numbered according to the current proposals.

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. | Current standards | Proposed amendments | Current proposals |
|---|---|---|---|
| **Registrant operating department practitioners must:** | | | |
| **1** | **be able to practise safely and effectively within their scope of practice** | | ~~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** | ~~know~~ **identify** 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 | recognise the need to manage their own workload and resources ~~effectively~~ | recognise the need to manage their own workload and resources safely and effectively, **including managing the** |

|  | effectively and be able to practise accordingly | ~~and be able to practise accordingly~~ **safely and effectively** | **emotional burden that comes with working in a pressured environment** |
|---|---|---|---|
| 1.3 |  |  | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |
| **2** | **be able to practise within the legal and ethical boundaries of their profession** |  | ~~be able to~~ **practise within the legal and ethical boundaries of their profession** |
| 2.1 |  |  | **maintain high standards of personal and professional conduct** |
| 2.2 | 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 | promote and protect the service user's interests at all times<br>promote and protect the service user's interests at all times |
| 2.3 |  | **understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary** | understand the importance of safeguarding **by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these** ~~and the need to engage in appropriate safeguarding~~ processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council |  | understand what is required of them by the Health and Care Professions Council, **including but not limited to the Standards of conduct, performance and ethics** |

| | | | |
|---|---|---|---|
| 2.5 | 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 | | ~~understand the need to~~ respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the **assessment**, diagnostic, **treatment** and **/ or** therapeutic process ~~and in maintaining health and wellbeing~~ |
| 2.6 | 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 | | recognise that relationships with service users, **carers and others** should be based on mutual respect and trust, ~~and be able to~~ maintain**ing** high standards of care **in all circumstances** ~~even in situations of personal incompatibility~~ |
| 2.7 | 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* | understand the importance of and be able to obtain **valid** ~~informed~~ consent, **which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented** |
| 2.8 | be able to practise in accordance with relevant medicines legislation | be able to exercise a professional duty of care *Moved from 2.9* | **understand the importance of capacity in the context of delivering care and treatment** |
| 2.9 | 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* | **understand the scope of** ~~be able to exercise~~ a professional duty of care, **and exercise that duty** |

| | | | |
|---|---|---|---|
| 2.10 | 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* | understand **and apply** ~~about current~~ legislation, **policies and guidance relevant** ~~applicable~~ to ~~the work of~~ their profession **and scope of practice** |
| 2.11 | 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* | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |
| 2.12 | | | ~~be able to~~ practise in accordance with relevant medicines legislation |
| | | | understand the complexity of caring for vulnerable persons in perioperative and other healthcare settings, and the need to adapt care as necessary |
| | | | |
| **3** | **be able to maintain fitness to practise** | | **look after their health and wellbeing, seeking appropriate support where necessary** ~~be able to maintain fitness to practise~~ |
| 3.1 | understand the need to maintain high standards of personal and professional conduct | | **identify anxiety and stress in themselves and recognise the potential impact on their practice** ~~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** | understand the importance of their own mental and physical health and **wellbeing strategies in maintaining fitness to practise** ~~be able to take appropriate action if their health may affect their ability to practise safely and effectively~~ |
| 3.3 | | | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| 3.4 | | **understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary** | **develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment** ~~understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary~~ |
| | 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,** | | ~~be able to~~ **practise as an autonomous professional,** |

|  | exercising their own professional judgement |  | 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<br>*Moved from 4.4 to emphasise importance of this standard* | recognise that they are personally responsible for and must be able to justify their decisions **and actions** |
| 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**<br>*Moved from 4.1* | ~~be able to~~ use their skills, knowledge and experience, and the information available to them, to make informed decisions **and** / or take ~~initiate solutions~~ **take action** where necessary |
| 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<br>*Moved from 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 |
| 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<br>*Moved from 4.5* | ~~be able to~~ make and receive appropriate referrals, **where necessary** |
| 4.5 | be able to make and receive appropriate referrals | be able to initiate resolution of problems and be able to exercise personal initiative<br>*Moved from 4.3* | ~~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 *Moved from standard 14* | ~~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 *Moved from standard 14* | ~~be able to~~ use research, reasoning and problem solving skills ~~to~~ **when** determining appropriate actions |
| 4.8 | 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* | understand the ~~importance~~ **need for** ~~of~~ active participation in training, supervision and mentoring **in supporting high standards of practice, and personal and professional conduct**, **and the importance of demonstrating this in practice** |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | | **Recognise be aware of the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
| 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 | ~~understand the need to adapt practice to~~ respond appropriately to the needs of all different groups and individuals in **practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics[5],** |

[5] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| | | | |
|---|---|---|---|
| | | | **intersectional experiences and cultural differences** |
| 5.2 | | | understand equality legislation and apply it to their practice |
| 5.3 | | **be aware of the impact of their own values and beliefs on practice** | ~~be aware of the~~ **recognise the potential** impact of their own values ~~and~~beliefs **and personal biases (which may be unconscious)** on practice **and take personal action to ensure all service users and carers are treated appropriately with respect and dignity** |
| | | 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, **marriage or civil partnership, 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* | |

| | | | |
|---|---|---|---|
| 5.4 | | | **understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice** |
| 5.5 | | | **recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups** |
| 5.6 | | | **actively challenge these barriers, supporting the implementation of change wherever possible** |
| 5.7 | | | **recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice** |
| | | | |
| | **be able to practise in a non-discriminatory manner** | be able to practise in a non-discriminatory **and inclusive** manner | |
| | | **be aware of the characteristics and consequences of barriers to inclusion** | |
| **6.** | **understand the importance of and be able to maintain confidentiality** | | **understand the importance of and ~~be able to~~ maintain confidentiality** |
| 6.1 | be aware of the limits of the concept of confidentiality | | **understand the duty to make reasonable adjustments in practice and be able to make and support** |

| | | | |
|---|---|---|---|
| | | | **reasonable adjustments in theirs and others' practice**<br>~~be aware of the limits of the concept of~~ **adhere to the professional duty of** confidentiality **and understand when disclosure may be required** |
| 6.2 | understand the principles of information governance and be aware of the safe and effective use of health and social care information | understand the principles of information governance and be aware of the safe and effective use of health**,** ~~and~~ social care **and other relevant** information | understand the principles of information **and data** governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public | | ~~be able to~~ recognise and respond ~~appropriately~~ **in a timely manner** to situations where it is necessary to share information to safeguard service users**, carers and /** or the wider public |
| 6.4 | | | **understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators)** |
| 6.5 | | | **recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms** |

| 7 | be able to communicate effectively | | be able to communicate effectively |
|---|---|---|---|
| 7.1 | 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 | be able to use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
| 7.2 | 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* | be able to communicate in English to the **required standard for their profession (**equivalent to level 7 of the International English Language Testing System, with no element below 6.5[6]**)** |
| 7.3 | | | **understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics , intersectional experiences and cultural differences** |
| | 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] | | |

[6] 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.

| | | | |
|---|---|---|---|
| | [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.* | | |
| 7.4 | 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* | ~~be able to~~ work with service users **and /** or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | 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* | the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | 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- | ~~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 support the communication needs of service users and carers, such as through the use of an appropriate interpreter |

| | economic status and spiritual or religious beliefs | *Moved to standard 5* | |
|---|---|---|---|
| 7.7 | 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~~<br>*Captured by the new standards below* | ~~be able to~~ use information, ~~and~~communication **and digital** technologies appropriate to their practice |
| 7.8 | | | **understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions** |
| 7.9 | 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 | | ~~be able to~~ use effective communication skills when sharing information about service users with other members of the multidisciplinary team |
| | 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~~<br>*Captured by the new standards below* | |
| | | **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 may need where appropriate** | |

| | | | |
|---|---|---|---|
| | | **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** | |
| | | be able to use information and communication technologies appropriate to their practice *Moved from standard 14* | |
| | | be able to use effective communication skills when sharing information about service users with other members of the multidisciplinary team *Moved from 8.2* | |
| | 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 **service users** ~~patients~~, carers **yourself** and others and recognise the potential impact upon communication | |
| | 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** | **be able to work appropriately with others** | | ~~be able to~~ work appropriately with others |
| 8.1 | 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, **their relatives and carers,** other professionals, support staff and others | ~~be able to~~ work, ~~where appropriate~~, in partnership with service users, ~~their relatives and~~ carers, **colleagues** ~~other professionals, support staff~~ and others |

| | | | |
|---|---|---|---|
| | | | |
| 8.2 | | | **recognise the principles and practices of other health and care professionals and systems and how they interact with their profession** |
| 8.3 | understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team | | understand the need to build and sustain professional relationships as both an ~~independent~~ **autonomous** practitioner and collaboratively as a member of a team |
| 8.4 | 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<br>*Moved from 9.4* | ~~be able to~~ contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | | | **identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate** |
| 8.6 | | **understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice** | understand the qualities, behaviours and benefits of leadership ~~and be able to apply them in the context of your practice~~ |
| 8.7 | | | **recognise that leadership is a skill all professionals can demonstrate** |
| 8.8 | | | **identify their own leadership qualities, behaviours and approaches, taking into account the** |

| | | | importance of equality, diversity and inclusion |
|---|---|---|---|
| 8.9 | | | **demonstrate leadership behaviours appropriate to their practice** |
| 8.10 | | | **act as a role model for others** |
| 8.11 | | | **promote and engage in the learning of others** |
| 8.12 | 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* | understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals |
| 8.13 | understand and be able to apply psychological and sociological principles to maintain effective relationships | | understand and be able to apply psychological and sociological principles to maintain effective relationships |
| **9** | **be able to maintain records appropriately** | | ~~be able to~~ **maintain records appropriately** |
| 9.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | | ~~be able to~~ keep **full, clear and** accurate, ~~comprehensive and comprehensible~~ records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines | | ~~recognise the need to~~ manage records and all other information in accordance with applicable legislation, protocols and guidelines |

| | | | |
|---|---|---|---|
| | | | |
| 9.3 | | | **use digital record keeping tools, where required** |
| **10** | **be able to reflect on and review practice** | | ~~be able to~~ **reflect on and review practice** |
| 10.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | | understand the value of **reflective** ~~reflection on~~ practice and the need to record the outcome of such reflection **to support continuous improvement** |
| 10.2 | recognise the value of case conferences and other methods of review | | recognise the value of **multi-disciplinary reviews,** case conferences and other methods of review |
| 10.3 | | **be able to participate in team debriefings following treatment, procedures or interventions** | ~~be able to~~ participate in team **briefings and** debriefings following treatment, procedures or interventions |
| **11** | **be able to assure the quality of their practice** | | ~~be able to~~ **assure the quality of their practice** |
| 11.1 | 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~~ | ~~be able to~~ engage in evidence-based practice |
| 11.2 | be able to gather information, including qualitative and quantitative data, that helps to evaluate the | be able to gather **and use feedback and** information, including qualitative and quantitative data, ~~that helps~~ to | ~~be able to~~ gather and use feedback and information, including qualitative and |

| | | | |
|---|---|---|---|
| | responses of service users to their care | evaluate the responses of service users to their care | quantitative data, to evaluate the responses of service users to their care |
| 11.3 | 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~~ <br> *Captured by the new standard below* | ~~be able to~~ monitor and systematically evaluate the quality of practice, and maintain an effective ~~audit trail~~ **quality management and quality assurance process** ~~working to~~ work towards continual improvement |
| 11.4 | 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 | ~~be able to~~ participate in ~~audit procedures and~~ quality management, including quality control, quality assurance, **clinical governance** and the use of appropriate outcome measures |
| 11.5 | 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~~ <br> *Captured by the new standard below* | ~~be able to~~ evaluate **care plans or** intervention plans using recognised **and appropriate** outcome measures, **in conjunction with the service user where possible,** and revise the plans as necessary ~~in conjunction with the service user~~ |
| 11.6 | 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 | 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 <br> *Captured by amendments above* | recognise the value of **gathering and using** ~~contributing to the generation of~~ data for quality assurance and improvement programmes |

| | | be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures | |
|---|---|---|---|
| | be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user | Moved to 12.5 | |
| **12** | **understand the key concepts of the knowledge base relevant to their profession** | | **understand and apply 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<br>*For consistency with the other profession's generic standards* | understand the structure and function of the human body, together with knowledge of **physical and mental** health, disease, disorder and dysfunction relevant to their profession |
| 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<br>*Moved from 13.3* | **demonstrate awareness** ~~be aware~~ of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 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** | recognise the role(s) of other professions in health and social care and understand how they may relate to |

| | | Moved from 13.4 | the role of **the operating department practitioner** |
|---|---|---|---|
| 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<br>*Moved from 13.5* | understand the structure and function of health and social care **system and** services in the UK |
| 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<br>*Moved from 13.2* | recognise disease and trauma processes, and how to apply this knowledge to the service user's perioperative care |
| 13.6 | understand the concept of leadership and its application to practice | ~~understand the concept of leadership and its application to practice~~<br><br>*Addressed by a new standard on leadership under standard 9 (9.A)* | **demonstrate awareness** ~~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 | be aware of the main sequential stages of human development, including cognitive, emotional and social measures of maturation through the life-span<br>*Moved from 13.8* | |
| 12.7 | 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<br>*Moved from 13.7* | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
| 12.8 | understand relevant physiological parameters and how to interpret changes from the norm | | understand relevant physiological parameters and how to interpret changes from the norm |

| | | | |
|---|---|---|---|
| 12.9 | 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<br>*Moved from 13.11* | understand the principles of operating department practice and their application to perioperative and other healthcare settings |
| 12.10 | 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**<br>*Moved from 13.10* | understand how to order, store and issue drugs to service users safely and effectively |
| 12.11 | 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~~ | understand the pharmacokinetic and pharmacodynamic effects and contraindications of drugs used |
| 12.12 | 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 | | 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 |
| 12.13 | be able to calculate accurately prescribed drug dosages for individual service user needs | | ~~be able to~~ calculate accurately prescribed drug dosages for individual service user needs |
| 12.14 | understand the principles and practices of the management of clinical emergencies | | understand the principles and practices of the management of clinical emergencies **and participate as part of a team managing a clinical emergency, where necessary** |

| 13 | **be able to draw on appropriate knowledge and skills to inform practice** | | ~~be able to~~ **draw on appropriate knowledge and skills to inform practice** |
|---|---|---|---|
| 14.1 | be able to change their practice as needed to take account of new developments or changing contexts | be able to change their practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts | ~~be able to~~ change their practice as needed to take account of new developments, technologies and 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* | ~~be able to~~ gather appropriate information |
| 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* | ~~be able to~~ analyse and critically evaluate the information collected |
| 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* | ~~be able to~~ select and use appropriate assessment techniques **and equipment** |
| 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* | ~~be able to~~ undertake and record a thorough, sensitive and detailed assessment, ~~using appropriate techniques and equipment~~ |
| 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* | ~~be able to~~ undertake or arrange investigations as appropriate |
| 14.7 | be able to monitor and record fluid balance, and where appropriate, | be able to conduct appropriate diagnostic or monitoring procedures, | ~~be able to~~ conduct appropriate ~~diagnostic~~ **assessment** or monitoring |

| | administer prescribed fluids in accordance with national and local guidelines | treatment, therapy or other actions safely and effectively<br>*Moved from 14.2* | procedures, treatment, therapy or other actions safely and effectively |
|---|---|---|---|
| 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<br>*Moved from 14.23* | **Recognise** ~~be aware of~~ a range of research methodologies **relevant to their role** |
| 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<br>*Moved from 14.22* | recognise the value of research to the critical evaluation of practice |
| 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<br>*Moved from 14.24* | ~~be able to~~ critically evaluate research and other evidence to inform their own practice |
| 13.11 | | | engage service users in research as appropriate |
| 13.12 | be able to receive and identify service users and their care needs | understand service users' elimination needs **and be able to undertake**~~,~~ ~~including~~ **all gender** ~~male and female~~ urinary catheterisation<br>*Moved from 14.3* | Understand service users' elimination needs and be able to undertake all ~~gender~~ **sex** urinary catheterisation |
| 13.13 | 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<br>*Moved from 14.4* | understand the role of the surgical first assistant in assisting with surgical intervention |
| 13.14 | be able to gather appropriate information | be able to undertake appropriate anaesthetic, surgical and post-anaesthesia care interventions, including managing the service user's | ~~be able to~~ undertake appropriate **pre-assessment**, 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* | airway, respiration and circulation and providing assisted ventilation where necessary |
| 13.15 | 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* | understand the management and processes involved in the administration of blood and blood products |
| 13.16 | 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* | ~~be able to~~ monitor and record fluid balance, and where appropriate, administer prescribed fluids in accordance with national and local guidelines |
| 13.17 | | **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** | ~~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 |
| 13.18 | 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* | 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 |
| 13.19 | | **understand common abnormal blood physiology, including blood gas analysis, and be able to undertake venepuncture, cannulation and blood sampling** | understand common abnormal blood physiology, including blood gas analysis**, ~~and be able to undertake venepuncture, cannulation and blood sampling~~** |

| 13.20 | | **(13.19 split to create 13.20)** | Be able to undertake venepuncture, **peripheral IV** cannulation and blood sampling |
|---|---|---|---|
| 13.21 | 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* | ~~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 |
| 13.22 | be able to analyse and critically evaluate the information collected | be able to modify and adapt practice to emergency situations *Moved from 14.10* | ~~be able to~~ modify and adapt practice to emergency situations |
| 13.23 | | **understand the principles of life support and be able to undertake the initial management of a service user in cardiac arrest** | understand the principles of life support ~~and be able to undertake the initial management of a service user in cardiac arrest~~ |
| 13.24 | | | undertake the management of a service user in cardiac arrest and **participate in the team managing on-going resuscitation**, where required |
| | | | |
| | 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* | |
| 13.25 | 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* | ~~Be able to~~ receive and identify service users and their care needs |
| 13.26 | | **be able to participate in the briefing and debriefing of perioperative** | ~~be able to~~ participate in the briefing and debriefing of perioperative teams and the use of surgical safety checklists |

| | | **teams and the use of surgical safety checklists** | |
|---|---|---|---|
| | 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* | |
| 13.27 | 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* | ~~be able to~~ formulate specific and appropriate care plans including the setting of timescales |
| 14.28 | 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* | ~~be able to~~ effectively gather information relevant to the care of service users |
| 13.29 | 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* | ~~Be able to~~ adapt and apply problem solving skills to clinical emergencies |
| | 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** | **understand the need to establish and maintain a safe practice environment** | | ~~understand the need to~~ **establish and maintain a safe practice environment** |
| 14.1 | understand the need to maintain the safety of both service users and those involved in their care | | understand the need to maintain the safety of **themself and others, including** ~~both~~ service users, **carers and colleagues** ~~and those involved in their care~~ |

| | | | |
|---|---|---|---|
| 14.2 | 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<br>*Moved from 15.3* | ~~be aware of applicable~~ **demonstrate awareness of relevant** 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~~ **and comply with all local operational procedures and policies** |
| 14.3 | 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<br>*Moved from 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 |
| 14.4 | 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<br>*Moved from 15.5* | ~~be able to~~ select appropriate personal protective equipment and use it correctly |
| 14.5 | 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<br>*Moved from 15.6* | ~~be able to~~ establish safe environments for practice, which appropriately manages risk ~~to service users, those treating them and others, including the use of hazard control and particularly infection control~~ |
| 14.6 | be able to establish safe environments for practice, which | be able to understand the impact of human factors within the perioperative / | ~~be able to~~ understand the impact of human factors within ~~the perioperative /~~ |

| | | | |
|---|---|---|---|
| | minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control | acute setting and the implications for service user safety *Moved from 15.2* | ~~acute~~ **relevant** setting**s** and the implications for service user safety |
| 14.7 | be able to promote and comply with measures designed to control infection | | ~~be able to~~ promote and comply with measures designed to control infection |
| 14.8 | understand the nature and purpose of sterile fields, and the practitioner's individual role and responsibility for maintaining them | | understand the nature and purpose of sterile fields, and the practitioner's individual role and responsibility for maintaining them |
| 14.9 | understand and be able to apply appropriate moving and handling techniques | | understand and be able to apply appropriate moving and handling techniques |
| 14.10 | be able to position service users for safe and effective interventions | | ~~be able to~~ position service users for safe and effective interventions |
| 14.11 | | **understand the principles and ensure the safe use of medical devices used in perioperative care, including:**<br>**-     electro-surgical devices;**<br>**-     insuflators;**<br>**-     surgical tourniquets;**<br>**-     anaesthetic and service user monitoring equipment; and**<br>**-     equipment for maintaining the service user's airway, respiration and circulation** | understand the principles and ensure the safe use of medical devices used in perioperative, **anaesthetic, surgical and post-anaesthesia** care. |
| **15.** | | | **Promote and prevent ill-health** |

| | | | |
|---|---|---|---|
| **15.1** | | | understand the role of their profession in health promotion, health education and preventing ill health |
| **15.2** | | | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being |
| **15.3** | | | empower and enable individuals (including service users and colleagues) to play a part in managing their own health |
| **15.4** | | | engage in occupational health, including being aware of immunisation requirements |

**Draft standards of proficiency for orthoptists**

This document sets out the proposed changes to the standards of proficiency for orthoptists. Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**. Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions.

The columns show changes between the current version on the left, the changes proposed at consultation in the centre, and the proposed new standards on the right. The standards are numbered according to the current proposals.

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 | |
|---|---|---|---|
| **Registrant orthoptists must:** | | | |
| **1** | **be able to practise safely and effectively within their scope of practice** | | ~~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** | ~~know~~ **identify** 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** | recognise the need to manage their own workload and resources safely and effectively, **including managing the emotional burden that comes with working in a pressured environment** |
| 1.3 | | | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |
| **2** | **be able to practise within the legal and ethical boundaries of their profession** | | ~~be able to~~ practise within the legal and ethical boundaries of their profession |
| 2.1 | | | maintain high standards of personal and professional conduct |
| 2.2 | 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 | ~~understand the need to~~ promote and protect the service user's interests at all times |

| 2.3 | | **understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary** | understand the importance of safeguarding **by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging** and ~~the need to engage~~ in ~~appropriate~~ **these** ~~safeguarding~~ processes where necessary |
|---|---|---|---|
| 2.4 | understand what is required of them by the Health and Care Professions Council | | understand what is required of them by the Health and Care Professions Council, **including but not limited to the Standards of conduct, performance and ethics** |
| 2.5 | 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 | | ~~understand the need to~~ respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the **assessment**, diagnostic, **treatment** and **/ or** therapeutic process ~~and in maintaining health and wellbeing~~ |
| 2.6 | 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 | | recognise that relationships with service users, **carers and others** should be based on mutual respect and trust, ~~and be able to~~ maintain**ing** high standards of care **in all circumstances** ~~even in situations of personal incompatibility~~ |

| | | | |
|---|---|---|---|
| 2.7 | know about current legislation applicable to the work of their profession | understand the importance of and be able to obtain informed consent<br>*Moved from 2.6* | understand the importance of and be able to obtain **valid** ~~informed~~ consent, **which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented** |
| 2.8 | | | **understand the importance of capacity in the context of delivering care and treatment** |
| 2.9 | understand the importance of and be able to obtain informed consent | be able to exercise a professional duty of care<br>*Moved from 2.7* | **understand the scope of** ~~be able to exercise~~ a professional duty of care, **and exercise that duty** |
| 2.10 | be able to exercise a professional duty of care | **understand** ~~know~~ about current legislation applicable to the work of their profession<br>*Moved from 2.5* | understand **and apply** ~~about current~~ legislation, **policies and guidance** ~~applicable~~ to ~~the work of~~ their profession **and scope of practice** |
| 2.11 | | | **recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain** |
| 3 | **be able to maintain fitness to practise** | | **look after their health and wellbeing, seeking appropriate support where necessary** ~~be able to maintain fitness to practise~~ |
| 3.1 | understand the need to maintain high standards of personal and professional conduct | | **identify anxiety and stress in themselves and recognise the potential impact on their practice** ~~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** | understand the importance of ~~maintaining~~ their own mental and physical health and **wellbeing strategies in maintaining fitness to practise** ~~be able to take appropriate action if their health may affect their ability to practise safely and effectively~~ |
| 3.3 | | | **understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary** |
| 3.4 | | **understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary** | **develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment** ~~understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary~~ |
| | 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** | | ~~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<br>*Moved from 4.4 to emphasise importance of this standard* | recognise that they are personally responsible for and must be able to justify their decisions **and actions** |
| 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**<br>*Moved from 4.1* | ~~be able to~~ use their skills, knowledge and experience, and the information available to them, to make informed decisions **and /** or ~~initiate solutions~~ **take action** where necessary |
| 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<br>*Moved from 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 |
| 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<br>*Moved from 4.5* | ~~be able to~~ make and receive appropriate referrals**, where necessary** |

| | | | |
|---|---|---|---|
| 4.5 | be able to make and receive appropriate referrals | be able to initiate resolution of problems and be able to exercise personal initiative<br>*Moved from 4.3* | be able to initiate resolution of problems and be able to exercise personal initiative |
| 4.6 | | **be able to coordinate a complete service user pathway, where appropriate, and in line with local guidelines** | be able to coordinate a complete service user pathway, where appropriate, and in line with local guidelines |
| | | be able to demonstrate a logical and systematic approach to problem solving<br>*Moved from standard 14* | demonstrate a logical and systematic approach to problem solving |
| | | be able to use research, reasoning and problem solving skills to determine appropriate actions<br>*Moved from standard 14* | be able to use research, reasoning and problem solving skills to **when** determin**ing** appropriate actions |
| | | **understand the importance of active participation in training, supervision and mentoring** | understand the importance **need for** of active participation in training, supervision and mentoring **in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice** |
| | | | |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | | be aware of **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |

| | | | |
|---|---|---|---|
| 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 | ~~understand the need to adapt practice to~~ respond appropriately to the needs of all different groups and individuals **in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics[7], intersectional experiences and cultural differences** |
| 5.2 | | | **understand equality legislation and apply it to their practice** |
| 5.3 | | **be aware of the impact of their own values and beliefs on practice** | ~~be aware of the~~ **recognise the potential** impact of their own values, ~~and~~ beliefs **and personal biases (which may be unconscious)** on practice **and take personal action to ensure all service users and carers are treated appropriately with respect and dignity** |
| 5.4 | | | **understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice** |
| 5.5 | | | **recognise the characteristics and consequences of barriers to** |

