

The Health Professions Council

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Minutes of the fourth meeting of the Psychotherapists and Counsellors
Professional Liaison Group held on **Wednesday 29 April 2009** at Park House,
184 Kennington Park Road, London, SE11 4BU.

Present: Professor D Waller (Chairman)
Ms S Aldridge
Ms F Ballantine Dykes
Mrs M Clark-Glass
Mr J Coe
Professor M Cooper
Mr J Lousada (item 5-item 8)
Professor J Lucas
Mr B Magee
Ms L Matthews
Ms J McMinn
Ms K Murphy
Mr N Turner

In attendance:

Mr C Bendall, Secretary to the Group
Mrs A Gorringe, Director of Education (part of item 5 and items 6-8)
Mr M Guthrie, Acting Director of Policy and Standards
Ms L Hart, Secretary to the Council (items 1-4 and part of item 5)
Mr S Rayner, Secretary to Committees (part of item 5 and items 6-8)
Ms C Urwin, Policy Manager
Dr A van der Gaag, President

Item 1.09/22 Apologies for absence

- 1.1 Apologies for absence were received from Professor P Fonagy,
Professor G Smith, Ms E Thornton and Professor A Turner. The

Group noted that Professor Turner had been unwell and wished her well for her recovery.

Item 2.09/23 Approval of agenda

- 2.1 The Group approved the agenda, subject to considering the item on the draft standards of proficiency as item 5.

Item 3.09/24 Minutes of the Professional Liaison Group meeting held on 3 and 4 March 2009

- 3.1 The Group agreed that the minutes of the third meeting of the Professional Liaison Group should be confirmed as a true record and signed by the Chairman, subject to the following amendments:

- paragraph 5.5 should be amended to state that the British Association for Behavioural and Cognitive Psychotherapies would still prefer for modality-specific titles to be protected;
- paragraph 5.7 should be amended to read:
'The Group noted that the HPC could potentially approve the awards of professional bodies as an approved programme leading to registration, if such an award conferred the ability to practise. The Group noted that approaches to education and training varied significantly across psychotherapy and counselling. In some instances professional bodies ran systems of accreditation whereby practitioners are required to demonstrate the achievement of additional competencies. However, the Group noted that those working toward such accreditation would already be working autonomously, sometimes in independent practice. The HPC registered at the point of qualification when an individual was entitled to begin practising autonomously and started using the title for their profession, rather than at the end of any period of practice whilst working toward accreditation.';
- the first bullet point in paragraph 6.6 should be amended to clarify that there were different approaches to research across psychotherapy and counselling courses as a whole;
- paragraph 6.6 should be amended to state that not all trainings required candidates to carry out research themselves, but most required candidates to be aware of research and apply it to practice;

- the last bullet point in paragraph 7.3 should be amended to describe the route to registration as the 'UK approved course' with a brief description of what that meant, in accordance with the papers for the meeting on 3-4 March 2009.

Item 4.09/25 Matters arising

- 4.1 The Group received a paper to note from the Executive.
- 4.2 The Group noted the actions list as agreed at the last meeting.

Item 5.09/26 Draft standards of proficiency

- 5.1 The Group received a paper for discussion from the Executive.
- 5.2 The Group noted that the standards of proficiency were the threshold requirements for a practitioner to work safely and effectively and were required of anyone who wished to gain entry to the HPC's Register. The standards would also be used in fitness to practise hearings to decide whether an individual was competent.
- 5.3 The Group noted that the HPC was due to review the generic standards of proficiency during the 2009-10 financial year. The Group noted that comments on the generic standards of proficiency could be raised in discussion.
- 5.4 The Group noted that the draft standards in the paper were a first working draft based on standards drawn up by various organisations. The draft standards had also identified areas where it might be possible to differentiate between counsellors and psychotherapists.
- 5.5 The Group made the following general comments on the standards of proficiency:
- practise involved emotional intelligence and reflective thinking and the standards should reflect these aspects;
 - the standards should be those necessary for the protection of the public;
 - the standards of proficiency should be drafted in a way which would enable them to be delivered through programmes of education and training; and
 - where appropriate, the standards should state that they should be met in a way which was consistent with the practitioner's theoretical model. This would enable the standards to be applicable to a wide range of modalities.

- 5.6 The Group discussed the draft standards of proficiency and made comments and amendments as indicated in the appendix to these minutes. The Group noted that all members could provide comments on the draft standards to the Executive by e-mail and that a revised draft of the standards of proficiency would be considered at the next meeting of the Group.

Item 6.09/27 PLG workplan

- 6.1 The Group received a paper to note from the Executive.
- 6.2 The Group noted that the next meeting would be challenging, as it would discuss a revised draft of the standards of proficiency, the threshold level of qualification for counselling and psychotherapy and which titles should be protected. The Group noted that it would also need to discuss the issue of protecting the title 'counsellor' and the criteria for the transfer of voluntary registers, as there had been insufficient time to discuss those papers.
- 6.3 The Group noted that any recommendations which it made to the Health Professions Council would be considered at a meeting of the Council held in public.
- 6.4 The Group noted that the workplan proposed that, following any consultation by the HPC, the Group would meet in November 2009 to consider the responses to the consultation around the standards of proficiency, the threshold level of qualification for entry to the Register and other salient matters. The date and duration of that meeting would be set in due course.

