
Education and Training Committee – 15 November 2012

Results of profession-specific standards of proficiency consultation for physiotherapists

Executive summary and recommendations

Introduction

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

To ensure the process is manageable, we are reviewing the profession-specific standards in small groups of 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. We then use their suggestions to revise the standards for public consultation.

Following the first round of professional body reviews, we consulted between 18 April and 27 July 2012 on the draft standards for the first professions to undergo review—arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers. The revised standards for arts therapists and orthoptists were approved by the Committee at its last meeting.

The consultation response analysis and revised draft standards for physiotherapists are attached for the Committee's consideration, approval, and recommendation to Council.

Decision

The Committee is invited to discuss, agree and recommend to the Council that it approve the attached consultation response analysis and draft standards of proficiency for physiotherapists, subject to any necessary minor editing changes and formal legal scrutiny.

Decisions on the revision of the standards were informed by the physiotherapist member of the Education and Training Committee. Advice on any minor amendments may be needed after the Committee's consideration. Any further amendments needed will be reflected in the version of the standards taken to the December Council meeting.

Background information

Paper for Education and Training Committee, 8 March 2012, (enclosure 7 at www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=587)

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

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

Paper agreed by Council on 31 March 2011 (enclosure 6 at: www.hcpc-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 15 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 response analysis for the profession-specific standards of proficiency for physiotherapists.
- Revised standards of proficiency for physiotherapists.

Date of paper

5 November 2012

Consultation on proposed profession-specific standards of proficiency for physiotherapists

Analysis of responses to the consultation on proposed profession-specific standards of proficiency for physiotherapists, and our decisions resulting from responses received

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1. Introduction

About the consultation

- 1.1 We consulted between 18 April and 27 July 2012 on proposed changes to the professions-specific standards of proficiency for physiotherapists.
- 1.2 The standards of proficiency set out what we expect professionals on our Register—known as ‘registrants’—to know, understand, and be able to do when they apply to join our Register. We consulted on proposed changes to the standards as part of our regular periodic review of the standards.
- 1.3 We sent the consultation documents to a range of stakeholders including professional bodies, employers, and education and training providers, advertised the consultation on our website, and issued a press release.
- 1.4 We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this responses document from our website: www.hcpc-uk.org/aboutus/consultations/closed.

About us

- 1.5 We are the Health and Care Professions Council (HCPC). We are a regulator and our job is to protect the health and wellbeing of people who use the services of the professionals registered with us. We regulate the members of 16 different health, social work, and psychological professions.
- 1.6 To protect the public, we set standards that professionals must meet. Our standards cover the professionals’ education and training, behaviour, professional skills, and their health. We publish a Register of professionals who meet our standards. Professionals on our Register are called ‘registrants’. If registrants do not meet our standards, we can take action against them which may include removing them from the Register so that they can no longer practise.

About the standards of proficiency

- 1.7 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 in order to 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 in checking whether they have the necessary knowledge and skills to be able to practise their profession safely and effectively.
- 1.8 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.

- 1.9 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 related to the generic standard.
- 1.10 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 were 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.

Reviewing the profession-specific standards of proficiency

- 1.11 The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. We regularly review the standards of proficiency 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 reflects current terminology;
 - reflect the standard content of pre-registration education programmes;
 - clarify the intention of existing standards; and
 - correct omissions or avoid duplication.
- 1.12 In our work to revise the standards prior to consultation, we invited the professional body for physiotherapists—the Chartered Society of Physiotherapy—to review the standards of proficiency for their profession and tell us whether they considered any changes were necessary. We carefully considered their comments and other feedback we have received on the standards and produced a proposed set of draft standards for the profession to take to public consultation.
- 1.13 In consulting on proposed changes to the standards, we asked our stakeholders to consider whether the changes we have suggested to the profession-specific standards of proficiency for each profession are appropriate, and whether other changes are necessary. We have used the responses we receive to help us decide if any further amendments are needed.

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

- 1.14 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.

About this document

- 1.15 This document summarises the responses we received to the consultation. The results of this consultation will be used to revise the proposed standards of proficiency for physiotherapists.
- 1.16 The document starts by explaining how we handled and analysed the responses we received, providing some overall statistics from the responses. Section 3 provides a summary of the general comments we received, while Section 4 is structured around the responses we received to specific questions. Our responses and decisions as a result of the comments we received are set out in section 5.
- 1.17 In this document, 'you' or 'your' is a reference to respondents to the consultation, 'we', 'us' and 'our' are references to the HCPC.

2. Analysing your responses

- 2.1 Now that the consultation has ended, we have analysed all the responses we received.

Method of recording and analysis

- 2.2 We used the following process in recording and analysing your comments.
- We recorded each response to the consultation, noting the date each response was received and whether it was submitted on behalf of an organisation or by an individual;
 - We also recorded whether the person or organisation agreed or disagreed with the proposal (please see the section on quantitative analysis below);
 - We read each response and noted the comments received against the proposal, and recorded any general comments;
 - Finally, we analysed all the responses.
- 2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

Quantitative analysis

- 2.4 We received 37 responses to the consultation document. 10 responses (27%) were made by individuals and 27 (73%) were made on behalf of organisations. The table below provides some indicative statistics for the answers to the consultation questions. Responses to question 5

which asked for any other comments on the standards are summarised in section 3 of this paper.

Quantitative results

Questions	Yes	No	Partly	Unsure/no response
1. Do you think the standards are at a threshold level necessary for safe and effective practice?	30 (81%)	0 (0%)	4 (11%)	3 (8%)
2. Do you think any additional standards are necessary?	16 (43%)	15 (40.5%)	1 (3%)	5 (13.5%)
3. Do you think there are any standards which should be reworded or removed?	21 (57%)	8 (22%)	2 (5%)	6 (16%)
4. Do you have any comments about the language used in the standards?	21 (57%)	12 (32%)	N/A	4 (11%)

3. General comments

- 3.1 We consulted on the standards for arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers at the same time. Respondents to each of those consultations raised similar issues.
- 3.2 The following is a high-level summary of the comments of a more general nature we received in response to all the consultation documents. This includes responses to question five. Where we received general comments which were specific to the physiotherapists' consultation, these have also been included here. The general comments are grouped under specific headings.

