

Education and Training Committee – 8 March 2012

Profession-specific standards of proficiency consultation

Executive summary and recommendations

Introduction

We have started reviewing the profession specific standards of proficiency for the professions we currently regulate. The review of the profession specific standards follows from the Council's approval of new generic standards of proficiency in March 2011.

Following our first round of professional body reviews, we are now ready to consult publicly on the draft standards for the first two groups of professions which comprise arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers. More information about our review process and how we developed the new draft standards for each profession is set out below.

An overarching consultation paper and draft standards for each of these professions are attached for the Committee's consideration, approval, and recommendation to Council.

The review process

To ensure the process is manageable, we are reviewing the profession-specific standards in groups of three or four professions at a time. At the start of each review, we contact each of the professional bodies for the relevant professions and ask for their suggestions on any changes that they consider necessary. This initial process is a paper-based review which takes around three months for the professional bodies to complete.

To assist their consideration, we send each professional body a set of review questions and a mapping document setting out the current standards of proficiency for their profession mapped against new generic standards. The document indicates where each standard is placed in the current standards, and suggests where they seem to logically fit beneath the new generic standards. Where a professional body considers a change is necessary, we ask them to provide us with as much supporting information about that change as possible. In compiling their responses, many of the professional bodies involved in this round of reviews have sought the views of their wider networks which include education providers.

After the professional bodies send their review results to us, we carefully consider their suggestions and map each of them against the generic standards to decide whether they are necessary. Where aspects required further clarification, we discussed those areas in detail with the professional body representatives and sought further advice on specific standards from that profession's Education and

Training Committee or Council member. We have also sought legal advice on each set of standards.

When we receive suggestions for changes to the standards (including revisions to existing standards or proposed additional standards), we consider the following in deciding whether we should make a change:

- Is the standard necessary for safe and effective practice?
- Is the standard set at the threshold level?
- Does the standard reflect existing requirements for graduates on entry into the profession?
- Does the standard reflect existing training provision?
- Is the standard written in a broad and flexible way so that it can apply to different environments in which members of that profession might practice or different groups that they might work with?
- Is the standard placed in a logical position within the structure?

Professional bodies made a number of suggestions for reordering the standards. The standards of proficiency are not strictly hierarchical in order, and are all equally important in practice. When we were considering an appropriate order for the generic standards, we felt that there are certain standards—such as the requirement to ‘practise safely and effectively within their scope of practice’—that set the highest-level requirements for all registrants, and that should logically be placed at the beginning of the list. In considering the order of the profession-specific standards of proficiency, we have continued this approach by listing standards that are about more general principles first under the relevant generic standards, followed by standards that address more specific competencies. Where there was a strong profession-specific rationale for the placement of certain standards, we have taken that into consideration.

The new draft standards

Under the new structure of the standards of proficiency, the majority of standards will be profession-specific, so professions are able to use their own language and ensure that the standards are relevant and as applicable as possible to their own profession. These new profession-specific standards include the existing profession-specific standards and the detailed generic standards relevant to each profession, as well as any other standards—including those suggested by professional bodies—that we consider are needed.

We do not expect all professions to retain all of the current detailed generic standards. No relevant or useful standards have been lost, but the language used has changed in some standards to ensure the standards are appropriate and applicable to individual professions. Where it is appropriate to do so, we aim to maintain as much consistency as possible in the standards between different professions, including the order of the standards where possible. However, we recognise that there will inevitably be greater diversity in the standards compared to those set out in the current structure as some standards have been amended to reflect the language and values of certain professions. The order of some the standards will also vary between professions.

Decision

The Committee is invited to discuss, agree and recommend to the Council that it approve the attached consultation document and draft standards of proficiency for arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers (subject to minor editing changes and formal legal scrutiny).

Background information

Paper for Education and Training Committee, 17 November 2011 (enclosure 5 at www.hpc-uk.org/aboutus/committees/archive/index.asp?id=586)

Paper for Education and Training Committee, 9 June 2011 (enclosure 19 at: www.hpc-uk.org/aboutus/committees/archive/index.asp?id=588)

Paper agreed by Council on 31 March 2011 (enclosure 6 at: www.hpc-uk.org/aboutus/committees/archive/index.asp?id=533)

Resource implications

The resource implications of this round of consultation are accounted for in the Policy and Standards Department planning for 2011/12. The resource implications of the ongoing process of review and eventual publication of the revised standards of proficiency have been taken into account in the Policy and Standards workplan for 2012/13, and will continue to be taken into account in future years.

Financial implications

The financial implications include the costs associated with a series of public consultations on new draft standards and publication of new standards for all 15 of our current professions. These costs are accounted in department planning for 2011/12 and 2012/13.

We anticipate further costs in 2013/14 for further consultations and publication of further revised standards.

Appendices

- Consultation paper for the profession-specific standards of proficiency consultations
- Draft standards of proficiency for arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers

Date of paper

27 February 2012

Consultation on changes to the profession-specific standards of proficiency

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1. Introduction

- 1.1 This document seeks the views of stakeholders on proposed change to the profession-specific standards of proficiency for [insert profession].
- 1.2 We are conducting our review of the profession-specific standards on a rolling basis by reviewing the standards of proficiency for groups of professions at a time. More information about the review process is set out below. At the same time we are also consulting on the profession-specific standards for the following professions:
 - arts therapists
 - dietitians
 - occupational therapists
 - orthoptists
 - physiotherapists
 - radiographers
- 1.3 These consultations will be of interest to members of these professions, as well relevant education providers, employers, professional bodies, and those who use the services of these professions.
- 1.4 The consultations will run from **X April 2012 to X July 2012**.

2. About the Health Professions Council

- 2.1 We are a regulator and were set up to protect the public. To do this, we keep a register of professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called 'registrants'.
- 2.2 We currently regulate 15 professions: arts therapists, biomedical scientists, chiropodists/podiatrists, clinical scientists, dietitians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists/orthotists, radiographers, and speech and language therapists.

3. About the standards of proficiency

- 3.1 The standards of proficiency are the standards that we consider necessary for the safe and effective practice of each of the professions we regulate. They describe what professionals must know, understand, and be able to do at the time they apply to join our Register. The standards play an important role in public protection. When a professional applies for or renews their registration,

or if concerns are raised about their competence while they are registered with us, we use the standards of proficiency to check whether they have the necessary knowledge and skills to be able to practise their profession safely and effectively.

- 3.2 Article 5(2)(a) of the Health Professions Order 2001 (the Order) says that we must: "...establish the standards of proficiency necessary to be admitted to the different parts of the Register being the standards [the Council] considers necessary for safe and effective practice under that part of the Register".
- 3.3 This means that we must publish standards for each of the professions which are the 'necessary' or 'minimum' that we consider to be required for safe and effective practice.
- 3.4 There are separate standards of proficiency for each of the professions we regulate. The standards of proficiency complement our other standards as well as policies developed by employers and guidance produced by professional bodies.

Structure of the standards

- 3.5 The standards of proficiency are divided into generic standards (which apply to all the professions) and standards specific to each of the professions regulated. The purpose of the generic standards is to recognise commonality across all the professions that we regulate. The purpose of the profession-specific standards is to set out additional standards for each profession relevant to the generic standard.
- 3.6 We consulted on changes to the generic standards of proficiency between July and October 2010.¹ The new generic standards have now been agreed by our Council and are not the subject of this consultation. Under the new structure, most of the standards of proficiency will be profession-specific, listed under the 15 new generic standards.

Order of the standards

- 3.7 The standards of proficiency are not strictly hierarchical in order, and are all equally important in practice. When we were considering an appropriate order for the generic standards, we felt that there are certain standards—such as the requirement to 'practise safely and effectively within their scope of practice'—that set the highest-level requirements for all registrants, and that should logically be placed at the beginning of the list. In considering the order of the profession-specific standards of proficiency, we have continued this approach by listing standards that are about more general principles first

¹ You can find more information about the consultation on our website here: www.hpc-uk.org/aboutus/consultations/closed/index.asp?id=110

under the relevant generic standards, followed by standards that address more specific competencies.

Language used in the standards

- 3.8 As mentioned above, the standards of proficiency are the minimum standards for safe and effective practice. This means that they have to be relevant and applicable to prospective registrants applying to come on to the Register for the first time, as well as existing registrants and their practice.
- 3.9 The language used in the standards plays an important role in ensuring that they meet the above requirements. We intentionally use verbs such as 'understand', 'know' and 'be able to' rather than 'must'.
- 3.10 For example: *be able to practise in a non-discriminatory manner*. By using 'be able to' we can ensure that:
- the standard is applicable to prospective registrants - i.e. those who have not yet started practising and are applying to be registered for the first time; and
 - the standard is relevant and applicable to existing registrants. It could also be used in a fitness to practise case where a registrant's conduct or competence was called in to question.
- 3.11 If we changed the wording of this standard, for example, to 'registrants must practise in a non-discriminatory manner' it could no longer be met by prospective registrants who have not yet practised in their profession.
- 3.12 We write the standards in a way that means they are relevant to all registrants in a profession, regardless of their area of practice. We also use language that can take into account changes in the law, technology or working practices which might take place over time.
- 3.13 We have received some feedback to suggest that the language and terminology used in the profession-specific standards for some professions needs to be amended to better reflect the practice of those professions. We hope that the new draft standards will address these concerns.

