

**Agenda Item 12(ii)**

**Enclosure 9**

**Health and Care Professions Council  
25 September 2019**

**Standards of proficiency review**

**To note**

**From Jasmine Leng, Policy Officer**

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## Review of the standards of proficiency progress summary

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### Executive Summary

In March, we commenced a review of the standards of proficiency (SOPs) for the professions we regulate.

The SOPs set out the professional standards that we consider necessary for the safe and effective practice of each of the professions we regulate. Each set of standards is unique to each of our 16 registered professions, and sets out clear expectations of our registrants' knowledge and abilities when they start practising.

In our 2015 review of the SOPs we undertook a wholesale review of the structure and content of the documents. Early feedback indicated that the SOPs remain fit for purpose and so we are focusing this review on the generic standards, to ensure clear alignment across the professions. As such, at its March meeting Council agreed not to host Professional Liaison Groups for this review, but instead seek feedback on the standards through stakeholder engagement. This paper summarises our stakeholder engagement to date, which has comprised of:

- an initial paper-based review;
- a series of workshops; and
- face to face meetings with stakeholders to discuss the standards in more depth.

This paper has been approved by SMT and will be discussed at Council. It will also be shared with the stakeholders that we have engaged with so far.

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Previous consideration

This paper has been approved by SMT and ETC.

Decision

The Council is asked to note the report.

Next steps

We are currently collating feedback from the paper-based review, workshops and face to face meetings. We will use these to propose changes to the standards, which we will publicly consult on early next year. A further paper will be taken to Council to approve the consultation papers in the New Year.

Strategic priority

**Strategic priority 2:** Ensure our communication and engagement activities are proactive, effective and informed by the views and expectations of our stakeholders.

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Risk	There are no risk associated with this paper.
Financial and resource implications	There are no additional resource or financial implications associated with this work. The Standards of Proficiency review is already factored into existing work plans.
Author	Jasmine Leng, Policy Officer <a href="mailto:jasmine.leng@hcpc-uk.org">jasmine.leng@hcpc-uk.org</a>

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## **Review of the standards of proficiency progress summary**

### **1. Introduction**

- 1.1 The HCPC Standards of proficiency (SOPs) set out the professional standards that we consider necessary for the safe and effective practice of each of the professions we regulate. All registrants must meet our standards of proficiency in order to become registered, and remain on the Register.
- 1.2 Each set of standards is unique to each of our 16 registered professions and is made up of generic standards (which apply to all professions) and standards specific to each profession (which appear beneath the generic 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 knowledge base requirements relevant to the specific profession.
- 1.3 We periodically review all of our standards to ensure that they remain up to date and fit for purpose, and we are currently reviewing the Standards of proficiency across all 16 of our registered professions.
- 1.4 At its March Council meeting Council agreed not to host Professional Liaison Groups for this review, but instead seek feedback on the standards through stakeholder engagement. Our stakeholder engagement to date has comprised of an initial paper-based review, as well as a series of workshops and meetings with stakeholders to discuss the standards in more depth. The feedback we receive during this stakeholder engagement will enable us to draft revised standards later in the year.
- 1.5 This paper outlines the progress of the review and summarises the stakeholder feedback we have received so far.

### **2. Paper-based review**

- 2.1 We began the current review of the Standards of proficiency in April with an initial paper-based review. We invited stakeholders across all professions, (including education providers, professional bodies, employers, regulatory and public bodies, service user and carer organisations and representatives of government across all four nations) to complete an online survey through SurveyMonkey or to email us with their feedback on the standards. We also offered stakeholders the opportunity to meet with us or to participate in a teleconference.

- 2.2 The online survey provided stakeholders with background information and an opportunity to provide their feedback on the standards. In particular we asked stakeholders to comment specifically on whether the standards:
- are set at the threshold level necessary for safe and effective practice;
  - require any rewording; and
  - use appropriate language.
- 2.3 At the time of writing we have received 48 survey responses and email submissions from a mix of education providers, employers, public bodies, professional bodies and registrants. We are still receiving responses and we will continue to receive feedback over the coming weeks. There will also be further opportunities for all stakeholders to provide feedback during the consultation phase of the review.