'Generic' profession-specific standards

- 3.3 Many respondents to the consultation were concerned about new profession-specific standards that were originally detailed generic standards of proficiency in the current standards.
- 3.4 Because these now profession-specific standards were originally generic, a number of them have been transferred into the profession-specific standards for each of the professions we were consulting on concurrently—arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers. Because many of these professions have similar principles reflected in their standards, it appeared to many respondents that some of these principles were actually still generic, and a number of respondents queried why those standards should be considered profession-specific.

English language competency

- 3.5 A number of respondents were concerned about the English language competency requirements in the standards. Some respondents felt that the requirements should apply equally to all applicants – including those from the European Economic Area (EEA).

'Be able to'/'understand'

- 3.6 Some respondents felt the phrases 'be able to', 'be aware of' and 'understand the importance of' made the standards more accessible and usable, a number of other respondents were concerned about this choice of construction as they felt it lacks legal strength. Some respondents felt the use of these phrases weakened the standards because they could be interpreted to mean that registrants must only take a passive approach to using the standards, without necessarily being required to be competent in practice, or to put those requirements into action.
- 3.7 Most of the comments on this choice of wording reflected on the difference between requiring a registrant 'must' do something, as opposed to 'must be able to do'. Some respondents felt the use of 'you must' is more appropriate than 'be able to'.

Relationship between standards of proficiency and conduct standards

- 3.8 A number of respondents commented that there was a general lack of conduct or ethics-related standards within the proposed profession-specific standards of proficiency. Some respondents felt that it is important that the standards of conduct, performance and ethics, and standards of proficiency are more closely aligned, with a few respondents suggesting that the standards should be combined.

How the standards of proficiency are used

- 3.9 Some respondents were concerned by some of the new proposed standards, and queried whether registrants who had been in practice for a long period of time would be able to meet all the new standards. Some respondents asked for clarification about how current registrants would be tested against the new standards once they come into effect.

Leadership

- 3.10 A number of respondents suggested that principles encompassing the concept of leadership should be added to the standards of proficiency for physiotherapists. This suggestion comes from recent work carried out by the NHS Institute and the NHS Leadership Academy on the Clinical Leadership Competency Framework (CLCF), which aims to build leadership capability and capacity across the healthcare system by embedding leadership competencies in relevant systems including the standards set by professional regulators.²
- 3.11 Some respondents commented that it is important that all regulated professionals understand the principles of shared leadership, and are able to recognise that they are able to contribute to the leadership process within individual organisations. Respondents felt that by adding leadership requirements to the HCPC standards of proficiency, this would drive necessary changes in education and training for the professions we regulate, which would eventually lead to an increase in leadership capability within the national health system.
- 3.12 More detailed suggestions for how these principles could be reflected in the standards are set out in appendices two and three.

² http://www.leadershipacademy.nhs.uk/component/docman/doc_download/8-leadership-framework?Itemid=251

4. Comments in response to specific questions

This section contains comments made in response to specific questions within the consultation document.

Question 1. Do you think the standards are at a threshold level necessary for safe and effective practice?

Most respondents agreed that the standards were at the threshold level for safe and effective practice. Respondents commented that the standards reflected existing training provision and the range of practice of physiotherapists in public and private sectors across the UK.

A few respondents to the consultation felt that some of the standards were not set at a threshold level. They gave the following reasons:

- A few standards are set at a level that is too high for graduate physiotherapists to meet.
- The use of the starting phrases 'be able to', 'understand', and 'be aware of' are not adequate to describe requirements that physiotherapists must meet – for a more detailed summary of the comments we received around this issue generally, please refer to section 3.
- The standards do not include a specific standard around the values of shared leadership – for a more detailed summary of the comments we received around this issue generally, please refer to section 3.

Question 2. Do you think any additional standards are necessary?

A number of respondents commented that additional standards were not necessary as the range of competencies and required knowledge for physiotherapists was adequately set out in the proposed standards.

However, other respondents felt that more standards are necessary because there are aspects of professional practice that are not reflected adequately within the standards.

All of the additional standards suggested by respondents are set out in Appendix Two. There were a number of areas that were suggested by several respondents. These were:

- Leadership;
- Professional conduct;
- Promoting health;
- Mentoring and supervising others;
- Building effective relationships or partnerships with different types of service users; and
- Appropriate use of technology.

Question 3. Do you think there are any standards which should be reworded or removed?

Some respondents felt that the standards are sufficiently clear that they did not require rewording.

However, most respondents commented that there were some standards that did require rewording. Some suggestions were based on concerns raised about the language used in the standards (for example, the use of 'be able to'). Concerns about this form of wording are set out in the summary about the language used in the standards under question three. We have listed all the proposed amendments to the standards in Appendix Three.

Respondents suggested changes to the wording of the standards for the following reasons:

- To provide greater clarity around the HCPC's expectations of physiotherapists;
- To clarify the ways in which physiotherapists should work with others;
- Training, supervising, or mentoring others; and
- Leadership principles.

Question 4. Do you have any comments about the language used in the standards?

Many respondents felt that the language used in the standards is appropriate, clear, and generally easy to understand.

However, other respondents commented that the language was not as clear as it could be. Many of those respondents commented on the use of 'be able to' or other starting phrases as set out in paragraphs 3.6-3.7 above. Many of these respondents felt that standards that are worded in this way are passive and do not place a strong enough requirement on registrants to commit to good practice standards. Other comments we received about the use of specific phrases or words have been listed in Appendix Three.

Other general comments respondents made about language included:

- Concerns about the use of some legal-sounding terminology;
- Places in the standards where more consistency is needed in the terms used;
- Use of the term 'service user' consistently throughout the standards;
- Potentially unnecessary repetition of key phrases or requirements; and
- Ambiguity of some words or phrases, and how they are meant to be interpreted in practice, including whether definitions of certain aspects are necessary.