4. How we use the standards of proficiency

Approval of education programmes

- 4.1 The primary role of the standards of proficiency is in articulating the skills, knowledge and abilities necessary to become registered for the first time.
- 4.2 We conduct approval visits to education providers to ensure that the programmes meet the standards. Our standards of education and training cover areas such as admissions, assessment and practice placements, and

we approve programmes using these standards. A programme which meets the standards of education and training will also allow a student who successfully completes that programme to meet the standards of proficiency.

Registration and renewal

- 4.3 The standards of proficiency play a central role in how someone becomes and remains registered with us.
- 4.4 Most applicants complete their study within the UK and apply for registration through our UK approved programme route. We assess all approved programmes to ensure that students who successfully complete them meet the standards of proficiency and are therefore eligible for registration.
- 4.5 International applications are also assessed against the standards of proficiency. Each application is assessed by assessors from the relevant profession to determine whether the applicant's education, training and experience mean that they meet the standards.
- 4.6 Every time a registrant renews their registration, we ask them to sign a declaration to confirm that they continue to meet the standards of proficiency which apply to them.

Fitness to practise

- 4.7 If a registrant's competence is called into question 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, but we may use the standards to decide whether they are practising safely and effectively within their scope of practice.

Scope of practice

- 4.8 As outlined above, when registrants renew their registration they must sign a declaration to state that they meet the standards which apply to them.
- 4.9 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 them.
- 4.10 A registrant's scope of practice may change over time and we recognise that the practice of experienced registrants often becomes more focussed and specialised than that of newly registered colleagues. This might be because of specialisation in a particular area of practice or with a particular group, or a movement into roles in management, education or research.

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

5. Reviewing the profession-specific standards of proficiency

The review process

- 5.1 We have invited the professional bodies for [insert profession – insert professional bodies] to review the standards of proficiency for their profession tell us whether they considered any changes were necessary. We have carefully considered their comments and other feedback we have received on the standards and produced a proposed set of draft standards for each profession.
- 5.2 We are now publicly consulting on the draft standards to seek the view of all our stakeholders. After consultation, we use the responses we receive to decide if any further amendments are needed.
- 5.3 Once the final sets of standards are approved, they will be published. We will work with education providers to gradually phase-in the new standards after they are published.

Updating the profession-specific standards

- 5.4 In the new structure of the standards of proficiency, most of the standards will be profession-specific. To set out the new draft standards for each profession in the new structure, we mapped all the current standards of proficiency for each profession under the relevant new generic standards. This consultation is not about changes to the approved generic standards, only the profession-specific standards for [insert profession].
- 5.5 The changes to the standards proposed in each set of draft standards are to:
- reflect current practice or changes in the scope of practice of each profession;
 - update the language where needed to ensure it is relevant to the practice of each profession and to reflect changes in current use of terminology;
 - reflect the standard content of pre-registration education programmes;
 - clarify the intention of existing standards; and
 - correct omissions or to avoid duplication.

- 5.6 The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. No relevant or useful standards will be lost, but the language used may change to ensure the standards are appropriate and applicable to individual professions. Where it is appropriate to do so, we also aim to maintain as much consistency as possible in the standards between different professions. Our current standards of proficiency are available to download for comparison from this page of our website:
www.hpc-uk.org/aboutregistration/standards/standardsofproficiency/
- 5.7 We are inviting our stakeholders to consider whether the changes we have suggested to the profession-specific standards of proficiency for each profession are appropriate. In addition to the changes we have suggested there may be other areas we have not considered that need to be reflected in the standards.

6. Your response

Consultation questions

- 6.1 We would welcome your response to our consultation and have listed some questions to help you. The questions are not designed to be exhaustive and we would welcome your comments on any related issue. Please provide reasons alongside your answers where possible.
- 6.2 The questions are listed below for your reference:
1. Do you think the standards are at a threshold level necessary for safe and effective practice?
 2. Do you think any additional standards are necessary?
 3. Do you think there are any standards which should be reworded?
 4. Do you have any comments about the language used in the standards?
 5. Do you have any other comments on the standards?²

How to respond to the consultation

- 6.3 The consultation closes on **X July 2012**.
- 6.4 We have prepared a consultation response form which you are invited to use to submit your response. You can find the consultation response form and further copies of the consultation document on our website.³

2 We will ask an additional question for arts therapists on the use of the terms 'service user' and 'client' within their standards of proficiency.

6.5 Please send your response to:

Consultation on changes to the profession-specific standards of proficiency for
[insert profession]
Policy and Standards Department
Health Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU

6.6 You may also email responses to consultation@hpc-uk.org or send a fax to +44 (0)20 7820 9684.

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

Please contact us to request a copy of this document in an alternative format, or in Welsh.

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

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

6.10 We look forward to receiving your comments.

³ There is more information about how we run our consultations on our website: www.hpc-uk.org/aboutus/consultations

Draft profession-specific standards of proficiency

Arts therapists

Notes for interpretation

The changes to the standards proposed in in these draft standards are to:

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

The generic standards of proficiency are not the subject of this consultation.

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

New generic standard	New proposed profession-specific standards of proficiency
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
	1.2 recognise the need to manage their own workload and resources effectively and be able to practise accordingly
	1.3 understand the value of therapy in developing insight and self-awareness through their own personal experience

New generic standard	New proposed profession-specific standards of proficiency
2. be able to practise within the legal and ethical boundaries of their profession	2.1 understand the need to act in the best interests of service users at all times
	2.2 understand what is required of them by the Health and Care Professions Council ¹
	2.3 understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
	2.4 recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
	2.5 know about current legislation applicable to the work of their profession
	2.6 understand the importance of and be able to obtain informed consent
	2.7 be able to exercise a professional duty of care
	2.8 understand the role of the art, music, or dramatherapist in different settings
3. be able to maintain fitness to practise	3.1 understand the need to maintain high standards of personal conduct
	3.2 understand the importance of maintaining their own health
	3.3 understand both the need to keep skills and knowledge up to date and the importance of career-long learning
	3.4 recognise that the obligation to maintain fitness to practise includes engagement in their own arts-based process
4. be able to practise as an autonomous professional, exercising their own professional judgement	4.1 be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
	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

¹ Subject to parliamentary agreement, the Health Professions Council will be renamed the Health and Care Professions Council.

New generic standard	New proposed profession-specific standards of proficiency
	4.3 be able to initiate resolution of problems and be able to exercise personal initiative
	4.4 recognise that they are personally responsible for and must be able to justify their decisions
	4.5 be able to make and receive appropriate referrals
5. be aware of the impact of culture, equality, and diversity on practice	5.1 understand the requirement to adapt practice to meet the needs of different groups and individuals
	5.2 understand the need to take account of psychological, social, cultural, economic and other factors when collecting case histories and other appropriate information
6. be able to practise in a non-discriminatory manner	
7. understand the importance of and be able to maintain confidentiality	7.1 be aware that the concepts of confidentiality and informed consent extend to illustrative records such as video and audio recordings, paintings, digital images and other art work
	7.2 be aware of the limits of the concept of confidentiality
	7.3 be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public
	7.4 understand the principles of information governance and be aware of the safe and effective use of health and social care information
8. be able to communicate effectively	8.1 be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues, and others
	8.2 be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 ²

² The International English Language Testing System (IELTS) tests competence in spoken and written English. 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, have to provide evidence that they have reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.