[7] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| | | | inclusion, including on socially isolated groups |
|---|---|---|---|
| 5.6 | | | **actively challenge these barriers, supporting the implementation of change wherever possible** |
| 5.7 | | | **recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice** |
| | | 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, **marriage or civil partnership, 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* | |
| | understand the need to take account of physical, psychological and cultural needs when planning and delivering treatment | | |
| | **be able to practise in a non-discriminatory manner** | be able to practise in a non-discriminatory **and inclusive** manner | |

| | | | |
|---|---|---|---|
| | | be aware of the characteristics and consequences of barriers to inclusion | |
| **6** | **understand the importance of and be able to maintain confidentiality** | | **understand the importance of and ~~be able to~~ maintain confidentiality** |
| 6.1 | be aware of the limits of the concept of confidentiality | | ~~be aware of the limits of the concept of~~ **adhere to the professional duty of** confidentiality **and understand when disclosure may be required** |
| 6.2 | understand the principles of information governance and be aware of the safe and effective use of health and social care information | understand the principles of information governance and be aware of the safe and effective use of health, ~~and~~ social care **and other relevant** information | understand the principles of information **and data** governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public | | ~~be able to~~ recognise and respond appropriately **in a timely manner** to situations where it is necessary to share information to safeguard service users, **carers and /** or the wider public |
| 6.4 | | | **understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators)** |
| 6.5 | | | **recognise that the concepts of confidentiality and informed consent** |

| | | | extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms |
|---|---|---|---|
| | | | |
| **7** | **be able to communicate effectively** | | ~~be able to~~ **communicate effectively** |
| 7.1 | 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 | ~~be able to~~ use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
| 7.2 | 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]<br><br>[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* | | ~~be able to~~ communicate in English to the **required** standard **for their profession (**equivalent to level 7 of the International English Language Testing System, with no element below 6.5[8]**)** |

[8] 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.

| | | | |
|---|---|---|---|
| | *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.* | | |
| 7.3 | | | **understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics[9], intersectional experiences and cultural differences** |
| 7.4 | | **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 may need where appropriate** | ~~be able to~~ work with service users **and / or** their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | | **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** | ~~be able to~~ modify their **own** means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | | | understand the need to support the communication needs of service users |

[9] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| | | | |
|---|---|---|---|
| | | | and carers, such as through the use of an appropriate interpreter |
| 7.7 | | be able to use information and communication technologies appropriate to their practice<br>*Moved from standard 14* | ~~be able to~~ use information~~, and~~ communication **and digital** technologies appropriate to their practice |
| 7.8 | | | **understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions** |
| 7.9 | recognise the need to modify interpersonal skills for the assessment and management of children | | **recognise the need to modify interpersonal skills for the assessment and management of children** |
| | 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~~<br>*Captured by the new standards below* | |
| | 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~~<br>*Captured by the new standards below* | |

| | | | |
|---|---|---|---|
| | 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* | |
| | 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* | |
| | 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* | |
| | 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** | **be able to work appropriately with others** | | ~~be able to~~ **work appropriately with others** |
| 8.1 | be able to work, where appropriate, in partnership with service users, | be able to work, where appropriate, in partnership with service users, **their** | ~~be able to~~ work~~, where appropriate~~, in partnership with service users, ~~their~~ |

| | | | |
|---|---|---|---|
| | other professionals, support staff and others | **relatives and carers,** other professionals, support staff and others | ~~relatives and~~ carers, **colleagues** ~~other professionals, support staff~~ and others |
| 8.2 | | | **recognise the principles and practices of other health and care professionals and systems and how they interact with their profession** |
| 8.2 | understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team | | understand the need to build and sustain professional relationships as both an ~~independent~~ **autonomous** practitioner and collaboratively as a member of a team |
| 8.3 | 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<br>*Moved from 9.4* | ~~be able to~~ contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.4 | | | **identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate** |
| 8.5 | | **understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice** | understand the qualities, behaviours and benefits of leadership ~~and be able to apply them in the context of your practice~~ |
| 8.6 | | | **recognise that leadership is a skill all professionals can demonstrate** |
| 8.7 | | | **identify their own leadership qualities, behaviours and approaches, taking into account the** |

| | | | |
|---|---|---|---|
| | | | **importance of equality, diversity and inclusion** |
| 8.8 | | | **demonstrate leadership behaviours appropriate to their practice** |
| 8.9 | | | **act as a role model for others** |
| 8.10 | | | **promote and engage in the learning of others** |
| | | | |
| 8.11 | 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* | understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals |
| 8.12 | 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 | | 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 |
| 8.13 | 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 | ~~be aware of~~ **recognise** the orthoptist's role in the promotion of ocular health by other health professionals |
| **9** | **be able to maintain records appropriately** | | ~~be able to~~ **maintain records appropriately** |

| | | | |
|---|---|---|---|
| 9.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | | ~~be able to~~ keep **full, clear and** accurate, ~~comprehensive and comprehensible~~ records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines | | ~~recognise the need to~~ manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | | | use digital record keeping tools, where required |
| **10** | **be able to reflect on and review practice** | | ~~be able to~~ **reflect on and review practice** |
| 10.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | | understand the value of ~~reflection~~ **reflective** ~~on~~ practice and the need to record the outcome of such reflection **to support continuous improvement** |
| 10.2 | recognise the value of case conferences and other methods of review | | recognise the value of **multi-disciplinary reviews,** case conferences and other methods of review |
| **11** | **be able to assure the quality of their practice** | | ~~be able to~~ **assure the quality of their practice** |
| 11.1 | be able to engage in evidence-based practice, evaluate practice | be able to engage in evidence-based practice, ~~evaluate practice~~ | ~~be able to~~ engage in evidence-based practice |

| | | | |
|---|---|---|---|
| | systematically and participate in audit procedures | ~~systematically and participate in audit procedures~~ | |
| 11.2 | 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 | ~~be able to~~ gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
| | 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~~<br>*Captured by the new standard below* | |
| 11.3 | 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 | ~~be able to~~ monitor and systematically evaluate the quality of practice, and maintain an effective ~~audit trail~~ **quality management and quality assurance process working** ~~to work~~ towards continual improvement |
| | 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~~<br>*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** | ~~be able to~~ participate in ~~audit procedures and~~ quality management, including quality control, quality assurance, **clinical governance** and the use of appropriate outcome measures |

| | | | |
|---|---|---|---|
| 11.4 | be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user | | ~~be able to~~ evaluate **care plans or** intervention plans using recognised **and appropriate** outcome measures, **in conjunction with the service user where possible,** and revise the plans as necessary in conjunction with the service user<br>be able to evaluate **care plans or** intervention plans using recognised **and appropriate** outcome measures, **in conjunction with the service user where possible,** and revise the plans as necessary in conjunction with the service user |
| 11.5 | 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<br>*Captured by amendments above* | recognise the value of **gathering and using** ~~contributing to the generation of~~ data for quality assurance and improvement programmes |
| | | | |
| **12** | **understand the key concepts of the knowledge base relevant to their profession** | | **understand and apply the key concepts of the knowledge base relevant to their profession** |
| 12.1 | understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession | | understand the structure and function of the human body, together with knowledge of **physical and mental** health, disease, disorder |

| | | | |
|---|---|---|---|
| | | | and dysfunction relevant to their profession |
| 12.2 | be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process | | ~~be aware~~ **demonstrate awareness** of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| | 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)* | |
| 12.3 | 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 orthoptist** | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of orthoptist |
| 12.4 | understand the structure and function of health and social care services in the UK | | understand the structure and function of health and social care **systems and** services in the UK |
| | 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* | |
| 12.5 | 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* | understand human growth, physical and mental, and human development across the lifespan, as it relates to the practice of orthoptics |

| | | | |
|---|---|---|---|
| 12.6 | 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<br>*Moved from 13.20* | understand the development of anatomical substrates and their relevance to the development of binocular single vision, ~~and~~ visual function **and visual perception** |
| 12.7 | 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<br>*Moved from 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~~ **function** and visual perception |
| 12.8 | | | **understand neuroanatomy and the effects of disruption of neural pathways on the visual system, cranial nerves and supranuclear control of eye movements** |
| 12.9 | | | **know the factors which influence individual variations in human ability and development** |
| 12.10 | | | **demonstrate awareness of human behaviour and recognise the need for sensitivity to the psychosocial aspects of ocular conditions, including strabismus** |
| 12.11 | | | **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** |
|---|---|---|---|
| | | | |
| 12.12 | 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* | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
| 12.13 | 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* | understand ocular alignment and binocular single vision, and the sensory and motor elements required to attain and maintain these |
| 12.14 | 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* | know the principles governing visual function and the development of vision, and be able to apply them to clinical practice |
| 12.15 | 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* | understand the factors which can cause the disruption of binocular vision |
| 12.16 | 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* | 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 |
| 12.17 | understand the effect of other acquired medical and neurological disorders on the eye, the visual and | understand the principles of uniocular and binocular perception, and the anatomical substrate of these functions | understand the principles of uniocular and binocular perception, and the anatomical substrate of these functions |

| | | | |
|---|---|---|---|
| | ocular motor systems including paediatric, endocrine, autoimmune, oncological and neurological disease | *Moved from 13.8* | |
| 12.18 | 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* | understand refractive error and its effect on ocular alignment, visual perception and visual development |
| 12.19 | 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 **service user** ~~patient~~ management, and be able to apply them to clinical practice *Moved from 13.28* | know how convergence, accommodation and pupillary response affect investigation, diagnosis and service user management, and be able to apply them to clinical practice |
| 12.20 | 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* | understand ocular motility systems, their neural control and how typical and atypical anatomical structures influence them |
| 12.21 | | | know the principles governing ocular motility and their relevance to diagnosis and management, and be able to apply them to clinical practice |
| 12.22 | 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* | know the sensory and motor adaptive mechanisms that occur in order to compensate for strabismus and abnormalities of binocular vision |

| | | | |
|---|---|---|---|
| 12.23 | | | **recognise the functional and perceptual difficulties that may arise as a result of defective visual, binocular or ocular motor functions** |
| 12.24 | understand the development of anatomical substrates and their relevance to the development of binocular single vision and visual function | 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<br>*Moved from 13.15* | understand the effect of other acquired disorders of the body on the eye, the visual and ocular motor systems including paediatric, endocrine, autoimmune, oncological, trauma, psychological and neurological disease |
| 12.25 | 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<br>*Moved from 13.16* | know about the range of ophthalmic conditions which can disrupt vision, binocular vision and produce eye movement disorders |
| 12.26 | | | **understand the principles and application of orthoptic and ophthalmological equipment used during the investigative process** |
| | 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<br>*Moved from 13.17* | |
| | 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<br>*Moved from 13.19* | |

| | | | |
|---|---|---|---|
| | 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<br>*Moved from 13.21* | |
| | 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<br>*Moved from 13.22* | |
| | 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 **service user** ~~patient~~ management, and be able to apply them to clinical practice<br>*Moved from 13.24* | |
| | 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<br>*Moved from 13.26* | |
| 12.27 | 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<br>*Moved from 13.27* | ~~be able to~~ plan, operate and evaluate appropriate vision screening programmes |
| 12.28 | | | **Demonstrate safe use of medicines and including being able to** |

| | | | | undertake drug calculations accurately |
|---|---|---|---|---|
| 12.29 | | | **understand the pharmacokinetics of medicines relevant to their practice** | understand ~~the~~ **pharmacological principles which include pharmacodynamics and** pharmacokinetics of medicines relevant to their practice **and how these may be altered by certain characteristics** |
| 12.30 | | | | Understand the legal context relevant to the use of exemptions in legislation for the sale, supply and administration of medicines, as well as current local and national policy and guidance concerning medicines use |
| 12.31 | | | | **Understand the differences between the sale, supply and administration of medicines using exemptions, other supply or administration mechanisms and prescribing mechanisms** |
| 12.32 | | | | **Understand when to sell or supply medicines using exemptions, based on a relevant examination, assessment and history taking** |
| 12.33 | | | **understand the different non-pharmacological and pharmacological approaches to modifying disease** | understand the different non-pharmacological and pharmacological approaches to modifying disease **management relevant to their practice and the risks and benefits of each option** |

| | | | |
|---|---|---|---|
| 12.34 | | **understand the potential for medicines to have adverse effects and how to minimise them** | understand the potential for medicines to have adverse effects and how to minimise them **including effects caused by medicines given in error** |
| 12.35 | | | **monitor response to medicines and modify or cease treatment as appropriate within their professional scope of practice, including referral to another professional** |
| 12.36 | | **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** | ~~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 |
| 12.37 | | | **Understand antimicrobial resistance and the roles of infection prevention and control** |
| 12.38 | | | **Understand the importance of shared decision-making with service users to encourage self-care and adherence with medicines advice** |
| | | **be aware of the promotion of public health** | |
| **13** | **be able to draw on appropriate knowledge and skills to inform practice** | | ~~be able to~~ **draw on appropriate knowledge and skills to inform practice** |
| 13.1 | be able to conduct appropriate diagnostic or monitoring procedures, | be able to change their practice as needed to take account of new | ~~be able to~~ change their practice as needed to take account of new |

| | | developments, **technologies and** or changing contexts<br>*Moved from 14.5* | developments, technologies and changing contexts |
|---|---|---|---|
| 13.2 | be able to formulate specific and appropriate management plans, and set timescales | be able to gather appropriate information<br>*Moved from 14.6* | ~~be able to~~ gather appropriate information |
| 13.3 | 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<br>*Moved from 14.20* | ~~be able to~~ analyse and critically evaluate the information collected |
| 13.4 | 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<br>*Moved from 14.7* | ~~be able to~~ select and use appropriate assessment techniques **and equipment** |
| 13.5 | be able to change their 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<br>*Moved from 14.8* | ~~be able to~~ undertake and record a thorough, sensitive and detailed assessment, ~~using appropriate techniques and equipment~~ |
| 14.6 | be able to gather appropriate information | be able to undertake or arrange investigations as appropriate<br>*Moved from 14.18* | ~~be able to~~ undertake or arrange investigations as appropriate |
| 13.7 | 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<br>*Moved from 14.1* | ~~be able to~~ conduct appropriate ~~diagnostic~~ **assessment** or monitoring procedures, treatment, therapy or other actions safely and effectively |

| | | | |
|---|---|---|---|
| 13.8 | 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<br>*Moved from 14.25* | ~~be aware of~~ **recognise** a range of research methodologies **relevant to their role** |
| 13.9 | 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<br>*Moved from 14.24* | recognise the value of research to the critical evaluation of practice |
| 13.10 | 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<br>*Moved from 14.26* | ~~be able to~~ critically evaluate research and other evidence to inform their own practice |
| 13.11 | | | engage service users in research as appropriate |
| 13.12 | 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<br>*Moved from 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 |
| 13.13 | | | **know the principles and application of measurement techniques used to assess binocular vision and other ocular conditions** |

| | | | |
|---|---|---|---|
| 13.14 | 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* | ~~be able to~~ conduct a thorough investigation of ocular motility |
| 13.15 | | **be able to take a comprehensive case history** | ~~be able to~~ take a comprehensive case history |
| | 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* | |
| | 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* | |
| 13.16 | understand the principles and techniques used to assess visual fields | know the tests required to aid in differential diagnosis *Moved from 14.31* | know the tests required to aid in differential diagnosis |
| 13.17 | 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* | identify where there is a clinical need for medical, neurological, social or psychological investigations or interventions |
| 13.18 | be able to analyse and critically evaluate the information collected | be able to use investigative techniques to identify ocular defects within a | use investigative techniques to identify ocular defects within a specific |

| | | specific population to form a diagnosis and devise an appropriate course of action<br>*Moved from 14.9* | population to form a diagnosis and devise an appropriate course of action |
|---|---|---|---|
| 13.19 | recognise the value of research to the critical evaluation of practice | be able to diagnose conditions and select appropriate management<br>*Moved from 14.12* | diagnose conditions and select appropriate management |
| 13.20 | 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<br>*Moved from 14.13* | diagnose a range of vision, binocular vision and ocular motility defects and all categories of strabismus |
| 13.21 | 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<br>*Moved from 14.21* | identify pathological changes and related clinical features of conditions commonly encountered by orthoptists |
| 13.22 | 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<br>*Moved from 14.14* | understand the principles and techniques of, and be able to perform, an objective and subjective refraction |
| 13.23 | 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<br>*Moved from 14.15* | understand the principles and techniques used, and be able to perform an examination of the anterior and posterior segments of the eye |
| 13.24 | 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** | understand the principles and techniques used, and be able to perform visual fields assessments |

| | | Moved from 14.16 | |
|---|---|---|---|
| 13.25 | 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<br>*Moved from 14.17* | understand the principles and techniques used in electrophysiological assessment of visual function and the visual pathway |
| 13.26 | be able to conduct a thorough investigation of ocular motility | be able to formulate specific and appropriate management plans, and set timescales<br>*Moved from 14.2* | formulate specific and appropriate management plans, and set timescales |
| 13.27 | 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**<br>*Moved from 14.32* | know how to apply orthoptic and ophthalmological intervention appropriately at different stages of visual development and ageing |
| 13.28 | 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<br>*Moved from 14.33* | know how to use optical methods to influence vision and binocular vision |
| 13.29 | 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<br>*Moved from 14.34* | know the principles and application of measurement techniques used to assess binocular vision and other ocular conditions |
| 13.30 | 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<br>*Moved from 14.10* | ~~be able~~ to recognise and document any adverse reaction to treatment and take appropriate action in response to this |

| | | | |
|---|---|---|---|
| 13.31 | 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<br>*Moved from 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 |
| 13.32 | 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<br>*Moved from 14.27* | understand research in the fields of ocular motility, strabismus, amblyopia and binocular disorders and how it could affect practice |
| | be able to demonstrate a logical and systematic approach to problem solving | ~~be able to demonstrate a logical and systematic approach to problem solving~~<br>*Moved to standard 4* | |
| | 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~~<br>*Moved to standard 4* | |
| | be able to use information and communication technologies appropriate to their practice | ~~be able to use information and communication technologies appropriate to their practice~~<br>*Moved to standard 8* | |
| | | | |
| **15** | **understand the need to establish and maintain a safe practice environment** | | ~~**understand the need to establish**~~ **and maintain a safe practice environment** |
| 14.1 | understand the need to maintain the safety of both service users and those involved in their care | | understand the need to maintain the safety of **themself and others, including** ~~both~~ service users, **carers** |

| | | | |
|---|---|---|---|
| | | | **and colleagues** ~~and those involved in their care~~ |
| 14.2 | 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 | | ~~be aware of applicable~~ **demonstrate awareness of relevant** 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~~ **and comply with all local operational procedures and policies** |
| 14.3 | 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 | | ~~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 |
| 14.4 | be able to select appropriate personal protective equipment and use it correctly | | ~~be able to~~ select appropriate personal protective equipment and use it correctly |
| 14.5 | 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 | ~~be able to~~ establish safe environments for practice, which appropriately manages risk ~~to service users, those treating them and others, including the use of hazard control and particularly infection control~~ |

| | | | | |
|---|---|---|---|---|
| 14.6 | know how to position or immobilise service users correctly for safe and effective interventions | | | know how to position or immobilise service users correctly for safe and effective interventions |
| | | | | |
| **15** | **promote and prevent ill health** | | | |
| **15.1** | | | | **understand the role of their profession in health promotion, health education and preventing ill health** |
| **15.2** | | | | **understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being** |
| **15.3** | | | | **empower and enable individuals (including service users and colleagues) to play a part in managing their own health** |
| **15.4** | | | | **engage in occupational health, including being aware of immunisation requirements** |

**standards of proficiency for paramedics**

This document sets out the proposed changes to the standards of proficiency for paramedics. Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**. Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions.

The columns show changes between the current version on the left, the changes proposed at consultation in the centre, and the proposed new standards on the right. The standards are numbered according to the current proposals.

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 | |
|---|---|---|---|
| **Registered paramedics:** | | | |
| **1** | **be able to practise safely and effectively within their scope of practice** | | ~~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** | identify 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** | recognise the need to manage their own workload and resources safely and effectively, **including managing the emotional burden that comes with working in a pressured environment** |
| 1.3 | | | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |
| 1.4 | 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 | | ~~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 | | ~~be able to~~ work safely in challenging and unpredictable environments, including ~~being able to~~ tak**inge** appropriate action to assess and |

| | | | |
|---|---|---|---|
| | appropriate action to assess and manage risk | | manage risk**s to themself and service users and carers** |
| **2** | **be able to practise within the legal and ethical boundaries of their profession** | | ~~be able to~~ **practise within the legal and ethical boundaries of their profession** |
| 2.1 | | | **maintain high standards of personal and professional conduct** |
| 2.2 | 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 | ~~understand the need to~~ promote and protect the service user's interests at all times |
| 2.3 | | **understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary** | understand the importance of safeguarding **by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging** ~~and the need to engage~~ in ~~appropriate~~ **these** ~~safeguarding~~ processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council | | understand what is required of them by the Health and Care Professions Council**, including but not limited to the Standards of conduct, performance and ethics** |
| 2.5 | understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and | | ~~understand the need to~~ respect and uphold the rights, dignity, values, and autonomy of service users**,** including their role in the **assessment,** |

| | | | |
|---|---|---|---|
| | therapeutic process and in maintaining health and wellbeing | | diagnostic, **treatment** and **/ or** therapeutic process ~~and in maintaining health and wellbeing~~ |
| 2.6 | 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 | | recognise that relationships with service users, **carers and others** should be based on mutual respect and trust, maintain**ing** high standards of care **in all circumstances** ~~even in situations of personal incompatibility~~ |
| 2.7 | 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* | understand the importance of and be able to obtain **valid** ~~informed~~ consent, **which is voluntary and informed, has due regard to capacity is proportionate to the circumstances and is appropriately documented** |
| 2.8 | | | understand the importance of capacity in the context of delivering care and treatment |
| 2.9 | 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* | **understand the scope of** ~~be able to exercise~~ a professional duty of care, **and exercise that duty** |
| 2.10 | 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* | ~~know~~ **understand and apply** ~~about current~~ legislation, **policies and guidance relevant** ~~applicable~~ to ~~the work of~~ their profession **and scope of practice** |

| | | | **Moved from 2.7** |
|---|---|---|---|
| 2.11 | | | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain |
| 2.12 | Moved from 2.9 | **understand** ~~know about~~ current legislation applicable to the work of their profession<br>*Moved from 2.5* | be able to practise in accordance with current legislation governing the use of medicines by paramedics |
| 2.13 | | | understand the criteria required for making a self-referral and when to proceed |
| **3** | **be able to maintain fitness to practise** | | **look after their health and wellbeing, seeking appropriate support where necessary** |
| 3.1 | understand the need to maintain high standards of personal and professional conduct | | <u>identify anxiety and stress in themselves and recognise the potential impact on their practice</u> ~~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** | understand the importance of ~~maintaining~~ their own mental and physical health and <u>wellbeing strategies in maintaining fitness to practise</u> ~~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 how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary** |
| | 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** | Moved to 1.3 |
| 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 | <u>**develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment**</u> ~~understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary~~ |
| 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 | recognise the need to engage in critical incident debriefing, reflection and review to ensure that lessons are addressed for future **service user** ~~patient~~ safety and management | recognise the need to engage in critical incident debriefing, ~~reflection~~ **reflective practice in and on action** and ~~review~~ **clinical supervision** to ensure that lessons are ~~addressed~~ **learned** for |

| | | | future service user safety and management |
|---|---|---|---|
| **4** | **be able to practise as an autonomous professional, exercising their own professional judgement** | | ~~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<br>*Moved from 4.4 to emphasise the importance of this standard* | recognise that they are personally responsible for and must be able to justify their decisions**and actions** |
| 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**<br>*Moved from 4.1* | ~~be able to~~ use their skills, knowledge and experience, and the information available to them, to make informed decisions **and / or** ~~initiate solutions~~ **take action** where necessary |
| 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<br>*Moved from 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 |

ETC 10 March 2022
Results of Standards of Proficiency review consultation

| | | | |
|---|---|---|---|
| 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<br>*Moved from 4.6* | ~~Be able to~~ make and receive appropriate referrals, **where necessary** |
| 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<br>*Moved from 4.3* | ~~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<br>*Moved from standard 14* | ~~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<br>*Moved from standard 14* | ~~to~~ use research, reasoning and problem solving skills ~~to~~ **when** determin**ing** appropriate actions |
| | be able to make and receive appropriate referrals | understand the importance of **active** participation in training, supervision and mentoring<br>*Moved from 4.7* | Moved to 4.4 |
| 4.8 | understand the importance of participation in training, supervision and mentoring | | understand the ~~importance~~ **need for** ~~of~~ active participation in training, supervision and mentoring **in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice** |
| 4.9 | | be able to use a range of integrated skills and self-awareness to manage | **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* | clinical challenges effectively in unfamiliar and unpredictable circumstances or situations |
|---|---|---|---|
| 4.10 | be able to make a decision about the most appropriate care pathway for a patient and refer patients appropriately | be able to make a decision about the most appropriate care pathway for a **service user** ~~patient~~ and refer **service users** ~~patients~~ appropriately | ~~be able to~~ make decision**s** about the most appropriate care pathway**s** for ~~a~~ service user**s** and refer service users appropriately |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | | ~~be aware of~~ <u>recognise</u> the impact of culture, equality and diversity on practice <u>and practise in a non-discriminatory and inclusive manner</u> |
| 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 | ~~understand the need to adapt practice to~~ respond appropriately to the needs of all different groups and individuals in **practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics[10], intersectional experiences and cultural differences** |
| 5.2 | | | **understand equality legislation and apply it to their practice** |
| 5.3 | | **be aware of the impact of their own values and beliefs on practice** | ~~be aware of the~~ **recognise the potential** impact of their own values, ~~and~~ beliefs **and personal biases** |

[10] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| | | | |
|---|---|---|---|
| | | | **(which may be unconscious)** on practice **and take personal action to ensure all service users and carers are treated appropriately with respect and dignity** |
| | | 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, **marriage or civil partnership, 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.* | |
| 5.4 | | | **understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice** |
| 5.5 | | | **recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups** |

| | | | |
|---|---|---|---|
| 5.6 | | | **actively challenge these barriers, supporting the implementation of change wherever possible** |
| 5.7 | | | **recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice** |
| | 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 | | |
| | **be able to practise in a non-discriminatory manner** | be able to practise in a non-discriminatory **and inclusive** manner | |
| | | **be aware of the characteristics and consequences of barriers to inclusion** | |
| **6.** | **understand the importance of and be able to maintain confidentiality** | | **understand the importance of and ~~be able to~~ maintain confidentiality** |
| 6.1 | be aware of the limits of the concept of confidentiality | | ~~be aware of the limits of the concept of~~ **adhere to the professional duty of** confidentiality **and understand when disclosure may be required** |
| 6.2 | understand the principles of information governance and be aware of the safe and effective use of health and social care information | understand the principles of information governance and be aware of the safe and effective use of health, ~~and~~ social care **and other relevant** information | understand the principles of information **and data** governance and be aware of the safe and effective use of health, social care and other relevant information |

| | | | |
|---|---|---|---|
| 6.3 | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public | | ~~be able to~~ recognise and respond ~~appropriately~~ **in a timely manner** to situations where it is necessary to share information to safeguard service users, **carers and /** or the wider public |
| 6.4 | | | **understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators)** |
| 6.5 | | | **recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms** |
| **7.** | **be able to communicate effectively** | | ~~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 | ~~be able to~~ use effective and appropriate verbal and non-verbal skills 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 | | ~~be able to~~ communicate in English to the **required** standard **for their profession** (equivalent to level 7 of the |

| | | | |
|---|---|---|---|
| | Testing System, with no element below 6.5[1]<br><br>[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.* | | International English Language Testing System, with no element below 6.5**[11])** |
| | 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~~<br>*Captured by the new standards below* | |
| 7.3 | | | **understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to,** |

[11] 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.