5. Our comments and decisions

- 5.1 The following section sets out our response to the range of comments we have received to the consultation. We have not responded to every individual suggestion, but grouped those suggestions thematically and outlined the principles of our response. This section starts with our responses to the general comments we received, before responding to comments about the standards specifically. Our decisions in response to the comments received are set out at the end of this section.
- 5.2 We received a range of similar comments in response to the consultations we ran concurrently on the standards for arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers. We have responded to those comments in the following section on general comments.

Responses to general comments

This section outlines our response to the general comments outlined in section three.

Leadership

- 5.3 We are supportive of the Clinical Leadership Competency Framework (CLCF) which emphasises shared responsibility and accountability of all registered professionals at all levels in contributing towards good quality services and improved outcomes for service users. We consider that the majority of the elements and descriptors included in the CLCF are generic and are clearly applicable across all the different professions we regulate. However, we also note that some of the content of CLCF is more specific to clinicians who work within the National Health Service or within managed environments.
- 5.4 We have considered whether we should change the standards so that 'leadership' as a term is more explicitly used within them. However, we have concluded that it would be more meaningful at this stage (whilst understanding of the CLCF and its definition of leadership develops) to instead ensure good coverage within our standards, where appropriate, of the specific underpinning knowledge, skills, attitudes and behaviours identified in the CLCF. Where we have received comments for amendments to standards or new standards with the aim of embedding the CLCF within the standards, we have considered these carefully to ensure that they are at a threshold level and are not substantially duplicated elsewhere in the standards. We have found that in most cases these competencies are already embedded throughout the standards of proficiency and well reflected in the standards of conduct, performance and ethics. We will publish on our website a position statement setting out our views on the CLCF. As the review of the standards of proficiency progresses, we will publish alongside this example documents showing how the CLCF descriptors map across to our standards.

Generic and profession-specific standards

- 5.5 The majority of the content of the standards was formerly generic. However, some professions expressed concern that these standards were expressed in ways which were not applicable to their practice. As a result, we agreed 15 high level generic statements which will apply to all the professions we regulate. In redrafting the standards of proficiency, we mapped all the current standards which did not become the new generic standards as profession-specific standards. All the principles contained in the current standards of proficiency—where appropriate—remained in place under the new structure.
- 5.6 In the standards of proficiency we consulted on in this round of review—arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers—there were a number of formerly detailed generic standards that have been mapped as profession-specific in each of these profession’s standards. Some respondents felt that because these principles appear to be shared between a number of the professions we regulate, that they should remain as generic standards.
- 5.7 The six professions that were part of this round of review do have a number of shared profession-specific standards. However, it would not be appropriate to reinstate these standards as generic standards, as the standards in question are not generic across all the professions we regulate. There are some professions on our Register which do not share many of the standards that respondents were concerned about. However, we have tried to retain as much consistency between different professions’ standards wherever possible and appropriate.

‘Be able to’

- 5.8 As we stated in the consultation document, we intentionally use phrases such as ‘understand’, ‘know’, and ‘be able to’ rather than ‘must’. This is so the standards remain applicable to current registrants in maintaining their fitness to practise, as well as prospective registrants who have not yet started practising and are applying to be registered for the first time. The standards are also written in a similar way to the learning outcomes set for pre-registration education programmes.
- 5.9 It is important to note the current standards of proficiency use verbs and starting phrases in the same way as the proposed new profession-specific standards of proficiency. We have not experienced any difficulty in applying the current wording of the standards of proficiency in the way some of our respondents anticipated.

The standards and scope of practice

- 5.10 The standards set out the proficiencies required of applicants when they apply to join the Register. Once on the Register, every time registrants renew their registration, they are asked to confirm that they continue to meet the standards of proficiency that apply to their own

scope of practice—the area of their profession in which they have the knowledge, skills and experience to practise safely and effectively. We recognise that a registrant’s scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues. That may mean that some registrants may not be able to continue to meet all the standards of proficiency required at entry to their profession. However, as long as those registrants continue to practise safely and effectively within their own scope of practice, and do not practise in the in the areas in which they are not proficient to do so, this is not a problem.

Relationship between standards of proficiency and conduct standards

- 5.11 The standards of proficiency and standards of conduct, performance and ethics play complementary but distinct roles in how we set requirements for our registrants. While the knowledge, skills, and experience of a professional play a part in their ability to behave and practise ethically, we consider that it is important that our conduct standards remain separate from those which are purely about a professional’s proficiency to practise.
- 5.12 We received some comments about the generic standards of proficiency and the standards of conduct, performance and ethics. These standards were not the subject of this consultation and so we have not reflected them in appendix two or three. However, we will consider these comments when we review each set of standards. We have started our review of the standards of conduct, performance and ethics, and expect to consult on changes to those standards in 2013/14.

English language competency

- 5.13 Some respondents were concerned that the English language requirements do not apply equally to all applicants to the Register. European Union law limits the ability of regulators such as the HCPC to systematically test the language competency of EEA applicants to our Register, so it would not be possible to amend this requirement at the current time.

Responses to detailed comments about the standards

- 5.14 In this section, we have set out our responses to suggestions for additional standards or changes to the existing standards. All the proposed additional standards and suggested changes to specific standards are set out in appendix two and three of this document.
- 5.15 We have not responded to every suggestion individually here, but we have explained the general principles we applied when considering suggested amendments. Where respondents were particularly concerned about certain issues, we have addressed those below under the heading of the relevant standard.