New generic standard	New proposed profession-specific standards of proficiency
	8.3 understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability, capacity, and learning ability
	8.4 be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
	8.5 be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as culture, age, ethnicity, gender, spiritual or religious beliefs and socio-economic status
	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
	8.7 understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible
	8.8 recognise the need to use interpersonal skills to encourage the active participation of service users
	8.9 be able to explain the nature, purpose and techniques of therapy to service users and carers
	9. be able to work appropriately with others
9.2 understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	
9.3 understand the need to engage service users and carers in planning and evaluating diagnostics, and assessment outcomes to meet their needs and goals	
9.4 be able to contribute effectively to work undertaken as part of a multi-disciplinary team	
9.5 recognise the role of arts therapists and the contribution they can make to health and social care	
9.6 understand the need to establish and sustain a therapeutic relationship within a creative and containing environment	

New generic standard	New proposed profession-specific standards of proficiency
10. be able to maintain records appropriately	10.1 be able to keep accurate, legible records
	10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines
	10.3 understand the need to use only accepted terminology in making records
11. be able to reflect on and review practice	11.1 understand the value of reflection on practice and the need to record the outcome of such reflection
	11.2 understand the value of case conferences and other methods of review
	11.3 understand the role and value of ongoing clinical supervision in an arts therapy context
12. be able to assure the quality of their practice	12.1 be able to engage in evidence-based practice, evaluate practice, and participate in audit procedures
	12.2 be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
	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
	12.4 be able to maintain an effective audit trail and work towards continual improvement
	12.5 be aware of, and able to participate in quality assurance programmes, where appropriate
	12.6 be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
	12.7 recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
13. understand the key concepts of the knowledge base relevant to their profession	13.1 understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession
	13.2 be aware of the principles and applications of research enquiry, including the evaluation of treatment efficacy and the research process

New generic standard	New proposed profession-specific standards of proficiency
	13.3 recognise the importance of working in partnership with service users when carrying out research
	13.4 recognise the role of other professions in health and social care
	13.5 understand the theoretical basis of, and the variety of approaches to, assessment and intervention
	13.6 understand the psychological and cultural background to health, and be aware of influences on the client – therapist relationship
	13.7 understand the core processes in therapeutic practice that are best suited to their clients' needs and be able to engage these to achieve productive outcomes
	13.8 understand the therapeutic relationship, including its limitations
	13.9 be able to employ a coherent approach to the therapeutic process
	13.10 understand how and why different approaches to the use of the arts in arts therapy and in other settings varies according to context and purpose
	13.11 know about theories of group work and the management of group process
	13.12 know about theories relevant to work with an individual
	13.13 know about: <ul style="list-style-type: none"> - human development; - normal and abnormal psychology; - normal and abnormal human communication and language development; - mental illness, psychiatric assessment and treatment; - congenital and acquired disability; - disorders of social functioning; - the principal psychotherapeutic interventions and their theoretical bases; and - the nature and application of other relevant interventions

New generic standard	New proposed profession-specific standards of proficiency
	13.14 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
	<p>Art therapists only</p> <p>13.15 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 and practice and the relevant aspects of connected disciplines including visual arts, aesthetics, anthropology, psychology, psychiatry, sociology, psychotherapy and medicine</p>
	13.16 know the practice and process of visual art-making
	13.17 understand the role of the physical setting and the art-making process in the physical and psychological containment of emotions
	13.18 understand the role and function of the art object as an intermediary frame and within the relationship between client and art therapist
	13.19 understand the role and use of visual symbols in art that communicate conscious and unconscious processes
	13.20 understand the influence of socio-cultural context on the making and viewing of art in art therapy
	13.21 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
	<p>Dramatherapists only</p> <p>13.22 understand core processes and forms of creativity, movement, play and dramatic representation pertinent to practice with a range of client groups</p>
	13.23 understand both the symbolic value and intent inherent in drama as an art form, and with more explicit forms of enactment and re-enactment of imagined or lived experience
	13.24 know a range of theatrical representation techniques and be able to engage clients in a variety of performance-derived roles

New generic standard	New proposed profession-specific standards of proficiency
	13.25 recognise that dramatherapy is a unique form of psychotherapy in which creativity, play, movement, voice, storytelling, dramatization, improvisation, and the performance arts have a central position within the therapeutic relationship
	13.26 recognise that different approaches to the discipline have developed from different histories in Eastern and Western Europe and the Americas
	13.27 recognise that the discipline has deep foundations within the many cultural traditions that use ritual, play, drama and performance for the enhancement of health
	13.28 know the key principles of influential theatre practitioners and their relevance to the therapeutic setting
	Music therapists only 13.29 recognise that different approaches to music therapy have developed in different cultures and settings, and be able to apply a coherent approach to their work appropriate to each setting in which they practise
	13.30 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
	13.31 know a broad range of musical styles and genres and be aware of their cultural contexts
	13.32 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
14. be able to draw on appropriate knowledge and skills to inform practice	14.1 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively
	14.2 be able to work with clients both to define a clear end for the therapy, and to evaluate the therapy's strengths, benefits and limitations
	14.3 be able to formulate specific and appropriate management plans including the setting of timescales
	14.4 be able to change their practice as needed to take account of new developments or changing contexts
	14.5 be able to gather appropriate information

New generic standard	New proposed profession-specific standards of proficiency
	14.6 be able to select and use appropriate assessment techniques
	14.7 be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and resources
	14.8 be able to undertake or arrange investigations as appropriate
	14.9 be able to observe and record client's responses and assess the implication for diagnosis and intervention
	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
	14.11 be able to analyse and critically evaluate the information collected
	14.12 be able to demonstrate a logical and systematic approach to problem solving
	14.13 be able to use research, reasoning and problem solving skills to determine appropriate actions
	14.14 recognise the value of research to the critical evaluation of practice
	14.15 be aware of a range of information, research methodologies and their respective limitations in evaluating psychotherapeutic interventions and treatments
	14.16 be able to evaluate research and other evidence to inform their own practice
	14.17 be able to demonstrate a level of skill in the use of information and communication technologies appropriate to their practice
	<p>Art therapists only</p> <p>14.18 be able to use a range of art and art-making materials and techniques competently and be able to help a client to work with these</p>
	<p>Dramatherapists only</p> <p>14.19 be able to use a range of dramatic concepts, techniques and procedures including games, activities, styles and structures and to improvise drama spontaneously with clients in a variety of styles and idioms</p>

New generic standard	New proposed profession-specific standards of proficiency
	<p>Music therapists only</p> <p>14.20 be able to use a range of music and music-making techniques competently including improvisation, structured musical activities, creation and composition of material and music technology where appropriate and be able to help a client to work with these</p>
<p>15. understand the need to establish and maintain a safe practice environment</p>	<p>15.1 understand the need to maintain the safety of both service users and those involved in their care</p>
	<p>15.2 be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these</p>
	<p>15.3 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</p>
	<p>15.4 be able to select appropriate personal protective equipment and use it correctly</p>
	<p>15.5 be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control</p>

Draft profession-specific standards of proficiency

Dietitians

Notes for interpretation

The changes to the standards proposed in in these draft standards are to:

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

The generic standards of proficiency are not the subject of this consultation.

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

New generic standard	New proposed profession-specific standards of proficiency
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
	1.2 recognise the need to manage their own workload and resources effectively and be able to practise accordingly
2. be able to practise within	2.1 understand the need to act in the best interests of service users at all times

New generic standard	New proposed profession-specific standards of proficiency
the legal and ethical boundaries of their profession	2.2 understand what is required of them by the Health and Care Professions Council ¹
	2.3 understand the need to respect and uphold the rights, dignity, values, and autonomy of service users and their central role in decisions about their health
	2.4 recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
	2.5 know about current legislation applicable to the work of their profession
	2.6 understand the legislative, policy, ethical and research frameworks that underpin, inform, and influence the practice of dietetics
	2.7 understand the importance of and be able to obtain informed consent
	2.8 be able to exercise a professional duty of care
	2.9 understand the ethical and legal implications of withholding or withdrawing nutrition
3. be able to maintain fitness to practise	3.1 understand the need to maintain high standards of personal conduct
	3.2 understand the importance of maintaining their own health
	3.3 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	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
	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
	4.3 be able to initiate resolution of problems and be able to exercise personal initiative

¹ Subject to parliamentary agreement, the Health Professions Council will be renamed the Health and Care Professions Council.

New generic standard	New proposed profession-specific standards of proficiency
	<p>4.4 recognise that they are personally responsible for and must be able to justify their decisions</p> <p>4.5 be able to make reasoned decisions to accept or decline requests for intervention</p> <p>4.6 be able to make appropriate referrals and requests for interventions from other services</p> <p>4.7 understand the importance of participation in training, supervision, and mentoring</p>
5. be aware of the impact of culture, equality, and diversity on practice	<p>5.1 understand the requirement to adapt practice and resources to meet the needs of different groups and individuals</p> <p>5.2 understand the significance and potential effect of non-dietary factors when helping individuals, groups and communities to make informed choices about interventions and lifestyle</p>
6. be able to practise in a non-discriminatory manner	6.1 be able to demonstrate sensitivity to social, economic and cultural factors that affect diet, lifestyle and health and that may affect the interaction between client and dietitian
7. understand the importance of and be able to maintain confidentiality	<p>7.1 be aware of the limits of the concept of confidentiality</p> <p>7.2 understand the principles of information governance and be aware of the safe and effective use of health and social care information</p>
8. be able to communicate effectively	<p>8.1 be able to demonstrate effective and appropriate verbal and non-verbal communication skills when interacting with a diverse range of individuals, groups, and communities</p> <p>8.2 be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5²</p>

² The International English Language Testing System (IELTS) tests competence in spoken and written English. 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, have to provide evidence that they have reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.