| | | | protected characteristics[12], intersectional experiences and cultural differences |
|---|---|---|---|
| 7.4 | | 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 | ~~be able to~~ modify their **own** means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.5 | | | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.6 | | | ~~be able to~~ use information, ~~and~~ communication **and digital** technologies appropriate to their practice |
| 7.7 | | | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions |
| | be able to identify anxiety and stress in patients, carers and others and | ~~be able to identify anxiety and stress in patients, carers and others and~~ | Removed. Captured by amends in 3 and 8 |

| | | |
|---|---|---|
| | recognise the potential impact upon communication | recognise the potential impact upon communication<br>*Moved to 8.D* | |
| | 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<br>*Captured by the new standards below* | |
| | 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<br>*Moved to standard 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<br>*Captured by the new standards below* | |
| | 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<br>*Captured by the new standards below* | |
| | 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<br>*Captured by the new standards below* | |

| | | | |
|---|---|---|---|
| | | **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 may need where appropriate** | ~~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 may need where appropriate~~ |
| | | **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** | **New 7.4** |
| | | be able to use information and communication technologies appropriate to their practice *Moved from standard 14* | |
| | | be able to identify anxiety and stress in **service users** ~~patients~~, carers **yourself** and others and recognise the potential impact upon communication *Moved from 8.4* | |
| 8 | **be able to work appropriately with others** | | ~~be able to~~ **work appropriately with others** |
| 8.1 | 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, **their relatives and carers,** other professionals, support staff and others | ~~be able to~~ work , ~~where appropriate~~, in partnership with service users, ~~their relatives and~~ carers, **colleagues** other professionals, support staff and others |
| 8.2 | | | **recognise the principles and practices of other health and care** |

| | | | **professionals and systems and how they interact with their profession** |
|---|---|---|---|
| 8.3 | understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team | | understand the need to build and sustain professional relationships as both an ~~independent~~ **autonomous** practitioner and collaboratively as a member of a team |
| 8.4 | 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<br>*Moved from 9.6* | ~~be able to~~ contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | | | **identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate** |
| 8.6 | | **understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice** | understand the qualities, behaviours and benefits of leadership **and be able to apply them in the context of your practice** |
| 8.7 | | | **recognise that leadership is a skill all professionals can demonstrate** |
| 8.8 | | | **identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion** |
| 8.9 | | | **demonstrate leadership behaviours appropriate to their practice** |

| | | | |
|---|---|---|---|
| 8.10 | | | **act as a role model for others** |
| 8.11 | | | **promote and engage in the learning of others** |
| 8.12 | 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<br><br>*Moved from 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 |
| | 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<br>*Moved from 9.4* | |
| | 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<br>*Moved from 9.5* | |
| **9** | **be able to maintain records appropriately** | | ~~be able to~~ **maintain records appropriately** |
| 9.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | | ~~be able to~~ keep **full, clear and** accurate, ~~comprehensive and comprehensible~~ records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | recognise the need to manage records and all other information in | | ~~recognise the need to~~ manage records and all other information in accordance |

| | | | |
|---|---|---|---|
| | accordance with applicable legislation, protocols and guidelines | | with applicable legislation, protocols and guidelines |
| 9.3 | | | **use digital record keeping tools, where required** |
| **10** | **be able to reflect on and review practice** | | ~~be able to~~ **reflect on and review practice** |
| 10.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | | understand the value of ~~reflection~~ **reflective** ~~on~~ practice and the need to record the outcome of such reflection **to support continuous improvement** |
| 10.2 | recognise the value of case conferences and other methods of review | | recognise the value of **multi-disciplinary reviews,** case conferences and other methods of review |
| **11** | **be able to assure the quality of their practice** | | ~~be able to~~ **assure the quality of their practice** |
| 11.1 | 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~~ | ~~be able to~~ engage in evidence-based practice |
| 11.2 | 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 | ~~be able to~~ gather and use feedback and information, including qualitative and quantitative data, to evaluate the response~~s~~ of service users to their care |

| | | | |
|---|---|---|---|
| 11.3 | 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* | be able to monitor and systematically evaluate the quality of practice, and maintain an effective audit trail **quality management and quality assurance process working** to work towards continual improvement |
| 11.4 | | **be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures** | be able to participate in audit procedures and quality management, including quality control, quality assurance, **clinical governance** and the use of appropriate outcome measures |
| 11.5 | be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user | | be able to evaluate **care plans or** intervention plans using recognised **and appropriate** outcome measures **in conjunction with the service user** and revise the plans as necessary in conjunction with the service user |
| 11.6 | 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 | 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 new standard above* | recognise the value of **gathering and using** contributing to the generation of data for quality assurance and improvement programmes |
| | 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 | |
| | 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* | |
| | | | |
| **12** | **understand the key concepts of the knowledge base relevant to their profession** | | **understand and apply the key concepts of the knowledge base relevant to their profession** |
| 12.1 | 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* | understand the structure and function of the human body, together with knowledge of **physical and mental** health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process | | ~~be aware~~ **demonstrate awareness** of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 12.3 | 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** | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of paramedic |

| 12.4 | understand the structure and function of health and social care services in the UK | | understand the structure and function of health and social care **systems and** services in the UK |
|---|---|---|---|
| | 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)* | |
| 12.5 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention | | 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 | 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 **service user** ~~patient~~ management strategies | understand human anatomy and physiology **and development across the lifespan,** 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 service user management strategies |
| 13.8 | understand the following aspects of biological science:<br>– disease and trauma processes and how to apply this<br>knowledge to develop appropriate treatment plans for the<br>patient's pre-hospital or out-of-hospital care<br>– how the application of paramedic practice may cause<br>physiological and behavioural change | understand the following aspects of biological science:<br>– disease and trauma processes and how to apply this<br>knowledge to develop appropriate treatment plans for the<br>**service user's** ~~patient's~~ pre-hospital or out-of-hospital care<br>– how the application of paramedic practice may cause<br>physiological and behavioural change | understand the following aspects of biological science:<br>– disease and trauma processes and how to apply this<br>knowledge to develop appropriate treatment plans for the<br>service user's ~~pre-hospital or out-of-hospital~~ care<br>– how the application of paramedic practice may cause<br>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<br>– human growth and development across the lifespan<br>– normal and altered anatomy and physiology throughout the human lifespan<br>– relevant physiological parameters and how to interpret changes from the norm<br>– the factors influencing individual variations in human ability and health function<br>– the main classes of pathogenic microorganisms, the spread of infection and the use of universal precautions<br>– the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through the human lifespan<br>– the role of nutrition in promoting health and preventing illness across the life spectrum | – 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<br>– human growth and development across the lifespan<br>– normal and altered anatomy and physiology throughout the human lifespan<br>– relevant physiological parameters and how to interpret changes from the norm<br>– the factors influencing individual variations in human ability and health function<br>– the main classes of pathogenic microorganisms, the spread of infection and the use of universal precautions<br>– the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through the human lifespan<br>– the role of nutrition in promoting health and preventing illness across the life spectrum | – 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<br>– human growth and development across the lifespan<br>– normal and altered anatomy and physiology throughout the human lifespan<br>– relevant physiological parameters and how to interpret changes from the norm<br>– the factors influencing individual variations in human ability and health function<br>– the main classes of pathogenic microorganisms, the spread of infection and the use of universal precautions<br>– the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through the human lifespan<br>– ~~the role of nutrition in promoting health and preventing illness across the life spectrum~~ |
| 13.9 | understand the following aspects of physical science: | | understand the following aspects of physical science: |

| | | | |
|---|---|---|---|
| | – principles and theories of physics, biomechanics, electronics and ergonomics that can be applied to paramedic practice<br>– the means by which the physical sciences can inform the understanding and analysis of information used to determine a diagnosis<br>– the pathophysiological changes to normal homeostatic function and its implications<br>– the principles and application of measurement techniques based on biomechanics and electrophysiology | | – principles and theories of physics, biomechanics, electronics and ergonomics that can be applied to paramedic practice<br>**– understand scientific units of measurement acquired in clinical and healthcare practice and the principles of analysis and interpretation**<br>– the means by which the physical sciences can inform the understanding and analysis of information used to determine a diagnosis<br>– the pathophysiological changes to normal homeostatic function and its implications<br>– the principles and application of measurement techniques based on biomechanics and electrophysiology |
| 13.10 | understand the following aspects of sociological, health and behavioural science:<br>– how aspects of psychology and sociology are fundamental to the role of the paramedic in developing and maintaining effective relationships<br>– how psychology and sociology can inform an understanding of physical and mental health, illness and health care in the context of paramedic | | understand the following aspects of sociological, health and behavioural science:<br>– how aspects of ~~psychology and~~ sociology, **health and behavioural science**s are fundamental to the role of the paramedic in developing and maintaining effective relationships<br>– how psychology and **recognise how** sociology can inform an understanding of physical and mental health, illness and healthcare in the context of |

| | | | |
|---|---|---|---|
| | practice and the incorporation of this knowledge into paramedic practice<br>– psychological and social factors that influence an individual in health and illness | | paramedic practice ~~and the incorporation of this knowledge into paramedic practice~~<br>~~– psychological and social factors that influence an individual in health and illness~~ |
| 12.10 | understand the following aspects of clinical science:<br>– pathological changes and related clinical features of conditions encountered in pre-hospital and out-of-hospital practice<br>– physiological, pharmacological, structural, behavioural and functional changes in patient presentation<br>– 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<br>– the theoretical basis of assessment, clinical decision making and appropriate treatment plans, along with the scientific evaluation of their effectiveness<br>– the theories supporting problem solving and clinical reasoning<br>– understand relevant pharmacology and the administration of therapeutic | understand the following aspects of clinical science:<br>– pathological changes and related clinical features of conditions encountered in pre-hospital and out-of-hospital practice<br>– physiological, pharmacological, structural, behavioural and functional changes in **service user** ~~patient~~ presentation<br>– 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<br>– the theoretical basis of assessment, clinical decision making and appropriate treatment plans, along with the scientific evaluation of their effectiveness<br>– the theories supporting problem solving and clinical reasoning<br>– understand relevant pharmacology and the administration of therapeutic | understand the following aspects of clinical science:<br>– pathological changes and related clinical features of conditions encountered in ~~pre-hospital and out-of-hospital practice~~ **emergency and urgent care and primary and community care**<br>– physiological, pharmacological, structural, behavioural and functional changes in service user presentation<br>– 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<br>– the theoretical basis of assessment, clinical decision making and appropriate treatment plans, along with the scientific evaluation of their effectiveness<br>– the theories supporting problem solving and clinical reasoning |

| | | |
|---|---|---|
| | medications, including pharmacodynamics and pharmacokinetics | medications, including pharmacodynamics and pharmacokinetics | ~~– understand relevant pharmacology and the administration of therapeutic medications, including pharmacodynamics and pharmacokinetics~~ |
| 12.11 | | | **understand the pharmacological principles applied to healthcare which include pharmacodynamics and pharmacokinetics and apply to those medicines utilised by paramedics to treat service users.**<br>**-the role of pain management, its complexity and the importance of robust approaches using both pharmacological and pharmacological strategies**<br>**-the analysis of polypharmacy, evaluating pharmacological interactions and the impact upon mental wellbeing and healthcare provision.**<br>**-recognise adverse drug reactions and manage appropriately, including reporting as required** |
| 12.12 | | | **understand Human development and the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through the human lifespan.** |

| | | | |
|---|---|---|---|
| | | | –Recognise human growth and development including factors influencing individual variations in human ability and health status<br>–Evaluate how variation influences susceptibility to disease, injury and responses to treatment across the lifespan<br>–Understand the role of nutrition in promoting health and illness across the lifespan<br>–Understand the fundamentals of genetics |
| 12.13 | | | Understand the effects of psychological factors on health and illness and the impact of culture on illness<br>–Recognise the contribution of behavioural factors in health and illness<br>–Understand the basic knowledge of the key theories of behavioural change to include the principles of cognitive behavioural therapy and motivational interviewing |
| 12.14 | | | understand and evaluate social determinants of health, including inequality and factors contributing to the needs of different social groups, and the factors that influence an individual in health and illness. |

| | | | –Recognise how sociological, health and behavioural sciences are fundamental to the role of the paramedic in developing and maintaining effective relationships<br>–Recognise how sociology can inform an understanding of physical and mental health, illness and healthcare in the context of paramedic practice |
|---|---|---|---|
| **13** | **be able to draw on appropriate knowledge and skills to inform practice** | | **be able to draw on appropriate knowledge and skills to inform practice** |
| 13.1 | know the theories and science that underpin the theory and principles of paramedic practice | be able to change **their** practice as needed to take account of new developments, **technologies and** or changing contexts<br>*Moved from 14.2* | ~~be able to~~ change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | be able to change practice as needed to take account of new developments or changing contexts | be able to gather appropriate information<br>*Moved from 14.9* | ~~be able to~~ gather appropriate information |
| 13.3 | 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<br>*Moved from 14.16* | ~~be able to~~ analyse and critically evaluate the information collected |
| 13.4 | know how to position or immobilise patients correctly for safe and effective interventions | be able to select and use appropriate assessment techniques<br>*Moved from 14.10* | ~~be able to~~ select and use appropriate assessment techniques **and equipment** |
| 13.5 | know the indications and contra-indications of using specific paramedic | be able to undertake and record a thorough, sensitive and detailed | ~~be able to~~ undertake and record a thorough, sensitive and detailed |

| | | | |
|---|---|---|---|
| | techniques in pre-hospital and out-of-hospital care, including their limitations and modifications | assessment, using appropriate techniques and equipment<br>*Moved from 14.11* | assessment, ~~using appropriate techniques and equipment~~ |
| 13.6 | 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<br>*Moved from 14.15* | ~~be able to~~ undertake or arrange investigations as appropriate |
| 13.7 | 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<br>*Moved from 14.3* | ~~be able to~~ conduct appropriate ~~diagnostic~~ **assessment** or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | be able to formulate specific and appropriate management plans including the setting of timescales | be aware of a range of research methodologies<br>*Moved from 14.20* | ~~be aware of~~ **recognise** a range of research methodologies **relevant to their role** |
| 13.9 | be able to gather appropriate information | recognise the value of research to the critical evaluation of practice<br>*Moved from 14.19* | recognise the value of research to the critical evaluation of practice |
| 13.10 | be able to select and use appropriate assessment techniques | be able to **critically** evaluate research and other evidence to inform their own practice<br>*Moved from 14.21* | |
| 13.11 | 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<br>*Moved from 14.1* | engage service users in research as appropriate |
| 13.12 | be able to conduct a thorough and detailed physical examination of the patient using appropriate skills to inform clinical reasoning and guide the | know how to position or immobilise **service users** ~~patients~~ correctly for safe and effective interventions<br>*Moved from 14.4* | know the theories and science that underpin the theory and principles of paramedic practice |

| | | | |
|---|---|---|---|
| | formulation of a differential diagnosis across all age ranges | | |
| 13.13 | 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<br>*Moved from 14.5* | know the indications and contra-indications of using specific paramedic techniques in ~~pre-hospital and out-of-hospital care~~ **emergency and urgent care and primary and community care**, including their limitations and modifications |
| 13.14 | 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 se**rvice** users ~~patients~~ within the emergency and urgent care environment<br>*Moved from 14.6* | ensure decision making is supported by effective safety netting |
| 13.15 | be able to undertake or arrange investigations as appropriate | know how to select or modify approaches to meet the needs of **service users** ~~patients~~, their relatives and carers, when presented in the emergency and urgent care environment<br>*Moved from 14.7* | know how to select or modify approaches to meet the needs of service users, their relatives and carers, when presented in the emergency and urgent care environment |
| 13.16 | be able to analyse and critically evaluate the information collected | be able to formulate specific and appropriate management plans including the setting of timescales<br>*Moved from 14.8* | ~~be able to~~ formulate specific and appropriate management plans including the setting of **appropriate** timescales |
| | be able to demonstrate a logical and systematic approach to problem solving | ~~be able to demonstrate a logical and systematic approach to problem solving~~<br>*Moved to standard 4* | |

| | | | |
|---|---|---|---|
| | 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~~<br>*Moved to standard 4* | |
| 13.17 | recognise the value of research to the critical evaluation of practice | be able to conduct a thorough and detailed physical examination of the **service user** ~~patient~~ using appropriate skills to inform clinical reasoning and guide the formulation of a differential diagnosis across all age ranges<br>*Moved from 14.12* | ~~be able to~~ conduct a thorough and detailed physical examination of the service user using appropriate skills to inform clinical reasoning and guide the formulation of a differential diagnosis across all age ranges |
| 13.18 | be aware of a range of research methodologies | be able to use observation to gather information about the functional abilities of **service users** ~~patients~~<br>*Moved from 14.13* | ~~be able to~~ use observation to gather information about the functional abilities of service users, **how this affects the management of patients and the appropriate patient care pathways** |
| 13.19 | 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 **service users** ~~patients~~ and carers<br>*Moved from 14.14* | understand the need to consider the assessment of both the health and psycho-social care needs of service users and carers |
| | be able to use information and communication technologies appropriate to their practice | ~~be able to use information and communication technologies appropriate to their practice~~<br>*Moved to standard 8* | |
| **14** | **understand the need to establish and maintain a safe practice environment** | | ~~understand the need to establish and maintain a safe practice environment~~ |

| | | | |
|---|---|---|---|
| 14.1 | understand the need to maintain the safety of both service users and those involved in their care | | understand the need to maintain the safety of **themself and others, including** ~~both~~ service users, **carers and colleagues** ~~and those involved in their care~~ |
| 14.2 | 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 | | **demonstrate awareness of** ~~be aware of applicable~~ **relevant** 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~~ **and comply with all local operational procedures and policies** |
| 14.3 | 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 | | ~~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 |
| 14.4 | be able to select appropriate personal protective equipment and use it correctly | | ~~be able to~~ select appropriate personal protective equipment and use it correctly |
| 14.5 | be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard | be able to establish safe environments for practice, which ~~minimise risks~~ **appropriately manages risk** to service users, those treating them and | ~~be able to~~ establish safe environments for practice, which appropriately manages risk ~~to service users, those treating them and others, including the~~ |

| | control and particularly infection control | others, including the use of hazard control and particularly infection control | ~~use of hazard control and particularly infection control~~ |
|---|---|---|---|
| 14.6 | understand and be able to apply appropriate moving and handling techniques | | understand and be able to apply appropriate moving and handling techniques |
| | understand the nature and purpose of sterile fields and the paramedic's role and responsibility for maintaining them | | |
| 14.7 | be aware of the role of the paramedic in responding to hazardous or major incidents | | understand and be able to apply appropriate moving and handling techniques **understand and be prepared for the responsibilities of the paramedic** ~~be aware of the role of the paramedic~~ in responding to hazardous or major incidents, **including public health emergencies** |
| 14.8 | | | **establish and run a triage system** |
| 14.9 | | | **understand the use and importance of effective communication in major incidents** |
| 14.10 | | | **demonstrate an understanding of the need for business continuity, escalation and resilience plans** |
| | | | |
| **15** | | | **promote and prevent ill health** |

| | | | |
|---|---|---|---|
| 15.1 | | | **understand the role of their profession in health promotion, health education and preventing ill health** |
| 15.2 | | | **understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being** |
| 15.3 | | | **empower and enable individuals (including service users and colleagues) to play a part in managing their own health** |
| 15.4 | | | **engage in occupational health, including being aware of immunisation requirements** |

ETC 10 March 2022
Results of Standards of Proficiency review consultation

**Proposed standards of proficiency for physiotherapists**

This document sets out the proposed changes to the standards of proficiency for physiotherapists. Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**. Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions.

The columns show changes between the current version on the left, the changes proposed at consultation in the centre, and the proposed new standards on the right. The standards are numbered according to the current proposals.

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 | Suggested amendments (at consultation) | Proposed standard |
|---|---|---|---|
| | **Registered physiotherapists must:** | | |
| 1 | **be able to practise safely and effectively within their scope of practice** | | ~~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** | **identify** 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** | recognise the need to manage their own workload and resources safely and effectively, **including managing the emotional burden that comes with working in a pressurised environment** |
| 1.3 | | | **keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career** |
| 2 | **be able to practise within the legal and ethical boundaries of their profession** | | ~~be able to~~ **practise within the legal and ethical boundaries of their profession** |
| 2.1 | | | **maintain high standards of personal and professional development** |

| 2.2 | 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 | promote and protect the service user's interests at all times |
|---|---|---|---|
| 2.3 | | **understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary** | understand the importance of safeguarding **by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging** ~~and the need to engage in appropriate safeguarding~~ processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council | | understand what is required of them by the Health and Care Professions Council, **including but not limited to the Standards of conduct, performance and ethics** |
| 2.5 | 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** | ~~understand the need to~~ respect and uphold the rights, dignity, values, and autonomy of service users, **including their role in assessment, diagnostic, treatment and / or therapeutic process** ~~and in maintaining health and wellbeing~~ |
| 2.6 | 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 | | recognise that relationships with service users, **carers and others** should be based on mutual respect and trust, and ~~be able to~~ maintain high standards of care ~~even situations of personal incompatibility~~ **in all circumstances** |

| | | | |
|---|---|---|---|
| 2.7 | understand the importance of and be able to obtain informed consent | | understand the importance of and be able to obtain ~~informed~~ **valid** consent, **which is voluntary and informed and has due regard to capacity, is proportionate to the circumstances and is appropriately documented** |
| 2.8 | | | **Understand the importance of capacity in the context of delivering care and treatment** |
| 2.9 | be able to exercise a professional duty of care | | **Understand the scope of** ~~be able to exercise~~ a professional duty of care**, and exercise that duty** |
| 2.10 | know about current legislation applicable to the work of their profession | **understand** ~~know about~~ current legislation applicable to the work of their profession | Understand **and apply current** legislation, **policies and guidance relevant** to their profession **and scope of practice** |
| 2.11 | | | **Recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain** |
| **3** | **be able to maintain fitness to practise** | | **Look after their health and wellbeing, seeking appropriate support where necessary** ~~be able to maintain fitness to practise~~ |
| 3.1 | understand the need to maintain high standards of personal and professional conduct | | **Identify anxiety and stress in themselves and recognise the potential impact on their practice** ~~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** | understand the importance of ~~maintaining~~ their own mental and physical health **and wellbeing strategies in maintaining fitness to practise** ~~and be able to take appropriate action if their health may affect their ability to practise safely and effectively~~ |
| 3.3 | | | **Understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary** |
| 3.4 | | **understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary** | **Develop and adopt clear strategies for physical and mental self-care and self-awareness and safe working environment** ~~understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary~~ |
| 4 | **be able to practise as an autonomous professional, exercising their own professional judgement** | | ~~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<br>***Moved from 4.4*** | | recognise that they are personally responsible for and must be able to justify their decisions **and actions** |
| 4.2 | be able to use their skills, knowledge and experience, and the information | | ~~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_** | | available to them, to make informed decisions **and /** or ~~initiate solutions~~ **take action** where necessary |
| 4.3 | 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 | 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* | ~~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 and requests for interventions from other services **_Moved from 4.6, changes for consistency across the professions_** | be able to make **and receive** appropriate referrals ~~and requests for interventions from other services~~ | ~~be able to~~ make **and receive** appropriate referrals, **where necessary** |
| 4.5 | be able to initiate resolution of problems and be able to exercise personal initiative | | ~~be able to initiate resolution of problems and be able to~~ exercise personal initiative |
| 4.6 | 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_** | be able to **demonstrate** ~~use research, reasoning, and~~ a logical and systematic approach to problem solving ~~skills to determine appropriate actions~~ | ~~be able to~~ demonstrate a logical and systematic approach to problem solving |
| 4.7 | 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 | ~~be able to~~ use research, reasoning~~,~~ and problem solving skills when determin**ing** appropriate actions |

| | | | |
|---|---|---|---|
| | *Moved from standard 14* | | |
| 4.8 | understand the importance of participation in training, supervision and mentoring | understand the importance of **active** participation in training, supervision and mentoring | understand the ~~importance~~ need for ~~of~~ active participation in training, supervision ~~and~~ mentoring **in supporting high standards of practice and personal and professional conduct, and the importance of demonstrating this in practice** |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | | ~~be aware of~~ **recognise** the impact of culture, equality and diversity on practice **and practise in a non-discriminatory and inclusive manner** |
| 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 | ~~understand the need to adapt practice to~~ respond appropriately to the needs of all different groups and individuals **in practice, recognising this can be affected by different of any kind, including, but not limited to, protected characteristics, intersectional experiences and cultural differences** |
| 5.2 | | | **Understand equality legislation and apply it to their practice** |
| 5.3 | | **be aware of the impact of their own values and beliefs on practice** | ~~be aware of~~ recognise the potential impact of their own values, beliefs (which may be unconscious) on practice and take personal action to ensure all service users and |

| | | | |
|---|---|---|---|
| | | | carers are treated appropriately with respect and dignity |
| 5.4 | | | Understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | | be aware of the characteristics and consequences of barriers to inclusion<br><br>(Considered in previous standard 6, which has since been removed ) | Recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | | | Actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | | | Recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |
| 5.8 | be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals and communities | | ~~be able to~~ recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals and communities |
| **6** | **understand the importance of and be able to maintain confidentiality** | | **understand the importance of and ~~be able to~~ maintain confidentiality** |
| 6.1 | be aware of the limits of the concept of confidentiality | | ~~be aware of the limits of the concept~~ **adhere to the professional duty** of confidentiality **and understand when disclosure may be required** |

| | | | |
|---|---|---|---|
| 6.2 | understand the principles of information governance and be aware of the safe and effective use of health and social care information | understand the principles of information governance and be aware of the safe and effective use of health, ~~and~~ social care **and other relevant** information | understand the principles of information governance **and data** and be aware of the safe and effective use of health social care and other relevant information |
| 6.3 | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public | | ~~be able to~~ recognise and respond ~~appropriately~~ **in a timely manner** to situations where it is necessary to share information to safeguard service users, **carers and /** or the wider public |
| 6.4 | | | **Understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication and support (such as interpreters or translators)** |
| 6.5 | | | **Recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records, such as photography, video and audio recordings and digital platforms** |
| **7** | **be able to communicate effectively** | | ~~be able to~~ communicate effectively |
| 7.1 | 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~~ | ~~be able to~~ use effective and appropriate verbal and non-verbal skills to communicate with service users, colleagues and others |

| | | | |
|---|---|---|---|
| 7.2 | 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]<br><br>[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.* | | ~~be able to~~ communicate in English to the **required** standard **for their profession (**equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1]**)** |
| 7.3 | 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, 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, **disability,** ethnicity, gender, **marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs | ~~be aware of the~~ **Understand the** characteristics and consequences of verbal and non-verbal communication and how this can be affected by **difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences** ~~factors such as age, culture,~~ **disability,** ~~ethnicity,~~ **gender, marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,~~** ~~socio-economic status and spiritual or religious beliefs~~ |

| | | | |
|---|---|---|---|
| | | | |
| 7.4 | | **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 may need where appropriate** | ~~be able to~~ work with service users **and /** or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | | **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** | ~~be able to~~ modify their **own** means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | | | **Understand the need to support the communication needs and preferences of service users and carers and remove any barriers to communication where possible** |
| 7.7 | | be able to use information and communication technologies appropriate to their practice<br>**Moved from standard 14** | ~~be able to~~ use information, ~~and~~ communication **and digital** technologies appropriate to their practice |
| 7.8 | | | **Understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decision** |