- 5.16 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 the change:
- Is the standard necessary for safe and effective practice?
 - Is the standard set at the threshold level for entry to the Register?
 - Does the standard reflect existing requirements for physiotherapists 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 physiotherapists might practice or different groups that physiotherapists might work with?
- 5.17 We write the standards of proficiency in a broad, flexible way and at a higher level of generality so that registrants working in different settings and in different ways can still meet the standards. For this reason, we use words that are able to be understood in their widest sense. When making decisions about whether to make changes to the standards, we must also consider whether the changes would make the standards too specific or would limit the scope of the standards.
- 5.18 The standards set out the abilities necessary to practise in a profession. However, the standards are not a curriculum document nor are they intended to be a list of activities which registrants must undertake in any situation. For example, a registrant needs to 'be able to maintain confidentiality' on entry to the Register. However, this is an ability and does not mean that there will not be situations where information might need to be shared with, or disclosed to others in the interests of service users or the public.
- 5.19 Part of our focus for the review of the standards is to ensure that the standards are relevant to the range of practice of each profession. We also aim to avoid duplication in the standards, to ensure they are clearly worded, and to maintain consistency between different professions' standards wherever possible and appropriate.

Our decisions

5.20 We have made a number of changes to the standards based on the comments we have received in the consultation. We have set out the draft revised standards following consultation in appendix one.

Additional standards

5.21 We have added standards on the following areas:

Standard 4

- Understanding the importance of participation in training, supervision, and mentoring. This is in response to a range of comments that suggested that this standard is a threshold level requirement for physiotherapists.

Standard 7

- Recognising and responding appropriately to situations where it is necessary to share information to safeguard others. This is in response to the range of comments that suggested that the confidentiality standards could be clearer about when registrants should disclose confidential information for the safety of others.

Changes to specific standards

5.22 We have made the following changes to some standards:

Standard 3

- We have made a minor amendment to clarify our requirements around professional conduct.

Standard 10

- We have made some minor amendments to clarify the requirements of our record-keeping requirements, and to remove one standard which duplicated requirements set out in other standards.

Standard 14

- We have made a minor amendment on knowledge of the health system in the UK to a standard to ensure that it is set at threshold level.
- We have made a minor amendment to a standard to clarify our expectations for physiotherapists' use of information technology.

Suggested changes we have not included

5.23 Some of the changes suggested by respondents were not included in the standards because we felt they would duplicate content already contained within the standards we set, or they would not make our requirements clearer. This section does not address every suggested

change to the standards, but focusses on responding to overarching themes or areas of concern.

Leadership

- For our response to the suggestions for standards related to the issue of leadership, please see paragraphs 5.3-5.4.

Training and mentoring others

- We received a range of suggestions for standards about the requirement for physiotherapists to train and mentor others. We considered that these requirements were aimed at a more advanced level of practice than would be relevant for newly-qualified physiotherapists.

Professional behaviour

- Some respondents made a range of suggestions for additional standards or amendments on the issue of professional conduct. We consider that the draft standards address these proficiencies in adequate detail.

6. List of respondents

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

Betsi Cadwaladr University Health Board
Central Essex Community Services
Central Manchester University Hospitals NHS Foundation Trust
Chartered Society of Physiotherapy
Cheshire and Wirral Partnership NHS Foundation Trust
Five Boroughs Partnership
Manchester Mental Health and Social Care Trust
NHS Education for Scotland
NHS Highland
NHS Leadership Academy
NHS Midlands and East
North Essex Partnership NHS Foundation Trust
Northumberland Tyne and Wear NHS Foundation Trust
Papworth Hospital NHS Foundation Trust
Powys Teaching Health Board
Public Health Agency, Northern Ireland
Queen Margaret University
Salisbury NHS Foundation Trust
School of Health and Emergency Professions, University of Hertfordshire
South Staffordshire and Shropshire Healthcare NHS Foundation Trust
South West Yorkshire Partnership NHS Foundation Trust
Stepping Hill Hospital
The Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust
The Royal Berkshire NHS Foundation Trust
University Hospital of South Manchester NHS Foundation Trust
University of the West of England Bristol
Walton Centre NHS Foundation Trust

Appendix 1: Draft standards of proficiency for physiotherapists

New standards and added words or phrases are shown in **bold and underlined**. Deletions are shown in ~~strikethrough~~. The standards in this section are subject to legal scrutiny and may be subject to minor editing amendments prior to publication.

No.	Standard
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 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
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 <u>and professional</u> conduct

No.	Standard
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
4.6	<u>understand the importance of participation in training, supervision and mentoring</u>
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	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

No.	Standard
7.3	<u>be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public</u>
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 ³
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
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
9.	be able to work appropriately with others

³ The International English Language Testing System (IELTS) tests competence in ~~spoken and written~~ **the English language**. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, ~~have to~~ **must** provide evidence that they have reached the necessary standard. ~~We also accept the TOEFL test as an equivalent.~~ Please visit our website for more information.

No.	Standard
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 agree the goals, priorities and methods of physiotherapy intervention in partnership with the service user
10.	be able to maintain records appropriately
10.1	be able to keep accurate, legible comprehensive and comprehensible records in accordance with applicable legislation, protocols, and guidelines
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines
10.3	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

No.	Standard
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

No.	Standard
13.5	<p>understand the following aspects of biological science:</p> <ul style="list-style-type: none"> - normal human anatomy and physiology, especially including 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
13.6	<p>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
13.7	<p>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
13.8	<p>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

No.	Standard
14.	be able to draw on appropriate knowledge and skills to inform practice
14.1	understand the structure and function of health, education and social care services in the UK and current developments
14.2	be able to deliver and evaluate physiotherapy programmes
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

No.	Standard
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
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) ⁴
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

⁴ We are currently consulting on new prescribing standards for physiotherapists. Once the new prescribing standards are approved and published, this standard will be removed.