New generic standard	New proposed profession-specific standards of proficiency
	<p>8.3 understand how verbal and non-verbal communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as the characteristics of the individual, group, or community</p> <p>8.4 be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others</p> <p>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 culture, age, ethnicity, gender, religious beliefs and socio-economic status</p> <p>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</p> <p>8.7 understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible</p> <p>8.8 recognise the need to use interpersonal skills to encourage the active participation of service users</p>
9. be able to work appropriately with others	<p>9.1 be able to work, where appropriate, in partnership with service users, other professionals, support staff, communities, and others</p> <p>9.2 understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team</p> <p>9.3 understand the need to empower and engage individuals, groups, and communities in planning and evaluating interventions to meet their needs and goals</p> <p>9.4 be able to contribute effectively to work undertaken as part of a multi-disciplinary team</p> <p>9.5 be able to empower individuals, groups and communities to make informed choices including diet, physical activity and other lifestyle adjustments</p> <p>9.6 be able to work with service users to implement changes in treatment in line with new developments</p>
10. be able to maintain	10.1 be able to keep accurate, legible records

New generic standard	New proposed profession-specific standards of proficiency
records appropriately	10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines
	10.3 understand the need to use only accepted terminology in making records
11.be able to reflect on and review practice	11.1 understand the value of reflective practice in informing and critically evaluating practice
	11.2 recognise the value of multi-disciplinary team review and other methods of review
12.be able to assure the quality of their practice	12.1 be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures
	12.2 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
	12.3 be able to gather and share information, including qualitative and quantitative data, that evaluates outcomes
	12.4 be aware of, and able to participate in, quality improvement processes to assure the quality of their practice
	12.5 be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in partnership with individuals, groups, and communities
13.understand the key concepts of the knowledge base relevant to their profession	13.1 understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession
	13.2 be aware of the principles and applications of scientific enquiry, including the evaluation of interventions and the research process
	13.3 recognise the role of other professions in health and social care
	13.4 understand the wider determinants of health and wellbeing
	13.5 understand the theoretical basis of, and the variety of approaches to, assessment, diagnosis, intervention and evaluation

New generic standard	New proposed profession-specific standards of proficiency
	<p>13.6 understand, in the context of nutrition and dietetic practice:</p> <ul style="list-style-type: none"> - biochemistry; - physiology; - clinical medicine; - clinical dietetics; - public health nutrition; - epidemiology; - genetics; - immunology; - microbiology; - nutritional sciences; - pathophysiology; and - pharmacology
	<p>13.7 understand, in the context of nutrition and dietetic practice:</p> <ul style="list-style-type: none"> - food hygiene; - food science; - food skills; - menu planning; - food systems management; and - the factors that influence food choice
	<p>13.8 understand the principles behind the use of nutritional analysis programs to analyse food intake records and recipes and interpret the results</p>
	<p>13.9 understand in the context of nutrition and dietetic practice, legislation relating to food labelling and health claims</p>

New generic standard	New proposed profession-specific standards of proficiency
	13.10 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
	13.11 understand, in the context of nutrition and dietetic practice: <ul style="list-style-type: none"> - sociology; - social policy; - psychology; - management of health and social care; and - public health relevant to the dietetic management of individuals, groups or communities
	13.12 understand the methods commonly used in nutrition research and be able to evaluate research papers critically
14.be able to draw on appropriate knowledge and skills to inform practice	14.1 be able to accurately assess nutritional needs of individuals, groups, and populations, in a sensitive and detailed way using appropriate techniques and resources
	14.2 be able to change their practice as needed to take account of new developments or changing contexts
	14.3 be able to gather appropriate information
	14.4 be able to select and use appropriate assessment techniques
	14.5 be able to undertake or arrange investigations as appropriate
	14.6 be able to analyse and critically evaluate the information collected in order to identify nutritional needs and develop a diagnosis
	14.7 be able to analyse and critically evaluate assessment information to develop intervention plans including the setting of timescales, goals and outcomes
	14.8 be able to conduct appropriate diagnostic or monitoring procedures treatment, therapy, interventions, or other actions safely and effectively

New generic standard	New proposed profession-specific standards of proficiency
	14.9 be able to monitor the progress of nutrition and dietetic interventions using appropriate information, techniques and measures
	14.10 be able to critically evaluate the information gained in monitoring to review and revise the intervention
	14.11 be able to use nutritional analysis programs to analyse food intake, records and recipes and interpret the results
	14.12 be able to use research, reasoning, and a logical and systematic approach to problem solving skills to determine appropriate actions
	14.13 recognise the value of research to the critical evaluation of practice
	14.14 be able to use statistical, epidemiological and research skills to gather and interpret evidence to make reasoned conclusions and judgements to enhance dietetic practice
	14.15 be aware of a range of research methodologies and be able to critically evaluate research in order to inform practice
	14.16 be able to demonstrate a level of skill in the use of information and communication technologies appropriate to their practice
	14.17 be able to choose the most appropriate strategy to influence nutritional behaviour and choice
	14.18 be able to undertake and explain dietetic interventions, having regard to current knowledge and evidence-based practice
	14.19 be able to advise on safe procedures for food preparation and handling, and any effect on nutritional quality
	14.20 be able to advise on the effect of food processing on nutritional quality
	14.21 be able to advise on menu planning, taking account of food preparation and processing, nutritional standards and requirements of service users
	14.22 be able to interpret nutritional information including food labels which may have nutritional or clinical implications

New generic standard	New proposed profession-specific standards of proficiency
15. understand the need to establish and maintain a safe practice environment	15.1 understand the need to maintain the safety of both service users and those involved in their care
	15.2 be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
	15.3 be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation
	15.4 be able to select appropriate personal protective equipment and use it correctly
	15.5 be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

DRAFT FOR CONSIDERATION BY FRC

Draft profession-specific standards of proficiency

Occupational therapists

Notes for interpretation

The changes to the standards proposed in in these draft standards are to:

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

The generic standards of proficiency are not the subject of this consultation.

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

New generic standard	New proposed profession-specific standards of proficiency
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
	1.2 recognise the need to manage their own workload and resources effectively and be able to practise accordingly
2. be able to practise within	2.1 understand the need to act in the best interests of service users at all times

New generic standard	New proposed profession-specific standards of proficiency
the legal and ethical boundaries of their profession	2.2 understand what is required of them by the Health and Care Professions Council ¹
	2.3 understand the need to respect and uphold, the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
	2.4 recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
	2.5 know about current legislation applicable to the work of their profession
	2.6 understand the effect of legislation on the delivery of care
	2.7 understand the importance of and be able to obtain informed consent
	2.8 be able to exercise a professional duty of care
	3. be able to maintain fitness to practise
3.2 understand the importance of maintaining their own health	
3.3 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	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
	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
	4.3 be able to initiate resolution of problems and be able to exercise personal initiative
	4.4 recognise that they are personally responsible for and must be able to justify their decisions
	4.5 be able to make and receive appropriate referrals

¹ Subject to parliamentary agreement, the Health Professions Council will be renamed the Health and Care Professions Council.

New generic standard	New proposed profession-specific standards of proficiency
5. be aware of the impact of culture, equality, and diversity on practice	5.1 understand the requirement to adapt practice to meet the needs of different groups and individuals
	5.2 understand the specific local context of practice, including the socio-cultural diversity of the community
	5.3 recognise the socio-cultural environmental issues that influence the context within which people live and work
	5.4 recognise the effect of inequality, poverty, exclusion, identity, social difference and diversity on occupational performance
6. be able to practise in a non-discriminatory manner	
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
8. be able to communicate effectively	8.1 be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues, and others
	8.2 be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 ²
	8.3 understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability, capacity, and learning ability
	8.4 be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others

² The International English Language Testing System (IELTS) tests competence in spoken and written English. 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, have to provide evidence that they have reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.

