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Psychotherapists and Counsellors Professional Liaison Group,  
29 April 2009

Draft standards of proficiency

Executive summary and recommendations

**Introduction**

The attached paper appends a first draft of standards of proficiency put together by the HPC Executive. This is intended as a starting point for the Group's substantive discussions on this topic.

**Decision**

The PLG is invited to discuss the attached first draft.

The PLG is additionally reminded to bear in mind the potential equality and diversity implications of any recommendations it may make. This includes considering the extent to which any recommendations would have an adverse impact on some groups compared to others.

A copy revised in light of the Group's comments will be brought back to the following meeting on 26 and 27 May 2009.

**Background information**

Standards of proficiency – Background and context

[http://www.hpc-uk.org/assets/documents/100026E1psychotherapists\\_and\\_counsellors\\_professional\\_liaison\\_group\\_2009030304\\_enclosure04standardsofproficiencybackgroundandcontext.pdf](http://www.hpc-uk.org/assets/documents/100026E1psychotherapists_and_counsellors_professional_liaison_group_2009030304_enclosure04standardsofproficiencybackgroundandcontext.pdf)

**Resource implications**

None

**Financial implications**

None

**Appendices**

Appendix 1: English language proficiency

Appendix 2: Arts therapists standards of proficiency

Appendix 3: Clinical scientists standards of proficiency

**Date of paper**

17 April 2009

# Draft standards of proficiency

## Introduction

The standards of proficiency are the threshold standards required for safe and effective practice for entry to each part of the Register. They are set at the threshold or necessary level for public protection.

The primary role of the standards of proficiency is in articulating the skills, knowledge and abilities necessary to become registered for the first time. Approvals visits of education and training providers ensure that their programmes meet the standards of education and training and therefore successfully deliver the standards of proficiency.

At the last meeting of the PLG, the Group received a paper outlining some of the legal and contextual background to the standards. In summary, the standards must be:

- absolutely necessary for safe and effective practice;
- set at a minimum or threshold level;
- conform to HPC's obligations as a qualifications body; and
- couched in language appropriate to their primary role in legislation.

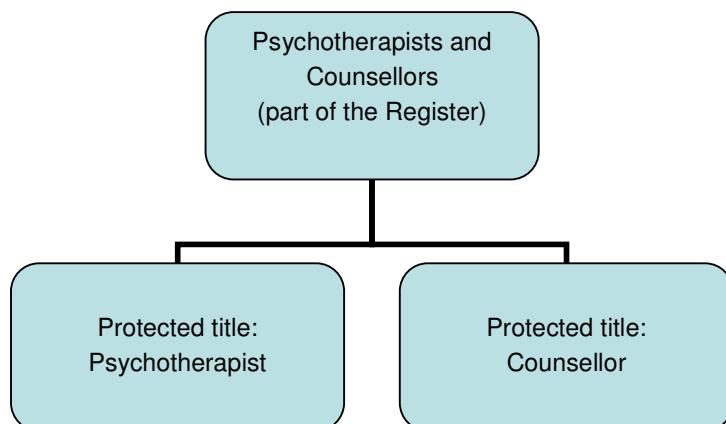
As the threshold standards, some education and training programmes may include content that exceeds these standards.

**The generic standards of proficiency will be subject to separate review and consultation this financial year.**

## Differentiation

At its meeting in January 2009, the Group decided to proceed on the basis that there should be differentiation in the Register between psychotherapists and counsellors

In this approach a title would be protected for each of psychotherapists and counsellors, please see diagram below. This approach would rely upon being able to specify differentiated standards of proficiency for psychotherapists and for counsellors.



There was some discussion about a suggestion whether it might be possible to produce a single set of standards of proficiency but nonetheless differentiate between psychotherapists and counsellors by setting different educational thresholds. Legal advice sought by the HPC Executive has confirmed that this would not be possible. In order to differentiate between psychotherapists and counsellors, it would be necessary to produce differentiated standards of proficiency, as an objective basis on which to differentiate between the two in the structure of the Register. Attention might then be given to setting different educational level necessary to achieve those standards, if appropriate.

The Group further agreed that any standards of proficiency should contain four elements:

- Generic standards of proficiency (applying across all of the professions regulated by the HPC).
- Profession specific standards which would be common to both psychotherapists and counsellors.
- Profession-specific standards for psychotherapists.
- Profession-specific standards for counsellors.

The Group's recommendation that modalities should not be reflected at the level of the statutory Register means that the standards must be written in broad terms to be applicable to all modalities.

### **Putting together the draft**

The appended draft standards are intended as a starting point for the Group's discussions.

The draft standards have been produced having drawn together a number of sources including:

- The example draft standards of proficiency for psychotherapists and for psychotherapists / counsellors in the papers considered at the last meeting of the Group.
- The learning outcomes of education and training programmes including programmes in psychotherapy, psychotherapy and counselling and counselling, delivered in a variety of sectors and at varying educational levels.

The draft has drawn from a discrete number of sets of standards to ensure the manageability of the drafting process. However, as the draft is only a starting point, the Group may wish to suggest other standards which it would be helpful to refer to in further developing the draft.

The following process has been followed in putting together the draft:

- Standards drawn from the sources referred to on the previous page were placed under the appropriate HPC generic standard, and instances of clear duplication of these standards removed.
- Where necessary, some standards were rewritten into language more appropriate to threshold standards of proficiency.
- Similar standards were grouped together and, where possible and appropriate, a suitable ‘overarching’ standard chosen (either one of those from the source material, or a new standard written in light of similar standards expressed in slightly different ways).
- Where helpful, in terms of approaching wording, in deciding the appropriate ‘place’ for standards, and consistency, the existing HPC standards of proficiency for arts therapists and clinical scientists were consulted (and are appended to this paper for reference).

On the basis of the source material, there may be a discrete number of possible areas of differentiation flagged in the draft which the Group will wish to discuss further. In a number of places, the draft indicates whether the source material for a possible profession-specific standard came from psychotherapy, counselling, or psychotherapy and counselling sources and invites the Group to discuss the issues pertaining to these standards.