No.	Standard
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

Appendix 2: Suggested additional standards

No.	Standard	
1.	be able to practise safely and effectively within their scope of practice	<p>Respondents suggested a number of different standards covering the following areas:</p> <ul style="list-style-type: none"> • knowing when and from whom to seek help; • knowing when to use skills available to them and when not to;
2.	be able to practise within the legal and ethical boundaries of their profession	<p>Respondents suggested a number of different standards covering the following areas:</p> <ul style="list-style-type: none"> • person/patient-centred care; • more explicit reference to professionalism and conduct; • respecting service users' dignity; • requirement to contribute to the development of the profession (through research, role-modelling, mentorship, challenging poor/practice/unprofessional behaviour in others) • reference to specific legislation when dealing with children and vulnerable people/adults, and a requirement to update knowledge in this area; • knowing when disclosure of information is permitted under the law – being aware or when a duty to disclose overrides duty to maintain confidentiality; • whistleblowing – knowing when to raise concerns appropriately • understanding of the Mental Capacity Act • standards requiring physiotherapists to be able to justify their approach to practice • requirement to recognise their own and other's fitness to practice and report any concerns appropriately • understanding of the effect of legislation on the delivery of care
3.	be able to maintain fitness to practise	<p>Respondents suggested a number of different standards covering the following areas:</p>

		<ul style="list-style-type: none"> • being able to demonstrate an acceptable and reasonable standard of care;
4.	be able to practise as an autonomous professional, exercising their own professional judgement	<p>Respondents suggested a number of different standards covering the following areas:</p> <ul style="list-style-type: none"> • requirement to actively promote autonomy by encouraging people who use their service to be active participants in their own care; • understanding the importance of participation in training, supervision, and mentoring • informing the HCPC when they have not worked for two years and may not meet the standards • being able to delegate appropriately to others <p>Suggested new standards to underpin the Clinical Leadership Competency Framework elements:</p> <ul style="list-style-type: none"> • understand the need to be aware of their own values, principles and assumptions and the impact of their behaviour on others; • be able to act in a manner consistent with the values and priorities of their organisation and profession; • be able to contribute their unique perspective to team, department, system and organisational decisions, as appropriate;
5.	be aware of the impact of culture, equality, and diversity on practice	<p>Respondents suggested a number of different standards covering the following areas:</p> <ul style="list-style-type: none"> • the ability to demonstrate empathy; • the need to be aware of their own feelings/beliefs/prejudices and the need to put these to one side in providing care; • requirement to take account of sensory/deficits/impairments and modify approach accordingly (could also sit under standard 8);
6.	be able to practise in a non-discriminatory manner	<p>Some respondents were concerned that no supporting standards had been listed beneath generic standard 6. Respondents suggested the following standards:</p> <ul style="list-style-type: none"> • understanding the need to respect individual's rights, dignity, sensibilities, beliefs, and identity and the implications that these may have for acting in accordance with

		<p>the individual's best interests;</p> <ul style="list-style-type: none"> • be able to behave in non-discriminatory, non-oppressive ways • being able to promote equality and diversity within their practice; • understanding the need to promote equality and culturally sensitive services
7.	be able to maintain confidentiality	<p>Respondents suggested a number of different standards covering the following areas:</p> <ul style="list-style-type: none"> • being able to ensure that they meet the legal, regulatory, and ethical requirements relevant to their physiotherapy activity, including those specific to data protection, access to health records requests, equality, and research; • completing records in accordance with legal, ethical, and organisational requirements; • ensuring confidential information that they acquire in all types of activity remains secure.
8.	be able to communicate effectively	<p>Respondents suggested a number of different standards covering the following areas:</p> <ul style="list-style-type: none"> • understanding of the concepts of motivational interviewing • to keep information required or provided up to date; • ensuring that communication is effective and that the service user or representative understands the information given
9.	be able to work appropriately with others	<p>Respondents suggested a number of different standards covering the following areas:</p> <ul style="list-style-type: none"> • additional requirements around collaborative working; • recognise and understand the roles, responsibilities, and value base of other professionals within the multi-disciplinary team • standards around understanding the importance of teaching and training others including: <ul style="list-style-type: none"> – understanding the principles of teaching and learning for undergraduate and postgraduate students; – recognising the importance of the physiotherapist's role in teaching and

		<p>training students and practitioners from all health and social care professions as appropriate;</p> <ul style="list-style-type: none"> – Supporting students to identify the roles, responsibilities and values of their profession and how physiotherapists interact with others in the multidisciplinary team; <ul style="list-style-type: none"> • more emphasis on health and social care integration; • understanding the need to maintain professional behaviours and to display these at all times when interacting with users of the service, colleagues and team members; • ability to develop effective/therapeutic relationships with members of the healthcare team; • emphasise importance of rehabilitation and re-enablement; • emphasise the need/importance of involving patients/service users in all decisions, and ensuring that all decisions are person-centred; • ensuring that decisions taken are in the best interests of patients/service users and do not reflect only the values of healthcare providers; • motivating service users to adapt/change behaviour • maintaining appropriate boundaries given the importance of touch and physical manoeuvring in physiotherapy practice • The need to provide follow-up guidance and support to enable service users to manage their conditions, including in relation to supplementary prescribing • professional behaviours in and out of the workplace • understanding the need to adopt an approach which centres on the serviced user and establish appropriate professional relationships in order to involve and motivate the client; • being able to work in appropriate partnership with service users in order to evaluate the effectiveness of physiotherapy intervention • understand and use the principles of shared leadership; • recognising and responding appropriately to situations where it is necessary to share information to safeguard service users or the wider public.
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		<p>Suggested new standards to underpin the Clinical Leadership Competency Framework elements:</p> <ul style="list-style-type: none"> • understand the need to work with those who provide services in and across different sectors; • recognise the need to participate effectively in the planning, implementation and evaluation of multi-professional approaches to healthcare delivery by liaising with other healthcare professionals; • be able to contribute effectively to work undertaken as part of a multi-disciplinary team; • 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, as appropriate; • understand group dynamics and roles, and be able to facilitate group work, in order to maximise support, learning and change within groups and communities; • understand the value of encouraging dialogue and debate with a wide range of people including service users, other professionals, support staff and others and recognising different perspectives.
10.	be able to maintain records appropriately	<p>Respondents suggested a number of different standards covering the following areas:</p> <ul style="list-style-type: none"> • secure storage and transport of patient records • managing patient discharge, ensuring that relevant documentation and communication has been undertaken
11.	be able to reflect on and review practice	<p>Respondents suggested a number of different standards covering the following areas:</p> <ul style="list-style-type: none"> • importance of having insight and being self aware, and modifying behaviour where necessary – linked to reflective and conscientious practice; • seeking and responding to feedback, and being seen to demonstrate the same; • recognising the potential of physiotherapy in new and emerging areas of practice <p>Suggested new standards to underpin the Clinical Leadership Competency Framework elements:</p>