New generic standard	New proposed profession-specific standards of proficiency
	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 culture, age, ethnicity, gender, religious beliefs and socio-economic status
	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
	8.7 understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible
	8.8 recognise the need to use interpersonal skills to encourage the active participation of service users
	8.9 be able to listen to a service user's occupational narrative and analyse the content in order to plan for the future
	8.10 be able, through interview and personal discussion, to understand the values, beliefs and interests of service users, their families and carers
9. be able to work appropriately with others	9.1 be able to work, where appropriate, in partnership with service users, other professionals, support staff, and others
	9.2 understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
	9.3 understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
	9.4 be able to contribute effectively to work undertaken as part of a multi-disciplinary team
	9.5 understand the need to work with those who provide services in and across different sectors
	9.6 understand the need to adopt an approach which centres on the service user and establish appropriate professional relationships in order to motivate and involve the client in meaningful occupation
	9.7 understand the value of enabling and empowering service users with the aim of enhancing their access to all services and opportunities which are available to them

New generic standard	New proposed profession-specific standards of proficiency
	9.8 understand group dynamics and roles, and be able to facilitate group work, in order to maximise support, learning and change within groups and communities
	9.9 understand the need to capitalise, where appropriate, on the dynamics within groups and communities in order to harness the motivation and active involvement of participants
	9.10 be able to work in appropriate partnership with service users in order to evaluate the effectiveness of occupational therapy intervention
10. be able to maintain records appropriately	10.1 be able to keep accurate, legible records
	10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines
	10.3 understand the need to use only accepted terminology in making records
11. be able to reflect on and review practice	11.1 understand the value of reflection on practice and the need to record the outcome of such reflection
	11.2 recognise the value of case conferences, supervision, and other methods of reflecting on and reviewing practice
	11.3 be able to recognise the potential of occupational therapy in new and emerging areas of practice
12. be able to assure the quality of their practice	12.1 be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures
	12.2 be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
	12.3 be aware of the role of audit and review in quality management, including quality control, quality assurance, and the use of appropriate outcome measures
	12.4 be able to maintain an effective audit trail and work towards continual improvement
	12.5 be aware of, and able to participate in quality assurance programmes, where appropriate

New generic standard	New proposed profession-specific standards of proficiency
	12.6 be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
	12.7 recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
13. understand the key concepts of the knowledge base relevant to their profession	13.1 understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession
	13.2 be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
	13.3 recognise the role of other professions in health and social care
	13.4 understand the theoretical basis of, and the variety of approaches to, assessment and intervention
	13.5 be able to understand and analyse activity and occupation and their relation to and effect on, health, wellbeing, and function
	13.6 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
	13.7 understand the need to identify and assess occupational, physical, psychological, cultural and environmental needs and problems of service users, their families and carers
	13.8 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
	13.9 recognise the value of the diversity and complexity of human behaviour through the exploration of different physical, psychological, environmental, social, emotional and spiritual perspectives
	13.10 be aware of social, environmental and work-related policies and services and their effect on human needs within a diverse society

New generic standard	New proposed profession-specific standards of proficiency
	13.11 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
	13.12 understand the use of the current philosophical framework for occupational therapy that focuses on service users and the bio-psychosocial model
14. 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
	14.2 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively
	14.3 be able to formulate specific and appropriate care or case management plans including the setting of timescales
	14.4 be able to gather and use appropriate information
	14.5 be able to select and use appropriate assessment techniques
	14.6 be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
	14.7 be able to use observation to gather information about the functional abilities of service users
	14.8 be able to select and use standardised and non-standardised assessments appropriately to gather information about the service user's occupational performance, taking account of the environmental context
	14.9 be able to select and use relevant assessment tools to identify occupational performance needs
	14.10 understand the need to consider the assessment of the health, social care, employment, and learning needs of service users
	14.11 be able to undertake or arrange investigations as appropriate
14.12 be able to analyse and critically evaluate the information collected	
14.13 be able to demonstrate a logical and systematic approach to problem solving	

New generic standard	New proposed profession-specific standards of proficiency
	14.14 be able to use research, reasoning and problem solving skills to determine appropriate actions
	14.15 recognise the value of research to the critical evaluation of practice
	14.16 be aware of a range of research methodologies
	14.17 be able to evaluate research and other evidence to inform their own practice
	14.18 be able to demonstrate a level of skill in the use of information and communication technologies appropriate to their practice
	14.19 be able to understand and use the relevant sciences and established theories, frameworks and concepts of occupational therapy
	14.20 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
	14.21 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
	14.22 be able to analyse, develop or modify therapeutic media and environments to service users, to build on their abilities and enhance their occupational performance
	14.23 be aware of the full range of occupations and activities used in intervention and how these should reflect the individual's occupational needs
14.24 know how to meet the social, psychological and physical health-based occupational needs of service users across a range of practice areas	
15. understand the need to establish and maintain a safe practice environment	15.1 understand the need to maintain the safety of both service users and those involved in their care
	15.2 be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
	15.3 be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation

New generic standard	New proposed profession-specific standards of proficiency
	15.4 be able to select appropriate personal protective equipment and use it correctly
	15.5 be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control
	15.6 know and be able to apply appropriate moving and handling techniques

DRAFT FOR CONSIDERATION BY ETC

Draft profession-specific standards of proficiency

Orthoptists

Notes for interpretation

The changes to the standards proposed in in these draft standards are to:

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

The generic standards of proficiency are not the subject of this consultation.

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

New generic standard	New proposed profession-specific standards of proficiency
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
	1.2 recognise the need to manage their own workload and resources effectively and be able to practise accordingly
2. be able to practise	2.1 understand the need to act in the best interests of service users at all times

New generic standard	New proposed profession-specific standards of proficiency
within the legal and ethical boundaries of their profession	2.2 understand what is required of them by the Health and Care Professions Council ¹
	2.3 understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
	2.4 recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
	2.5 know about current legislation applicable to the work of their profession
	2.6 understand the importance of and be able to obtain informed consent
	2.7 be able to exercise a professional duty of care
3. be able to maintain fitness to practise	3.1 understand the need to maintain high standards of personal conduct
	3.2 understand the importance of maintaining their own health
	3.3 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	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
	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
	4.3 be able to initiate resolution of problems and be able to exercise personal initiative
	4.4 recognise that they are personally responsible for and must be able to justify their decisions
	4.5 be able to make and receive appropriate referrals

¹ Subject to parliamentary agreement, the Health Professions Council will be renamed the Health and Care Professions Council.

New generic standard	New proposed profession-specific standards of proficiency
5. be aware of the impact of culture, equality, and diversity on practice	5.1 understand the requirement to adapt practice to meet the needs of different groups
	5.2 understand the need to take account of physical, psychological and cultural needs when planning and delivering treatment, such as considering the educational as well as visual needs of a school-aged child undergoing occlusion therapy
6. be able to practise in a non-discriminatory manner	
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
8. be able to communicate effectively	8.1 be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues, and others
	8.2 be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 ²
	8.3 understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability, capacity and learning ability
	8.4 be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others

² The International English Language Testing System (IELTS) tests competence in spoken and written English. 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, have to provide evidence that they have reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.

New generic standard	New proposed profession-specific standards of proficiency
	<p>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 culture, age, ethnicity, gender, religious beliefs and socio-economic status</p> <p>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</p> <p>8.7 understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible</p> <p>8.8 recognise the need to use interpersonal skills to encourage the active participation of service users</p> <p>8.9 recognise the need to modify interpersonal skills for the assessment and management of children</p>
<p>9. be able to work appropriately with others</p>	<p>9.1 be able to work, where appropriate, in partnership with service users, other professionals, support staff, and others</p> <p>9.2 understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team</p> <p>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</p> <p>9.4 be able to diagnose a range of vision, binocular vision and ocular motility defects and all categories of strabismus, and instigate investigations and referrals where appropriate</p> <p>9.5 recognise the need to participate effectively in the planning, implementation and evaluation of multi-professional approaches to healthcare delivery by liaising with ophthalmologists, optometrists and other healthcare professionals</p> <p>9.6 be able to contribute effectively to work undertaken as part of a multi-disciplinary team</p> <p>9.7 be aware of the orthoptist's role in the promotion of visual health by others, such as the training of health visitors in the practice of visual screening</p>

New generic standard	New proposed profession-specific standards of proficiency
10. be able to maintain records appropriately	10.1 be able to keep accurate, legible records
	10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines
	10.3 understand the need to use only accepted terminology in making records
11. be able to reflect on and review practice	11.1 understand the value of reflection on practice and the need to record the outcome of such reflection
	11.2 recognise the value of case conferences and other methods of review
12. be able to assure the quality of their practice	12.1 be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures
	12.2 be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
	12.3 be aware of the role of audit and review in quality management, including quality control, quality assurance, and the use of appropriate outcome measures
	12.4 be able to maintain an effective audit trail and work towards continual improvement
	12.5 be aware of, and able to participate in quality assurance programmes, where appropriate
	12.6 be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
	12.7 recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
13. understand the key concepts of the knowledge base relevant to their profession	13.1 understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession
	13.2 be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