The Group is particularly invited to discuss standard 2b.1 (research) and standard 3a.1 (knowledge, understanding and skills) as the areas in which, on the basis of this first, working draft, there may be areas of differentiation at a threshold level.

### **English language proficiency**

In the draft, the existing English language testing requirements for 12 of the existing HPC regulated professions are included in standard 1b.3.

A short paper on English language requirements is appended to this paper.

### **Standards of proficiency and the threshold level of qualification for entry to the Register**

As described in a paper considered by the Group at its last meeting, standard one of the standards of education and training describes the threshold level of qualification necessary for entry to the Register.

The threshold level is set at the level necessary for an education programme to successfully deliver the standards of proficiency. As such, the Group is not asked to make a decision about the threshold educational level until draft standards of proficiency for consultation have been put together.

However, in putting together the threshold standards, the Group may wish to bear in mind the ability of existing pre-registration education and training

programmes to meet those standards, and any consequences this may have for the educational level necessary to achieve them.

### **A ‘stepped approach’?**

In the Call for Ideas, we suggested whether a ‘stepped approach’ to setting the threshold level of qualification for entry to the Register might be appropriate.

We said:

*‘The threshold level has to be set at the level necessary for safe and effective practice. We have to take into account existing education, training and service delivery and it is important that the level we set is not aspirational in nature. The purpose of statutory regulation is to protect members of the public. We want to make sure that any proposals are inclusive so that as many practitioners as possible can be regulated, whilst ensuring that appropriate standards are maintained.’*

*In psychotherapy and counselling there is a wide range of different training programmes which vary in content, structure and level. One possible option for the threshold level for psychotherapists and counsellors is a stepped approach which would see the threshold level raised over a period of time. This might balance the need to ensure that as many practitioners as possible are regulated at the outset, in order to protect the public, with the need to ensure that the threshold level of public protection develops over time. This would also provide a lead-in period for education and training providers to make any necessary changes to their programmes. We particularly invite comments from stakeholders on this suggestion.’*

Few respondents commented on this idea, though those that did responded positively. In its discussions on the standards of proficiency, the Group may wish to consider whether such an approach might also be applied, allowing programmes time to make changes necessary in order to meet particular standards if they would not reasonably be able to do so straight away.

This might be a feasible option if the Group identifies standards which can be objectively justified on the basis that they are necessary for safe and effective practice but which would pose difficulties for some existing provision without a suitable lead in period, or, potentially, in the case of some of the generic standards, some amendment.

## **Some questions to consider**

Bearing the following questions in mind may assist the group in drafting the standards:

- Is the standard a necessary threshold competence standard?
  - is the standard set at an appropriate level?
  - is the standard aspirational or aimed at good or best practice?
  - is the standard a conduct standard rather than a threshold competence standard?
- If challenged, could the HPC clearly explain why the standard was necessary?
- Is the proposed standard already adequately covered in the HPC generic standards or could it be more effectively written to apply to both psychotherapists and counsellors?
- Does the proposed standard reflect the standard content of pre-registration education and training programmes?
- Does the proposed standard clarify, in a profession-specific context, the intention of the generic standards?
- Is the proposed standard appropriate and applicable across all modalities, and trainings focused on the needs of specific client groups?
- What are the areas of threshold differentiation between psychotherapists and counsellors?

Although the generic standards will be the subject of a separate consultation, the Group may still wish to consider the ability of existing pre-registration education and training programmes to meet those standards. As the Group's decisions about the profession-specific standards of proficiency will be made in light of these existing generic standards, the Group may feel in places that it is appropriate to add additional standards which build upon the existing generics, using language more appropriate to the psychotherapy and counselling field to denote similar competencies.

## **Ongoing work**

The Group is invited to discuss the standards. This will feed into a further draft which will be presented at the next meeting of the PLG.

The process of drafting standards of proficiency is very much an iterative process and there may be a number of changes that are necessary to the existing draft. By the conclusion of the PLG process the aim is to have a set of standards that can be used as a starting point for consultation.

The HPC plans to reconvene the PLG to meet and consider the responses received about the standards of proficiency in the forthcoming consultation and to make further recommendations in light of these. On present timescales, such a meeting might take place in late November 2009.

**1<sup>ST</sup> DRAFT STANDARDS ONLY – FOR THE DISCUSSION OF THE PSYCHOTHERAPISTS AND COUNSELLORS PROFESSIONAL  
LIAISON GROUP (PLG)**  
**29 APRIL 2009**

Key and notes:

- HPC generic standards shown in black type
- Profession-specific standards shown in blue italicised type
- Where possible standards for psychotherapist and counsellors are suggested, this is indicated in the left hand column with '**Psychotherapists & Counsellors**'.
- Where possible differentiated profession-specific standards are shown, (and the Group is specifically invited to consider whether they would be suitable as standards specific to psychotherapists, or to counsellors), they are shown in a separate row with some explanatory introductory text.

Registrant psychotherapists and counsellors must:

Ref	Standard
	<b>Professional autonomy and accountability</b>
1a.1	<b>be able to practise within the legal and ethical boundaries of their profession</b> - understand the need to act in the best interests of service users at all times - understand what is required of them by the Health Professions Council - understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing - be aware of current UK legislation applicable to the work of their profession
<b>Psychotherapists &amp; Counsellors</b>	- <i>be able to recognise and manage the dynamics of power and authority</i> - <i>understand the role of the psychotherapist / counsellor across a range of settings and services</i>
1a.2	<b>be able to practise in a non-discriminatory manner</b>
1a.3	<b>understand the importance of and be able to maintain confidentiality</b>
1a.4	<b>understand the importance of and be able to obtain informed consent</b>
1a.5	<b>be able to exercise a professional duty of care</b>
<b>Psychotherapists &amp; Counsellors</b>	- <i>understand their duty of care with regard to the legislation on safeguarding children, young people and vulnerable adults</i>
1a.6	<b>be able to practise as an autonomous professional, exercising their own professional judgement</b> - be able to assess a 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 initiate resolution of problems and be able to exercise personal initiative - know the limits of their practice and when to seek advice or refer to another professional - recognise that they are personally responsible for and must be able to justify their decisions
1a.7	<b>recognise the need for effective self-management of workload and resources and be able to practise accordingly</b>