| 8 | **be able to work appropriately with others** | | ~~be able to~~ **work appropriately with others** |
|---|---|---|---|
| 8.1 | 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, **their relatives and carers,** other professionals, support staff~~, communities~~ and others | be able to work, ~~where appropriate,~~ in partnership with service users, ~~their relatives and~~ carers, **colleagues** ~~other professionals, support staff, communities~~ and others |
| 8.2 | | | **Recognise the principles and practises of other health and care professionals and systems and how they interact with their profession** |
| 8.3 | understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team | | understand the need to build and sustain professional relationships as both an ~~independent~~ **autonomous** practitioner and collaboratively as a member of a team |
| 8.4 | 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 |
| 8.5 | | | **Identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate** |
| 8.6 | | **understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice** | understand the qualities, behaviours and benefits of leadership ~~and be able to apply them in the context of your practice~~ |

| | | | |
|---|---|---|---|
| 8.7 | | | **Recognise that leadership is a skill all professionals can demonstrate** |
| 8.8 | | | **Identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion** |
| 8.9 | | | **Demonstrate leadership behaviours appropriate to their practice** |
| 8.10 | | | **Act as a role model to others** |
| 8.11 | | | **Promote and engage in the learning of others** |
| 8.12 | understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals | | understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals |
| 8.13 | understand the need to agree the goals, priorities and methods of physiotherapy intervention in partnership with the service user | | understand the need to agree the goals, priorities and methods of physiotherapy intervention in partnership with the service user |
| **9** | **be able to maintain records appropriately** | | ~~**be able to**~~ **maintain records appropriately** |
| 9.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | | ~~be able to~~ keep **full, clear and** accurate~~, comprehensive and comprehensible~~ records in accordance with applicable legislation, protocols and guidelines |

| | | | |
|---|---|---|---|
| 9.2 | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines | | ~~recognise the need to~~ manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | | | **Use digital record keeping tools, where required** |
| 10 | **be able to reflect on and review practice** | | ~~be able to~~ **reflect on and review practice** |
| 10.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | | understand the value of ~~reflection~~ **reflective** practice and the need to record the outcome of such reflection **to support continuous improvement** |
| 10.2 | 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<br>*For consistency across the professions, following feedback from stakeholders of what was the most universal term* | recognise the value of **multidisciplinary reviews,** case conferences and other methods of review |
| 11 | **be able to assure the quality of their practice** | | ~~be able to~~ **assure the quality of their practice** |
| 11.1 | 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~~ | ~~be able to~~ engage in evidence-based practice |
| 11.2 | 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** | ~~be able to~~ gather and use feedback and information, including qualitative and quantitative data, to evaluate the response of service users to their care |

| | | | |
|---|---|---|---|
| 11.3 | | be able to monitor and systematically evaluate the quality of practice, and maintain an effective audit trail to work towards continual improvement | ~~be able to~~ monitor and systematically evaluate the quality of practice, and maintain an effective ~~audit trail~~ quality management and quality assurance process working ~~to work~~ towards continual improvement |
| 11.4 | | be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures | ~~be able to~~ participate in ~~audit procedures and~~ quality management, including quality control, quality assurance, **clinical governance** and the use of appropriate outcome measures |
| 11.5 | 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** | ~~be able to~~ evaluate **care plans or** intervention plans using recognised **and appropriate** outcome measures**, in conjunction with the service user where possible,** and revise the plans as necessary ~~in conjunction with the service user~~ |
| 11.6 | | recognise the value of contributing to the generation of data for quality assurance and improvement programmes | recognise the value of **gathering and using** ~~contributing to the generation of~~ data for quality assurance and improvement programmes |
| 11.7 | 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 | | ~~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 |
| 11.8 | | | **engage with healthcare technologies and health infomatics** |

| | | | to record, audit and evaluate decision-making, the delivery of care and its outcomes |
|---|---|---|---|
| **12** | **understand the key concepts of the knowledge base relevant to their profession** | | **understand and apply the key concepts of the knowledge base relevant to their profession** |
| 12.1 | understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession | | understand the structure and function of the human body, together with knowledge of **physical and mental** health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | 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 | ~~be aware of~~ **demonstrate awareness of** the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 12.3 | 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 physiotherapist** | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of physiotherapist |
| 12.4 | understand the structure and function of health and social care services in the UK | | understand the structure and function of health, **care** and social care **systems and** services in the UK |
| 12.5 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention | | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
| 12.6 | understand the following aspects of biological science: | | 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<br>– patterns of human growth and development across the lifespan<br>– factors influencing individual variations in human ability and health status<br>– how the application of physiotherapy can cause physiological and structural change | | – normal human anatomy and physiology, including the dynamic relationships of human structure and function as related to the neuromuscular**logical,** musculoskeletal, cardio-vascular and respiratory systems<br>– **the integration and interplay of other human body systems and how they influence the neurological, musculoskeletal, cardio-vascular and respiratory systems**<br>– patterns of human growth and development across the lifespan<br>– factors influencing individual variations in human ability and health status<br>– how the application of physiotherapy can cause physiological and structural change |
| 12.7 | understand the following aspects of physical science:<br><br>– the principles and theories from physics, biomechanics, applied exercise science and ergonomics that can be applied to physiotherapy<br>– the means by which the physical sciences can inform the | | understand the following aspects of physical science:<br><br>– the principles and theories from physics, biomechanics, applied exercise science and ergonomics that can be applied to physiotherapy<br>– the means by which the physical sciences can inform the |

| | | | |
|---|---|---|---|
| | understanding and analysis of movement and function<br>– the principles and application of measurement techniques based on biomechanics or electrophysiology<br>– the application of anthropometric and ergonomic principles | | understanding and analysis of movement and function<br>– the principles and application of measurement techniques based on biomechanics or electrophysiology<br>– the application of anthropometric and ergonomic principles |
| 12.8 | understand the following aspects of clinical science:<br><br>– pathological changes and related clinical features commonly encountered in physiotherapy practice<br>– physiological, structural, behavioural and functional changes that can result from physiotherapy intervention and disease progression<br>– the specific contribution that physiotherapy can potentially make to enhancing individuals' functional ability, together with the evidence base for this<br>– the different concepts and approaches that inform the development of physiotherapy intervention | | understand the following aspects of clinical science:<br><br>– pathological changes and related clinical features commonly encountered in physiotherapy practice<br>– physiological, structural, behavioural and functional changes that can result from physiotherapy intervention and disease progression<br>– the specific contribution that physiotherapy can potentially make to enhancing individuals' functional ability, together with the evidence base for this<br>– the different concepts and approaches that inform the development of physiotherapy intervention |
| 12.9 | understand the following aspects of behavioural science:<br><br>– psychological, social and cultural factors that influence an individual in | | understand the following aspects of behavioural science:<br><br>– 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<br>– 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<br>– theories of communication relevant to effective interaction with service users, carers, colleagues, managers and other health and social care professionals<br>– theories of team working | | health and illness, including their responses to the management of their health status and related physiotherapy interventions<br>– 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<br>– theories of communication relevant to effective interaction with service users, carers, colleagues, managers and other health and social care professionals<br>– **theories of health promotion and behavioural change**<br>– theories of team working |
| 13 | **be able to draw on appropriate knowledge and skills to inform practice** | | ~~be able to~~ **draw on appropriate knowledge and skills to inform practice** |
| 13.1 | be able to change their practice as needed to take account of new developments or changing contexts | be able to change their practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts | be able to change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | be able to gather appropriate information | be able to gather appropriate information | ~~be able to~~ gather appropriate information |

| | | | |
|---|---|---|---|
| **13.3** | be able to analyse and critically evaluate the information collected in order to identify nutritional needs and develop a diagnosis | be able to analyse and critically evaluate the information collected ~~in order to identify nutritional needs and develop a diagnosis~~ *Moved from 14.6* | be able to analyse and critically evaluate the information collected |
| **13.4** | be able to select and use appropriate assessment techniques | | be able to select and use appropriate assessment techniques **and equipment** |
| **13.5** | | **be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment** | **be able to undertake and record a thorough, sensitive and detailed assessment, ~~using appropriate techniques and equipment~~** |
| **13.6** | be able to undertake or arrange investigations as appropriate | | be able to undertake or arrange investigations as appropriate |
| **13.7** | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, interventions or other actions safely and effectively | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy~~,~~ ~~interventions~~ or other actions safely and effectively | be able to conduct appropriate ~~diagnostic~~ **assessment** or monitoring procedures, treatment, therapy or other actions safely and effectively |
| **13.8** | be aware of a range of research methodologies and be able to critically evaluate research in order to inform practice | be aware of a range of research methodologies ~~and be able to critically evaluate research in order to inform practice~~ | ~~be aware of~~ **recognise** a range of research methodologies **relevant to their role** |
| **13.9** | recognise the value of research to the critical evaluation of practice | recognise the value of research to the critical evaluation of practice | recognise the value of research to the critical evaluation of practice |
| **13.10** | | **be able to critically evaluate research and other evidence to inform their own practice** | **be able to critically evaluate research and other evidence to inform their own practice** |
| **13.11** | | | **Engage service users in research as appropriate** |

| | | | |
|---|---|---|---|
| **13.12** | be able to deliver and evaluate physiotherapy programmes | be able to **construct**, deliver and evaluate **individual and group** physiotherapy programmes | ~~be able to~~ construct, deliver and evaluate individual and group physiotherapy programmes |
| **13.13** | be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment | | ~~Be able to~~ undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment |
| **13.14** | be able to form a diagnosis on the basis of physiotherapy assessment | | be able to form a **working** diagnosis on the basis of physiotherapy assessment |
| **13.15** | be able to formulate specific and appropriate management plans including the setting of timescales | | be able to formulate specific and appropriate management plans including the setting of timescales |
| **13.16** | be able to apply problem solving and clinical reasoning to assessment findings to plan and prioritise appropriate physiotherapy | | be able to apply problem solving and clinical reasoning to assessment findings to plan and prioritise appropriate physiotherapy |
| **13.17** | recognise the need to discuss, and be able to explain the rationale for, the use of physiotherapy interventions | | recognise the need to discuss, and be able to explain the rationale for, the use of physiotherapy interventions |
| 13.18 | be able to select, plan, implement and manage physiotherapy interventions aimed at the facilitation and restoration of movement and function | | be able to select, plan, implement and manage physiotherapy interventions aimed at the facilitation and restoration of movement and function |
| 13.19 | know how to position or immobilise service users for safe and effective interventions | | know how to position or immobilise service users for safe and effective interventions |

| | | | |
|---|---|---|---|
| 13.20 | 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 select and apply safe and effective physiotherapy specific practice skills including manual therapy, exercise and movement, electrotherapeutic modalities and kindred approaches |
| 13.21 | | | **be able to evaluate data about trends in population health, to inform their own practice** |
| **14** | **understand the need to establish and maintain a safe practice environment** | | ~~understand the need to~~ **establish and maintain a safe practice environment** |
| 14.1 | understand the need to maintain the safety of both service users and those involved in their care | | understand the need to maintain the safety of **themselves and others, including** ~~both~~ service users, **carers and colleagues** ~~and those involved in their care~~ |
| 14.2 | 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 | | ~~be aware of applicable~~ **demonstrate awareness of relevant** 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~~ **and comply with all local operational procedures and policies** |
| 14.3 | be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe | | ~~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 |

| | | | |
|---|---|---|---|
| | manner and in accordance with health and safety legislation | | |
| 14.4 | be able to select appropriate personal protective equipment and use it correctly | | ~~be able to~~ select appropriate personal protective equipment and use it correctly |
| 14.5 | 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 | be able to establish safe environments for practice, which appropriately manages risk to service users ~~those treating them and others, including the use of hazard control and particularly infection control~~ |
| 14.6 | know and be able to apply appropriate moving and handling techniques | **understand** ~~know~~ and be able to apply appropriate moving and handling techniques | understand and ~~be able to~~ apply appropriate moving and handling techniques |
| **15** | **Promote and prevent ill health** | | |
| **15.1** | | | **Understand the role of their profession in health promotion, health education and preventing ill-health** |
| **15.2** | | | **Understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being** |
| **15.3** | | | **Empower and enable individuals (including service users and colleagues) to play a part in managing their own health** |

| 15.4 | | | **Engage in occupational health, including being aware of immunisation requirements** |
|------|--|--|---|

**Draft standards of proficiency for practitioner psychologists**

This document sets out the proposed changes to the standards of proficiency for practitioner psychologists . Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**. Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions.

The columns show changes between the current version on the left, the changes proposed at consultation in the centre, and the proposed new standards on the right. The standards are numbered according to the current proposals.

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 | |
|---|---|---|---|
| **Registrant practitioner psychologists must:** | | | |
| **1** | **be able to practise safely and effectively within their scope of practice** | | ~~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** | ~~Know~~ **identify** 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** | recognise the need to manage their own workload and resources safely and effectively, **including managing the emotional burden that comes with working in a pressured environment** |
| 1.3 | | | **keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career** |
| **2** | **be able to practise within the legal and ethical boundaries of their profession** | | ~~be able to~~ **practise within the legal and ethical boundaries of their profession** |
| **2.1** | | | **maintain high standards of personal and professional conduct** |
| 2.2 | 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 | promote and protect the service user's interests at all times |
| 2.3 | | **understand the importance of safeguarding and the need to engage** | understand the importance of safeguarding by **actively looking for signs of abuse, demonstrating** |

| | | in appropriate safeguarding processes where necessary | understanding of relevant safeguarding processes, and engaging in these processes where necessary |
|---|---|---|---|
| 2.4 | understand what is required of them by the Health and Care Professions Council | | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics |
| 2.5 | understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the assessment, treatment and intervention process and in maintaining health and wellbeing | understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the ~~assessment, treatment and intervention~~ **diagnostic and therapeutic** process and in maintaining health and wellbeing | ~~understand the need to~~ respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process ~~and in maintaining health and wellbeing~~ |
| 2.6 | recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of practice even in situations of personal incompatibility | recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of ~~practice~~ **care** even in situations of personal incompatibility | recognise that relationships with service users, carers and others should be based on mutual respect and trust, ~~and be able to~~ maintaining high standards of care **in all circumstances** ~~even in situations of personal incompatibility~~ |
| 2.7 | understand the importance of and be able to obtain informed consent | be able to exercise a professional duty of care *Moved from 2.7* | understand the importance of and be able to obtain ~~informed~~ valid consent, **which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented** |
| 2.8 | | | **understand the importance of capacity in the context of delivering care and treatment** |

| | | | |
|---|---|---|---|
| 2.9 | be able to exercise a professional duty of care | understand current legislation applicable to the work of their profession<br>*Moved from 2.5* | **understand the scope of a** professional duty of care, **and exercise that duty** |
| 2.10 | understand current legislation applicable to the work of their profession | | understand and apply legislation, policies and guidance **relevant to their profession and scope of practice** |
| 2.11 | | | **recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain** |
| 2.12 | understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on service users | | understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on service users |
| 2.10 | understand the power imbalance between practitioners and service users and how this can be managed appropriately | | ~~understand the power imbalance between practitioners and service users and how this can be managed appropriately~~ |
| 2.13 | be able to recognise appropriate boundaries and understand the dynamics of power relationships | | ~~be able to~~ recognise appropriate boundaries and understand the dynamics of power relationships |
| 2.14 | understand the organisational context for their practice as a practitioner psychologist | | understand the organisational context for their practice as a practitioner psychologist |
| **3** | **be able to maintain fitness to practise** | | **look after their health and wellbeing, seeking appropriate support where necessary** ~~be able to maintain fitness to practise~~ |
| 3.1 | understand the need to maintain high standards of personal and professional conduct | | identify anxiety and stress in themselves and recognise the potential impact on their practice ~~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** | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise ~~and be able to take appropriate action if their health may affect their ability to practise safely and effectively~~ |
| 3.3 | | | **understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary** |
| 3.4 | | **understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary** | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment ~~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** | ~~understand both the need to keep skills and knowledge up to date and the importance of career-long learning~~ **continuous professional development** |
| 3.5 | be able to manage the physical, psychological and emotional impact of their practice | | ~~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** | | ~~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<br>*Moved from 4.4 to emphasise importance of this standard* | recognise that they are personally responsible for and must be able to justify their decisions **and actions** |
| 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~~<br>**be able to use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary**<br>*Moved from 4.1* | ~~be able to~~ use their skills, knowledge and experience, and the information available to them, to ~~initiate solutions~~ make informed decisions **and / or take action** where necessary |
| 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<br>*Moved from 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 |
| 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<br>*Moved from 4.5* | ~~be able~~ make and receive appropriate referrals, **where necessary** |
| 4.5 | be able to make and receive appropriate referrals | be able to initiate resolution of problems and be able to exercise personal initiative | ~~be able to initiate resolution of problems and be able to~~ exercise personal initiative |

| | | | |
|---|---|---|---|
| | | *Moved from 4.3* | |
| 4.6 | | be able to demonstrate a logical and systematic approach to problem solving *Moved from standard 14* | ~~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 *Moved from standard 14* | ~~be able to~~ use research, reasoning and problem solving skills when determining appropriate actions |
| 4.8 | understand the importance of participation in training, supervision and mentoring | understand the importance of **active** participation in training, supervision and mentoring | ~~be able to~~ understand the need for active participation in training, supervision and mentoring **in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice** |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | | **recognise** the impact of culture, equality and diversity on practice **and practise in a non-discriminatory and inclusive manner** |
| 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 | respond appropriately to the needs of all different groups and individuals **in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences** |
| 5.2 | | | **understand equality legislation and apply it to their practice** |

| | | | |
|---|---|---|---|
| 5.3 | | **be aware of the impact of their own values and beliefs on practice** | **recognise the potential** impact of their own values, beliefs **and personal biases (which may be unconscious)** on practice **and take personal action to ensure all service users and carers are treated appropriately with respect and dignity** |
| 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, **marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs<br>*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* | ~~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,~~ **~~marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,~~** ~~socio-economic status and spiritual or religious beliefs~~ |
| 5.4 | | | **understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice** |
| 5.5 | | | **recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups** |

| | | | |
|---|---|---|---|
| 5.6 | | | **actively challenge these barriers, supporting the implementation of change wherever possible** |
| 5.7 | | | **recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice** |
| 5.8 | 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** | understand the impact of differences of any kind, including, but not limited to, the protected characteristics[13], intersectional experiences and cultural differences, on psychological wellbeing or behaviour including how these differences may result in experiences of marginalisation |
| 5.9 | understand the requirement to adapt practice to meet the needs of different groups and individuals | | 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 | ~~be able to practise in a non-discriminatory manner~~ |
| 6.A | | **be aware of the characteristics and consequences of barriers to inclusion** | ~~be aware of the characteristics and consequences of barriers to inclusion~~ |
| **6** | **understand the importance of and be able to maintain confidentiality** | | understand the importance of ~~be able to~~ and maintain confidentiality |

[13] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| | | | |
|---|---|---|---|
| 6.1 | be aware of the limits of the concept of confidentiality | | ~~be aware of the limits~~ **adhere to the professional duty** of confidentiality **and understand when disclosure may be required** |
| 6.2 | understand the principles of information governance and be aware of the safe and effective use of health, social care and other relevant information | | understand the principles of information **and data** governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public | | ~~be able to~~ recognise and respond ~~appropriately~~ **in a timely manner to** situations where it is necessary to share information to safeguard service users, **carers and /** or the wider public |
| 6.4 | | | **understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators)** |
| 6.5 | | | **recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms** |
| **7** | **be able to communicate effectively** | | ~~be able to~~ **communicate effectively** |
| 7.1 | be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional | be able to **use** ~~demonstrate~~ effective and appropriate verbal and non-verbal skills **to communicate with** ~~in communicating information, advice,~~ | ~~be able to~~ use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |

|  | | | |
|---|---|---|---|
|  | opinion to service users, colleagues and others | ~~instruction and professional opinion to~~ service users, **carers,** colleagues and others | |
| 7.2 | 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]<br><br>[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.* | | ~~be able to~~ communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5[14]) |
| 7.3 | | | **understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected** |

[14] 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.

| | | | characteristics[15], intersectional experiences and cultural differences |
|---|---|---|---|
| 7.4 | 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* | |
| 7.5 | 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* | |
| 8.5 | 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* | |

[15] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| | | | |
|---|---|---|---|
| 7.4 | | **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 may need where appropriate** | ~~be able to~~ work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | | **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** | ~~be able to~~ modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | | | **understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter** |
| 7.7 | | be able to use information and communication technologies appropriate to their practice *Moved from standard 14* | ~~be able to~~ use information, communication and digital technologies appropriate to their practice |
| 7.8 | | | **understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions** |
| 7.9 | be able to select the appropriate means for communicating feedback to service users | | ~~be able to~~ select the appropriate means for communicating feedback to service users |
| 7.10 | be able to provide psychological opinion and advice in formal settings, as appropriate | | ~~be able to~~ provide psychological opinion and advice in formal settings, as appropriate |

| | | | |
|---|---|---|---|
| 7.11 | be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences | | ~~be able to~~ communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences |
| 7.12 | be able to explain the nature and purpose of specific psychological techniques to service users | | ~~be able to~~ explain the nature and purpose of specific psychological techniques to service users |
| 7.13 | be able to summarise and present complex ideas in an appropriate form | | ~~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* | |
| 7.14 | be able to use formulations to assist multi-professional communication and understanding | | ~~be able to~~ use formulations to assist multi-professional communication and understanding |
| 7.15 | understand explicit and implicit communications in a practitioner – service user relationship | | understand explicit and implicit communications in a practitioner – service user relationship |
| 7.16 | be able to appropriately define and contract work with commissioning service users or their representatives | | ~~be able to~~ appropriately define and contract work with commissioning service users or their representatives |
| **Counselling psychologists only** | | | |

| | | | |
|---|---|---|---|
| 7.17 | understand how empathic understanding can be helped by creativity and artistry in the use of language and metaphor | | understand how empathic understanding can be helped by creativity and artistry in the use of language and metaphor |
| **8** | **be able to work appropriately with others** | | ~~be able to~~ **work appropriately with others** |
| 8.1 | 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, **their relatives and carers,** other professionals, support staff and others | ~~be able to~~ work in partnership with service users, ~~their relatives,~~ carers, colleagues ~~other professionals, support staff~~ and others |
| 8.2 | | | **recognise the principles and practices of other health and care professionals and systems and how they interact with their profession** |
| 8.3 | understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team | | understand the need to build and sustain professional relationships as both an ~~independent~~ **autonomous** practitioner and collaboratively as a member of a team |
| 8.4 | | be able to contribute effectively to work undertaken as part of a multi-disciplinary team *Moved from 9.7* | ~~be able to~~ contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | | | **identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate** |
| 8.6 | | **understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice** | understand the qualities, behaviours and benefits of leadership ~~and be able to apply them in the context of your practice~~ |

| | | | |
|---|---|---|---|
| 8.7 | | | **recognise that leadership is a skill all professionals can demonstrate** |
| 8.8 | | | **identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion** |
| 8.9 | | | **demonstrate leadership behaviours appropriate to their practice** |
| 8.10 | | | **act as a role model for others** |
| 8.11 | | | **promote and engage in the learning of others** |
| 8.12 | understand the need to engage service users and carers in planning and evaluating assessments, treatments and interventions to meet their needs and goals | | understand the need to engage service users and carers in planning and evaluating assessments, treatments and interventions to meet their needs and goals |
| 8.13 | understand the need to implement interventions, care plans or management plans in partnership with service users, other professionals and carers | | understand the need to implement interventions, care plans or management plans in partnership with service users, other professionals and carers |
| 8.14 | be able to initiate, develop and end a practitioner – service user relationship | | ~~be able to~~ initiate, develop and end a practitioner – service user relationship |
| 8.15 | understand the dynamics present in relationships between service users and practitioners | | 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 | |
|---|---|---|---|
| 8.16 | be able to plan, design and deliver teaching and training which takes into account the needs and goals of participants | | ~~be able to~~ plan, design and deliver teaching and training which takes into account the needs and goals of participants |
| 8.17 | be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures | | ~~be able to~~ support the learning of others in the application of psychological skills, knowledge, practices and procedures |
| 8.18 | be able to use psychological formulations with service users to facilitate their understanding of their experience or situation | | ~~be able to~~ determine and use appropriate psychological formulations in partnership with service users to facilitate their understanding of their experience or situation |
| **9** | **be able to maintain records appropriately** | | **~~be able to~~ maintain records appropriately** |
| 9.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | | ~~be able to~~ keep **full, clear** and accurate ~~comprehensive and comprehensible~~ records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines | | ~~recognise the need to~~ manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | | | **use digital record keeping tools, where required** |
| **10** | **be able to reflect on and review practice** | | **~~be able to~~ reflect on and review practice** |

| | | | |
|---|---|---|---|
| 10.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | | understand the value of ~~reflection~~ reflective practice and the need to record the outcome of such reflection **to support continuous improvement** |
| 10.2 | recognise the value of case conferences and other methods of review | | recognise the value of **multi-disciplinary reviews,** case conferences and other methods of review |
| 10.3 | be able to reflect critically on their practice and consider alternative ways of working | | ~~be able to~~ reflect critically on their practice and consider alternative ways of working |
| 10.4 | understand models of supervision and their contribution to practice | | understand models of supervision and their contribution to practice |
| **Counselling psychologists only** | | | |
| 10.5 | be able to critically reflect on the use of self in the therapeutic process | | ~~be able to~~ critically reflect on the use of self in the therapeutic process |
| **11** | **be able to assure the quality of their practice** | | ~~**be able to**~~ **assure the quality of their practice** |
| 11.1 | 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~~ | ~~be able to~~ engage in evidence-based practice |
| 11.2 | 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 responses of service users to their care ~~or experience~~ | ~~be able to~~ gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care |
| 11.3 | be aware of the role of audit and review in quality management, including quality control, quality | ~~be aware of the role of audit and review in quality management, including quality~~ | |

| | | | |
|---|---|---|---|
| | assurance and the use of appropriate outcome measures | ~~control, quality assurance and the use of appropriate outcome measures~~ *Captured by the new standard below* | |
| 11.3 | 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 | ~~be able to~~ monitor and systematically evaluate the quality of practice, and maintain an effective **quality management and quality assurance process working** 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~~ | |
| 11.4 | | be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures | ~~be able to~~ participate in ~~audit procedures~~ quality management, including quality control, quality assurance, **clinical governance** and the use of appropriate outcome measures |
| 11.5 | be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user | | ~~be able to~~ evaluate **care plans or** intervention plans using recognised and appropriate outcome measures, **in conjunction with the service user where possible,** and revise the plans as necessary ~~in conjunction with the service user~~ |
| 11.6 | 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* | recognise the value of ~~contributing to the generation of~~ **gathering and using** data for quality assurance and improvement programmes |