New generic standard	New proposed profession-specific standards of proficiency
	13.3 recognise the role of other professions in health and social care
	13.4 understand the theoretical basis of, and the variety of approaches to, assessment and intervention
	13.5 understand ocular alignment and binocular single vision and stereopsis, and the sensory and motor elements required to attain and maintain these
	13.6 understand the principles of uniocular and binocular perception, and the anatomical substrate of these functions
	13.7 understand refractive error and its effect on ocular alignment and visual development
	13.8 understand binocular vision and the factors which can cause its disruption
	13.9 understand ocular motility systems, the laws associated with them, and their neural control
	13.10 know the adaptive mechanisms that occur in order to compensate for strabismus and abnormalities of binocular vision
	13.11 understand human anatomy and physiology, and the central nervous system, brain and ocular structures
	13.12 understand human growth and development across the lifespan, as it relates to the practice of orthoptics
	13.13 understand the effect of other acquired medical and neurological disorders on the eye, the visual and ocular motor systems including paediatric, endocrine, autoimmune, oncological and neurological disease
	13.14 know about the range of ophthalmic conditions which can disrupt vision, binocular vision and produce eye movement disorders
	13.15 know the factors which influence individual variations in human ability and development
	13.16 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

New generic standard	New proposed profession-specific standards of proficiency
	13.17 understand neuroanatomy and the effects of disruption of neural pathways on the visual system, cranial nerves and supranuclear control of eye movements
	13.18 understand the development of anatomical substrates and their relevance to the development of binocular single vision and visual function
	13.19 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
	13.20 be aware of human behaviour and recognise the need for sensitivity to the psychosocial aspects of strabismus
	13.21 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
	13.22 know the principles governing ocular motility and their relevance to diagnosis and patient management, and be able to apply them to clinical practice
	13.23 know the principles governing visual function and the development of vision, and be able to apply them to clinical practice
	13.24 recognise the functional and perceptual difficulties that may arise as a result of defective visual, binocular or ocular motor functions
	13.25 be able to plan, operate and evaluate appropriate vision screening programmes
	13.26 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
14. be able to draw on appropriate knowledge and skills to inform practice	14.1 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and skillfully
	14.2 be able to formulate specific and appropriate management plans, and set timescales

New generic standard	New proposed profession-specific standards of proficiency
	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
	14.4 be able to effect a change in visual stimuli resulting in a clinically defined outcome, which can be recorded and monitored in a manner appropriate to safe orthoptic practice
	14.5 be able to change their practice as needed to take account of new developments or changing contexts
	14.6 be able to gather appropriate information
	14.7 be able to select and use appropriate assessment techniques
	14.8 be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
	14.9 be able to use investigative techniques to identify ocular defects within a specific population to form a diagnosis and devise an appropriate course of action
	14.10 be able to recognise and document any adverse reaction to treatment and take appropriate action in response to this
	14.11 be able to conduct thorough investigation of ocular motility
	14.12 be able to diagnose conditions and select appropriate management
	14.13 understand the principles and techniques used to perform an objective and subjective refraction
	14.14 understand the principles and techniques used to examine anterior and posterior segments of the eye
	14.15 understand the principles and techniques used to assess visual fields
	14.16 understand the principles and techniques used in electrophysiological assessment of visual function and the visual pathway

New generic standard	New proposed profession-specific standards of proficiency
	14.17 be able to undertake or arrange investigations as appropriate
	14.18 be able to identify where there is a clinical need for medical or neurological investigations, and refer to the appropriate specialist to undertake or arrange these
	14.19 be able to analyse and critically evaluate the information collected
	14.20 be able to identify pathological changes and related clinical features of conditions commonly encountered by orthoptists
	14.21 be able to demonstrate a logical and systematic approach to problem solving
	14.22 be able to use research, reasoning and problem solving skills to determine appropriate actions
	14.23 recognise the value of research to the critical evaluation of practice
	14.24 be aware of a range of research methodologies
	14.25 be able to evaluate research and other evidence to inform their own practice
	14.26 understand research in the fields of ocular motility, strabismus, amblyopia and binocular disorders and how it could affect practice
	14.27 be able to demonstrate a level of skill in the use of information and communication technologies appropriate to their practice
	14.28 understand the pharmacological action, clinical indications and contra-indications of ophthalmic drugs and how they may be selected and used in orthoptic practice
	14.29 understand the principles and application of orthoptic and ophthalmological equipment used during the investigative process
	14.30 know the tests required to aid in differential diagnosis

New generic standard	New proposed profession-specific standards of proficiency
	14.31 know the effects of orthoptic and ophthalmological intervention on visual development
	14.32 know the means by which refraction and optics can influence vision and binocular vision
	14.33 know the principles and application of measurement techniques used to assess binocular vision and other ocular conditions
15. understand the need to establish and maintain a safe practice environment	15.1 understand the need to maintain the safety of both service users and those involved in their care
	15.2 be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
	15.3 be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation
	15.4 be able to select appropriate personal protective equipment and use it correctly
	15.5 be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control
	15.6 know how to position or immobilise service users correctly for safe and effective interventions

Draft profession-specific standards of proficiency

Physiotherapists

Notes for interpretation

The changes to the standards proposed in in these draft standards are to:

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

The generic standards of proficiency are not the subject of this consultation.

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

New generic standard	New proposed profession-specific standards of proficiency
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
	1.2 recognise the need to manage their own workload and resources effectively and be able to practise accordingly
2. be able to practise within	2.1 understand the need to act in the best interests of service users at all times

New generic standard	New proposed profession-specific standards of proficiency
the legal and ethical boundaries of their profession	2.2 understand what is required of them by the Health and Care Professions Council ¹
	2.3 understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
	2.4 recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
	2.5 know about current legislation applicable to the work of their profession
	2.6 understand the importance of and be able to obtain informed consent
	2.7 be able to exercise a professional duty of care
3. be able to maintain fitness to practise	3.1 understand the need to maintain high standards of personal conduct
	3.2 understand the importance of maintaining their own health
	3.3 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	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
	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
	4.3 be able to initiate resolution of problems and be able to exercise personal initiative
	4.4 recognise that they are personally responsible for and must be able to justify their decisions
	4.5 be able to make and receive appropriate referrals
5. be aware of the impact of	5.1 understand the requirement to adapt practice to meet the needs of different groups and individuals

¹ Subject to parliamentary agreement, the Health Professions Council will be renamed the Health and Care Professions Council.

New generic standard	New proposed profession-specific standards of proficiency
culture, equality, and diversity on practice	5.2 be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals and communities during the assessment process
6. be able to practise in a non-discriminatory manner	
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
8. be able to communicate effectively	8.1 be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues, and others
	8.2 be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 ²
	8.3 understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability, capacity, and learning ability
	8.4 be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
	8.5 be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as culture, age, ethnicity, gender, religious beliefs and socio-economic status
	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

² The International English Language Testing System (IELTS) tests competence in spoken and written English. 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, have to provide evidence that they have reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.

New generic standard	New proposed profession-specific standards of proficiency
	<p>8.7 understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible</p> <p>8.8 recognise the need to use interpersonal skills to encourage the active participation of service users</p>
9. be able to work appropriately with others	<p>9.1 be able to work, where appropriate, in partnership with service users, other professionals, support staff, and others</p> <p>9.2 understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team</p> <p>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</p> <p>9.4 be able to contribute effectively to work undertaken as part of a multi-disciplinary team</p> <p>9.5 understand the need to agree the goals, priorities and methods of physiotherapy intervention in partnership with the service user</p>
10. be able to maintain records appropriately	<p>10.1 be able to keep accurate, legible records</p> <p>10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines</p> <p>10.3 understand the need to use only accepted terminology in making records</p>
11. be able to reflect on and review practice	<p>11.1 understand the value of reflection on practice and the need to record the outcome of such reflection</p> <p>11.2 recognise the value of case conferences and other methods of review</p>
12. be able to assure the quality of their practice	<p>12.1 be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures</p> <p>12.2 be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care</p>

New generic standard	New proposed profession-specific standards of proficiency
	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
	12.4 be able to maintain an effective audit trail and work towards continual improvement
	12.5 be aware of, and able to participate in quality assurance programmes, where appropriate
	12.6 be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
	12.7 recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
	12.8 be able to evaluate treatment plans to ensure that they meet the physiotherapy needs of service users, informed by changes in circumstances and health status
13. understand the key concepts of the knowledge base relevant to their profession	13.1 recognise the role of other professions in health and social care
	13.2 be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
	13.3 understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their profession
	13.4 understand the theoretical basis of, and the variety of approaches to, assessment and intervention
	13.5 understand the following aspects of biological science: <ul style="list-style-type: none"> - normal human anatomy and physiology, especially the dynamic relationships of human structure and function and the neuromuscular, musculoskeletal, cardio-vascular and respiratory systems - patterns of human growth and development across the lifespan - factors influencing individual variations in human ability and health status - how the application of physiotherapy can cause physiological and structural change