		<ul style="list-style-type: none"> • recognise the value of multi-disciplinary team review and other methods of review; • be able to change behaviour in light of feedback and reflection, as appropriate; • be able to acknowledge mistakes and treat them as learning opportunities; • understand the need for change and questioning the status quo, as appropriate, and its impact on people and services.
12.	be able to assure the quality of their practice	<p>Respondents suggested a number of different standards covering the following areas:</p> <ul style="list-style-type: none"> • the need to be able to demonstrate accountability for practice as well as being responsible for it; • being able to provide rationale for all decisions take and demonstrate consideration of alternative courses of action; • engaging with fellow professionals or superiors in recorded peer review, knowledge and skills framework or personal development plan processes; • ability to design, implement, and/or evaluate clinical protocols; • including service users in service design; • requirement to write a discharge summary and to evaluate the effectiveness of treatment <p>Suggested new standards to underpin the Clinical Leadership Competency Framework elements:</p> <ul style="list-style-type: none"> • understand the need to actively contribute to plans to achieve service goals; • understand the value of supporting plans for services that are part of the strategy for the wider healthcare system, as appropriate; • understanding what resources are available, and understanding the need for using resources effectively, safely, and reflecting the diversity of needs; • be able to hold themselves and others accountable for service outcomes, as appropriate; • be able to use evidence, both positive and negative, to identify options; • be able to use systemic ways of assessing and minimising risk;

		<ul style="list-style-type: none"> • be able to monitor the effects and outcomes of change; • understand the value in measuring and evaluating outcomes, taking corrective actions where necessary, as appropriate.
13.	understand the key concepts of the knowledge base relevant to their profession	<p>Respondents suggested a number of different standards covering the following areas:</p> <ul style="list-style-type: none"> • understand and use the principles of shared leadership; - or alternatively the range of standards suggested under generic standards 4, 9, 11, 12, 13, 14); • ability to support a patient's ability to self-manage a chronic problem or long term condition; <p>Suggested new standards to underpin the Clinical Leadership Competency Framework elements:</p> <ul style="list-style-type: none"> • understand the value of actively contributing to change processes that lead to improving healthcare, as appropriate;
14.	be able to draw on appropriate knowledge and skills to inform practice	<p>Respondents suggested a number of different standards covering the following areas:</p> <ul style="list-style-type: none"> • responsibility to promote health and healthy lifestyles– identifying when there are problems with a service user's health generally and knowing when to suggest they should seek support; • understanding of their role as an educator and be able to draw on principles and techniques that facilitate learning in others • understanding of their role as a leader and be able to draw on principles and techniques to underpin their leadership approach; (also see comments under generic standards 4, 9, 11, 12, 13); • A definition of knowledge, skills and competencies <p>Suggested new standards to underpin the Clinical Leadership Competency Framework elements:</p> <ul style="list-style-type: none"> • understand the structure and function of health, education and social care services in the UK and current developments
15.	understand the need to establish and maintain a safe practice environment	<p>Respondents suggested a number of different standards covering the following areas:</p>

		<ul style="list-style-type: none">• knowing how to apply appropriate moving and handling techniques• managing patient discharge, ensuring that relevant documentation and communication has been undertaken
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Appendix 3: Detailed comments on the draft standards

Respondents' proposed deletions are indicated in the text by ~~strike through~~ whilst additions are shown in **bold**.

This section does not include comments received about the generic standards, as they were not within the scope of the consultation.

No.	Standard	
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	Suggestions for additions to this standard included: <ul style="list-style-type: none"> • the ability to manage workload to support service needs; • knowledge and skills required for prioritisation, and managing a caseload of a size and type appropriate to their post and grade
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	

No.	Standard	
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	<p>One respondent felt that this requirement was not sufficiently strongly stated.</p> <p>Another respondent felt that the different parts of this standard should be separated out into distinct requirements.</p> <p>Suggested amendments:</p> <ul style="list-style-type: none"> • understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing • understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining and promoting 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	<p>One respondent felt that it was unclear what 'personal incompatibility' meant</p> <p>Another respondent suggested that a definition of 'trust' should be added to the standards.</p> <p>One respondent felt that the word 'mutual' is difficult to apply in this context as service users are not bound by standards.</p>
2.5	know about current legislation applicable to the work of their profession	<p>Suggested amendment:</p> <ul style="list-style-type: none"> • know about current legislation applicable to the work of their the physiotherapy profession
2.6	understand the importance of and be able to obtain informed consent	<p>One respondent felt that there should be more emphasis on the need to gain informed consent from all groups including people with particular needs or capacity issues.</p> <p>Suggested amendment:</p> <ul style="list-style-type: none"> • understand the importance of the concept of and be able to obtain informed consent

No.	Standard	
2.7	be able to exercise a professional duty of care	<p>One respondent suggested that a definition of 'duty of care' should be added to the standards.</p> <p>One respondent felt that the term 'professional' needed further definition.</p>
3.	be able to maintain fitness to practise	
3.1	understand the need to maintain high standards of personal conduct	Several respondents felt that this standard should include professional conduct.
3.2	understand the importance of maintaining their own health	<p>Some respondents felt that the concept of managing health within the context of practice is not adequately defined or explained within this standard.</p> <p>Suggested amendments:</p> <ul style="list-style-type: none"> • understand the importance of maintaining their own health and wellbeing • understand the importance of maintaining their own health and recognising the impact of health issues on their professional practice
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	<p>Respondents suggested the following amendments:</p> <ul style="list-style-type: none"> • understand both the need to keep skills and knowledge up to date and the importance of career-long learning restricted to within clinical practice • understand both the need to keep skills and knowledge up to date within their scope of practice and the importance of career-long learning • understand both the need to keep skills and knowledge up to date and the importance of career-long learning continuing professional development