| | | | |
|---|---|---|---|
| 11.7 | 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 | be able to revise formulations in the light of ongoing intervention and when necessary reformulate the problem<br>*Moved from 12.7* | ~~be able to~~ revise formulations in the light of ongoing intervention and, when necessary, reformulate the **situation** ~~problem~~ |
| 11.8 | be able to monitor agreements and practices with service users, groups and organisations | | ~~be able to~~ monitor agreements and practices with service users, groups and organisations |
| **12** | **understand the key concepts of the knowledge base relevant to their profession** | | understand **and apply** the key concepts of the knowledge base relevant to their profession |
| 12.1 | understand the structure and function of the human body, together with knowledge of health, well-being, disease, disorder and dysfunction relevant to their domain | | understand the structure and function of the human body, together with knowledge of **physical and mental health,** disease, disorder and dysfunction relevant to their profession |
| 12.2 | be aware of the principles and applications of scientific enquiry, including the evaluation of the effectiveness of interventions and the research process | | demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 12.3 | 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**<br>*For consistency across the professions* | recognise the role(s) of other professions and stakeholders relevant to the work of their domain, and understand how they may relate to the role of practitioner psychologist |
| 12.4 | understand the structures and functions of UK service providers | understand the structures and function~~s~~ of **health and social care services in** | understand the structures and functions of health and social care systems and |

| | | | |
|---|---|---|---|
| | applicable to the work of their domain | **the** UK ~~service providers applicable to the work of their domain~~<br>*For consistency across the professions* | services in the UK, **plus other services relevant to the work of their domain** |
| 12.5 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention | | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
| 12.6 | understand the role of the practitioner psychologist across a range of settings and services | | 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~~<br>*Addressed by a new standard on leadership under standard 9 (9.A)* | |
| 12.7 | understand the application of consultation models to service delivery and practice, including the role of leadership and group processes | | understand the application of consultation models to service delivery and practice, including the role of leadership and group processes |
| **Clinical psychologists only** | | | |
| 12.8 | understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation | | understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation |
| 12.9 | understand more than one evidence-based model of formal psychological therapy | | understand more than one evidence-based model of formal psychological therapy |
| 12.10 | understand psychological models related to how biological, sociological and circumstantial or life-event-related factors impinge on | | understand psychological models related to how biological, sociological and circumstantial or life-event-related factors impinge on psychological |

| | | | |
|---|---|---|---|
| | psychological processes to affect psychological wellbeing | | processes to affect psychological wellbeing |
| 12.11 | understand psychological models related to a range of presentations including:<br><br>– service users with presentations from acute to enduring and mild to severe;<br>– problems with biological or neuropsychological aspects; and<br>– 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 | | understand psychological models related to a range of presentations including:<br><br>– service users with presentations from acute to enduring and mild to severe;<br>– problems with biological or neuropsychological aspects; and<br>– 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 |
| 12.12 | understand psychological models related to service users:<br><br>– from a range of social and cultural backgrounds;<br>– of all ages;<br>– across a range of intellectual functioning;<br>– with significant levels of challenging behaviour;<br>– with developmental learning disabilities and cognitive impairment;<br>– with communication difficulties;<br>– with substance misuse problems; | | understand psychological models related to service users:<br><br>– from a range of social and cultural backgrounds;<br>– of all ages;<br>– across a range of intellectual functioning;<br>– with significant levels of challenging behaviour;<br>– with developmental learning disabilities and cognitive impairment;<br>– with communication difficulties; |

| | | | |
|---|---|---|---|
| | and<br>– with physical health problems | | – with substance misuse problems; and<br>– with physical health problems |
| 12.13 | understand psychological models related to working:<br><br>– with service users, couples, families, carers, groups and at the organisational and community level; and<br>– in a variety of settings including in-patient or other residential facilities with high-dependency needs, secondary health care and community or primary care | | understand psychological models related to working:<br><br>– with service users, couples, families, carers, groups and at the organisational and community level; and<br>– in a variety of settings including in-patient or other residential facilities with high-dependency needs, secondary health care and community or primary care |
| 12.14 | understand change and transition processes at the individual, group and organisational level | | understand change and transition processes at the individual, group and organisational level |
| 12.15 | understand social approaches such as those informed by community, critical and social constructivist perspectives | | understand social approaches such as those informed by community, critical and social constructivist perspectives |
| 12.16 | understand the impact of psychopharmacological and other clinical interventions on psychological work with service users | | understand the impact of psychopharmacological and other clinical interventions on psychological work with service users |
| **Counselling psychologists only** | | | |
| 12.17 | understand the philosophical bases which underpin those psychological theories which are relevant to counselling psychology | | understand the philosophical bases which underpin those psychological theories ~~which are relevant to counselling psychology~~ |

| | | | |
|---|---|---|---|
| 12.18 | understand the philosophy, theory and practice of more than one evidence-based model of formal psychological therapy | | understand the philosophy, theory and practice of more than one evidence-based model of formal psychological therapy |
| 12.19 | understand psychological models related to a range of presentations including:<br><br>– service users with presentations from acute to enduring and mild to severe;<br>– problems with biological or neuropsychological aspects; and<br>– 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 | | understand psychological models related to a range of presentations including:<br><br>– service users with presentations from acute to enduring and mild to severe;<br>– problems with biological or neuropsychological aspects; and<br>– 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 |
| 12.20 | understand the therapeutic relationship and alliance as conceptualised by each model | | understand the therapeutic relationship and alliance as conceptualised by each model |
| 12.21 | understand the spiritual and cultural traditions relevant to counselling psychology | | understand the spiritual and cultural traditions **and practices** relevant to counselling psychology **and their application to service users and carers, as well as its variation at organisational and community levels** |
| 12.22 | understand the primary philosophical paradigms that inform psychological theory with particular regard to their | | 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 | | relevance to, and impact upon, the understanding of the subjectivity and inter subjectivity of experience throughout human development |
| 12.23 | understand theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology | | understand theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology **including people of all ages and culture;**<br><br>**– across a range of intellectual functioning;**<br>**– with significant levels of challenging behaviour;**<br>**– with developmental learning disabilities and cognitive impairment;**<br>**– with communication difficulties;**<br>**– with substance misuse problems; and**<br>**– with physical health problems** |
| 12.24 | understand different theories of lifespan development | | understand different theories of lifespan development **and their assessment and remediation** |
| 12.25 | understand social and cultural contexts and the nature of relationships throughout the lifespan | | understand social and cultural contexts ~~and the nature of relationships throughout the lifespan~~ **in a manner informed by community, critical and social constructivist perspectives** |
| 12.26 | understand theories of psychopathology and of change | | understand theories of psychopathology and of change **including transition** |

| | | | **processes at the individual, group and organisational level** |
|---|---|---|---|
| 12.27 | understand the impact of psychopharmacology and other interventions on psychological work with service users | | understand the impact of psychopharmacology and other interventions on psychological work with service users |
| **Educational psychologists only** | | | |
| 12.28 | understand the role of the educational psychologist across a range of school and community settings and services | | understand the role of the educational psychologist across a range of school and community settings and services |
| 12.29 | understand the educational and emotional factors that facilitate or impede the provision of effective teaching and learning | | understand the educational and emotional factors that facilitate or impede the provision of effective teaching and learning |
| 12.30 | understand psychological theories of, and research evidence in, child, adolescent and young adult development relevant to educational psychology | | understand psychological theories of, and research evidence in, child, adolescent and young adult development relevant to educational psychology |
| 12.31 | 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 | | 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 |
| 12.32 | understand psychological models related to the influence of school ethos and culture, educational curricula, communication systems, management and leadership styles | | understand psychological models related to the influence of school ethos and culture, educational curricula, communication systems, management and leadership styles on the cognitive, |

| | | | |
|---|---|---|---|
| | on the cognitive, behavioural, emotional and social development of children, adolescents and young adults | | behavioural, emotional and social development of children, adolescents and young adults |
| 12.33 | understand psychological models of the factors that lead to underachievement, disaffection and social exclusion amongst vulnerable groups | | understand psychological models of the factors that lead to underachievement, disaffection and social exclusion amongst vulnerable groups |
| 12.34 | understand theories and evidence underlying psychological intervention with children, adolescents, young adults, their parents or carers, and education and other professionals | | understand theories and evidence underlying psychological intervention with children, adolescents, young adults, their parents or carers, and education and other professionals |
| 12.35 | understand psychological models related to the influence on development of children, adolescents and young adults from:<br><br>– family structures and processes;<br>– cultural and community contexts; and<br>– organisations and systems | | understand psychological models related to the influence on development of children, adolescents and young adults from:<br><br>– family structures and processes;<br>– cultural and community contexts; and<br>– organisations and systems |
| 12.36 | understand change and transition processes at the individual, group and organisational level | | understand change and transition processes at the individual, group and organisational level |
| 12.37 | understand the theoretical basis of, and the variety of approaches to, consultation and assessment in educational psychology | | understand the theoretical basis of, and the variety of approaches to, consultation and assessment in educational psychology |
| 12.38 | | | **understands the impact of school systems and the educational** |

| | | | |
|---|---|---|---|
| | | | curriculum, including the legal framework relating to support and funding in schools, on children and young people |
| 12.39 | | | **understand psychological models related to a range of presentations including:**<br><br>**– service users with presentations from acute to enduring and mild to severe;**<br>**– problems with biological or neuropsychological aspects; and**<br>**– 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** |
| 12.40 | | | **understand psychological models related to service users:**<br><br>**– from a range of social and cultural backgrounds;**<br>**– of all ages;**<br>**– across a range of intellectual functioning;**<br>**– with significant levels of challenging behaviour;**<br>**– with developmental learning disabilities and cognitive** |

| | | | |
|---|---|---|---|
| | | | **impairment;**<br>**– with communication difficulties;**<br>**– with substance misuse problems; and**<br>**– with physical health problems** |
| **Forensic psychologists only** | | | |
| 12.41 | understand the application of psychology in the legal system | | understand the application of psychology in the legal system |
| 12.42 | understand the application and integration of a range of theoretical perspectives on socially and individually damaging behaviours, including psychological, social and biological perspectives | | understand the application and integration of a range of theoretical perspectives on socially and individually damaging behaviours, including psychological, social and biological perspectives |
| 12.43 | understand psychological models related to a range of presentations including:<br><br>– service users with presentations from acute to enduring and mild to severe;<br>– problems with biological or neuropsychological aspects; and<br>– 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 | | understand psychological models related to a range of presentations including:<br><br>– service users with presentations from acute to enduring and mild to severe;<br>– problems with biological or neuropsychological aspects; and<br>– 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 |

| 12.44 | understand psychological theories and their application to the provision of psychological therapies that focus on offenders and victims of offences | | understand psychological theories and their application to the provision of psychological therapies that focus on offenders and victims of offences |
|---|---|---|---|
| 12.45 | understand effective assessment approaches with service users presenting with individually or socially damaging behaviour | | understand effective assessment approaches with service users presenting with individually or socially damaging behaviour |
| 12.46 | understand the development of criminal and antisocial behaviour | | understand the development of criminal and antisocial behaviour |
| 12.47 | understand the psychological interventions related to different service user groups including victims of offences, offenders, litigants, appellants and individuals seeking arbitration and mediation | | 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** | | | |
| 12.48 | understand context and perspectives in health psychology | | understand context and perspectives in health psychology |
| 12.49 | understand the epidemiology of health and illness | | understand the epidemiology of health and illness |
| 12.50 | understand:<br><br>– biological mechanisms of health and disease;<br>– health-related cognitions and behaviour;<br>– stress, health and illness;<br>– individual differences in health and illness;<br>– lifespan, gender and cross-cultural | | understand:<br><br>– biological mechanisms of health and disease;<br>– health-related cognitions and behaviour;<br>– stress, health and illness;<br>– individual differences in health and illness;<br>– lifespan, gender and cross-cultural |

| | | | |
|---|---|---|---|
| | perspectives; and<br>– long-term conditions and disability | | perspectives; and<br>– long-term conditions and disability |
| 12.51 | understand applications of health psychology and professional issues | | understand applications of health psychology and professional issues |
| 12.52 | understand healthcare in professional settings | | understand healthcare in professional settings |
| 12.53 | | | **understand psychological models related to how biological, sociological, and circumstantial or life-event-related factors impinge on psychological processes** |
| **Occupational psychologists only** | | | |
| 12.54 | understand the following in occupational psychology:<br><br>– human-machine interaction;<br>– design of environments and work;<br>– personnel selection and assessment;<br>– performance appraisal and career development;<br>– counselling and personal development;<br>– training;<br>– employee relations and motivation; and<br>– organisational development and change | | understand the following in occupational psychology:<br>– human-machine interaction;<br>– design of environments and work;<br>– personnel selection and assessment;<br>– performance appraisal and career development;<br>– counselling and personal development;<br>– training;<br>– employee relations and motivation; and<br>– organisational development and change<br><br>**- Psychological assessment at work**<br>**- Learning, training and development**<br>**- Leadership, engagement and motivation** |

| | | | - **Wellbeing and work**<br>- **Work design, organisational change and development** |
|---|---|---|---|
| **Sport and exercise psychologists only** | | | |
| 12.55 | understand cognitive processes, including motor skills, practice skills, learning and perception; and self-regulation | | understand cognitive processes, including motor skills, practice skills, learning and perception; and self-regulation |
| 12.56 | understand psychological skills such as:<br><br>– goal setting;<br>– self-talk;<br>– imagery;<br>– pre-performance routines;<br>– arousal control, such as relaxation and activation; and<br>– strategies for stress and emotion management | | understand psychological skills such as:<br><br>– goal setting;<br>– self-talk;<br>– imagery;<br>– pre-performance routines;<br>– arousal control, such as relaxation and activation; and<br>– strategies for stress and emotion management |
| 12.57 | understand exercise and physical activity including:<br><br>– determinants, such as motives, barriers and adherence;<br>– outcomes in relation to affect, such as mood and emotion;<br>– cognition and mental health issues, such as self-esteem, eating disorders, depression and exercise dependence; | | understand exercise and physical activity including:<br><br>– determinants, such as motives, barriers and adherence;<br>– outcomes in relation to affect, such as mood and emotion;<br>– cognition and mental health issues, such as self-esteem, eating disorders, depression and exercise dependence;<br>– lifestyle and quality of life; and<br>– injury |

| | | | |
|---|---|---|---|
| | – lifestyle and quality of life; and<br>– injury | | |
| 12.58 | understand individual differences including:<br><br>– mental toughness, hardiness and resilience;<br>– personality;<br>– confidence;<br>– motivation;<br>– self-concept and self-esteem; and<br>– stress and coping | | understand individual differences including:<br><br>– mental toughness, hardiness and resilience;<br>– personality;<br>– confidence;<br>– motivation;<br>– self-concept and self-esteem; and<br>– stress and coping |
| 12.59 | understand social processes within sport and exercise psychology including:<br><br>– interpersonal skills and relationships;<br>– group dynamics and functioning;<br>– organisational issues; and<br>– leadership | | understand social processes within sport and exercise psychology including:<br><br>– interpersonal skills and relationships;<br>– group dynamics and functioning;<br>– organisational issues; and<br>– leadership |
| 12.60 | understand the impact of developmental processes, including lifespan issues and processes related to career transitions and termination | | understand the impact of developmental processes, including lifespan issues and processes related to career transitions and termination |
| **13** | **be able to draw on appropriate knowledge and skills to inform practice** | | ~~be able to~~ draw on appropriate knowledge and skills to inform practice |
| 13.1 | be able to apply psychology across a variety of different contexts using a range of evidence-based and | be able to change their practice as needed to take account of new | ~~be able to~~ change their practice as needed to take account of new |

| | | | |
|---|---|---|---|
| | theoretical models, frameworks and psychological paradigms | developments, **technologies and** ~~or~~ changing contexts *Moved from 14.2* | developments, technologies and changing contexts |
| 13.2 | 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 14.9* | ~~be able to~~ gather appropriate information |
| 13.3 | 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* | ~~be able to~~ analyse and critically evaluate the information collected |
| 13.4 | be able to conduct consultancy | be able to select and use appropriate assessment techniques *Moved from 14.13* | ~~be able to~~ select and use appropriate assessment techniques **and equipment** |
| 13.5 | 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* | ~~be able to~~ undertake and record a thorough, sensitive and detailed assessment ~~using appropriate techniques and equipment~~ |
| 13.6 | 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* | ~~be able to~~ undertake or arrange investigations as appropriate |
| 13.7 | 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* | ~~be able to~~ conduct appropriate ~~diagnostic~~ assessment or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | 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* | ~~Be aware of~~ **recognise** a range of research methodologies **relevant to their role** |

| 13.9 | be able to gather appropriate information | recognise the value of research to the critical evaluation of practice *Moved from 14.24* | recognise the value of research to the critical evaluation of practice |
| --- | --- | --- | --- |
| 13.10 | 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* | ~~be able to~~ critically evaluate research and other evidence to inform their own practice |
| 13.11 | | | engage service users in research as appropriate |
| 13.12 | 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* | ~~be able to~~ apply psychology across a variety of different contexts using a range of evidence-based and theoretical models, frameworks and psychological paradigms |
| 13.13 | 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* | ~~be able to~~ conduct consultancy |
| 13.14 | 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* | ~~be able to~~ formulate specific and appropriate management plans including the setting of timescales |
| 13.15 | 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* | ~~be able to~~ manage resources to meet timescales and agreed project objectives |
| 13.16 | be able to choose and use a broad range of psychological assessment methods, appropriate to the service | be able to use psychological formulations to plan appropriate interventions that take the service user's perspective into account | ~~be able to~~ use psychological formulations to plan appropriate interventions that take the service user's perspective into account |

| | | | |
|---|---|---|---|
| | user, environment and the type of intervention likely to be required | *Moved from 14.7* | |
| 13.17 | 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<br>*Moved from 14.8* | ~~be able to~~ direct the implementation of applications and interventions carried out by others |
| 13.18 | 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<br>*Moved from 14.10* | ~~be able to~~ make informed judgements on complex issues in the absence of complete information |
| 13.19 | be able to undertake or arrange investigations as appropriate | be able to work effectively whilst holding alternative competing explanations in mind<br>*Moved from 14.11* | ~~be able to~~ work effectively whilst holding alternative competing explanations in mind |
| 13.20 | 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<br>*Moved from 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 |
| 13.21 | 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<br>*Moved from 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 |
| 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~~<br>*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~~<br>*Moved to standard 4* | |
| 13.22 | 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<br>*Moved from 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 |
| 13.23 | 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<br>*Moved from 14.17* | ~~be able to~~ use formal assessment procedures, systematic interviewing procedures and other structured methods of assessment relevant to their domain |
| 13.24 | be aware of a range of research methodologies | be able to critically evaluate risks and their implications<br>*Moved from 14.20* | ~~be able to~~ critically evaluate risks and their implications |
| 13.25 | 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<br>*Moved from 14.23* | ~~be able to~~ recognise when further intervention is inappropriate, or unlikely to be helpful |
| 13.26 | be able to initiate, design, develop, conduct and critically evaluate psychological research | | ~~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~~<br>*Covered by 14.25* | |
| 13.27 | be able to understand and use applicable techniques for research and academic enquiry, including | | ~~be able to~~ understand and use applicable techniques for research and |

| | | | |
|---|---|---|---|
| | qualitative and quantitative approaches | | academic enquiry, including qualitative and quantitative approaches |
| 13.28 | 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 | | ~~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 |
| 13.29 | understand research ethics and be able to apply them | | understand **and apply** research ethics ~~and be able to apply them~~ |
| 13.30 | be able to conduct service and large scale evaluations | | ~~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** | | | |
| 13.31 | be able to assess social context and organisational characteristics | | ~~be able to~~ assess social context and organisational characteristics |
| 13.32 | be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models | | ~~be able to~~ develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models |
| 13.33 | 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 | | ~~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 |

| | | | |
|---|---|---|---|
| 13.34 | understand therapeutic techniques and processes as applied when working with a range of individuals in distress including:<br><br>– those who experience difficulties related to anxiety, mood, adjustment to adverse circumstances or life-events, eating, psychosis, use of substances; and<br>– those with somatoform, psychosexual, developmental, personality, cognitive and neurological presentations | | understand therapeutic techniques and processes as applied when working with a range of individuals in distress including:<br><br>– those who experience difficulties related to anxiety, mood, adjustment to adverse circumstances or life-events, eating, psychosis, use of substances; and<br>– those with somatoform, psychosexual, developmental, personality, cognitive and neurological presentations |
| 13.35 | | | **deliver appropriate psychological therapies acquired through study and supervised practice and maintained with regular, ongoing supervision** |
| 13.36 | 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 | | ~~be able, on the basis of psychological formulation, to~~ implement, **on the basis of psychological formulation,** psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the service user |
| 13.37 | 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 | | ~~be able to~~ implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy to **defined levels** |

| | | | |
|---|---|---|---|
| | | | **of competence**, including the use of cognitive behavioural therapy |
| 13.38 | be able to promote awareness of the actual and potential contribution of psychological services | | ~~be able to~~ promote awareness of the actual and potential contribution of psychological services |
| 13.39 | be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation | | ~~be able to~~ evaluate and respond to organisational and service delivery changes, including the provision of consultation |
| 13.40 | | | **understand and be able to act on and provide advice on policy concerning health and care** |
| **Counselling psychologists only** | | | |
| 13.41 | be able to contrast, compare and critically evaluate a range of models of therapy | | ~~be able to~~ contrast, compare and critically evaluate a range of models of therapy |
| 13.42 | 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 | | ~~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 |
| 13.43 | be able to critically evaluate theories of mind and personality | | ~~be able to~~ critically evaluate theories of mind and personality |
| 13.44 | understand therapy through their own life-experience | | understand therapy through their own life-experience |
| 13.45 | be able to adapt practice to take account of the nature of relationships throughout the lifespan | | ~~be able to~~ adapt practice to take account of the nature of relationships throughout the lifespan |

| | | | |
|---|---|---|---|
| 13.46 | be able to formulate service users' concerns within the chosen therapeutic models | | be able to formulate service users' concerns within the chosen therapeutic models |
| 13.47 | be able to critically evaluate psychopharmacology and its effects from research and practice | | be able to critically evaluate psychopharmacology and its effects from research and practice |
| 13.48 | be able to critically evaluate theories of psychopathology and change | | be able to critically evaluate theories of psychopathology and change |
| 13.49 | 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 | | be able on the basis of psychological formulation, to implement, **on the basis of psychological formulation**, psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the service user |
| 13.50 | be able to implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy | | be able to implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy |
| 13.51 | be able to promote awareness of the actual and potential contribution of psychological services | | be able to promote awareness of the actual and potential contribution of psychological services |
| 13.52 | be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation | | be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation |
| **Educational psychologists only** | | | |
| 13.53 | be able to develop psychological formulations using the outcomes of | | be able to develop psychological formulations using the outcomes of |

| | | | |
|---|---|---|---|
| | assessment, drawing on theory, research and explanatory models | | assessment, drawing on theory, research and explanatory models |
| 13.54 | be able to carry out and analyse large-scale data gathering, including questionnaire surveys | | ~~be able to~~ carry out and analyse large-scale data gathering, including questionnaire surveys |
| 13.55 | 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 | | ~~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 |
| 13.56 | be able to formulate interventions that focus on applying knowledge, skills and expertise to support local and national initiatives | | ~~be able to~~ formulate evidence-based interventions that focus on applying knowledge, skills and expertise to support local and national initiatives |
| 13.57 | be able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards | | ~~be able to~~ develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards |
| 13.58 | be able to implement interventions and plans through and with other professions and with parents or carers | | ~~be able to~~ implement **evidenced-based** interventions and plans through and with other professions and **with children and young people**, parents **and /** or carers |
| 13.59 | be able to adopt a proactive and preventative approach in order to promote the psychological wellbeing of service users | | ~~be able to~~ adopt a proactive and preventative approach in order to promote the psychological wellbeing of service users |
| 13.60 | be able to choose and use a broad range of psychological interventions, | | ~~be able to~~ choose and use a broad range of psychological interventions, |

| | | | |
|---|---|---|---|
| | appropriate to the service user's needs and setting | | appropriate to the service user's needs and setting |
| 13.61 | be able to integrate and implement therapeutic approaches based on a range of evidence-based psychological interventions | | ~~be able to~~ integrate and implement therapeutic approaches based on a range of evidence-based psychological interventions |
| 13.62 | be able to promote awareness of the actual and potential contribution of psychological services | | ~~be able to~~ promote awareness of the actual and potential contribution of psychological services |
| **Forensic psychologists only** | | | |
| 13.63 | be able to plan and design training and development programmes | | ~~be able to~~ plan and design training and development programmes |
| 13.64 | be able to plan and implement assessment procedures for training programmes | | ~~be able to~~ plan and implement assessment procedures for training programmes |
| 13.65 | be able to promote awareness of the actual and potential contribution of psychological services | | ~~be able to~~ promote awareness of the actual and potential contribution of psychological services |
| 13.66 | be able to assess social context and organisational characteristics | | ~~be able to~~ assess social context and organisational characteristics |
| 13.67 | be able to research and develop psychological methods, concepts, models, theories and instruments in forensic psychology | | ~~be able to~~ research and develop psychological methods, concepts, models, theories and instruments in forensic psychology |
| 13.68 | be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation | | ~~be able to~~ evaluate and respond to organisational and service delivery changes, including the provision of consultation |
| 13.69 | be able to draw on knowledge of developmental and social changes and constraints across an | | ~~be able to~~ draw on knowledge of developmental and social changes and constraints across an individual's |

| | | | |
|---|---|---|---|
| | individual's lifespan to facilitate adaptability and change | | lifespan to facilitate adaptability and change |
| 13.70 | be able to implement interventions and care-plans through and with other professionals who form part of the service user careteam | | ~~be able to~~ implement interventions and care-plans through and with other professionals who form part of the service user careteam |
| 13.71 | 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 | | ~~be able to~~ implement, on the basis of empirically derived psychological formulation, psychological therapy or other interventions appropriate to the presenting maladaptive or socially damaging behaviour of the service user |
| 13.72 | be able to integrate and implement evidence-based psychological therapy at either an individual or group level | | ~~be able to~~ integrate and implement evidence-based psychological therapy at either an individual or group level |
| **Health psychologists only** | | | |
| 13.73 | be able to plan and implement assessment procedures for training programmes | | ~~be able to~~ plan and implement assessment procedures for training programmes |
| 13.74 | be able to develop appropriate psychological assessments based on appraisal of the influence of the biological, social and environmental context | | ~~be able to~~ develop appropriate psychological assessments based on appraisal of the influence of the biological, social and environmental context |
| 13.75 | be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models | | ~~be able to~~ develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models |

| 13.76 | be able to carry out and analyse large-scale data gathering, including questionnaire surveys | | ~~be able to~~ carry out and analyse large-scale data gathering, including questionnaire surveys |
|---|---|---|---|
| 13.77 | 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 | | ~~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 |
| 13.78 | be able to contrast, compare and critically evaluate a range of models of behaviour change | | ~~be able to~~ contrast, compare and critically evaluate a range of models of behaviour change |
| 13.79 | understand techniques and processes as applied when working with different individuals who experience difficulties | | understand techniques and processes as applied when working with different individuals who experience difficulties |
| 13.80 | be able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards | | ~~be able to~~ develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards |
| 13.81 | be able to evaluate and respond to change in health psychology and in consultancy and service-delivery contexts | | ~~be able to~~ evaluate and respond to change in health psychology and in consultancy and service-delivery contexts |
| 13.82 | be able, on the basis of psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting problem, and to the | | ~~be able to~~ to implement, on the basis of psychological formulation, psychological therapy or other interventions appropriate to the presenting problem, and to the psychological and social circumstances of the service user |

| | | | |
|---|---|---|---|
| | psychological and social circumstances of the service user | | |
| 13.83 | be able to integrate and implement therapeutic approaches based on a range of evidence-based psychological interventions | | ~~be able to~~ integrate and implement therapeutic approaches based on a range of evidence-based psychological interventions |
| 13.84 | be able to choose and use a broad range of psychological interventions, appropriate to the service user's needs and setting | | ~~be able to~~ choose and use a broad range of psychological interventions, appropriate to the service user's needs and setting |
| **Occupational psychologists only** | | | |
| 13.85 | be able to assess individuals, groups and organisations in detail | | ~~be able to~~ assess individuals, groups and organisations in detail |
| 13.86 | be able to use the consultancy cycle | | ~~be able to~~ use the consultancy cycle |
| 13.87 | be able to research and develop psychological methods, concepts, models, theories and instruments in occupational psychology | | ~~be able to~~ research and develop psychological methods, concepts, models, theories and instruments in occupational psychology |
| 13.88 | be able to use psychological theory to guide research solutions for the benefit of organisations and individuals | | ~~be able to~~ use psychological theory to guide research solutions for the benefit of organisations and individuals |
| 13.89 | understand and be able to act and provide advice on policy development concerning employees' and job seekers' rights | | understand and ~~be able to~~ act and provide advice on policy development concerning employees' and job seekers' rights |
| 13.90 | be able to run, direct, train and monitor others in the effective implementation of an application | | ~~be able to~~ run, direct, train and monitor others in the effective implementation of an application |

| | Sport and exercise psychologists only | | |
|---|---|---|---|
| 13.91 | be able to assess social context and organisational characteristics | | ~~be able to~~ assess social context and organisational characteristics |
| 13.92 | be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models | | ~~be able to~~ develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models |
| 13.93 | be able to formulate service users' concerns within the chosen intervention models | | ~~be able to~~ formulate service users' concerns within the chosen intervention models |
| **14** | **understand the need to establish and maintain a safe practice environment** | | ~~**understand the need to**~~ **establish and maintain a safe practice environment** |
| 14.1 | understand the need to maintain the safety of both service users and those involved in their care or experience | understand the need to maintain the safety of both service users and those involved in their care ~~or experience~~ | understand the need to maintain the safety of themself and others, including service users, **carers and colleagues** ~~and those involved in their care~~ |
| 14.2 | 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 | | ~~be aware of applicable~~ **demonstrate awareness of relevant** 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~~ **and comply with all local operational procedures and policies** |
| 14.3 | | **be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques** | ~~be able to~~ work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe |

| | | | |
|---|---|---|---|
| | | **in a safe manner and in accordance with health and safety legislation** *For consistency across the professions* | manner and in accordance with health and safety legislation |
| 14.4 | | **be able to select appropriate personal protective equipment and use it correctly** *For consistency across the professions* | ~~be able to~~ select appropriate personal protective equipment and use it correctly |
| 14.5 | 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** | ~~be able to~~ establish safe environments for practice, which 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** | | | |
| 14.6 | be aware of the possible physical risks associated with certain sport and exercise contexts | | ~~be aware~~ **demonstrate awareness** of the possible physical risks associated with certain sport and exercise contexts |
| 15 | | | **promote and prevent ill health** |
| 15.1 | | | **understand the role of their profession in health promotion, health education and preventing ill health** |
| 15.2 | | | **understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being** |
| 15.3 | | | **empower and enable individuals (including service users and colleagues) to play a part in managing their own health** |

| 15.4 | | | **engage in occupational health, including being aware of immunisation requirements** |
| --- | --- | --- | --- |

**Draft standards of proficiency for prosthetists / orthotists**

This document sets out the proposed changes to the standards of proficiency for prosthetists . Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**. Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions.