New generic standard	New proposed profession-specific standards of proficiency
	<p>13.6 understand the following aspects of physical science:</p> <ul style="list-style-type: none"> - 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
	<p>13.7 understand the following aspects of clinical science:</p> <ul style="list-style-type: none"> - 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 interventions
	<p>13.8 understand the following aspects of behavioural science:</p> <ul style="list-style-type: none"> - 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 treatment - how psychology, sociology and cultural diversity inform an understanding of health, illness and health care in the context of physiotherapy and the incorporation of this knowledge into physiotherapy practice - theories of communication relevant to effective interaction with service users, carers, colleagues, managers and other health and social care professionals - theories of team working and leadership
<p>14. be able to draw on appropriate knowledge and skills to inform</p>	<p>14.1 understand the structure and function of health, education and social care services in the UK and current developments</p>
	<p>14.2 be able to deliver and evaluate physiotherapy programmes</p>

New generic standard	New proposed profession-specific standards of proficiency
practice	14.3 be able to gather appropriate information
	14.4 be able to select and use appropriate assessment techniques
	14.5 be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
	14.6 be able to undertake or arrange investigations as appropriate
	14.7 be able to analyse and critically evaluate the information collected
	14.8 be able to form a diagnosis on the basis of physiotherapy assessment
	14.9 be able to demonstrate a logical and systematic approach to problem solving
	14.10 be able to use research, reasoning and problem solving skills to determine appropriate actions
	14.11 be able to formulate specific and appropriate management plans including the setting of timescales
	14.12 be able to apply problem solving and clinical reasoning to assessment findings to plan and prioritise appropriate physiotherapy
	14.13 recognise the need to discuss, and be able to explain the rationale for, the use of physiotherapy interventions
	14.14 be able to set goals and construct specific individual and group physiotherapy programmes
	14.15 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively
	14.16 be able to select, plan, implement and manage physiotherapy treatment aimed at the facilitation and restoration of movement and function
	14.17 know how to position or immobilise service users and be able to apply appropriate moving and handling techniques for safe and effective interventions

New generic standard	New proposed profession-specific standards of proficiency
	14.18 be able to select and apply safe and effective therapeutic exercise, manual therapy and electrotherapies in order to alleviate symptoms and restore optimum function
	14.19 be able to apply physiotherapy-specific practice skills including manual therapy, exercise and movement, electrotherapeutic modalities and kindred approaches
	14.20 be able to change their practice as needed to take account of new developments or changing contexts
	14.21 recognise the value of research to the critical evaluation of practice
	14.22 be aware of a range of research methodologies
	14.23 be able to evaluate research and other evidence to inform their own practice
	14.24 be able to demonstrate a level of skill in the use of information and communication technologies appropriate to their practice
	14.25 know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber in order to have their name annotated on the Register (this standard applies only to registrants who are eligible to have their names annotated on the Register) ³
15. understand the need to establish and maintain a safe practice environment	15.1 understand the need to maintain the safety of both service users and those involved in their care
	15.2 be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
	15.3 be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation
	15.4 be able to select appropriate personal protective equipment and use it correctly

³ Independent prescribing standards for physiotherapists are due to go to public consultation in July 2012. Once the new prescribing standards are approved, this standard will be removed.

New generic standard	New proposed profession-specific standards of proficiency
	15.5 be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

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Draft profession-specific standards of proficiency

Radiographers

Notes for interpretation

The changes to the standards proposed in in these draft standards are to:

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

The generic standards of proficiency are not the subject of this consultation.

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

New generic standard	New profession-specific standards of proficiency	
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
	1.2	be able to manage their own workload and resources effectively and be able to practise accordingly
2. be able to practise within	2.1	understand the need to act in the best interests of service users at all times

New generic standard	New profession-specific standards of proficiency
the legal and ethical boundaries of their profession	2.2 understand what is required of them by the Health and Care Professions Council ¹
	2.3 understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
	2.4 recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
	2.5 know about current legislation applicable to the work of their profession
	2.6 be able to practise in accordance with current legislation governing the use of ionising and non-ionising radiation for medical and other purposes
	2.7 understand the importance of and be able to obtain informed consent
	2.8 be able to exercise a professional duty of care
	2.9 understand the legislative, policy, ethical and research frameworks that underpin, inform and influence the practice of radiography
	3. be able to maintain fitness to practise
3.2 understand the importance of maintaining their own health	
3.3 understand both the need to keep skills and knowledge up to date and the importance of life-long learning	
4. be able to practise as an autonomous professional, exercising their own professional judgement	4.1 be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
	4.2 be able to make reasoned decisions to initiate, continue, modify or cease radiotherapy treatment or diagnostic imaging examinations and record the decisions and reasoning appropriately
	4.3 be able to initiate resolution of problems and be able to exercise personal initiative

¹ Subject to parliamentary agreement, the Health Professions Council will be renamed the Health and Care Professions Council.

New generic standard	New profession-specific standards of proficiency
	4.4 recognise that they are personally responsible for and must be able to justify their decisions 4.5 be able to make and receive appropriate referrals 4.6 understand the importance of participation in training, supervision, and mentoring
5. be aware of the impact of culture, equality, and diversity on practice	5.1 understand the requirement to adapt practice to meet the needs of different groups and individuals 5.2 understand the emotions, behaviours and psychosocial needs of people undergoing radiotherapy or diagnostic imaging, as well as that of their families and carers 5.3 be able to provide appropriate information and support for service users throughout their radiotherapy treatment and care or diagnostic imaging examinations
6. be able to practise in a non-discriminatory manner	
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
8. be able to communicate effectively	8.1 be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues, and others 8.2 be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 ²

² The International English Language Testing System (IELTS) tests competence in spoken and written English. 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, have to provide evidence that they have reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.

New generic standard	New profession-specific standards of proficiency
	<p>8.3 understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability, capacity, and learning ability</p> <p>8.4 be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as culture, age, ethnicity, gender, religious beliefs and socio-economic status</p> <p>8.5 understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions</p> <p>8.6 understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible</p> <p>8.7 recognise the need to use interpersonal skills to encourage the active participation of service users</p> <p>8.8 be able to advise other healthcare professionals about the relevance and application of radiotherapy or imaging modalities to the service user's needs</p> <p>8.9 be able to formulate and provide information to service users about the treatment or imaging process and procedures, with regular reappraisal of their information needs, as appropriate</p>
<p>9. be able to work appropriately with others</p>	<p>9.1 be able to work, where appropriate, in partnership with service users, other professionals, support staff, and others</p> <p>9.2 understand the need to build and sustain professional relationships as both an independent professional and collaboratively as a member of a team</p> <p>9.3 understand the need to engage service users and carers in planning and evaluating their diagnostic imaging and interventional procedures or their radiotherapy pre-treatment planning, treatment, and follow-up</p> <p>9.4 be aware of the need to empower service users to participate in the decision-making processes related to their radiotherapy or diagnostic imaging examination</p> <p>9.5 be able to contribute effectively to work undertaken as part of a multi-disciplinary team</p> <p>9.6 be able to understand, interpret and act upon information from other healthcare professionals, in order to maximise health gain whilst minimising radiation dose to the service user</p>

New generic standard	New profession-specific standards of proficiency
10. be able to maintain records appropriately	10.1 be able to keep accurate, legible records
	10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines
	10.3 understand the need to use only accepted terminology in making records
11. be able to reflect on and review practice	11.1 understand the value of reflection on practice and the need to record the outcome of such reflection
	11.2 recognise the value of multidisciplinary team reviews and other methods of review
12. be able to assure the quality of their practice	12.1 be able to engage in evidence-based practice, evaluate practice systematically, and participate in clinical and other audit procedures
	12.2 be able to gather feedback and information that helps to evaluate the response of service users to their care
	12.3 understand the principles of quality control and quality assurance as they apply to the practice of diagnostic or therapeutic radiography
	12.4 be aware of the role of audit and review in quality management, including quality control, quality assurance, and the use of appropriate outcome measures
	12.5 be able to maintain an effective audit trail and work towards continual improvement
	12.6 be aware of, and able to participate in quality assurance programmes, where appropriate
	12.7 be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
	12.8 recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
13. understand the key concepts of the knowledge base relevant to their profession	13.1 understand the philosophy underpinning the development of the profession of radiography
	13.2 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

New generic standard	New profession-specific standards of proficiency
	13.3 recognise the role of other professions and services in health and social care
	13.4 understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession
	13.5 understand the radiobiological principles on which the practice of radiography is based
	13.6 understand the risk-benefit philosophy and principles involved in the practice of diagnostic or therapeutic radiography
	13.7 be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
	13.8 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
	13.9 know the physical and scientific principles on which image formation using ionising and non-ionising radiation is based
	13.10 understand radiation dosimetry and the principles of dose calculation
	13.11 understand the theoretical basis underpinning patient assessment prior to and during radiotherapy or diagnostic imaging examinations.
	13.12 understand the capability, applications and range of technological equipment used in diagnostic imaging or radiotherapy
	13.13 distinguish between normal and abnormal appearances evident on images
	13.14 know the concepts and principles involved in the practice of diagnostic imaging or radiotherapy and how these inform and direct clinical judgement and decision making
	13.15 know the pharmacology of drugs used in diagnostic imaging or during radiotherapy treatments
	13.16 understand the methods of administration of drugs