1a.8	<p><b>understand the obligation to maintain fitness to practise</b></p> <ul style="list-style-type: none"> <li>- understand the need to practise safely and effectively within their scope of practice</li> <li>- understand the need to maintain high standards of personal conduct</li> <li>- understand the importance of maintaining their own health</li> <li>- understand both the need to keep skills and knowledge up to date and the importance of career-long learning</li> </ul>
<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>understand the value of therapy in developing insight and self-awareness through their own personal experience</i></li> <li>- <i>be able to identify and manage their personal involvement in and contribution to the processes of therapy, including recognising distress or disturbance and by being able to develop self-care strategies</i></li> </ul>

<b>Professional relationships</b>	
<b>1b.1</b>	<p><b>be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers</b></p> <ul style="list-style-type: none"> <li>- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team</li> <li>- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals</li> <li>- be able to make appropriate referrals</li> </ul>
<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>understand the role of the therapist within the broader social and cultural context</i></li> <li>- <i>be able to demonstrate sensitivity to the organisational context</i></li> </ul>
<b>1b.2</b>	<p><b>Be able to contribute effectively to work undertaken as part of a multi-disciplinary team</b></p>
<b>1b.3</b>	<p><b>be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers</b></p> <ul style="list-style-type: none"> <li>- 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</li> <li>- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability</li> <li>- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others</li> <li>- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status</li> <li>- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions</li> <li>- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible</li> <li>- recognise that relationships with service users should be based on mutual respect and trust, and be able to</li> </ul>

	maintain high standards of care even in situations of personal incompatibility
<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>be able to explain the nature, purpose and techniques of their chosen theoretical model to clients and carers (Arts therapists)</i></li> <li>- <i>understand explicit and implicit communications in a therapeutic relationship</i></li> <li>- <i>be able to communicate empathic understanding to clients</i></li> <li>- <i>be able to communicate appropriately and effectively with other professionals about the client and proposed therapeutic work</i></li> </ul>
<b>1b.4</b>	<b>Understand the need for effective communication throughout the care of the service user</b> <ul style="list-style-type: none"> <li>- recognise the need to use interpersonal skills to encourage the active participation of service users</li> </ul>
<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>be able to build, maintain and end therapeutic relationships with clients</i></li> </ul>

	<b>Identification and assessment of health and social care needs</b>
2a.1	<b>be able to gather appropriate information</b>
2a.2	<b>be able to select and use appropriate assessment techniques</b> - be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
<b>Psychotherapists &amp; Counsellors</b>	<i>- be able to devise a strategy and conduct and record the assessment process that is consistent with the theoretical framework, setting and client group</i> <i>- be able to observe and record clients' responses and assess the implication for diagnosis and intervention</i>
2a.3	<b>be able to undertake or arrange investigations as appropriate</b>
2a.4	<b>be able to analyse and critically evaluate the information collected</b>
<b>Psychotherapists &amp; Counsellors</b>	<i>- be able to apply a chosen theoretical model and knowledge to assess clients' suitability for therapy</i> <i>- be able to identify areas of potential risk for the client, such as suicide and self injury and possible danger to others</i>

	<b>Formulation and delivery of plans and strategies for meeting health and social care needs</b>
<b>2b.1</b>	<p><b>be able to use research, reasoning and problem solving skills to determine appropriate actions</b></p> <ul style="list-style-type: none"> <li>- recognise the value of research to the critical evaluation of practice</li> <li>- be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures</li> <li>- be aware of a range of research methodologies</li> <li>- be able to demonstrate a logical and systematic approach to problem solving</li> <li>- be able to evaluate research and other evidence to inform their own practice</li> </ul>
	<p>The following standards are based on source material relating to psychotherapists and the Group is invited to consider whether they would be appropriate as specific standards for psychotherapists. Standards related to research also exist in the draft of 3a – knowledge, understanding and skills:</p> <ul style="list-style-type: none"> <li>- <i>understand the relevance of different approaches to research in psychotherapy</i></li> <li>- <i>understand and be able to critically evaluate the significance and implications of research findings in relation to assessment for therapeutic intervention</i></li> </ul>
<b>2b.2</b>	<p><b>be able to draw on appropriate knowledge and skills in order to make professional judgements</b></p> <ul style="list-style-type: none"> <li>- be able to change their practice as needed to take account of new developments</li> <li>- be able to demonstrate a level of skill in the use of information technology appropriate to their practice</li> </ul>
<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>be able to work effectively whilst holding alternative competing explanations in mind</i></li> <li>- <i>be able to recognise when further intervention is inappropriate or unlikely to be helpful</i></li> <li>- <i>be able to use a chosen theoretical model and knowledge to formulate and determine appropriate therapeutic processes</i></li> <li>- <i>be able to conceptualise presenting problems or situations within a coherent framework of psychological theory and evidence, incorporating interpersonal, societal, cultural and biological factors</i></li> </ul>