The columns show changes between the current version on the left, the changes proposed at consultation in the centre, and the proposed new standards on the right. The standards are numbered according to the current proposals.

The current standards of proficiency for prosthetists/orthotists are available to download and view for comparison at:

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

| No. | Standard | Proposed amendments | |
|-----|----------|---------------------|---|
| **Registrant prosthetists / orthotists must:** | | | |
| **1** | **be able to practise safely and effectively within their scope of practice** | | **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** | ~~know~~ **identify** 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** | recognise the need to manage their own workload and resources safely and effectively, **including managing the emotional burden that comes with working in a pressured environment** |
| 1.3 | | | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career |
| **2** | **be able to practise within the legal and ethical boundaries of their profession** | | ~~be able to~~ **practise within the legal and ethical boundaries of their profession** |
| 2.1 | | | **maintain high standards of personal and professional conduct** |
| 2.2 | 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** | ~~understand the need to~~ promote and protect the service user's interests at all times |

| | | | |
|---|---|---|---|
| | | **protect the service user's interests** at all times | |
| 2.3 | | **understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary** | understand the importance of safeguarding **by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging** ~~and the need to engage in appropriate~~ **these** ~~safeguarding~~ processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council | | understand what is required of them by the Health and Care Professions Council, **including but not limited to the Standards of conduct, performance and ethics** |
| 2.5 | 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 | | ~~understand the need to~~ respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the **assessment, diagnostic, treatment** and **/ or** therapeutic process ~~and in maintaining health and wellbeing~~ |
| 2.6 | 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 | | recognise that relationships with service users, **carers and others** should be based on mutual respect and trust, and ~~be able to~~ maintain high standards of care **in all circumstances** ~~even in situations of personal incompatibility~~ |

| | | | |
|---|---|---|---|
| 2.7 | know about current legislation applicable to the work of their profession | understand the importance of and be able to obtain informed consent<br>*Moved from 2.7* | understand the importance of and be able to obtain **valid** ~~informed~~ consent |
| 2.8 | | | **understand the importance of capacity in the context of delivering care and treatment** |
| 2.9 | 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<br>*Moved from 2.8* | **understand the scope of** ~~be able to exercise~~ a professional duty of care, **and exercise that duty** |
| 2.10 | understand the importance of and be able to obtain informed consent | **understand** ~~know about~~ current legislation applicable to the work of their profession<br>*Moved from 2.5* | understand **and apply** ~~about current~~ legislation, **policies and guidance relevant** ~~applicable~~ to ~~the work~~ of their profession **and scope of practice** |
| 2.11 | | | **recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain** |
| 2.12 | 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<br>*Moved from 2.6* | be aware of the quality guidelines and device design principles that apply to the specifications of individual devices |
| | | | |
| 3 | **be able to maintain fitness to practise** | | **look after their health and wellbeing, seeking appropriate support where necessary** ~~be able to maintain fitness to practise~~ |

| | | | |
|---|---|---|---|
| 3.1 | understand the need to maintain high standards of personal and professional conduct | | **identify anxiety and stress in themselves and recognise the potential impact on their practice** ~~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** | understand the importance of ~~maintaining~~ their own mental and physical health and **wellbeing strategies in maintaining fitness to practise** ~~be able to take appropriate action if their health may affect their ability to practise safely and effectively~~ |
| 3.3 | | | **understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary** |
| 3.4 | | **understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary** | **develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment**<br><br>~~understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary~~ |

| | | | |
|---|---|---|---|
| 3.5 | 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** | | ~~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* | recognise that they are personally responsible for and must be able to justify their decisions **and actions** |
| 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* | ~~be able to~~ use their skills, knowledge and experience, and the information available to them, to make informed decisions **and /** or ~~initiate solutions~~ **take action** where necessary |
| 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* | ~~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 | recognise that they are personally responsible for and must be able to justify their decisions | be able to make and receive appropriate referrals<br>*Moved from 4.5* | ~~be able to~~ make and receive appropriate referrals**, where necessary** |
| 4.5 | be able to make and receive appropriate referrals | be able to initiate resolution of problems and be able to exercise personal initiative<br>*Moved from 4.3* | ~~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<br>*Moved from standard 14* | ~~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<br>*Moved from standard 14* | ~~be able to~~ use research, reasoning and problem solving skills ~~to~~ **when** determin**ing** appropriate actions |
| 4.8 | understand the importance of participation in training, supervision and mentoring | understand the importance of **active** participation in training, supervision**,** and mentoring<br>*Moved from 4.6* | understand the ~~importance~~ **need for** ~~of~~ active participation in training, supervision and mentoring **in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice** |
| 4.9 | | | **make reasoned decisions to accept or decline requests for intervention** |
| | | | |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | | ~~be aware of~~ **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |

| | | | |
|---|---|---|---|
| 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 | ~~understand the need to adapt practice to~~ respond appropriately to the needs of all different groups and individuals **in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics[16], intersectional experiences and cultural differences** |
| 5.2 | | | **understand equality legislation and apply it to their practice** |
| 5.3 | | **be aware of the impact of their own values and beliefs on practice** | ~~be aware of the~~ **recognise the potential** impact of their own values, ~~and~~ beliefs **and personal biases (which may be unconscious)** on practice **and take personal action to ensure all service users and carers are treated appropriately with respect and dignity** |
| 5.4 | | | **understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice** |
| 5.5 | | | **recognise the characteristics and consequences of barriers to** |

[16] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| | | | |
|---|---|---|---|
| | | | inclusion, including for socially isolated groups |
| 5.6 | | | actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | | | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |
| 5.8 | 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 | | 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 |
| 5.9 | recognise the social factors affecting the rehabilitation of patients | recognise the social factors affecting the rehabilitation of ~~patients~~ **service users** | recognise the social factors affecting the rehabilitation of service users |
| | | 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, **marriage or civil partnership, 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* | |
| | **be able to practise in a non-discriminatory manner** | be able to practise in a non-discriminatory **and inclusive** manner | |
| | | **be aware of the characteristics and consequences of barriers to inclusion** | |
| **6** | **understand the importance of and be able to maintain confidentiality** | | **understand the importance of and ~~be able to~~ maintain confidentiality** |
| 6.1 | be aware of the limits of the concept of confidentiality | | ~~be aware of the limits of the concept~~ of **adhere to the professional duty of** confidentiality |
| 6.2 | understand the principles of information governance and be aware of the safe and effective use of health and social care information | understand the principles of information governance and be aware of the safe and effective use of health, ~~and~~ social care **and other relevant** information | understand the principles of information **and data** governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public | | ~~be able to~~ recognise and respond ~~appropriately~~ **in a timely manner** to situations where it is necessary to share information to safeguard service users, **carers and /** or the wider public |
| 6.4 | | | **understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication** |

| | | | |
|---|---|---|---|
| | | | **support (such as interpreters or translators)** |
| 6.5 | | | **be aware that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms** |
| **7** | **be able to communicate effectively** | | ~~be able to~~ communicate effectively |
| 7.1 | 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 | ~~be able to~~ use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
| 7.2 | 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]<br><br>[1] *The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose* | | ~~be able to~~ communicate in English to the **required** standard **for their profession (**equivalent to level 7 of the International English Language Testing System, with no element below 6.5[17]**)** |

[17] 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.

| | | | |
|---|---|---|---|
| | *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.* | | |
| 7.3 | | | **understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics**[18]**, intersectional experiences and cultural differences** |
| 7.4 | | **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 may need where appropriate** | ~~be able to~~ work with service users **and /** or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | | **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** | ~~be able to~~ modify their **own** means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |

[18] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| | | | |
|---|---|---|---|
| 7.6 | | | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter |
| 7.7 | | be able to use information and communication technologies appropriate to their practice *Moved from standard 14* | ~~be able to~~ use information~~, and~~ communication **and digital** technologies appropriate to their practice |
| 7.8 | | | **understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions** |
| 7.9 | recognise the need for effective communication with technical staff to ensure the appropriateness and quality of prostheses and orthoses | | recognise the need for effective communication with technical staff to ensure the appropriateness and quality of prostheses and orthoses |
| | | | |
| **8** | **be able to work appropriately with others** | | ~~be able to~~ **work appropriately with others** |
| 8.1 | 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, **their relatives and carers,** other professionals, support staff and others | ~~be able to~~ work, ~~where appropriate~~, in partnership with service users, their ~~relatives and~~ carers, **colleagues** ~~other professionals, support staff~~ and others |
| 8.2 | | | recognise the principles and practices of other health and care professionals |

| | | | and systems and how they interact with their profession |
|---|---|---|---|
| 8.3 | understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team | | understand the need to build and sustain professional relationships as both an ~~independent~~ **autonomous** practitioner and collaboratively as a member of a team |
| 8.4 | 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* | ~~be able to~~ contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | | | **identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate** |
| 8.6 | | **understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice** | understand the qualities, behaviours and benefits of leadership ~~and be able to apply them in the context of your practice~~ |
| 8.7 | | | **recognise that leadership is a skill all professionals can demonstrate** |
| 8.8 | | | **identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion** |
| 8.9 | | | **demonstrate leadership behaviours appropriate to their practice** |

| | | | |
|---|---|---|---|
| 8.10 | | | **act as a role model for others** |
| 8.11 | | | **promote and engage in the learning of others** |
| 8.12 | 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<br>*Moved from 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 |
| | 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 of, 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~~<br>*Captured by the new standards below* | |
| | 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~~<br>*Captured by the new standards below* | |
| | 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~~<br>*Moved to standard 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* | |
| | 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* | |
| | 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* | |
| | | | |
| **9** | **be able to maintain records appropriately** | | **~~be able to~~ maintain records appropriately** |
| 9.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | | ~~be able to~~ keep **full, clear and** accurate~~, comprehensive and comprehensible~~ records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines | | ~~recognise the need to~~ manage records and all other information in accordance with applicable legislation, protocols and guidelines |

| | | | |
|---|---|---|---|
| 9.3 | | | use digital record keeping tools, where required |
| **10** | **be able to reflect on and review practice** | | ~~be able to~~ **reflect on and review practice** |
| 10.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | | understand the value of ~~reflection~~ **reflective** ~~on~~ practice and the need to record the outcome of such reflection **to support continuous improvement** |
| 10.2 | recognise the value of case conferences and other methods of review | | recognise the value of **multi-disciplinary reviews,** case conferences and other methods of review |
| **11** | **be able to assure the quality of their practice** | | ~~be able to~~ **assure the quality of their practice** |
| 11.1 | 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~~ | ~~be able to~~ engage in evidence-based practice |
| 11.2 | 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 | ~~be able to~~ gather and use feedback and information, including qualitative and quantitative data, to evaluate the response~~s~~ of service users to their care |
| | 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* | |

| | | | |
|---|---|---|---|
| 11.3 | 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 | ~~be able to~~ monitor and systematically evaluate the quality of practice, and maintain an effective ~~audit trail~~ **quality management and quality assurance process working** ~~to work~~ towards continual improvement |
| 11.4 | 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, **clinical governance** and the use of appropriate outcome measures |
| | | **be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures** | |
| 11.5 | ~~be able to~~ evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user | | ~~be able to~~ evaluate **care plans or** intervention plans using recognised **and appropriate** outcome measures, **in conjunction with the service user where possible,** and revise the plans as necessary ~~in conjunction with the service user~~ |
| 11.6 | recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality | 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 value of **gathering and using** ~~contributing to the generation of~~ data for quality assurance and improvement programmes |

| | | | |
|---|---|---|---|
| | assurance and improvement programmes | *Captured by amendments above* | |
| 11.7 | 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 | 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~~ **service users** | ~~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 service users |
| **12** | **understand the key concepts of the knowledge base relevant to their profession** | | **understand and apply the key concepts of the knowledge base relevant to their profession** |
| 12.1 | understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their profession | | understand the structure and function of the human body, together with knowledge of **physical and mental** health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process | | **demonstrate awareness** ~~be aware~~ of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 12.3 | 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** | 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** | may relate to the role of prosthetists / orthotists |
|---|---|---|---|
| 12.4 | understand the structure and function of health and social care services in the UK | | understand the structure and function of health and social care **systems and** services in the UK |
| | 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)* | |
| 12.5 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention | | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
| 12.6 | know human structure and function, especially the human musculoskeletal system | | know human structure and function, especially the human musculoskeletal system |
| 12.7 | 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 | | 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 |
| 12.8 | understand the structure and properties of materials and their appropriate application to prosthetic or orthotic hardware and clinical practice | | understand the structure and properties of materials and their appropriate application to prosthetic or orthotic hardware and clinical practice |
| 12.9 | understand biomechanical principles and the appropriate application of forces to the human body following prescription and supply of a | | understand biomechanical principles and the appropriate application of forces to the human body following prescription and supply of a prosthesis |

| | | | |
|---|---|---|---|
| | prosthesis or orthosis in a manner which makes the application of such forces safe and effective in an episode of treatment | | or orthosis ~~in a manner which makes the application of such forces safe and effective in an episode of treatment~~ |
| 12.10 | demonstrate a sound knowledge and understanding of the theoretical basis of prosthetic and orthotic science | | demonstrate a sound knowledge and understanding of the theoretical basis of prosthetic and orthotic science |
| | | **be aware of the promotion of public health** | |
| | | | |
| **13** | **be able to draw on appropriate knowledge and skills to inform practice** | | **understand the biomechanics of gait and interventions** ~~be able to~~ **draw on appropriate knowledge and skills to inform practice** |
| 13.1 | be able to change their practice as needed to take account of new developments or changing contexts | be able to change their practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts | ~~be able to~~ change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | 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* | ~~be able to~~ gather appropriate information |
| 13.3 | 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* | ~~be able to~~ analyse and critically evaluate the information collected |

| 13.4 | understand the need to maintain all equipment to a high standard | be able to select and use appropriate assessment techniques<br>*Moved from 14.9* | ~~be able to~~ select and use appropriate assessment techniques **and equipment** |
|---|---|---|---|
| 13.5 | 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<br>*Moved from 14.10* | ~~be able to~~ undertake and record a thorough, sensitive and detailed assessment, ~~using appropriate techniques and equipment~~ |
| 13.6 | be able to gather appropriate information | be able to undertake or arrange investigations as appropriate<br>*Moved from 14.16* | ~~be able to~~ undertake or arrange investigations as appropriate |
| 13.7 | 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<br>*Moved from 14.2* | ~~be able to~~ conduct appropriate ~~diagnostic~~ **assessment** or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | 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<br>*Moved from 14.22* | ~~be aware of~~ **recognise** a range of research methodologies **relevant to their role** |
| 13.9 | be able to select and use appropriate assessment techniques | recognise the value of research to the critical evaluation of practice<br>*Moved from 14.21* | recognise the value of research to the critical evaluation of practice |
| 13.10 | 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<br>*Moved from 14.23* | ~~be able to~~ critically evaluate research and other evidence to inform their own practice |
| | be able to use contemporary technologies that aid patient assessment | know how to position or immobilise service users correctly for safe and effective interventions<br>*Moved from 14.3* | |

| 13.11 | be able to complete an accurate clinical assessment | understand the need to maintain all equipment to a high standard<br>*Moved from 14.4* | understand the need to maintain all equipment to a high standard |
|---|---|---|---|
| 13.12 | 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<br>*Moved from 14.5* | ~~be able to~~ formulate specific and appropriate management plans including the setting of timescales |
| 13.13 | 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<br>*Moved from 14.7* | ~~be able to~~ use equipment and machinery appropriately to capture and modify anthropometric, kinetic, and kinematic data safely and effectively |
| 13.14 | 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<br>*Moved from 14.8* | ~~be able to~~ provide, where appropriate, a suitable cast or electronic data to accompany the written information |
| 13.15 | be able to undertake or arrange investigations as appropriate | be able to use contemporary technologies that aid ~~patient~~ **service user** assessment<br>*Moved from 14.11* | ~~be able to~~ use contemporary technologies that aid service user assessment |
| 13.16 | be able to analyse and critically evaluate the information collected | be able to complete an accurate clinical assessment<br>*Moved from 14.12* | ~~be able to~~ complete an accurate clinical assessment |
| 13.17 | 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~~ **service users**, and the uses that prostheses or | **demonstrate awareness** ~~be aware~~ of the weight and potential level of activity of service users, and the uses that prostheses or orthoses will be subject |

| | | | |
|---|---|---|---|
| | | orthoses will be subject to, as part of health and safety assessments *Moved from 14.13* | to, as part of health and safety assessments |
| | 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* | |
| | 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* | |
| 13.18 | 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* | be able to measure and cast for prostheses and orthoses and, where necessary, rectify them |
| 13.19 | 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* | 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 |
| 13.20 | 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* | be able to analyse normal and abnormal gait, locomotor function and movement using both qualitative and quantitative means |
| 14.21 | be able to assess factors important to the relevant design specification of prostheses and orthoses and apply these when designing a device | | be able to assess factors important to the relevant design specification of prostheses and orthoses and apply these when designing a device |

| | | | |
|---|---|---|---|
| | 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* | |
| 13.22 | | | **conduct neurological, vascular, biomechanical and dermatological assessments in the context of prosthetics and orthotics** |
| 13.23 | | | **use a systematic approach to formulate a clinical diagnosis** |
| | | | |
| **14** | **understand the need to establish and maintain a safe practice environment** | | ~~understand the need to~~ **establish and maintain a safe practice environment** |
| 14.1 | understand the need to maintain the safety of both service users and those involved in their care | | understand the need to maintain the safety of **themself and others, including** ~~both~~ service users, **carers and colleagues** ~~and those involved in their care~~ |
| 14.2 | 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 | | **demonstrate awareness** ~~be aware~~ of ~~applicable~~ **relevant** 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~~ **and comply with all local operational procedures and policies** |

| | | | |
|---|---|---|---|
| 14.3 | 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 | | ~~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 |
| 14.4 | be able to select appropriate personal protective equipment and use it correctly | | ~~be able to~~ select appropriate personal protective equipment and use it correctly |
| 14.5 | 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 | ~~be able to~~ establish safe environments for practice, which appropriately manages risk ~~to service users, those treating them and others, including the use of hazard control and particularly infection control~~ |
| 14.6 | understand and be able to apply appropriate moving and handling techniques | | understand and ~~be able to~~ apply appropriate moving and handling techniques |
| 14.7 | | | **know how to position or immobilise service users correctly for safe and effective interventions** |
| | | | |
| | **promote and prevent ill health** | | |
| 15.1 | | | **understand the role of their profession in health promotion,** |

| | | | health education and preventing ill health |
|---|---|---|---|
| 15.2 | | | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being |
| 15.3 | | | empower and enable individuals (including service users and colleagues) to play a part in managing their own health |
| 15.4 | | | engage in occupational health, including being aware of immunisation requirements |

**Proposed standards of proficiency for radiographers**

This document sets out the proposed standards of proficiency for radiographers and provides an overview of changes made following consultation and engagement.

Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**. Text in *italics* sets out our reasoning for making certain amends. Where we have proposed to create a new standard not previously included in the standards of proficiency, we have highlighted these in yellow.

Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions. Green cells apply to diagnostic radiographers only, while blue cells apply to therapeutic radiographers only.

Please note that standards listed below reflects the proposed standards of proficiency. This means that while the wording of some of the current standards remain the same, the numbering may have changed. Standards that have been deleted are also not listed below.