### **3. Paper-based review feedback summary**

- 3.1 The feedback we collected addressed both the generic and the profession-specific standards across a variety of professions.

#### *Generic standards*

- 3.2 Most respondents largely thought that the generic standards are set at the threshold level and are crucial for safe and effective practice. Several respondents commented that the standards are not too restrictive and are therefore broad enough to reflect our expectations of all registrants when they join the Register.
- 3.3 The majority of respondents also felt that the standards are broadly clear. A few respondents suggested amendments to the language in places, to clarify any ambiguity or to bring them up to date. Some of the more common suggestions included:
- amending standard 4, *'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'*, which was often identified as confusing;
  - clarifying the term 'best interests' to better reflect the nature of the relationship between a registrant and the service user; and
  - reconsidering the use of the phrase 'service user', which was sometimes described as 'too medicalised' or 'outdated'.
- 3.4 We received several comments that the language of the standards should be more direct in relation to skills which registrants are expected to be able to actually demonstrate (rather than simply understand). In particular, the feedback suggested that the phrases 'be able to' and 'understand' should be removed in places where a more active wording would be more appropriate (for example, 'be able to practise in a non-discriminatory manner' should be amended to 'practise in a non-discriminatory manner').

3.5 Some additional themes emerged throughout the feedback on the generic standards. The most prominent were:

- the role of equality, diversity and inclusion; specifically what the standards mean by 'practise in a non-discriminatory manner' and how the standards relate to equality legislation;
- whether the standards place enough emphasis on the role of the service user, including the importance of informed consent; person-centred care and effective communication;
- the importance of maintaining fitness to practise (and whether the roles of mental health and resilience should be addressed specifically);
- the need for digital skills; and
- the role and importance of leadership at all levels.

#### *Profession-specific standards*

3.6 Many respondents commented that the profession-specific standards are set at an appropriate threshold level. Some respondents identified specific areas of practice which they felt should be included in the profession-specific standards, in order to reflect recent developments within their profession.

3.7 We are currently engaging with the professions directly in relation to the profession-specific standards. We have contacted each professional body directly (sending reminders where required) to request their feedback and to offer them the opportunity to meet with us.

## **4. Workshops**

4.1 We analysed the feedback we received and identified five key themes which we felt required further discussion with stakeholders due to their prevalence in the feedback. These were:

- Equality, diversity and inclusion<sup>1</sup>.
- Person-centred care and the role of the service user.
- Maintaining health and resilience<sup>2</sup>.
- The role of professional responsibility and leadership. And,
- Language use.

4.2 To discuss these themes we held four workshops; one in each of: Belfast; Cardiff; Edinburgh; and London. The workshops were attended by 49 stakeholders including representatives from professional bodies; NHS employers; AHP leads and advisors; education providers; public bodies;

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<sup>1</sup> We included here the topic of 'Inclusion health' following a report published by the Department of Health and Social Care in 2016 which found that, 'Healthcare professionals often lack the awareness, knowledge and skills to support these vulnerable groups [of socially excluded individuals and communities].' The report recommended that regulators address inclusion health in undergraduate teaching.

<sup>2</sup> Some other regulators refer to 'resilience' and we received some feedback that the standards should require registrants to develop resilience.

unions and other regulators, as well as a number of registrants. A list of attendees is annexed to this paper.

- 4.3 We presented on the responses we received to the online survey and suggested some possible approaches we could take to address some of the issues raised. We then asked the attendees to discuss the issues and possible approaches and to provide us with their feedback. Attendees also had the opportunity to raise any remaining issues for consideration.