	<p>The following standards appeared in source material relating to psychotherapists / counsellors and psychotherapists. The Group is invited to consider whether the focus on 'complexity' here is appropriate for threshold standards generic to both psychotherapists and counsellors or whether some amendment is necessary (please also see below).</p> <ul style="list-style-type: none"> <li><i>- be able to reflect on complex and sometimes contradictory information elicited from the client in order to clearly articulate underlying psychological difficulties and their origins</i></li> <li><i>- be able to make informed judgements on complex issues in the absence of complete information</i></li> </ul>
	<p>The following standards are based on source material relating to psychotherapists and the Group is invited to consider whether they would be appropriate as specific standards for psychotherapists:</p> <ul style="list-style-type: none"> <li><i>- be able to use theoretical knowledge to develop hypotheses, generate therapeutic responses to clinical problems, and to develop new approaches where appropriate</i></li> <li><i>- be able to analyse complex, incomplete and contradictory areas of clinical understanding and use this to inform therapeutic work</i></li> <li><i>- be able to manage complex unpredictable contextual variables that may require adaptation and innovative practice</i></li> </ul>
<b>2b.3</b>	<p><b>be able to formulate specific and appropriate management plans including the setting of timescales</b></p> <ul style="list-style-type: none"> <li>- understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors</li> </ul>
	<p>The following standard is based on source material relating to psychotherapists but the Group is invited to consider whether this would be appropriate, perhaps with some amendment, as a generic standard for psychotherapists and counsellors</p> <ul style="list-style-type: none"> <li><i>- be able to use models of gendered and culturally influenced human development when considering the client's situation and understand the implication of these when developing therapeutic hypotheses and therapeutic responses</i></li> </ul>
<b>2b.4</b>	<p><b>be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully</b></p> <ul style="list-style-type: none"> <li>- understand the need to maintain the safety of both service users and those involved in their care</li> </ul>

<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- be able to establish an effective, collaborative working relationship with the client</li> <li>- be able to make appropriate therapeutic interventions consistent with chosen theoretical model and knowledge</li> <li>- be able to facilitate client exploration of experience, meaning and self-understanding</li> <li>- be able to enable expression of client emotion</li> <li>- be able to recognise and work with life transitions and developmental crises</li> <li>- be able to take account of the client's capacity for self-determination and ability to reflect on his / her psychological functioning</li> </ul>
	<p>The following standards are based on source material relating to counselling. The Group may wish to consider whether these standards are encompassed by the standards above and elsewhere or whether there are specific standards in this area which would apply to counsellors:</p> <ul style="list-style-type: none"> <li>- be able to facilitate client problem management, change planning and decision-making</li> <li>- be able to initiate and manage first and subsequent counselling sessions by developing rapport and trust</li> <li>- understand and be aware of both the explicit and implicit aspects of the counselling relationship</li> </ul>
<b>2b.5</b>	<p><b>be able to maintain records appropriately</b></p> <ul style="list-style-type: none"> <li>- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines</li> <li>- understand the need to use only accepted terminology in making records</li> </ul>

<b>Critical evaluation of the impact of, or response to, the registrant's actions</b>	
<b>2c.1</b>	<p><b>be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly</b></p> <ul style="list-style-type: none"> <li>- be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care</li> <li>- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user</li> <li>- 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</li> <li>- 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</li> </ul>
<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>be able to help clients to monitor their process in therapy</i></li> <li>- <i>understand the need to review the therapy with the client</i></li> <li>- <i>be able to evaluate communication strategies and skills used with the client</i></li> </ul>
<b>2c.2</b>	<p><b>be able to audit, reflect on and review practice</b></p> <ul style="list-style-type: none"> <li>- understand the principles of quality control and quality assurance</li> <li>- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures</li> <li>- be able to maintain an effective audit trail and work towards continual improvement</li> <li>- participate in quality assurance programmes, where appropriate</li> <li>- understand the value of reflection on practice and the need to record the outcome of such reflection</li> <li>- recognise the value of case conferences and other methods of review</li> </ul>
<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>understand models of supervision and their contribution to practice</i></li> <li>- <i>be able to critically reflect on the use of self in the therapeutic process in order to improve practice</i></li> </ul>

	<b>Knowledge, understanding and skills</b>
<b>3a.1</b>	<p><b>know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice</b></p> <ul style="list-style-type: none"> <li>- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction</li> <li>- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process</li> <li>- recognise the role of other professions in health and social care</li> <li>- understand the theoretical basis of, and the variety of approaches to, assessment and intervention</li> </ul>
<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>understand the historical development, theory and philosophy underpinning the therapeutic model or models</i></li> <li>- <i>understand the key concepts underpinning work with different groups of clients</i></li> <li>- <i>know about the key concepts of other therapeutic models, their differences and similarities</i></li> <li>- <i>be aware of alternative interventions</i></li> <li>- <i>understand the importance of considering the impact upon clients of cultural, socio-political and other contexts</i></li> <li>- <i>understand the nature of the therapeutic relationship and the need for cultural sensitivity and recognition of diversity</i></li> <li>- <i>understand that whilst psychotherapy / counselling has a number of theoretical approaches they must adopt a coherent approach to their therapy, including the relationship between theory and practice</i></li> </ul>
	<p>The following standards are based on source material relating to psychotherapists /counsellors and the Group is invited whether these standards would be appropriate as standards for psychotherapists and counsellors:</p> <ul style="list-style-type: none"> <li>- <i>understand and be able to critically evaluate theories of lifespan development</i></li> <li>- <i>understand and be able to critically evaluate theories of psychopathology</i></li> <li>- <i>understand and be able to critically evaluate theories of therapeutic change</i></li> <li>- <i>understand the social conceptualisations of mental and emotional health</i></li> <li>- <i>understand and be able to critically evaluate theories of mind and personality</i></li> </ul>

	<p>The following standards are based on source material relating to psychotherapists and the Group is invited to consider whether they would be appropriate as specific standards for psychotherapists:</p> <ul style="list-style-type: none"> <li>- <i>understand studies and research findings relevant to the mode of psychotherapy, together with an awareness of related research where appropriate and be able use these to inform practice</i></li> <li>- <i>understand the relevance of studies and research findings in human development, psychopathology, sexuality, ethics and social sciences in understanding the therapeutic process and be able to engage these to achieve productive therapeutic outcomes</i></li> <li>- <i>be able to formulate a model of the person and mind</i></li> <li>- <i>be able to formulate a model of gendered and culturally influenced human development</i></li> <li>- <i>be able to formulate a model of human change and understand the ways change can be facilitated through the process of psychotherapy</i></li> <li>- <i>be able to recognise severe disturbance in clients</i></li> </ul>
<b>3a.2</b>	<b>know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities</b>
<b>3a.3</b>	<b>understand the need to establish and maintain a safe a practice environment</b> <ul style="list-style-type: none"> <li>- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force in the workplace, such as incident reporting, and be able to act in accordance with these</li> <li>- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation</li> <li>- be able to select appropriate protective equipment and use it correctly</li> <li>- 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</li> </ul>

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## Appendix 1: English language proficiency

### **Introduction**

This paper looks briefly at requirements amongst the existing regulated professions for English language competence, and invites discussion on appropriate requirements for psychotherapists and counsellors.