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 | Suggested amendments (at consultation) | Proposed standard |
|---|---|---|---|
| **Registered dietitians must:** | | | |
| 1 | **be able to practise safely and effectively within their scope of practice** | | ~~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** | **identify** 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** | recognise the need to manage their own workload and resources safely and effectively, **including managing the emotional burden that comes with working in a pressurised environment** |
| 1.3 | | | **keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career** |
| 2 | **be able to practise within the legal and ethical boundaries of their profession** | | ~~be able to~~ **practise within the legal and ethical boundaries of their profession** |
| 2.1 | | | **maintain high standards of personal and professional development** |
| 2.2 | 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 | promote and protect the service user's interests at all times |

| | | | |
|---|---|---|---|
| 2.3 | | **understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary** | understand the importance of safeguarding **by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging** ~~and the need to engage in appropriate safeguarding~~ processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council | | understand what is required of them by the Health and Care Professions Council, **including but not limited to the Standards of conduct, performance and ethics** |
| 2.5 | 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** | ~~understand the need to~~ respect and uphold the rights, dignity, values, and autonomy of service users, **including their role in assessment, diagnostic, treatment and / or therapeutic process** ~~and in maintaining health and wellbeing~~ |
| 2.6 | 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 | | recognise that relationships with service users, **carers and others** should be based on mutual respect and trust, and ~~be able to~~ maintain high standards of care ~~even situations of personal incompatibility~~ **in all circumstances** |
| 2.7 | understand the importance of and be able to obtain informed consent | | understand the importance of and be able to obtain ~~informed~~ **valid** consent, **which is voluntary and informed and has due regard to capacity, is** |

| | | | |
|---|---|---|---|
| | | | **proportionate to the circumstances and is appropriately documented** |
| 2.8 | | | **Understand the importance of capacity in the context of delivering care and treatment** |
| 2.9 | be able to exercise a professional duty of care | | **Understand the scope of** ~~be able to exercise~~ a professional duty of care**, and exercise that duty** |
| 2.10 | know about current legislation applicable to the work of their profession | **understand** ~~know about~~ current legislation applicable to the work of their profession | Understand **and apply current** legislation, **policies and guidance relevant** to their profession **and scope of practice** |
| 2.11 | | | **Recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain** |
| 2.12 | Be able to practise in accordance with current legislation governing the use of ionising and non-ionising radiation for medical and other purposes | | practise in accordance with current legislation governing the use of ionising and non-ionising radiation for medical and other purposes |
| 2.13 | understand the legislative, policy, ethical and research frameworks that underpin, inform and influence the practice of radiography | | 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** | | **Look after their health and wellbeing, seeking appropriate support where necessary** ~~be able to maintain fitness to practise~~ |

| | | | |
|---|---|---|---|
| 3.1 | understand the need to maintain high standards of personal and professional conduct | | **Identify anxiety and stress in themselves and recognise the potential impact on their practice** ~~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** | understand the importance of ~~maintaining~~ their own mental and physical health **and wellbeing strategies in maintaining fitness to practise** ~~and be able to take appropriate action if their health may affect their ability to practise safely and effectively~~ |
| 3.3 | | | **Understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary** |
| 3.4 | | **understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary** | **Develop and adopt clear strategies for physical and mental self-care and self-awareness and safe working environment** ~~understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary~~ |
| **4** | **be able to practise as an autonomous professional, exercising their own professional judgement** | | ~~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<br>***Moved from 4.4*** | | recognise that they are personally responsible for and must be able to justify their decisions **and actions** |
| 4.2 | be able to use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary<br>***Moved from 4.1*** | | ~~be able to~~ use their skills, knowledge and experience, and the information available to them, to make informed decisions **and /** or ~~initiate solutions~~ **take action** where necessary |
| 4.3 | 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 | 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<br>*Moved from 4.2, changes for consistency across the professions* | ~~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 and requests for interventions from other services<br>***Moved from 4.6, changes for consistency across the professions*** | be able to make **and receive** appropriate referrals ~~and requests for interventions from other services~~ | ~~be able to~~ make **and receive** appropriate referrals, **where necessary** |
| 4.5 | be able to initiate resolution of problems and be able to exercise personal initiative | | ~~be able to initiate resolution of problems and be able to~~ exercise personal initiative |
| 4.6 | be able to demonstrate use research, reasoning, and a logical and systematic approach to problem solving skills to determine appropriate actions | be able to **demonstrate** ~~use research, reasoning, and~~ a logical and systematic approach to problem solving ~~skills to determine appropriate actions~~ | ~~be able to~~ demonstrate a logical and systematic approach to problem solving |

| | | | |
|---|---|---|---|
| | *Moved from standard 14* | | |
| 4.7 | be able to use research, reasoning, and a logical and systematic approach to problem solving skills to determine appropriate actions **Moved from standard 14** | 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 problem solving skills when determin**ing** appropriate actions |
| 4.8 | understand the importance of participation in training, supervision and mentoring | understand the importance of **active** participation in training, supervision and mentoring | understand the ~~importance~~ need for ~~of~~ active participation in training, supervision and mentoring **in supporting high standards of practice and personal and professional conduct, and the importance of demonstrating this in practice** |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | | ~~be aware of~~ **recognise** the impact of culture, equality and diversity on practice **and practise in a non-discriminatory and inclusive manner** |
| 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 | ~~understand the need to adapt practice to~~ respond appropriately to the needs of all different groups and individuals **in practice, recognising this can be affected by different of any kind, including, but not limited to, protected characteristics, intersectional experiences and cultural differences** |
| 5.2 | | | **Understand equality legislation and apply it to their practice** |

| | | | |
|---|---|---|---|
| 5.3 | | be aware of the impact of their own values and beliefs on practice | ~~be aware of~~ recognise the potential impact of their own values, beliefs (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity |
| 5.4 | | | Understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice |
| 5.5 | | be aware of the characteristics and consequences of barriers to inclusion<br><br>*(Considered in previous standard 6, which has since been removed* ) | Recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups |
| 5.6 | | | Actively challenge these barriers, supporting the implementation of change wherever possible |
| 5.7 | | | Recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice |
| 5.8 | understand the emotions, behaviours and psychosocial needs of people undergoing radiotherapy or diagnostic imaging, as well as that of their families and carers | | understand the emotions, behaviours and psychosocial needs of people undergoing radiotherapy or diagnostic imaging, as well as that of their families and carers |
| **6** | **understand the importance of and be able to maintain** | | **understand the importance of and ~~be able to~~ maintain** |

|  | **confidentiality** |  | **confidentiality** |
|---|---|---|---|
| 6.1 | be aware of the limits of the concept of confidentiality |  | ~~be aware of the limits of the concept~~ **adhere to the professional duty** of confidentiality **and understand when disclosure may be required** |
| 6.2 | understand the principles of information governance and be aware of the safe and effective use of health and social care information | understand the principles of information governance and be aware of the safe and effective use of health, ~~and~~ social care **and other relevant** information | understand the principles of information governance **and data** and be aware of the safe and effective use of health social care and other relevant information |
| 6.3 | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public |  | ~~be able to~~ recognise and respond ~~appropriately~~ **in a timely manner** to situations where it is necessary to share information to safeguard service users, **carers and /** or the wider public |
| 6.4 |  |  | **Understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication and support (such as interpreters or translators)** |
| 6.5 |  |  | **Recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records, such as photography, video and audio recordings and digital platforms** |

| 7 | **be able to communicate effectively** | | ~~be able to communicate effectively~~ |
|---|---|---|---|
| 7.1 | 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~~ | ~~be able to~~ use effective and appropriate verbal and non-verbal skills to communicate with service users, colleagues and others |
| 7.2 | 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]<br><br>[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.* | | ~~be able to~~ communicate in English to the **required** standard **for their profession (**equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1]**)** |
| 7.3 | 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, ethnicity, gender, socio- | 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, **marriage or civil partnership, pregnancy or maternity,** | ~~be aware of the~~ **Understand the** characteristics and consequences of verbal and non-verbal communication and how this can be affected by **difference of any kind including, but not limited to, protected** |

| | | | |
|---|---|---|---|
| | economic status and spiritual or religious beliefs | **race, sex, sexual orientation**, socio-economic status and spiritual or religious beliefs | **characteristics, intersectional experiences and cultural differences** ~~factors such as age, culture,~~ **disability,** ~~ethnicity, gender,~~ **marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,** ~~socio-economic status and spiritual or religious beliefs~~ |
| 7.4 | | **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 may need where appropriate** | ~~be able to~~ work with service users **and /** or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | | **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** | ~~be able to~~ modify their **own** means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | | | **Understand the need to support the communication needs of service users and carers, through the use of an appropriate interpreter** |
| 7.7 | | be able to use information and communication technologies appropriate to their practice ***Moved from standard 14*** | ~~be able to~~ use information, ~~and~~ communication **and digital** technologies appropriate to their practice |

| 7.8 | | | **Understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions** |
|---|---|---|---|
| 7.9 | 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 | | formulate and provide information **and support for** service users about the**ir** treatment **and/**or imaging process and procedures, with regular reappraisal of their information needs, as appropriate |

**Diagnostic Radiographers Only**

| 7.10 | be able to advise other healthcare professionals about the relevance and application of radiotherapy or imaging modalities to the service user's needs | | Advise other healthcare professionals about the relevance and application of ~~radiotherapy or~~ imaging modalities to the service user's need |
|---|---|---|---|
| 7.11 | Provide appropriate information and support for service users throughout their radiotherapy treatment and care or related diagnostic imaging examinations *(moved from standard 5)* | | Provide appropriate information and support for service users throughout their ~~radiotherapy treatment and care or related~~ diagnostic imaging examinations |

**Therapeutic Radiographers Only**

| 7.12 | be able to advise other healthcare professionals about the relevance | | Advise other healthcare professionals about the relevance and application |
|---|---|---|---|

| | | | |
|---|---|---|---|
| | and application of radiotherapy or imaging modalities to the service user's needs | | of radiotherapy and, **where relevant,** imaging modalities to the service user's needs |
| 7.13 | Provide appropriate information and support for service users throughout their radiotherapy treatment and care or related diagnostic imaging examinations<br>(*moved from standard 5*) | | Provide appropriate information and support for service users throughout their radiotherapy treatment and care or **related** diagnostic imaging examinations |
| **8** | **be able to work appropriately with others** | | ~~be able to~~ **work appropriately with others** |
| 8.1 | 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, **their relatives and carers,** other professionals, support staff~~, communities~~ and others | be able to work, ~~where appropriate,~~ in partnership with service users, ~~their relatives and~~ carers, **colleagues** ~~other professionals, support staff, communities~~ and others |
| 8.2 | | | **Recognise the principles and practises of other health and care professionals and systems and how they interact with their profession** |
| 8.3 | understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team | | understand the need to build and sustain professional relationships as both an ~~independent~~ **autonomous** practitioner and collaboratively as a member of a team |
| 8.4 | 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 |
| 8.5 | | | **Identify anxiety and stress in service users, carers and colleagues, adapting their practice** |

| | | | |
|---|---|---|---|
| | | | and providing support where appropriate |
| 8.6 | | understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice | understand the qualities, behaviours and benefits of leadership ~~and be able to apply them in the context of your practice~~ |
| 8.7 | | | Recognise that leadership is a skill all professionals can demonstrate |
| 8.8 | | | Identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion |
| 8.9 | | | Demonstrate leadership behaviours appropriate to their practice |
| 8.10 | | | Act as a role model to others |
| 8.11 | | | Promote and engage in the learning of others |
| 8.12 | be aware of the need to empower service users to participate in the decision-making processes related to their radiotherapy or diagnostic imaging examination | | Demonstrate awareness ~~be aware of~~ the need to empower service users to participate in the decision-making processes related to their **profession** ~~radiotherapy or diagnostic imaging examination~~ |
| 8.13 | | | Demonstrate awareness of the need to encourage, support and mentor staff at all practitioner levels |
| 8.14 | | | Demonstrate awareness of roles and responsibilities where work is delegated and demonstrate |

| | | | |
|---|---|---|---|
| | | | understanding of how this applies in practice |
| 8.15 | 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 | | Understand, interpret and act upon information from other healthcare professionals **and service users**, in order to maximise health gain while minimising **risks** ~~radiation dose~~ to the service user **(such as from radiation dose)** |
| 8.16 | | | Understand the need to involve service users in service design, service delivery, education and research |

**Diagnostic Radiographers only**

| | | | |
|---|---|---|---|
| 8.17 | | **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** | 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~~ |

**Therapeutic Radiographers only**

| | | | |
|---|---|---|---|
| 8.18 | | **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** | Understand the need to engage service users and carers in ~~planning and evaluating their diagnostic imaging and interventional procedures~~ radiotherapy pre-treatment planning, treatment and follow up **and where relevant** in planning and evaluating their |

| | | | |
|---|---|---|---|
| | | | diagnostic imaging and interventional procedures |
| **9** | **be able to maintain records appropriately** | | ~~be able to~~ **maintain records appropriately** |
| 9.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | | ~~be able to~~ keep **full, clear and** accurate~~, comprehensive and comprehensible~~ records in accordance with applicable legislation, protocols and guidelines |
| 9.2 | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines | | ~~recognise the need to~~ manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | | | **Use digital record keeping tools, where required** |
| **10** | **be able to reflect on and review practice** | | ~~be able to~~ **reflect on and review practice** |
| 10.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | | understand the value of ~~reflection~~ **reflective** practice and the need to record the outcome of such reflection **to support continuous improvement** |
| 10.2 | 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* | recognise the value of **multidisciplinary reviews,** case conferences and other methods of review |
| **11** | **be able to assure the quality of their practice** | | ~~be able to~~ **assure the quality of their practice** |

| | | | |
|---|---|---|---|
| 11.1 | 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~~ | ~~be able to~~ engage in evidence-based practice |
| 11.2 | 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** | ~~be able to~~ gather and use feedback and information, including qualitative and quantitative data, to evaluate the response of service users to their care |
| 11.3 | | **be able to monitor and systematically evaluate the quality of practice, and maintain an effective audit trail to work towards continual improvement** | **~~be able to~~ monitor and systematically evaluate the quality of practice, and maintain an effective ~~audit trail~~ quality management and quality assurance process working ~~to work~~ towards continual improvement** |
| 11.4 | | **be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures** | ~~be able to~~ participate in ~~audit procedures and~~ quality management, including quality control, quality assurance, **clinical governance** and the use of appropriate outcome measures |
| 11.5 | 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** | ~~be able to~~ evaluate **care plans or** intervention plans using recognised **and appropriate** outcome measures**, in conjunction with the service user where possible,** and revise the plans as necessary ~~in conjunction with the service user~~ |

| | | | |
|---|---|---|---|
| 11.6 | | **recognise the value of contributing to the generation of data for quality assurance and improvement programmes** | recognise the value of **gathering and using** ~~contributing to the generation of~~ data for quality assurance and improvement programmes |
| 11.7 | understand the principles of quality control and quality assurance as they apply to the practice of diagnostic or therapeutic radiography | | Understand the principles **and regulatory** requirements for ~~of~~ quality control and quality assurance as they apply to **their profession** ~~practice of diagnostic or therapeutic radiography~~ |
| 11.8 | | | **Understand the quality improvement processes in place relevant to their profession** |
| **12** | **understand the key concepts of the knowledge base relevant to their profession** | | **understand and apply the key concepts of the knowledge base relevant to their profession** |
| 12.1 | understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession | | understand the structure and function of the human body, together with knowledge of **physical and mental** health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | 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 | ~~be aware of~~ **demonstrate awareness of** the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 12.3 | 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 radiographers** | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of radiographers |

| | | | |
|---|---|---|---|
| 12.4 | understand the structure and function of health and social care services in the UK | | understand the structure and function of health and social care **systems and** services in the UK |
| 12.5 | understand the philosophy underpinning the development of the profession of radiography | | **Demonstrate awareness of the philosophy** ~~understand~~ **and** the development of the profession of radiography **to inform understanding of current practice** |
| 12.6 | 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 | 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 | Understand the role of the radiographer and ~~imager~~ **other operators** in the promotion of health and health education in relation to public health, healthy living and health screening for disease detection |
| 12.7 | | | **Understand the harms and benefits of population and targeted health screening** |
| 12.8 | understand the radiobiological principles on which the practice of radiography is based | | Understand the radiobiological principles on which the practice of radiography is based |
| 12.9 | understand the risk-benefit philosophy and principles involved in the practice of diagnostic or therapeutic radiography | | understand the **concept of risk vs benefit with regards to ionising radiation and non-ionising radiation, acknowledging this will differ depending on modality, and communicate this with service users, taking into consideration service user judgement** ~~risk-benefit philosophy and principles involved in~~ |

| | | | |
|---|---|---|---|
| | | | ~~the practice of diagnostic or therapeutic radiography~~ |
| 12.10 | | | **Understand the philosophy and principles involved in the practice of their profession** ~~diagnostic or therapeutic radiography~~ |
| 12.11 | 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 | 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 pathways or radiotherapy treatment pathways~~ |
| 12.12 | know the physical and scientific principles on which image formation using ionising and non-ionising radiation is based | | Know the physical and scientific principles on which image formation using ionising and non-ionising radiation is based |
| 12.13 | understand radiation dosimetry and the principles of dose calculation | | Understand radiation dosimetry and the principles of dose calculation |
| 12.14 | understand the theoretical basis underpinning patient assessment prior to and during radiotherapy or diagnostic imaging examinations | understand the theoretical basis underpinning **service user** ~~patient~~ assessment prior to and during radiotherapy or diagnostic imaging examinations | Understand the theoretical basis underpinning service user assessment prior to and during **their procedure** ~~radiotherapy or diagnostic imaging examinations~~ |
| 12.15 | understand the capability, applications and range of technological equipment used in diagnostic imaging or radiotherapy | | Understand the capability, applications and range of ~~technological~~ equipment used **in their profession** ~~diagnostic imaging or radiotherapy~~ |

| | | | |
|---|---|---|---|
| 12.16 | be able to distinguish between normal and abnormal appearances evident on images | | ~~Be able to~~ distinguish between normal and abnormal appearances ~~evident~~ on images |
| 12.17 | 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 | | know the concepts and principles involved in the practice of **their profession** ~~diagnostic imaging or radiotherapy~~ and how these inform and direct clinical judgement and decision making |
| 12.18 | 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 | Know the pharmacology of drugs used in **their profession** ~~diagnostic imaging or radiotherapy treatments~~ |
| 12.19 | understand the methods of administration of drugs | understand the **principles and** methods for **the safe and effective** administration of drugs | Understand the **legislation**, principles and methods for the safe and effective administration of drugs **used in their profession** ~~relation to imaging procedures~~ |
| 12.20 | | **be able to administer drugs including intravenous and oral contrast agents** | ~~Be able to~~ **understand the mechanisms for the** administration of drugs, including intravenous and oral contrast agents |
| 12.21 | | **be able to recognise and respond to adverse or abnormal reactions to medications** | ~~Be able to~~ recognise and respond to adverse or abnormal reactions to medications **used in relation to their profession** ~~to imaging procedures~~ |
| 12.22 | | **understand the principles of the safe storage, transportation and disposal of medicinal products** | understand the principles of the safe storage, transportation and disposal of medicinal products **used in relation their profession** ~~to imaging procedures~~ |

| | | | |
|---|---|---|---|
| 12.23 | be aware of the current developments and trends in the science and practice of radiography | | **Demonstrate awareness** ~~be aware~~ of the current developments and trends in science and practice of radiotherapy |
| 12.24 | | **understand the different communication needs, anatomy and diseases processes and manifestation in children** | Understand the different communication needs, anatomy and disease processes and **their** manifestation in children |
| 12.25 | | **be aware of the principles of Artificial Intelligence (AI) and deep learning technology, and the methods of assessing the performance of AI algorithms** | **Demonstrate awareness** of the principles of artificial intelligence (AI) and deep learning technology, **and it's application to practice** ~~the methods of assessing the performance of AI algorithms~~ |
| **Diagnostic Radiographers only** | | | |
| 12.26 | understand the signs and symptoms of disease and trauma that result in referral for diagnostic imaging procedures and their image appearances | understand the signs and symptoms of disease and trauma that result in referral for diagnostic imaging procedures and their image appearances | understand the signs and symptoms of disease and trauma that result in referral for diagnostic imaging procedures **and their image appearances** |
| 12.27 | 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:<br>– musculoskeletal system<br>– soft tissue organs<br>– regional and cross-sectional anatomy of the head, neck, **limbs**, | | 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:<br>– musculoskeletal system<br>– soft tissue organs<br>– regional and cross-sectional anatomy of the head, neck, **limbs**, thorax, pelvis and abdomen |

| | | | |
|---|---|---|---|
| | thorax, pelvis and abdomen<br>– the cardiovascular, respiratory, genito-urinary, gastro-intestinal and neuro-endocrine systems | | – the cardiovascular, respiratory, genito-urinary, gastro-intestinal and neuro-endocrine systems |

**Therapeutic Radiographers Only**

| | | | |
|---|---|---|---|
| 12.28 | understand the structure and function of the human body in health and disease, including:<br><br>– regional and cross-sectional anatomy of the head, neck**, limbs**, thorax, pelvis and abdomen<br>– common pathologies and mechanisms of disease with a concentration on cancer, histology, haematology and the lymphatic and immune systems | | understand the structure and function of the human body in health and disease, including:<br><br>– regional and cross-sectional anatomy of the head, neck**, limbs**, thorax, pelvis and abdomen<br>– common pathologies and mechanisms of disease with a concentration on cancer, histology, haematology and the lymphatic and immune systems |
| 12.29 | Understand:<br>– oncology, the pathophysiology of solid and systemic malignancies<br>– epidemiology<br>– aetiology<br>– the management and effect of cancer | | Understand:<br>– oncology, the pathophysiology of solid and systemic malignancies<br>– epidemiology<br>– aetiology<br>– the management and effect of cancer |
| 12.30 | know the physiological signs and symptoms, clinical investigations and diagnostic procedures that result in referral for radiotherapy | | know the physiological signs and symptoms, clinical investigations and diagnostic procedures that result in referral for radiotherapy |
| 12.31 | know the biochemical science of radiation pathophysiology | | know the biochemical science of radiation pathophysiology |

| | | | |
|---|---|---|---|
| 12.32 | understand the influence of adjuvant and neoadjuvant 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 | understand the influence of adjuvant and neoadjuvant treatment including surgery and chemotherapy on radiotherapy dose prescription, timing of radiotherapy and post radiotherapy complications |
| 12.33 | | | **understand the principles of nuclear medicine and radionuclide procedures in radiotherapy** ~~including NM SPECT CT and PET CT~~ **guided planning and radionuclide therapies and theragnostics** |
| 13 | **be able to draw on appropriate knowledge and skills to inform practice** | | ~~be able to~~ **draw on appropriate knowledge and skills to inform practice** |
| 13.1 | be able to change their practice as needed to take account of new developments or changing contexts | be able to change their practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts | be able to change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | be able to gather appropriate information | be able to gather appropriate information | ~~be able to~~ gather appropriate information |
| 13.3 | be able to analyse and critically evaluate the information collected | be able to analyse and critically evaluate the information collected | be able to analyse and critically evaluate the information collected |
| 13.4 | be able to select and use appropriate assessment techniques | | be able to select and use appropriate assessment techniques **and equipment** |
| 13.5 | | **be able to undertake and record a thorough, sensitive and detailed** | **be able to undertake and record a thorough, sensitive and detailed** |

| | | assessment, using appropriate techniques and equipment | assessment, ~~using appropriate techniques and equipment~~ |
|---|---|---|---|
| 13.6 | be able to undertake or arrange investigations as appropriate | | be able to undertake or arrange investigations as appropriate |
| 13.7 | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, interventions or other actions safely and effectively | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy~~,~~ ~~interventions~~ or other actions safely and effectively | be able to conduct appropriate ~~diagnostic~~ **assessment** or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | be aware of a range of research methodologies and be able to critically evaluate research in order to inform practice | be aware of a range of research methodologies ~~and be able to critically evaluate research in order to inform practice~~ | ~~be aware of~~ **recognise** a range of research methodologies **relevant to their role** |
| 13.9 | recognise the value of research to the critical evaluation of practice | recognise the value of research to the critical evaluation of practice | recognise the value of research to the critical evaluation of practice |
| 13.10 | | **be able to critically evaluate research and other evidence to inform their own practice** | **be able to critically evaluate research and other evidence to inform their own practice** |
| 13.11 | | | **Engage service users in research as appropriate** |
| 13.12 | be able to formulate specific and appropriate management plans including the setting of timescales | | formulate specific and appropriate management plans including the setting of timescales |
| 13.13 | be able to assess, monitor and care for the service user before, during and after diagnostic imaging procedures or radiotherapy treatments | 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** | assess, monitor and care for the service user across the ~~whole~~ pathway of care **relevant to their profession** |

| | | | |
|---|---|---|---|
| **13.14** | be able to undertake and record a thorough, sensitive and detailed clinical assessment, selecting and using appropriate techniques and equipment | | undertake and record a thorough, sensitive and detailed clinical assessment, selecting and using appropriate techniques and equipment |
| **13.15** | 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 | | use physical, graphical, verbal and electronic methods to collect and analyse information from a range of **relevant** sources including service user's clinical history, diagnostic images and reports, pathological tests and results, dose recording and treatment verification systems |
| **13.16** | 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 | | interrogate and process data and information gathered accurately in order to conduct the **procedures** ~~imaging procedure or radiotherapy~~ most appropriate to the service user's needs |
| **13.17** | be able to appraise image information for clinical manifestations and technical accuracy, and take further action as required | | appraise image information for clinical manifestations and technical accuracy, and take further action as required |
| 13.18 | be able to manage complex and unpredictable situations including the ability to adapt planned diagnostic imaging examinations, interventions or treatments | | manage complex and unpredictable situations including the ability to adapt planned **procedures** ~~diagnostic imaging examinations, interventions or treatment~~ |

ETC 10 March 2022
Results of Standards of Proficiency review consultation

| | | | |
|---|---|---|---|
| 13.19 | be able to operate radiotherapy or diagnostic imaging equipment safely and accurately | | operate radiotherapy or diagnostic imaging equipment safely and accurately **relevant to their profession** ~~and within their scope of practice~~ |
| 13.20 | 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 | | check that equipment is functioning accurately and within the specifications, and to take appropriate action in the case of faulty functioning and operation |
| 13.21 | 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 | | select and explain the rationale for **radiographic techniques** ~~examination and treatment techniques~~ and immobilisation procedures appropriate to the service user's physical and disease management requirements |
| 13.22 | be able to position and immobilise service users correctly for safe and accurate diagnostic imaging examinations or radiotherapy treatments | | position and immobilise service users correctly for safe and accurate **procedures** <u>diagnostic imaging examinations or radiotherapy treatments</u> |
| **Diagnostic Radiographers only** | | | |
| 13.23 | be able to plan appropriate diagnostic imaging examinations | | **Authorise and** ~~justify~~ plan appropriate diagnostic imaging examination |
| 13.24 | be able to calculate radiation doses and exposures and record and | | calculate radiation doses and exposures and record and |

| | | | |
|---|---|---|---|
| | understand the significance of radiation dose | | understand the significance of radiation dose |
| 13.25 | 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~~ | perform a broad range of standard imaging techniques, **including examinations requiring contrast agents for relevant modalities across a variety of diagnostic or screening care pathways** ~~minimally invasive interventional procedures and contrast agent examinations, including those undertaken on service users undergoing investigations for critical illness, acute trauma or other conditions, or who are attending for imaging as part of a screening programme~~ |
| 13.26 | | | **assist with a range of more complex diagnostic imaging techniques and interventional procedures providing radiographic support to the service user and other members of the multidisciplinary team** |
| 13.27 | | | **provide appropriate care for the range of service users and their carers before, during and after imaging examinations, minimally invasive interventional procedures and contrast agent examinations** |
| 13.28 | | **be able to perform a range of imaging technique where the service user's** | perform a range of imaging **examinations** ~~technique~~ where the |

| | | | |
|---|---|---|---|
| | | **medical, physical or mental health needs require examinations to be carried out in non-standard imaging environments or environments** | service user's ~~age, medical physical or mental health needs~~ individual characteristics require examinations to be carried out using non-standard techniques ~~imaging environments or environments including anaesthetised patients in an operating theatre~~ |
| 13.29 | | | **perform a range of techniques using mobile imaging equipment outside of a dedicated imaging room** |
| 13.30 | | | **manage and assist with imaging techniques performed on anaesthetised or unconscious patients** |
| 13.31 | 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** | ~~Optimise~~ **adjust ionising radiation** exposures and image recording parameters to achieve ~~maximum~~ **required** image quality at ~~minimal~~ **optimal** dose for children and adults |
| 13.32 | | **be able to perform a range of imaging techniques and interventions on children** | perform a range of imaging techniques and interventions on children |
| 13.33 | be able to use to best effect the processing and related technology supporting imaging systems | | use to best effect the processing and related technology supporting imaging systems |
| 13.34 | be able to manage and assist with fluoroscopic diagnostic and | | manage and assist with fluoroscopic diagnostic and interventional |

| | | | |
|---|---|---|---|
| | interventional procedures, including those that are complex and involve the use of contrast agents | | procedures, including those that are complex and involve the use of contrast agents |
| 13.35 | 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 | | perform a **broad range of** ~~standard head~~ computed tomographic (CT) examinations, **including standard head CT examinations, and** assist with CT examinations of the spine, chest and abdomen in acute trauma, and to contribute effectively to other CT studies |
| 13.36 | be able to assist with standard magnetic resonance imaging procedures | | **perform** ~~assist~~ standard magnetic resonance imaging procedures |
| 13.37 | be able to assist with ultrasound imaging procedures | | assist with ultrasound imaging procedures |
| 13.38 | be able to assist with imaging procedures involving the use of radionuclides | | assist with imaging procedures involving the use of radionuclides **including PET tracers and particle emitters.** |
| 13.39 | | **be able to critically analyse clinical images for technical quality and suggest improvement if required** | critically analyse clinical images for technical quality and suggest improvement if required |
| 13.40 | 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** | distinguish disease trauma **and urgent and unexpected findings** as they manifest on diagnostic images and **take direct and timely action to assist the referrer** ~~write a coherent preliminary clinical evaluation to assist referrers with diagnosis~~ |

| | | | |
|---|---|---|---|
| | | | |

**Therapeutic Radiographers only**

| | | | |
|---|---|---|---|
| 13.41 | be able to plan appropriate radiotherapy procedures | | plan appropriate radiotherapy procedures |
| 13.42 | be able to generate a treatment plan and verify treatment parameters ensuring optimal radiotherapy prescription delivery | | generate a treatment plan and verify treatment parameters ensuring optimal radiotherapy prescription delivery |
| 13.43 | be able to use to best effect the image processing and related technology, including computer-based imaging systems for radiotherapy purposes | | use to best effect the image processing and related technology, including computer-based imaging systems for radiotherapy purposes |
| 13.44 | be able to perform the full range of radiotherapy processes and techniques accurately and safely | | perform the full range of radiotherapy processes and techniques accurately and safely |
| 13.45 | | in relation to radiotherapy planning :-<br>- **be able to support service users in understanding radiation exposure and doses in relation to their imaging examination.**<br>- **Be able to perform common imaging techniques, and where appropriate contrast agent examinations, demonstrating appropriate care to service users and their carers,** | in relation to radiotherapy planning :-<br>- support service users in understanding radiation exposure, **risk and benefit associated with radiation exposure** and doses in relation to their imaging examination.<br>- perform **multimodality imaging techniques and the image registration process**, and where appropriate contrast agent examinations, |