No.	Standard	
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	<p>Respondents suggested the following amendments:</p> <ul style="list-style-type: none"> • 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 manage with the problem • be able to assess a professional- clinical situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem • be able to use professional judgement to manage complex situations assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem • be able to assess a professional situation, determine the nature and severity of the problem- issue and call upon the required knowledge and experience to deal with the problem- issue
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	Some respondents felt that there should be greater consistency within the standards about the use of the terms 'treatment' and 'intervention'.
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	<p>Respondents suggested the following amendments:</p> <ul style="list-style-type: none"> • Addition of a requirement around participation in clinical supervision, and clarification that this requirement only applies to an appropriate level of expertise • be able to initiate effective and efficient resolution of problems conflict and be able to exercise personal initiative

No.	Standard	
4.4	recognise that they are personally responsible for and must be able to justify their decisions	<p>One respondent suggested the following amendment:</p> <ul style="list-style-type: none"> recognise that they are personally responsible for and must be able to justify their decisions and actions
4.5	be able to make and receive appropriate referrals	<p>Respondents suggested the following amendments:</p> <ul style="list-style-type: none"> One respondent felt that the standard should require registrants to 'make and accept' appropriate referrals. Another respondent suggested that the ability to decline inappropriate referrals should be included. be able to delegate appropriately 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	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	<p>Some respondents queried why this standard is limited to the assessment process, and felt it should be widened to cover all aspects of practice.</p> <p>Respondents suggested the following additional categories to be included in this standard:</p> <ul style="list-style-type: none"> Sensory deficits or impairments Religious beliefs
6.	be able to practise in a non-discriminatory manner	
7.	understand the importance of and be able to maintain confidentiality	

No.	Standard	
7.1	be aware of the limits of the concept of confidentiality	One respondent felt that this requirement is not sufficiently clear, while another respondent suggested replacing 'be aware of' with 'observe'. One respondent felt the 'limits' of confidentiality are implicit in the concept.
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	One respondent suggested the following amendment: <ul style="list-style-type: none"> • understand the principles of information governance and be aware of the safe and effective use of health and social care service user related 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	Respondents suggested the following amendments: <ul style="list-style-type: none"> • reference to information and communication technologies to enhance communication • be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues, fellow professionals, and others • be able to demonstrate effective and appropriate verbal and non-verbal skills in to communicateing information, advice, and 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 ⁵	Some respondents requested stronger England language requirements, as they felt the current requirements are not strong enough.

⁵ 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 also accept the TOEFL test as an equivalent. Please visit our website for more information.

No.	Standard	
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>One respondent queried the meaning of 'capacity' in this standard.</p> <p>Respondents suggested the inclusion of a reference to information and communication technologies to enhance communication</p> <p>Respondents suggested the following additional categories to be included in this standard:</p> <ul style="list-style-type: none"> • Sensory deficits or impairments • Service users who do not have English as a first language
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	One respondent felt that the phrase 'service users and others' should be used consistently throughout the standards
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>One respondent suggested the following amendment:</p> <ul style="list-style-type: none"> • 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, sexual and gender orientation, 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	
9.	be able to work appropriately with others	

No.	Standard	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff, and others	<p>One respondent felt that the term 'partnership' implies shared decision making and equal status, while the concept of 'collaboration' is more general and should also be included in standards where 'partnership' is mentioned.</p> <p>Suggested amendments:</p> <ul style="list-style-type: none"> • be able to work, where appropriate, in partnership with service users, other professionals, support staff, and others and encourage their contribution
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>One respondent suggested the following amendment:</p> <ul style="list-style-type: none"> • understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team where appropriate
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 agree the goals, priorities and methods of physiotherapy intervention in partnership with the service user	<p>One respondent felt that the term 'partnership' implies shared decision making and equal status, while the concept of 'collaboration' is more general and should also be included in standards where 'partnership' is mentioned.</p> <p>Suggested amendments:</p> <ul style="list-style-type: none"> • understand the need to agree the goals, priorities and methods of physiotherapy intervention in partnership with the service user or other person representing the legal wishes of the patient
10.	be able to maintain records appropriately	

No.	Standard	
10.1	be able to keep accurate, legible records	<p>Respondents suggested the following amendments:</p> <ul style="list-style-type: none"> • be able to keep accurate, legible, timely records • be able to keep accurate, timely and contemporaneous records • be able to keep accurate, legible and contemporaneous records • be able to keep and contribute to 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	<p>Some respondents felt that there needed to be further clarification of what 'accepted terminology' means in this context.</p> <p>Suggested amendment:</p> <ul style="list-style-type: none"> • understand the need to use only accepted terminology in making maintaining 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	<p>Respondents suggested the following amendments::</p> <ul style="list-style-type: none"> • understand the value of reflective on practice in informing and critically evaluating practice and the need to record the outcome of such reflection • understand the value of reflection on practice and the need to record and critically evaluate the outcome of such reflection • understand the value of reflection on and in practice and the need to record the outcome of such reflection • understand the value of reflection on practice and the need to record the outcome of such reflection and action taken

No.	Standard	
11.2	recognise the value of case conferences and other methods of review	<p>Some respondents felt that an additional requirement should be added here to include the principles of clinical supervision, for consistency with other professions.</p> <p>Suggested amendments:</p> <ul style="list-style-type: none"> • One respondent felt that ‘case conferences’ are very specific to the NHS, and that the language in this standard should be broadened out. • recognise the value of case conferences, peer review, and other methods of review • recognise the value of case conferences multidisciplinary meeting 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	<p>Respondents suggested the following amendments:</p> <ul style="list-style-type: none"> • be able to engage in evidence-based practice, evaluate practice systematically, and participate in clinical and other audit procedures • be able to engage in evidence-based practice, evaluate practice systematically, and participate in 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	