There was some discussion about this topic at the PLG's meeting in March 2009.

### **Mutual recognition rights and language testing**

Under European legislation, applications from applicants with 'mutual recognition' rights are treated differently compared to those from applicants from outside of the European Economic Area (EEA).

In order to obtain mutual recognition rights, an applicant has to be a national of a country within the EEA and have the right to practise in an EEA country. The HPC assesses the applications of such applicants in the same way as other applications. Applications are assessed by registration assessors who are registered members of the profession concerned with appropriate practice and academic experience. If the HPC finds that there is a shortfall between the applicant's education and experience and the standards required for registration, the HPC is able to ask them to undertake a 'period of adaptation' or 'aptitude test' to make up this shortfall. A period of adaptation is a period of supervised practice and/or academic training in areas identified by registration assessors which allows an EEA applicant to reach the standard required to be registered with us. An 'aptitude test' tests the applicant's knowledge in a discrete range of areas identified by the registration assessors.

Under the legislation, the HPC is unable to require EEA applicants exercising mutual recognition rights to undergo a language test (except for applicants for speech and language therapy, please see below). Additionally, the HPC is unable to language test other applicants for whom English is their first language.

### **Language testing**

HPC is able to require evidence of language proficiency from international applicants who do not have mutual recognition rights under European Legislation and for whom English is not their first language.

HPC currently requires applicants to achieve an overall score in the academic test of the International Language Testing System (IELTS) of at least 7.0, with no element below 6.5. A number of other tests are also approved at levels equivalent to the IELTS.

### **Speech and language therapists**

The English language proficiency requirement is, however, higher for speech and language therapists for whom this is a core professional skill. Level 8.0 with no element below 7.5 is required. As a core professional skill, the Council is able to require both EEA and non-EEA applicants to undergo this test.

The rationale behind this is that speech and language therapists, as a threshold requirement, need to have an understanding of, and be able to use, the phonetic and linguistic structure of language.

### **Practitioner psychologists**

The English language proficiency level for practitioner psychologists has been the subject of some debate.

This has centred on whether a proficiency level in line with speech and language therapists would be justified for practitioner psychologists. During the PLG and consultation process some argued that a higher level would be justified, at least in some domains of practice, on the basis that language was the primary tool of intervention and that a complex understanding of the nuances of language was essential. However, others questioned whether there was a justification for the requirement for some or all practitioner psychologists to be higher than that for other professionals whose work is carried out through language.

At its meeting on 25 March 2009, the HPC Education and Training Committee decided that the level for the practitioner psychologists part of the Register should be 7.0 with no element below 6.5, consistent with 12 of the existing regulated professions. The Committee noted that other professions regulated by the HPC, such as art therapists, music therapists and dramatherapists also used language as an essential part of intervention and these requirements applied to them. The Committee considered that the case for a higher level for speech and language therapists over and above the requirement for other professions, including practitioner psychologists, was justified on the basis that for this profession language was not just a 'tool of intervention' but that higher skills in speech and phonetic analysis were also required at a threshold level.

### **The standards of proficiency and language testing**

HPC's requirements for English language proficiency are included in the standards of proficiency:

#### **For speech and language therapists**

##### **2b.4 (Profession-specific)**

- be able, as a core professional skill for speech and language therapists, to communicate in English to the standard equivalent to level 8 of the International English Language Testing System, with no element below 7.5

## **For all other professions**

### **1b.4 (Generic)**

- 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

### **English language requirements of other regulators**

The following is a sample of the English language testing requirements of other regulatory bodies.

N.B: The test scores given below all relate to the academic rather than the general IELTS test.

- **Pharmacists:** The Royal Pharmaceutical Society of Great Britain (RPSGB) requires a minimum score of 7 in each part of the parts of IELTS.
- **Doctors:** The General Medical Council (GMC) requires 7.0 as an overall score on the IELTS test, a minimum score of 7.0 in the speaking section and 6.0 in each of the other sections (listening, academic reading and academic writing).
- **Dentists:** The General Dental Council (GDC) requires an overall score of at least 7.0, with no section below 6.5.
- **Nurses:** The Nursing and Midwifery Council (NMC) requires an overall score of at least 7.0 with at least 7.0 in the writing and speaking sections.

### **English language competence and the role of employers**

It is important to remember that any English language requirements, as with the rest of the standards of proficiency, are set a threshold level. Further, as outlined in this paper, the HPC's ability to language test applicants is limited to those for whom English is not their first language and who do not meet the criteria for mutual recognition.

Therefore, registration cannot be a guarantee of English language competence. Nor can it be a guarantee that a registrant will suited to a particular employment role. Employers also have responsibilities in ensuring that they employ registrants who are fit for purpose, including assuring themselves that the registrant possesses an appropriate ability in the English language.

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Standards of proficiency

# Arts therapists

# Contents

**Foreword 1**

**Introduction 2**

**Expectations of a health professional 5**

**The skills required for the application  
of practice 9**

**Knowledge, understanding and skills 13**

# Foreword

I am pleased to present the Health Professions Council's standards of proficiency.

We first published the standards of proficiency when our Register opened in July 2003. We began to review them in October 2005 to look at how they were working and to check whether they continued to reflect current practice as experienced by registrants, employers, educators and others. The review was led by a professional liaison group (PLG), which included members of our Council, as well as representatives from professional bodies and patient groups. We also held a formal consultation on the draft proposed standards. The review process and consultation produced extremely valuable feedback and we are grateful to all those who gave their time to help us in shaping the standards that follow.