| | | | |
|---|---|---|---|
| | | - **be able to manipulate exposure and image recording parameters to optimal effect**<br>- **be able to use to best effect the processing and related technology supporting imaging systems** | demonstrating appropriate care to service users and their carers.<br>- manipulate exposure and image recording parameters to optimal effect<br>- **perform standard Computed Tomographic (CT) and assist in performing Magnetic Resonance (MR) planning procedures**<br>- use to best effect the processing and related technology supporting imaging systems |
| 13.46 | be able to manage and assist with fluoroscopic procedures, including those requiring the use of contrast agents | | manage and assist with fluoroscopic procedures, including those requiring the use of contrast agents |
| 13.47 | 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 assist in performing standard computed tomographic (CT) planning procedures~~<br>~~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 | assist in the construction of appropriate immobilisation **(including beam modifying)** devices, individualised to the specific needs of each service user and the treatment regime prescribed |
| 13.48 | be able to interpret and evaluate images obtained during radiotherapy planning and treatment | be able to interpret and evaluate images obtained during radiotherapy planning and treatment**, taking appropriate action to** | interpret and evaluate images obtained during radiotherapy planning and treatment, taking appropriate |

|  |  | optimise dose delivery to the target volume | action to optimise **accuracy** dose delivery to the target volume |
|---|---|---|---|
| 13.49 | be able to identify organs at risk on images to provide information for radiotherapy treatment planning | | identify organs at risk (OAR) on images to provide information for radiotherapy treatment planning |
| 13.50 | | | **check that the OAR dose is as planned/prescribed during treatment** |
| 13.51 | be able to calculate radiation doses and exposures | be able to calculate ~~radiation~~ dose~~s and exposures~~ **across a range of radiation modalities utilising a treatment planning system and verify this accordingly with a record and verification system** | calculate doses across a range of radiation modalities, **including photons, protons and electrons**, utilising a treatment planning system and verify this accordingly with a record and verification system |
| 13.52 | 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 | | 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 **for the purpose of radiotherapy planning and delivery** |
| 13.53 | 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 | **critically evaluate** and interpret the radiation prescription in such a way that radiotherapy is delivered accurately and reproducibly |
| 13.54 | be able to recognise changing signs, symptoms and progression of disease, and make appropriate | | recognise changing signs, symptoms and progression of disease, and make appropriate decisions not to |

| | | | |
|---|---|---|---|
| | decisions not to treat or to review further before proceeding with treatment | | treat or to review further before proceeding with treatment, **including reviewing treatment imaging information** |
| 14 | **understand the need to establish and maintain a safe practice environment** | | ~~understand the need to establish and maintain a safe practice environment~~ |
| 14.1 | understand the need to maintain the safety of both service users and those involved in their care | | understand the need to maintain the safety of **themselves and others, including** ~~both~~ service users, **carers and colleagues** ~~and those involved in their care~~ |
| 14.2 | 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 | | ~~be aware of applicable~~ **demonstrate awareness of relevant** 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~~ **and comply with all local operational procedures and policies** |
| 14.3 | 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 | | ~~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 |
| 14.4 | be able to select appropriate personal protective equipment and use it correctly | | ~~be able to~~ select appropriate personal protective equipment and use it correctly |

| | | | |
|---|---|---|---|
| 14.5 | 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 | be able to establish safe environments for practice, which appropriately manages risk to service users ~~those treating them and others, including the use of hazard control and particularly infection control~~ |
| 14.6 | know and be able to apply appropriate moving and handling techniques | **understand** ~~know~~ and be able to apply appropriate moving and handling techniques | understand and ~~be able to~~ apply appropriate moving and handling techniques |
| 14.7 | understand the need to ensure the physical and radiation safety of all individuals in the immediate work environment at all times | understand the need to ensure the physical **and image modality specific** ~~radiation~~ safety of all individuals in the immediate work environment at all times | ensure the physical ~~and image modality specific~~ safety of all individuals in the **imaging/ therapeutic** work environment, **especially with regard to radiation safety and high-strength magnetic fields** |
| 14.8 | be able to use basic life support techniques and be able to deal safely with clinical emergencies | | use basic life support techniques and be able to deal with clinical emergencies |
| 14.9 | know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly | | know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly |
| **15** | | | **Promote and prevent ill health** |
| **15.1** | | | **Understand the role of their profession in health promotion, health education and preventing ill-health** |

| | | | |
|---|---|---|---|
| **15.2** | | | **Understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being** |
| **15.3** | | | **Empower and enable individuals (including service users and colleagues) to play a part in managing their own health** |
| **15.4** | | | **Engage in occupational health, including being aware of immunisation requirements** |

**Draft standards of proficiency for speech and language therapists**

This document sets out the proposed changes to the standards of proficiency for speech and language therapists. Proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**. Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions.

The columns show changes between the current version on the left, the changes proposed at consultation in the centre, and the proposed new standards on the right. The standards are numbered according to the current proposals.

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 | |
|-----|----------|---------------------|---|
| **Registrant speech and language therapists 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 | know the limits of their practice and when to seek advice or refer to another professional **or service** | ~~know~~ **identify** 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** | recognise the need to manage their own workload and resources safely and effectively, **including managing the emotional burden that comes with working in a pressured environment** |
| 1.3 | | | **keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career** |
| **2** | **be able to practise within the legal and ethical boundaries of their profession** | | ~~be able to~~ **practise within the legal and ethical boundaries of their profession** |
| 2.1 | | | **maintain high standards of personal and professional conduct** |
| 2.2 | 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 | ~~understand the need to~~ promote and protect the service user's interests at all times |

| | | | |
|---|---|---|---|
| 2.3 | | **understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary** | understand the importance of safeguarding **by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging** ~~and the need to engage in appropriate~~ **these** ~~safeguarding~~ processes where necessary |
| 2.4 | understand what is required of them by the Health and Care Professions Council | | understand what is required of them by the Health and Care Professions Council, **including but not limited to the Standards of conduct, performance and ethics** |
| 2.5 | 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 | | ~~understand the need to~~ respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the **assessment**, diagnostic, **treatment** and **/ or** therapeutic process ~~and in maintaining health and wellbeing~~ |
| 2.6 | 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 | | recognise that relationships with service users, **carers and others** should be based on mutual respect and trust, ~~and be able to~~ maintain**ing** high standards of care **in all circumstances** ~~even in situations of personal incompatibility~~ |

| | | | |
|---|---|---|---|
| 2.7 | know about current legislation applicable to the work of their profession | understand the importance of and be able to obtain informed consent<br>*Moved from 2.6* | understand the importance of and be able to obtain **valid** ~~informed~~ consent, **which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented** |
| 2.8 | | | **understand the importance of capacity in the context of delivering care and treatment** |
| 2.9 | understand the importance of and be able to obtain informed consent | be able to exercise a professional duty of care<br>*Moved from 2.7* | **understand the scope of** ~~be able to exercise~~ a professional duty of care, **and exercise that duty** |
| 2.10 | be able to exercise a professional duty of care | **understand** ~~know about~~ current legislation applicable to the work of their profession<br>*Moved from 2.5* | ~~know~~ **understand and apply** about current legislation, **policies and guidance relevant** ~~applicable~~ to ~~the work of~~ their profession **and scope of practice** |
| 2.11 | | | **recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain** |
| 2.12 | understand the ethical and legal implications of withholding and withdrawing feeding and nutrition | | understand the ethical and legal implications of withholding and withdrawing feeding and nutrition **and the impact of social, psychological and medical factors to service users' communication difficulties and / or swallowing status** |

| | | | |
|---|---|---|---|
| 2.13 | | | **understand the centrality of home language(s) to a service user's identity, family life and community (culture and/or religion), by working to maintain, develop or enhance a client's home language** |
| | | | |
| **3** | **be able to maintain fitness to practise** | | **look after their health and wellbeing, seeking appropriate support where necessary** ~~be able to maintain fitness to practise~~ |
| 3.1 | understand the need to maintain high standards of personal and professional conduct | | **identify anxiety and stress in themselves and recognise the potential impact on their practice** ~~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** | understand the importance of ~~maintaining~~ their own mental and physical health and **wellbeing strategies in maintaining fitness to practise** ~~be able to take appropriate action if their health may affect their ability to practise safely and effectively~~ |
| 3.3 | | | **understand how to take appropriate action if their health may affect their ability to practise safely and** |

| | | | |
|---|---|---|---|
| | | | effectively, including seeking help and support when necessary |
| 3.4 | | | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary |
| | | understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary | |
| | 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** | | ~~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* | recognise that they are personally responsible for and must be able to justify their decisions **and actions** |
| 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 **and /** or ~~initiate solutions~~ **take action** where necessary |

| | | | |
|---|---|---|---|
| | | **be able to use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary**<br>*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<br>*Moved from 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 |
| 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<br>*Moved from 4.5* | ~~be able to~~ make and receive appropriate referrals, **where necessary** |
| 4.5 | be able to make and receive appropriate referrals | be able to initiate resolution of problems and be able to exercise personal initiative<br>*Moved from 4.3* | ~~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<br>*Moved from standard 14* | ~~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<br>*Moved from standard 14* | ~~be able to~~ use research, reasoning and problem solving skills to **when** determin**ing** appropriate actions |
| 4.8 | understand the importance of participation in training, supervision and mentoring | understand the importance of **active** participation in training, supervision and mentoring<br>*Moved from 4.6* | understand the ~~importance~~ **need for** ~~of~~ active participation in training, supervision and mentoring **in supporting high standards of practice, and personal and professional conduct, and the** |

| | | | |
|---|---|---|---|
| | | | **importance of demonstrating this in practice** |
| **5** | **be aware of the impact of culture, equality and diversity on practice** | | ~~be aware of~~ **recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner** |
| 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 | ~~understand the need to adapt practice to~~ respond appropriately to the needs of all different groups and individuals **in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics[19], intersectional experiences and cultural differences** |
| 5.2 | | | **understand equality legislation and apply it to their practice** |
| 5.3 | | **be aware of the impact of their own values and beliefs on practice** | ~~be aware of the~~ **recognise the potential** impact of their own values, ~~and~~ beliefs **and personal biases (which may be unconscious)** on practice **and take personal action to ensure all service users and carers are treated appropriately with respect and dignity** |

[19] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| | | | |
|---|---|---|---|
| 5.4 | | | **understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice** |
| 5.5 | | | **recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups** |
| 5.6 | | | **actively challenge these barriers, supporting the implementation of change wherever possible** |
| 5.7 | | | **recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice** |
| | | 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, **marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation,** socio-economic status and spiritual or religious beliefs<br>*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* | |
|---|---|---|---|
| | recognise the possible contribution of social, psychological and medical factors to service users' communication difficulties and swallowing status | | |
| | **be able to practise in a non-discriminatory manner** | be able to practise in a non-discriminatory **and inclusive** manner | |
| | | **be aware of the characteristics and consequences of barriers to inclusion** | |
| 6 | **understand the importance of and be able to maintain confidentiality** | | |
| 6.1 | be aware of the limits of the concept of confidentiality | | ~~be aware of the limits of the concept of~~ **adhere to the professional duty of** confidentiality **and understand when disclosure may be required** |
| 6.2 | understand the principles of information governance and be aware of the safe and effective use of health and social care information | understand the principles of information governance and be aware of the safe and effective use of health**,** ~~and~~ social care **and other relevant** information | understand the principles of information **and data** governance and be aware of the safe and effective use of health, social care and other relevant information |
| 6.3 | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public | | ~~be able to~~ recognise and respond ~~appropriately~~ **in a timely manner** to situations where it is necessary to share information to safeguard service users, **carers and /** or the wider public |

| | | | |
|---|---|---|---|
| 6.4 | | | **understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators)** |
| 6.5 | | | **recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms** |
| | be aware that the concepts of confidentiality and informed consent extend to illustrative records such as photography, video and audio recordings | | |
| | **be able to communicate effectively** | | |
| 7.1 | be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, their relatives, carers, 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~~, their relatives,~~ carers, colleagues and others~~ *For consistency across the professions' standards* | ~~be able to~~ use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others |
| 7.2 | be able to communicate in English to the standard equivalent to level 8 of the International English Language | | ~~be able to~~ communicate in English to the **required** standard **for their profession (**equivalent to level 8 of the |

| | | | |
|---|---|---|---|
| | Testing System, with no element below 7.5[1]<br><br>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)<br><br>[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.* | | International English Language Testing System, with no element below 7.5[20])<br><br>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 **13.17)**. |
| 7.3 | | | **understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected** |

[20] 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.

| | | | |
|---|---|---|---|
| | | | **characteristics**[21]**, intersectional experiences and cultural differences** |
| 7.4 | | **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 may need where appropriate** | ~~be able to~~ work with service users **and /** or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate |
| 7.5 | | **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** | ~~be able to~~ modify their **own** means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible |
| 7.6 | | | **understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter** |
| 7.7 | | be able to use information and communication technologies appropriate to their practice *Moved from standard 14* | ~~be able to~~ use information, ~~and~~ communication **and digital** technologies appropriate to their practice |
| 7.8 | | | **understand the need to provide service users or people acting on their behalf with the information** |

[21] The Equality Act 2010 defines the protected characteristics as age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Equivalent equality legislation in Northern Ireland protects age, disability, gender, race, religion or belief and sexual orientation.

| | | | necessary in accessible formats to enable them to make informed decisions |
|---|---|---|---|
| 7.9 | | | **recognise the possible contribution of social, psychological and medical factors to service users' communication difficulties and / or swallowing status** |
| | 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* | |
| | 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* | |
| | 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* | |
| | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to | ~~understand the need to provide service users or people acting on their behalf with the information necessary in~~ | |

| | | |
|---|---|---|
| | enable them to make informed decisions | ~~accessible formats to enable them to make informed decisions~~<br>*Captured by the new standards below* | |
| | 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~~<br>*Captured by the new standards below* | |
| | 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~~<br>*Captured by the new standards below* | |
| | be able to contribute effectively to work undertaken as part of a multi-disciplinary team | understand the need to work in partnership with service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals<br>*Moved from 9.3* | |
| | 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 | | |
| | recognise that the need to work with others includes health, social care and educational professionals | | |
| | recognise the importance of working in partnership with service users and their families | | |

| 8 | be able to work appropriately with others | | ~~be able to~~ work appropriately with others |
|---|---|---|---|
| 8.1 | be able to work, where appropriate, in partnership with service users, their relatives and carers, other professionals, support staff and others | | ~~be able to~~ work , ~~where appropriate~~, in partnership with service users, ~~their relatives and~~ carers, **colleagues** ~~other professionals, support staff~~ and others |
| 8.2 | | | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team | understand the need to build and sustain professional relationships as both an ~~autonomous~~ **independent** practitioner and collaboratively as a member of a team *For consistency across the professions* | understand the need to build and sustain professional relationships as both an independent **autonomous** practitioner and collaboratively as a member of a team |
| 8.4 | understand the need to work in partnership with 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* | ~~be able to~~ contribute effectively to work undertaken as part of a multi-disciplinary team |
| 8.5 | | | **identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate** |
| 8.6 | | **understand the qualities, behaviours and benefits of leadership and be** | understand the qualities, behaviours and benefits of leadership ~~and be able~~ |

| | | able to apply them in the context of your practice | ~~to apply them in the context of your practice~~ |
|---|---|---|---|
| 8.7 | | | **recognise that leadership is a skill all professionals can demonstrate** |
| 8.8 | | | **identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion** |
| 8.9 | | | **demonstrate leadership behaviours appropriate to their practice** |
| 8.10 | | | **act as a role model for others** |
| 8.11 | | | **promote and engage in the learning of others** |
| 8.12 | be able to contribute effectively to work undertaken as part of a multi-disciplinary team | understand the need to work in partnership with service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals<br>*Moved from 9.3* | ~~understand the need to~~ work in partnership with service users and carers in planning and evaluating ~~diagnostics~~ **assessments**, treatments and interventions to meet their needs and goal |
| 8.13 | **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** | | 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 |

| | | | |
|---|---|---|---|
| 8.14 | recognise that the need to work with others includes health, social care and educational professionals | | recognise that the need to work with others includes health, social care and educational professionals |
| 8.15 | recognise the importance of working in partnership with service users and their families | | recognise the importance of working in partnership with service users and their families |
| | | | |
| **9** | **be able to maintain records appropriately** | | ~~be able to~~ maintain records appropriately |
| 9.1 | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines | | ~~be able to~~ keep **full, clear and** accurate, ~~comprehensive and comprehensible records in accordance with applicable~~ legislation, protocols and guidelines |
| 9.2 | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines | be able to engage in evidence-based practice~~, evaluate practice systematically and participate in audit procedures~~ | ~~recognise the need to~~ manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 9.3 | | | **use digital record keeping tools, where required** |
| | | | |
| **10** | **be able to reflect on and review practice** | | |
| 10.1 | understand the value of reflection on practice and the need to record the outcome of such reflection | | understand the value of ~~reflection~~ reflective ~~on~~ practice and the need to |

| | | | |
|---|---|---|---|
| | | | record the outcome of such reflection **to support continuous improvement** |
| 10.2 | recognise the value of case conferences and other methods of review | | recognise the value of **multi-disciplinary reviews,** case conferences and other methods of review |
| | | | |
| **11** | **be able to assure the quality of their practice** | | ~~be able to~~ assure the quality of their practice |
| 11.1 | 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~~ | ~~be able to~~ engage in evidence-based practice |
| 11.2 | 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 | ~~be able to~~ gather and use feedback and information, including qualitative and quantitative data, to evaluate the response~~s~~ of service users to their care |
| 11.3 | 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 | ~~be able to~~ monitor and systematically evaluate the quality of practice, and maintain an effective ~~audit trail~~ **quality management and quality assurance process working** ~~to work~~ towards continual improvement |
| | | | |

| | | | |
|---|---|---|---|
| 11.4 | | **be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures** | ~~be able to~~ participate in ~~audit procedures and~~ quality management, including quality control, quality assurance, **clinical governance** and the use of appropriate outcome measures |
| 11.5 | be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user | | ~~be able to~~ evaluate **care plans or** intervention plans using recognised **and appropriate** outcome measures, **in conjunction with the service user where possible,** and revise the plans as necessary ~~in conjunction with the service user~~ |
| 11.6 | 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 | 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<br>*Captured by amendments above* | recognise the value of **gathering and** using ~~contributing to the generation of~~ data for quality assurance and improvement programmes |
| | 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~~<br>*Captured by the new standard below* | |
| | 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~~<br>*Captured by the new standard below* | |
| | | | |

| 12 | **understand the key concepts of the knowledge base relevant to their profession** | | **understand and apply the key concepts of the knowledge base relevant to their profession** |
|---|---|---|---|
| 12.1 | understand the structure and function of the human body, together with knowledge of health, disease, impairment and dysfunction relevant to their profession | understand the structure and function of the human body, together with knowledge of health, disease, **impairment** ~~disorder~~ and dysfunction**,** relevant to their profession *For consistency across the professions' standards* | understand the structure and function of the human body, together with knowledge of **physical and mental** health, disease, disorder and dysfunction relevant to their profession |
| 12.2 | be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process | | **demonstrate awareness** ~~be aware of~~ the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 12.3 | 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** | 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 |
| 12.4 | understand the structure and function of education, health and social care services in the UK | | understand the structure and function of education, health and social care services **and systems** in the UK |
| | 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)* | |

| | | | |
|---|---|---|---|
| 12.5 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention | | understand the theoretical basis of, and the variety of approaches to, assessment and intervention **taking account of the need to modify approaches in line with cultural, religious and linguistic needs** |
| 12.6 | understand educational theory and practice and the relationship between language and literacy in relation to speech and language therapy | | understand educational theory and practice and the relationship between language and literacy in relation to speech and language therapy, **including sound awareness and school readiness skills** |
| 12.7 | understand linguistics and phonetics, psycholinguistics, sociolinguistics and all levels of typical processing | | understand linguistics and phonetics, psycholinguistics, sociolinguistics and all levels of typical processing **and the differences for individuals whose home language is not English** |
| 12.8 | understand biomedical and medical sciences as relevant to the development and maintenance of communication and swallowing | | understand biomedical and medical sciences as relevant to the development and maintenance of communication and swallowing |
| 12.9 | understand psychology as relevant to lifespan development and change, normal and impaired communication, and psychological and social wellbeing | | understand psychology as relevant to lifespan development and change, ~~normal~~ **typical** and impaired communication, and psychological and social wellbeing |
| 12.10 | understand sociology in relation to the practice of speech and language | | 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 | | therapy, including its application to educational, health and workplace settings and within multi-cultural societies |
| 12.11 | understand therapeutic contexts, models and processes, relevant to the practice of speech and language therapy | | understand therapeutic contexts, models and processes, relevant to the practice of speech and language therapy |
| 12.12 | understand developmental and acquired impairments of speech, language, communication and swallowing | | understand developmental and acquired ~~impairments~~ **disorders** of speech, language, communication and swallowing |
| 12.13 | | | **understand the diversity of client's cultural background, including awareness of cultural groups, protected characteristics, and social class** |
| | | | |
| **13** | **be able to draw on appropriate knowledge and skills to inform practice** | | ~~be able to~~ **draw on appropriate knowledge and skills to inform practice** |
| 13.1 | be able to change their practice as needed to take account of new developments or changing contexts | be able to change their practice as needed to take account of new developments, **technologies and** ~~or~~ changing contexts | ~~be able to~~ change their practice as needed to take account of new developments, technologies and changing contexts |
| 13.2 | be able to conduct appropriate diagnostic or monitoring procedures, | be able to gather appropriate information | ~~be able to~~ gather appropriate information |

| | | | |
|---|---|---|---|
| | treatment, therapy or other actions safely and effectively | *Moved from 14.4* | |
| 13.3 | 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* | ~~be able to~~ analyse and critically evaluate the information collected |
| 13.4 | be able to gather appropriate information | be able to select and use appropriate assessment techniques *Moved from 14.5* | ~~be able to~~ select and use appropriate assessment techniques **and equipment** |
| 13.5 | 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* | ~~be able to~~ undertake and record a thorough, sensitive and detailed assessment, ~~using appropriate techniques and equipment~~ |
| 13.6 | 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* | ~~be able to~~ undertake or arrange investigations as appropriate |
| 13.7 | 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* | ~~be able to~~ conduct appropriate ~~diagnostic~~ **assessment** or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 13.8 | be able to undertake or arrange investigations as appropriate | be aware of a range of research methodologies *Moved from 14.13* | ~~be aware of~~ **recognise** a range of research methodologies **relevant to their role** |

| | | | |
|---|---|---|---|
| 13.9 | be able to analyse and critically evaluate the information collected | recognise the value of research to the critical evaluation of practice<br>*Moved from 14.12* | recognise the value of research to the critical evaluation of practice |
| 13.10 | be able to demonstrate a logical and systematic approach to problem solving | ~~be able to demonstrate a logical and systematic approach to problem solving~~<br>*Moved to standard 4* | ~~be able to~~ critically evaluate research and other evidence to inform their own practice |
| 13.11 | | | **engage service users in research as appropriate** |
| 13.11 | 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~~<br>*Moved to standard 4* | ~~be able to~~ formulate specific and appropriate management plans including the setting of timescales |
| 13.12 | 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<br>*Moved from 14.14* | ~~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 |
| 13.13 | be aware of a range of research methodologies | be able to formulate specific and appropriate management plans including the setting of timescales<br>*Moved from 14.3* | ~~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 |

| | | 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* | understand health education and how it relates to communication and swallowing |
|---|---|---|---|
| 13.14 | be able to evaluate research and other evidence to inform their own practice | | |
| 13.15 | 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* | ~~be able to~~ recognise the influence of situational contexts on communicative functioning and swallowing status |
| 13.16 | 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 | | ~~be able to~~ evaluate the effects of communication difficulties and swallowing status on the psychosocial wellbeing of service users, their families and carers |
| 13.17 | understand health education and how it relates to communication and swallowing | | 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

**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.** |
| 13.18 | be able to recognise the influence of situational contexts on communicative functioning and swallowing status | | ~~be able to~~ use knowledge of speech and language therapy to assess and work with people with the following impairments:<br><br>– acquired speech and language impairments<br>– developmental or acquired cognitive impairments<br>– developmental speech and language ~~impairments~~ **disorders**<br>– ~~fluency impairments~~ **dysfluency**<br>– ~~swallowing impairments~~ **dysphagia**<br>– voice ~~impairments~~ **disorders or voice modification needs** |
| 13.19 | | | **assess and plan interventions in the service user's home language with the assistance of professional interpreters, and with reference to professional clinical guidelines and evidence-based practice** |
| | be able to evaluate the effects of communication difficulties and swallowing status on the psychosocial wellbeing of service users, their families and carers | | |
| | 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 | | |
| | be able to use knowledge of speech and language therapy to assess and work with people with the following impairments:<br><br>– acquired speech and language impairments<br>– developmental or acquired cognitive impairments<br>– developmental speech and language impairments<br>– fluency impairments<br>– swallowing impairments<br>– voice impairments | | |
| | | | |
| **14** | **understand the need to establish and maintain a safe practice environment** | | ~~understand the need to~~ **establish and maintain a safe practice environment** |
| 14.1 | understand the need to maintain the safety of both service users and those involved in their care | | understand the need to maintain the safety of ~~both~~ **themself and others, including** service users, **carers** and ~~those involved in their care~~ **colleagues** |
| 14.2 | be aware of applicable health and safety legislation, and any relevant | | ~~be aware~~ **demonstrate awareness** of ~~applicable~~ **relevant** health and safety |

|  |  |  |  |
|---|---|---|---|
|  | safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these |  | legislation and ~~any relevant safety policies and~~ **comply with all local operational** procedures ~~in force at the workplace, such as incident reporting, and be able to act in accordance with these~~ |
| 14.3 | 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 |  | ~~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 |
| 14.4 | be able to select appropriate personal protective equipment and use it correctly |  | ~~be able to~~ select appropriate personal protective equipment and use it correctly |
| 14.5 | 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 | ~~be able to~~ establish safe environments for practice, which appropriately manages risk ~~to service users, those treating them and others, including the use of hazard control and particularly infection control~~ |
|  |  |  |  |
| **15** | **promote and prevent ill health** |  |  |
| 15.1 |  |  | **understand the role of their profession in health promotion,** |

| | | | |
|---|---|---|---|
| | | | **health education and preventing ill health** |
| 15.2 | | | **understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being** |
| 15.3 | | | **empower and enable individuals (including service users and colleagues) to play a part in managing their own health** |
| 15.4 | | | **engage in occupational health, including being aware of immunisation requirements** |