No.	Standard	
12.4	be able to maintain an effective audit trail and work towards continual improvement	<p>One respondent felt that this standard was beyond threshold level for newly qualified physiotherapists</p> <p>Respondents suggested the following amendments:</p> <ul style="list-style-type: none"> • One respondent felt that there should be an additional reference in this standard around continuing professional development and maintaining a portfolio of training • Adding 'work towards continual personal and service 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	<p>One respondent suggested that 12.6 and 12.8 should be combined.</p> <p>Suggested amendment:</p> <ul style="list-style-type: none"> • be able to evaluate intervention plans using recognised outcome measures, PROMS AND PREMS, 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	<p>One respondent suggested that 12.6 and 12.8 should be combined.</p> <p>One respondent suggested the following amendment:</p> <ul style="list-style-type: none"> • be able to evaluate treatment plans, and where appropriate, work with colleagues from other professions, 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	

No.	Standard	
13.1	recognise the role of other professions in health and social care	<p>Respondents suggested the following amendments:</p> <ul style="list-style-type: none"> recognise the role of other professions and agencies in health and social care recognise the role of other professions, services and carers in relation to the support of the service user 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	<p>One respondent felt that some of the concepts expressed under generic standard 13 – particularly 13.2 – would be difficult to apply to different education contexts, and to use to assess international applicants against.</p> <p>Suggested amendments:</p> <ul style="list-style-type: none"> be aware of the principles and applications of scientific and research enquiry, including the evaluation of treatment efficacy and the research process be aware of the principles and applications of scientific enquiry and the research process, 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	<p>One respondent suggested the following amendment:</p> <ul style="list-style-type: none"> understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their the physiotherapy profession
13.4	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	

No.	Standard	
13.5	<p>understand the following aspects of biological science:</p> <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 	<p>One respondent felt the requirements under this standard – and others under generic standard 13 are too detailed.</p> <p>Respondents suggested the following amendments:</p> <ul style="list-style-type: none"> - normal human anatomy and physiology, especially the dynamic relationships of human structure and function and the neuromuscular, neuro-developmental, musculoskeletal, cardio-vascular and respiratory systems
13.6	<p>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 	

No.	Standard	
13.7	<p>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 	
13.8	<p>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>Respondents suggested the following amendments:</p> <ul style="list-style-type: none"> - how psychology, sociology and cultural diversity inform an understanding of health, illness and health, wellbeing, and care in the context of physiotherapy and the incorporation of this knowledge into physiotherapy practice - theories (and application) of team working and leadership
14.	<p>be able to draw on appropriate knowledge and skills to inform practice</p>	
14.1	<p>understand the structure and function of health, education and social care services in the UK and current developments</p>	<p>Some respondents were concerned about how physiotherapists would be able to stay up to date with ongoing developments.</p>

No.	Standard	
14.2	be able to deliver and evaluate physiotherapy programmes	
14.3	be able to gather appropriate information	<p>Respondents suggested the following amendments:</p> <ul style="list-style-type: none"> • be able to gather and use appropriate information using appropriate methods • be able to gather appropriate relevant information
14.4	be able to select and use appropriate assessment techniques	<p>One respondent suggested differentiating the requirements of standards 4.4 and 4.5:</p> <ul style="list-style-type: none"> • be able to select and use appropriate assessment techniques and equipment
14.5	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	<p>One respondent suggested differentiating the requirements of standards 4.4 and 4.5:</p> <ul style="list-style-type: none"> • be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment <p>One respondent felt that the term 'sensitive' needed further definition.</p>
14.6	be able to undertake or arrange investigations as appropriate	<p>One respondent felt that physiotherapists do not always undertake or arrange investigations, but also advise others on what investigation might be needed – they suggested that this standard might need rephrasing.</p>
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	<p>Some respondents felt the word 'diagnosis' is too emotive and that 'clinical impression' or 'hypothesis' were more appropriate.</p> <p>Another respondent felt that newly qualified physiotherapists would not be expected to form a diagnosis independently, so 'clinical impression' would be more appropriate.</p>

No.	Standard	
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	<p>One respondent suggested the following amendment:</p> <ul style="list-style-type: none"> • be able to formulate specific and appropriate individual and group 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	<p>One respondent suggested the following amendment:</p> <ul style="list-style-type: none"> • be able to apply problem solving and clinical reasoning to assessment findings to plan and prioritise appropriate physiotherapy intervention
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	<p>One respondent suggested the following amendment:</p> <ul style="list-style-type: none"> • be able to set goals including timescales for 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	<p>One respondent suggested the following amendment:</p> <ul style="list-style-type: none"> • be able to select, plan, implement and manage physiotherapy treatment aimed at the alleviation of symptoms and facilitation and restoration of movement and function

No.	Standard	
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	Some respondents were concerned about the use of the word 'immobilise' in this standard, and felt it suggested that service users must be restrained. One respondent felt that this standard should state 'mobilise' rather than immobilise'.
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	<p>Some respondents felt there was scope to merge 14.18 and 14.19, or to delete one. Suggested amendment:</p> <ul style="list-style-type: none"> • be able to select and apply safe and effective therapeutic exercise, manual therapy, electrotherapeutic modalities and kindred approaches and electrotherapies in order to alleviate symptoms and restore optimum function <p>One respondent felt that not all exercise prescription is for therapeutic purposes, and that the term 'therapeutic' should be removed.</p>
14.19	be able to apply physiotherapy-specific practice skills including manual therapy, exercise and movement, electrotherapeutic modalities and kindred approaches	<p>Some respondents queried why the references to respiratory physiotherapy and neurotherapeutic handling had been removed from this standard</p> <p>One respondent suggested that 'kindred approaches' is unclear and that reference to specific modalities are needed in this standard.</p>
14.20	be able to change their practice as needed to take account of new developments or changing contexts	<p>One respondent suggested the following amendment:</p> <ul style="list-style-type: none"> • be able to change their practice as needed to take account of new developments, technologies, 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	

No.	Standard	
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) ⁶	
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	One respondent felt this standard should emphasise the need to take particular care in practice with service users who have particular needs, or capacity limitations
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	

⁶ This standard may be removed subject to the outcome of the current consultation on independent prescribing for physiotherapists

No.	Standard	
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>One respondent felt this standard should emphasise the need to take particular care in practice with service users who have particular needs, or capacity limitations</p> <p>Another respondent felt that 'infection prevention' would be more appropriate than 'infection control'</p>