We made a small number of changes to the previous standards, mainly to reflect developments in education, to clarify our intentions and to correct any errors or omissions. We also revised the introduction to explain more clearly the purpose behind the standards, especially in relation to registrants who specialise or move into non-clinical areas of practice.

I am confident that the standards are both fit for purpose and reflect current thinking in relation to safe professional practice across the professions.

These standards are effective from 1 November 2007.

**Anna van der Gaag**

President

# Introduction

This document sets out the **standards of proficiency**. These are the standards we have produced for the safe and effective practice of the professions we regulate. They are the minimum standards we consider necessary to protect members of the public.

You must meet these standards when you first become registered. After that, every time you renew your registration you will be asked to sign a declaration that you continue to meet the standards of proficiency that apply to your scope of practice.

We also expect you to keep to our **standards of conduct, performance and ethics**, which are published in a separate document.

The standards of proficiency in this document include both generic elements, which apply to all our registrants, and profession-specific elements that are relevant to registrants belonging to one of the professions we currently regulate. The **generic standards are written in black**, and the **profession-specific standards are written in blue** to help you distinguish between them.

The generic standards explain the key obligations that we expect of you. Occasionally, we have pointed out specific elements of those key obligations. We have not attempted to create exhaustive lists of all the areas that each generic standard covers; we have simply highlighted specific elements where we consider this to be helpful.

## A note about our expectations of you

The standards of proficiency play a central role in how you can gain admission to, and remain on, the Register and thereby gain the right to use the protected title(s) of your profession.

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

The standards set out in this document complement information and guidance issued by other organisations, such as your professional body or your employer.

## Your scope of practice

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

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. This might be because of specialisation in a certain clinical area or with a particular client group, or a movement into roles in management, education or research.

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

As long as you make sure that you are practising safely and effectively within your given scope of practice and do not practise in the areas where you are not proficient to do so, this will not be a problem. If you want to move outside of your scope of practice you should be certain that you are capable of working lawfully, safely and effectively. This means that you need to exercise personal judgement by undertaking any necessary training and experience.

## Meeting the standards

It is important that our registrants meet our standards and are able to practise lawfully, safely and effectively. However, we don't dictate how you should meet our standards. There is normally more than one way in which each standard can be met and the way in which you meet our standards might change over time because of improvements in technology or changes in your practice. As an autonomous professional you need to make informed, reasoned decisions about your practice to ensure that you meet the standards that apply to you. This includes seeking advice and support from education providers, employers, colleagues and others to ensure that the wellbeing of service users is safeguarded at all times.

In particular, we recognise the valuable role played by professional bodies in representing and promoting the interests of their members. This often includes guidance and advice about good practice which can help you meet the standards laid out in this document.

## **Service users**

We recognise that our registrants work in a range of different settings, which include clinical practice, education, research and roles in industry. We recognise that different professions sometimes use different terms to refer to those who use or who are affected by their practice and that the use of terminology can be an emotive issue.

We have tried to use a term in the generic standards which is as inclusive as possible. Throughout the generic standards we have used the term 'service users' to refer to anyone who uses or is affected by the services of registrants. Who your service users are will depend on how and where you work. For example, if you work in clinical practice, your service users might be your patients or your staff if you manage a team. The term also includes other people who might be affected by your practice, such as carers and relatives. In the profession-specific standards, we have retained the terminology which is relevant to each individual profession.

## **These standards may change in the future**

We have produced this new version of our standards after speaking to our stakeholders about how the standards were working and how relevant they were to registrants' practice.

We will continue to listen to our stakeholders and will keep our standards under continual review. So we may make further changes in the future to take into account changes in practice.

We will always publicise any changes to the standards that we make by, for instance, publishing notices on our website and informing professional bodies.

# Expectations of a health professional

## **1a Professional autonomy and accountability**

Registrant arts therapists must:

### **1a.1 be able to practise within the legal and ethical boundaries of their profession**

- understand the need to act in the best interests of service users at all times
- understand what is required of them by the Health Professions Council
- understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
- be aware of current UK legislation applicable to the work of their profession
- understand the role of the art, music or drama therapist in different settings

### **1a.2 be able to practise in a non-discriminatory manner**

### **1a.3 understand the importance of and be able to maintain confidentiality**

- be aware that the concepts of confidentiality and informed consent extend to illustrative records such as video and audio recordings, paintings, digital images and other art work

### **1a.4 understand the importance of and be able to obtain informed consent**

### **1a.5 be able to exercise a professional duty of care**

### **1a.6 be able to practise as an autonomous professional, exercising their own professional judgement**

- be able to assess a 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 initiate resolution of problems and be able to exercise personal initiative
- know the limits of their practice and when to seek advice or refer to another professional
- recognise that they are personally responsible for and must be able to justify their decisions

**1a.7 recognise the need for effective self-management of workload and resources and be able to practise accordingly**

- understand the value of therapy in developing insight and self-awareness through their own personal experience

**1a.8 understand the obligation to maintain fitness to practise**

- understand the need to practise safely and effectively within their scope of practice
- understand the need to maintain high standards of personal conduct
- understand the importance of maintaining their own health
- understand both the need to keep skills and knowledge up to date and the importance of career-long learning
- recognise that the obligation to maintain fitness to practise includes engagement in their own arts-based process

**1b Professional relationships**

Registrant arts therapists must:

**1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users, and their relatives and carers**

- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals

- be able to make appropriate referrals
- recognise the role of arts therapists and the contribution they can make to health and social care

**1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team**

**1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users their relatives and carers**

- 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<sup>1</sup>
- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible
- 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

<sup>1</sup> 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), have to provide evidence that they have reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.