New generic standard	New profession-specific standards of proficiency
	13.17 be able to remove and re-apply dressings and supports appropriately and in a safe, effective and considerate manner
	13.18 understand the quality assurance processes in place within diagnostic imaging or radiotherapy
	13.19 be aware of the current developments and trends in the science and practice of radiography
	<p>Therapeutic radiographers only</p> <p>13.20 understand the structure and function of the human body in health and disease, including</p> <ul style="list-style-type: none"> - regional and cross-sectional anatomy of the head, neck, thorax and abdomen; and - common pathologies and mechanisms of disease with a concentration on cancer, histology, haematology, and the lymphatic and immune systems
	<p>13.21 understand:</p> <ul style="list-style-type: none"> - oncology, the pathophysiology of solid and systemic malignancies; - epidemiology; - aetiology; and - the management and effect of cancer
	13.22 know the physiological signs and symptoms, clinical investigations and diagnostic procedures that result in referral for radiotherapy
	13.23 know the biochemical science of radiation pathophysiology
	13.24 understand the influence of adjuvant treatment including surgery and chemotherapy on radiotherapy dose prescription, timing of radiotherapy and post radiotherapy complications

New generic standard	New profession-specific standards of proficiency
	<p>Diagnostic radiographers only</p> <p>13.25 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</p> <ul style="list-style-type: none"> - musculoskeletal system; - soft tissue organs; - regional and cross-sectional anatomy of the head, neck, thorax and abdomen; and - the cardiovascular, respiratory, genito-urinary, gastro-intestinal and neuro-endocrine systems <p>13.26 understand the signs and symptoms of disease and trauma that result in referral for diagnostic imaging procedures</p>
<p>14. be able to draw on appropriate knowledge and skills to inform practice</p>	<p>14.1 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and accurately</p> <p>14.2 be able to formulate specific and appropriate management plans including the setting of timescales</p> <p>14.3 be able to assess, monitor and care for the service user before, during and after diagnostic imaging procedures or radiotherapy treatments</p> <p>14.4 be able to use independent methods to establish and confirm service user identity prior to undertaking diagnostic imaging procedures or delivering radiotherapy treatments</p> <p>14.5 be able to undertake or arrange investigations as appropriate</p> <p>14.6 be able to undertake and record a thorough, sensitive and detailed clinical assessment, selecting and using appropriate techniques and equipment</p> <p>14.7 be able to gather appropriate information</p> <p>14.8 be able 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</p>

New generic standard	New profession-specific standards of proficiency
	14.9 be able to interrogate and process data and information gathered accurately in order to conduct the imaging procedure or radiotherapy most appropriate to the service user's needs
	14.10 be able to appraise image information for clinical manifestations and technical accuracy, and take further action as required
	14.11 be able to manage complex and unpredictable situations including the ability to adapt planned diagnostic imaging examinations, interventions or treatments and to manage adverse and critical care incidents, to prioritise workload and use of resources
	14.12 be able to demonstrate a logical and systematic approach to problem solving
	14.13 be able to change their practice as needed to take account of new developments, technologies and changing contexts
	14.14 be able to use research, reasoning and problem solving skills to determine appropriate actions
	14.15 be aware of a range of research methodologies
	14.16 recognise the value of research to the critical evaluation of practice
	14.17 be able to evaluate research and other evidence to inform their own practice
	14.18 be able to operate radiotherapy or diagnostic imaging equipment safely and accurately
	14.19 be able to demonstrate spatial awareness, visual precision and manual dexterity in the precise and safe manipulation of treatment units or imaging equipment and related accessory equipment
	14.20 be able to check that equipment is functioning accurately and within the specifications, and to take appropriate action in the case of faulty functioning and operation
	14.21 be able to demonstrate a level of skill in the use of information and communication technologies appropriate to their practice
	14.22 be able to apply the risk-benefit philosophy to radiation exposure to protect both individual service users and the population gene pool

New generic standard	New profession-specific standards of proficiency
	14.23 be able to calculate radiation doses and exposures
	14.24 be able to select and explain the rationale for examination and treatment techniques and immobilisation procedures appropriate to the service user's physical and disease management requirements
	14.25 be able to position and immobilise service users correctly for safe and accurate diagnostic imaging examinations or radiotherapy treatments
	14.26 understand the problems encountered at the interface of the service user and radiation / technology and be able to find appropriate solutions to such problems
	Diagnostic radiographers only
	14.27 be able to plan appropriate diagnostic imaging examinations
	14.28 be able to perform the full range of plain film and standard 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
	14.29 be able to manipulate exposure and image recording parameters to optimal effect
	14.30 be able to use to best effect the processing and related technology supporting film-based and computer-based imaging systems
	14.31 be able to manage and assist with fluoroscopic diagnostic and interventional procedures, including those that are complex and involve the use of contrast agents
	14.32 be able to perform a standard head computed tomographic (CT) examinations, standard spine, chest and abdomen CT examinations for acute trauma, and to contribute effectively to more complex CT examinations
	14.33 be able to assist with standard magnetic resonance imaging procedures
	14.34 be able to assist with ultrasound imaging procedures
	14.35 be able to distinguish disease and trauma processes as they manifest on diagnostic images and form a preliminary view on the imaging appearances

New generic standard	New profession-specific standards of proficiency
	<p data-bbox="562 153 1003 185">Therapeutic radiographers only</p> <p data-bbox="562 209 1335 240">14.36 be able to plan appropriate radiotherapy procedures</p> <p data-bbox="562 280 1951 344">14.37 be able to generate a treatment plan and verify treatment parameters ensuring optimal radiotherapy prescription delivery</p> <p data-bbox="562 384 2074 448">14.38 be able to use to best effect the image processing and related technology, including computer-based imaging systems for radiotherapy purposes</p> <p data-bbox="562 488 1910 520">14.39 be able to perform the full range of radiotherapy processes and techniques accurately and safely</p> <p data-bbox="562 560 1995 624">14.40 be able to scrutinise and interpret the radiation prescription in such a way that radiotherapy is delivered accurately and reproducibly</p> <p data-bbox="562 663 2007 727">14.41 be able to manage and assist with fluoroscopic procedures, including those requiring the use of contrast agents</p> <p data-bbox="562 767 1341 799">14.42 be able to perform standard CT planning procedures</p> <p data-bbox="562 839 2045 903">14.43 be able to construct appropriate immobilisation devices, individualised to the specific needs of each patient and the treatment regime prescribed</p> <p data-bbox="562 943 2024 1007">14.44 be able to undertake complex radiation dose delivery calculations involving a range of radiation types and energies</p> <p data-bbox="562 1046 2011 1110">14.45 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</p> <p data-bbox="562 1150 2063 1214">14.46 be able to manipulate exposure and image recording parameters to optimal effect and interpret and evaluate images obtained during radiotherapy planning and treatment</p> <p data-bbox="562 1254 1872 1286">14.47 be able to interpret and evaluate images obtained during radiotherapy planning and treatment</p> <p data-bbox="562 1326 1973 1358">14.48 be able to identify organs at risk on images to provide information for radiotherapy treatment planning</p> <p data-bbox="562 1398 2069 1461">14.49 be able to recognise changing signs, symptoms and progression of disease, and make appropriate decisions not to treat or to review further before proceeding with treatment</p>

New generic standard	New profession-specific standards of proficiency
	<p>All radiographers – supplementary prescribers only</p> <p>14.50 know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber (this standard applies only to registrants who are eligible to have their name annotated on the Register)³</p>
<p>15. understand the need to establish and maintain a safe practice environment</p>	<p>15.1 understand the need to maintain the safety of both service users and those involved in their care</p>
	<p>15.2 be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these</p>
	<p>15.3 understand the need to ensure the physical and radiation safety of all individuals in the immediate work environment at all times</p>
	<p>15.4 be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control</p>
	<p>15.5 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</p>
	<p>15.6 be able to select appropriate personal protective equipment and use it correctly</p>
	<p>15.7 be able to use basic life support techniques and be able to deal safely with clinical emergencies</p>
	<p>15.8 know and be able to apply appropriate moving and handling techniques</p>
	<p>15.9 know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly</p>
	<p>15.10 be aware of immunisation requirements and the role of occupational health</p>

³ Independent prescribing standards for radiographers are due to go to public consultation in July 2012. Once the new prescribing standards are approved, this standard will be removed.