## **5. Workshop feedback summary**

- 5.1 Across all four workshops it was felt that the standards could be improved in relation to equality, diversity and inclusion. It was generally agreed that the standards should make greater reference to inclusive practice. Many identified the importance of ensuring that the standards reflect equality legislation across all four nations, rather than just the Equality Act 2010. We also received feedback that whilst the phrase 'practise in a non-discriminatory manner' could be clearer, we should be wary of being too prescriptive within the standards themselves.
- 5.2 Most attendees agreed that it would be valuable to address inclusion health within the standards, but were wary of defining 'vulnerable groups' in case this is offensive to any named groups, excludes any groups that were not included, or quickly becomes outdated.
- 5.3 In relation to 'person-centred care' we often received feedback that the current language of the standards implies a paternalistic approach to the relationship between a registrant and the service user. There was a broad consensus that the standards should be updated to emphasise the importance of placing the service user at the centre of their care, although there was some variation across the four nations in relation to phraseology.
- 5.4 Many attendees agreed that the standards should make explicit reference to maintaining 'mental and physical health' rather than simply 'health'. Many attendees also felt that the standards should more clearly emphasise a registrant's responsibility to maintain their fitness to practise proactively, whilst recognising that this could be a sensitive topic. It was generally felt it would be inappropriate for the standards to refer to 'resilience'.
- 5.5 The feedback we received on leadership was very positive, with almost all attendees agreeing that registrants should be able to demonstrate leadership behaviours at all levels, regardless of seniority, role or experience. Most attendees therefore felt that the wording needed to be changed from 'understand the concept of leadership' to more active phrasing, and many felt that the standard needed to be moved to a more logical position within the standards.
- 5.6 We received a variety of comments in relation to language which often prompted interesting and varied discussion. Many attendees felt that the phrase 'best interests' could be confusing. We also received some consistent

feedback that the term 'multidisciplinary' could be replaced with a more appropriate term. There was a greater variety of opinion in relation to the term 'service user'. Almost all attendees agreed that the language of the standards needed to be more direct or active in places, especially in relation to the overarching standards themselves (for example, amending 'be able to practise safely and effectively within their scope of practice' to 'practise safely and effectively within their scope of practice').

5.7 Alongside the common themes we identified we also discussed, amongst other issues:

- clarifying the difference between the Standards of conduct, performance and ethics and the Standards of proficiency;
- the potential to include a glossary within the Standards of proficiency;
- the possibility of producing guidance or online information to support registrants in relation to some of the topics discussed, such as practising in a 'non-discriminatory manner';
- the impact of the Welsh language scheme on our standards;
- the importance of digital skills; and
- the role of carers.

## **6. Professional body meetings**

6.1 Alongside the survey and workshops, we have encouraged stakeholders to meet with us separately if they wanted to provide any additional feedback or discuss the standards in more depth, especially in relation to the profession-specific standards. We have held a number of these meetings so far and we will continue to meet with professional bodies and other stakeholders over the coming months. At the time of writing we have met with, or are due to meet with, the following organisations:

- The British Society of Hearing Aid Audiologists.
- The Association for Perioperative Practice.
- The British Dietetic Association.
- The Royal College of Occupational Therapists.
- The College of Operating Department Practitioners.
- The British Association of Social Workers. And,
- NHS England.

6.2 We will continue to offer professional bodies the opportunity to discuss the profession-specific standards with us over the coming weeks.

## **7. Next steps**

7.1 Over the coming months we will use the feedback we have received to produce new draft standards for all 16 professions. We will then consult on the standards publicly on a rolling basis. This will be an opportunity to seek views across a broader range of stakeholders including those not specifically



targeted during the stakeholder engagement we have conducted so far. We anticipate that this will take place during the first half of 2020.

## **Appendix 1: List of workshop attendees**

- Academy for Healthcare Science
- Allied Health Solutions
- Association of Clinical Scientists
- Association of Educational Psychologists
- Association for Perioperative Practice
- Belfast Health and Social Care Trust
- British Association for Music Therapy
- British Psychological Society
- British and Irish Orthoptic Society
- Cardiff Metropolitan University
- Chartered Society of Physiotherapy
- College of Operating Department Practitioners
- College of Paramedics
- College of Podiatry
- Council of Deans of Health
- General Dental Council
- Institute of Biomedical Science
- NHS Education for Scotland
- NHS England and NHS Improvement
- Northern Health and Social Care Trust
- Public Health Wales
- Royal College of Speech and Language Therapists
- Unite the Union
- Wales NHS
- Welsh Ambulance Services NHS Trust
- Welsh Government