- be able to explain the nature, purpose and techniques of therapy to clients and carers
- understand the need to establish and sustain a therapeutic relationship within a creative and containing environment

**1b.4 understand the need for effective communication throughout the care of the service user**

- recognise the need to use interpersonal skills to encourage the active participation of service users

# The skills required for the application of practice

## **2a Identification and assessment of health and social care needs**

Registrant arts therapists must:

### **2a.1 be able to gather appropriate information**

- understand the need to take account of psychological, social, cultural, economic and other factors when collecting case histories and other appropriate information

### **2a.2 be able to select and use appropriate assessment techniques**

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

### **2a.3 be able to undertake or arrange investigations as appropriate**

- be able to observe and record clients' responses and assess the implication for diagnosis and intervention
- be able to undertake or arrange investigations, for example setting up an assessment period in order to ascertain the appropriateness of an intervention

### **2a.4 be able to analyse and critically evaluate the information collected**

## **2b Formulation and delivery of plans and strategies for meeting health and social care needs**

Registrant arts therapists must:

### **2b.1 be able to use research, reasoning and problem-solving skills to determine appropriate actions**

- recognise the value of research to the critical evaluation of practice
- be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures

- be aware of a range of research methodologies
- be able to demonstrate a logical and systematic approach to problem solving
- be able to evaluate research and other evidence to inform their own practice

**2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements**

- be able to change their practice as needed to take account of new developments
- be able to demonstrate a level of skill in the use of information technology appropriate to their practice

**2b.3 be able to formulate specific and appropriate management plans including the setting of timescales**

- understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors

**2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully**

- understand the need to maintain the safety of both service users and those involved in their care
- be able to work with clients both to define a clear end for the therapy, and to evaluate the therapy's strengths, benefits and limitations

**Art therapists only**

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

**Dramatherapists only**

- be able to use a range of dramatic concepts, techniques and procedures (including games, activities, styles and structures) competently

### **Music therapists only**

- be able to use a range of music and music-making techniques competently and be able to help a client to work with these

### **2b.5 be able to maintain records appropriately**

- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines
- understand the need to use only accepted terminology in making records

## **2c Critical evaluation of the impact of, or response to, the registrant's actions**

Registrant arts therapists must:

### **2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly**

- be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
- 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

### **2c.2 be able to audit, reflect on and review practice**

- understand the principles of quality control and quality assurance
- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of

- appropriate outcome measures
- be able to maintain an effective audit trail and work towards continual improvement
- participate in quality assurance programmes, where appropriate
- understand the value of reflection on practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review
- recognise the role and value of clinical supervision in an arts therapy context

# Knowledge, understanding and skills

## **3a Knowledge, understanding and skills**

Registrant arts therapists must:

### **3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice**

- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- recognise the role of other professions in health and social care
- understand the theoretical basis of, and the variety of approaches to, assessment and intervention
- understand the psychological and cultural background to health, and be aware of influences on the client – therapist relationship
- understand core processes in therapeutic practice, such as the therapeutic frame, transference and counter-transference and concepts from other therapeutic models, and be able to engage these to achieve productive therapeutic outcomes
- understand the therapeutic relationship, including its limitations
- be able to employ a coherent approach to the therapeutic process
- understand how and why different approaches to the use of the arts in arts therapy and in other settings varies according to context and purpose
- know theories of group work and the management of group process
- know theories relevant to work with an individual
- know about normal human development; normal and abnormal psychology; normal and abnormal human communication and

language development; mental illness, psychiatric assessment and treatment; congenital and acquired disability; disorders of social functioning; the principal psychotherapeutic interventions and their theoretical bases; the nature and application of other major interventions

- recognise methods of distinguishing between human health and sickness, including diagnosis, symptoms and treatment, particularly of mental health disorders and learning disabilities and be able to critique these systems of knowledge from different socio-cultural perspectives

### **Art therapists only**

- understand that while art therapy has a number of frames of reference, they must adopt a coherent approach to their therapy, including the relationship between theory and practice and the relevant aspects of connected disciplines including visual arts, aesthetics, anthropology, psychology, psychiatry, sociology, psychotherapy and medicine
- know the practice and process of visual art-making
- understand the role of the physical setting and the art-making process in the physical and psychological containment of emotions
- understand the role and function of the art object as an intermediary frame and within the relationship between client and art therapist
- understand the role and use of visual symbols in art that communicate conscious and unconscious processes
- understand the influence of socio-cultural context on the making and viewing of art in art therapy
- recognise that different approaches to the use of visual arts practice in therapeutic work have developed in different socio-cultural and political contexts around the world

### **Dramatherapists only**

- understand core processes and forms of creativity, movement, play and dramatic representation pertinent to practice with a range of client groups
- understand both the symbolic value and intent inherent in drama as an art form, and with more explicit forms of enactment and re-enactment of imagined or lived experience
- know a range of theatrical representation techniques and be able to engage clients in a variety of performance-derived roles
- recognise that dramatherapy is a unique form of psychotherapy in which creativity, play, movement, voice, storytelling, dramatisation and the performance arts have a central position within the therapeutic relationship
- recognise that different approaches to the discipline have developed from different histories in Eastern and Western Europe and the Americas
- recognise that the discipline has deep foundations within the many cultural traditions that use ritual, play, drama and performance for the enhancement of health
- know the key principles of influential theatre practitioners and their relevance to the therapeutic setting

### **Music therapists only**

- be able to improvise music in a variety of styles and idioms
- be able to use musical improvisation to interact and communicate with the client
- know a broad range of musical styles and be aware of their cultural contexts
- be able to play at least one musical instrument to a high level

### **3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify**

**approaches to meet the needs of an individual, groups or communities**

**3a.3 understand the need to establish and maintain a safe practice environment**

- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
- be able to select appropriate personal protective equipment and use it correctly
- be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control



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Publication code: 20070509bPOLPUB (printed October 2007)

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Standards of proficiency

# Clinical scientists

# Contents

**Foreword 1**

**Introduction 2**

**Expectations of a health professional 5**

**The skills required for the application  
of practice 8**

**Knowledge, understanding and skills 12**

# Foreword

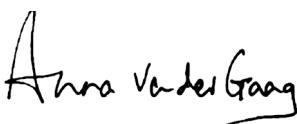
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**Anna van der Gaag**

President

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# Expectations of a health professional

## **1a Professional autonomy and accountability**

Registrant clinical scientists must:

### **1a.1 be able to practise within the legal and ethical boundaries of their profession**

- understand the need to act in the best interests of service users at all times
- understand what is required of them by the Health Professions Council
- understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
- be aware of current UK legislation applicable to the work of their profession

### **1a.2 be able to practise in a non-discriminatory manner**

### **1a.3 understand the importance of and be able to maintain confidentiality**

### **1a.4 understand the importance of and be able to obtain informed consent**

### **1a.5 be able to exercise a professional duty of care**

### **1a.6 be able to practise as an autonomous professional, exercising their own professional judgement**

- be able to assess a 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 initiate resolution of problems and be able to exercise personal initiative
- know the limits of their practice and when to seek advice or refer to another professional
- recognise that they are personally responsible for and must be able to justify their decisions

**1a.7 recognise the need for effective self-management of workload and resources and be able to practise accordingly**

**1a.8 understand the obligation to maintain fitness to practise**

- understand the need to practise safely and effectively within their scope of practice
- understand the need to maintain high standards of personal conduct
- understand the importance of maintaining their own health
- understand both the need to keep skills and knowledge up to date and the importance of career-long learning

## **1b Professional relationships**

Registrant clinical scientists must:

**1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers**

- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
- be able to make appropriate referrals

**1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team**

**1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers**

- 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<sup>1</sup>

- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible
- 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

#### **1b.4 understand the need for effective communication throughout the care of the service user**

- recognise the need to use interpersonal skills to encourage the active participation of service users
- be able to communicate the outcome of problem solving and research and development activities
- be able to summarise and present complex scientific ideas in an appropriate form

<sup>1</sup> 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), have to provide evidence that they have reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.

# The skills required for the application of practice

## **2a Identification and assessment of health and social care needs**

Registrant clinical scientists must:

### **2a.1 be able to gather appropriate information**

- be able to identify the clinical decision which the test or intervention will inform

### **2a.2 be able to select and use appropriate assessment techniques**

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

### **2a.3 be able to undertake or arrange investigations as appropriate**

### **2a.4 be able to analyse and critically evaluate the information collected**

## **2b Formulation and delivery of plans and strategies for meeting health and social care needs**

Registrant clinical scientists must:

### **2b.1 be able to use research, reasoning and problem-solving skills to determine appropriate actions**

- recognise the value of research to the critical evaluation of practice
- be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures
- be aware of a range of research methodologies
- be able to demonstrate a logical and systematic approach to problem solving
- be able to evaluate research and other evidence to inform their own practice
- be able to conduct fundamental research

- be able to interpret data and provide diagnostic and therapeutic opinions, including any further action which the individual directly responsible for the care of the patient or service user should take
- be able to search and to appraise scientific literature and other sources of information critically
- be able to develop the aims and objectives associated with a project
- be able to develop an experimental protocol to meet these aims and objectives in a way that provides objective and reliable data (free from bias)
- be able to perform the required experimental work and be able to produce and present the results (including statistical analysis)
- be able to interpret results in the light of existing knowledge and the hypothesis developed, and be able to formulate further research questions
- be able to present data and a critical appraisal of it to peers in an appropriate form

**2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements**

- be able to change their practice as needed to take account of new developments
- be able to demonstrate a level of skill in the use of information technology appropriate to their practice

**2b.3 be able to formulate specific and appropriate management plans including the setting of timescales**

- understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
- be able to develop an investigation strategy which takes account of all the relevant clinical and other information available

**2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully**

- understand the need to maintain the safety of both service users and those involved in their care
- ensure service users are positioned (and if necessary immobilised) for safe and effective interventions
- be able to perform a range of techniques employed in the modality
- understand the need to conform to standard operating procedures and conditions
- understand the need to work with accuracy and precision
- be able to solve problems that may arise during the routine application of techniques (troubleshooting)

**2b.5 be able to maintain records appropriately**

- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines
- understand the need to use only accepted terminology in making records

**2c Critical evaluation of the impact of, or response to, the registrant's actions**

Registrant clinical scientists must:

**2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly**

- be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user

- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
- be able to make judgements on the effectiveness of procedures
- be able to use quality control and quality assurance techniques, including restorative action

### **2c.2 be able to audit, reflect on and review practice**

- understand the principles of quality control and quality assurance
- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
- be able to maintain an effective audit trail and work towards continual improvement
- participate in quality assurance programmes, where appropriate
- understand the value of reflection on practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review
- understand the importance of participating in accreditation systems related to the modality
- recognise the need to be aware of emerging technologies and new developments

# Knowledge, understanding and skills

## **3a Knowledge, understanding and skills**

Registrant clinical scientists must:

### **3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice**

- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- recognise the role of other professions in health and social care
- understand the theoretical basis of, and the variety of approaches to, assessment and intervention
- know the basic science underpinning the modality in which the registrant practises, understand relevant basic clinical medicine and be aware of the fundamental principles of clinical practice
- understand the wider clinical situation relevant to the service users presenting to the specialty

### **3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities**

- understand the clinical applications of the specialty and the consequences of decisions made upon actions and advice
- understand the evidence base that underpins the use of the procedures employed by the service
- understand the principles associated with a range of techniques employed in the modality
- know the standards of practice expected from techniques

### **3a.3 understand the need to establish and maintain a safe practice environment**

- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
- be able to select appropriate personal protective equipment and use it correctly
- be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control
- understand sources of hazard in the workplace, including specimens, raw materials, clinical and special waste and equipment
- be aware of immunisation requirements and the role of occupational health
- know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly

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Publication code: 20070509ePOLPUB (printed October 2007)

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