Item 7.09/28 Stakeholder meeting – summary notes

- 7.1 The Group received a paper to note from the Executive, summarising a meeting with stakeholders held in Manchester on 31 March 2009.

Item 8.09/29 Any other business

- 8.1 There was no other business.

Item 9.09/30 Date and time of next meeting

- 9.1 The next meeting of the Group would be held at 10.30 am on Tuesday 26 May 2009 and Wednesday 27 May 2009.

Chairman

Date

Appendix to the minutes of the Psychotherapists and Counsellors Professional Liaison Group held on 29 April 2009

This appendix shows the draft standards of proficiency for psychotherapists and counsellors as presented to the Group in the paper for the meeting, with a summary of the Group's comments and amendments following the relevant standard.

Black type shows the generic standards of proficiency.

Blue italic type shows standards of proficiency which apply specifically to psychotherapists and/or counsellors.

Professional autonomy and accountability

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

Psychotherapists & Counsellors

- *be able to recognise and manage the dynamics of power and authority*
- *understand the role of the psychotherapist / counsellor across a range of settings and services*

The Group agreed that the second profession-specific standard should be amended to read 'understand the role of the psychotherapist/counsellor in a range of settings, services and modalities'.

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

Psychotherapists & Counsellors

- *understand their duty of care with regard to the legislation on safeguarding children, young people and vulnerable adults*

The Group felt that this standard should be considered as a generic standard for all professions regulated by the HPC. The Group noted that the phrase 'duty of care' was consistent with the wording used in child protection legislation. The

Group noted that the standards might need to require an ability to manage conflicts of interest or conflicts of opinion and an ability to follow guidelines, including employers' guidelines.

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

The Group felt that the role of supervision (in the particular meaning used within psychotherapy and counselling) could be mentioned in standards 1a6, 1a7 and 1a8.

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

Psychotherapists & Counsellors

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

The Group preferred the wording of the profession-specific standard of proficiency for arts therapists, which read 'recognise that the obligation to maintain fitness to practice including engagement in their own arts-based process.' The Group agreed that this wording should be amended as appropriate for psychotherapists and counsellors.

The Group felt that the standard as drafted implied personal therapy, which would not be used in all modalities. The Group agreed that the standard should be include the phrase 'in a way consistent with your theoretical model' and that this phrase should be included throughout the standards of proficiency, where appropriate.

- 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

The Group agreed that the standard should be amended to read ‘...including recognising your own distress or disturbance and by being able to develop self-care strategies’

Professional relationships

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

Psychotherapists & Counsellors

- understand the role of the therapist within the broader social and cultural context*
- be able to demonstrate sensitivity to the organisational context*

The Group discussed whether these standards should be specifically required of psychotherapists and counsellors. The Group noted that the standards had been included in the standards of proficiency for counselling psychologists. The Group agreed that social, cultural and organisational values all had a bearing on therapeutic work and the standards were appropriate.

The Group agreed that the first standard should refer to ‘...the broader social and cultural contexts’.

The Group agreed that the second standard should be amended to read ‘be able to demonstrate sensitivity to the organisational dynamics’

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
- 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

The Group noted that some practitioners (e.g. deaf people) might communicate using sign language rather than English. The Group noted that, in those circumstances, HPC would not expect the practitioner to achieve the specified level of English language proficiency.

Psychotherapists & Counsellors

- *be able to explain the nature, purpose and techniques of their chosen theoretical model to clients and carers (Arts therapists)*
- *understand explicit and implicit communications in a therapeutic relationship*
- *be able to communicate empathic understanding to clients*
- *be able to communicate appropriately and effectively with other professionals about the client and proposed therapeutic work*

The Group agreed that the first profession-specific should be amended to read 'be able to communicate the nature of their chosen theoretical model/ approach/ framework, in a way which is consistent with the chosen theoretical model/approach'. The Group noted that the generic standard required communication with service users, relatives and their carers and it was therefore not necessary to reiterate this in the profession-specific standard.

The Group agreed that the next two standards would be better placed in standard 2, probably in standard 2b4. The Group agreed that the second standard should be amended to read 'hold a model of implicit and explicit communications in a therapeutic relationship'.

The Group agreed that the fourth standard should be retained in standard 1b3.

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

Psychotherapists & Counsellors

- be able to build, maintain and end therapeutic relationships with clients

The Group made no comments on this standard.

Identification and assessment of health and social care needs

2a.1 be able to gather 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

Psychotherapists & Counsellors

- be able to devise a strategy and conduct and record the assessment process that is consistent with the theoretical framework, setting and client group

- be able to observe and record clients' responses and assess the implication for diagnosis and intervention

The Group made no comments on the first profession-specific standard.

The Group noted that not all modalities used the term 'diagnosis' and therefore agreed that the second standard should be amended to read '...assess the implication for the therapeutic work'.

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

The Group felt that the language in this generic standard was not appropriate to psychotherapists and counsellors and felt that it should be reviewed as part of the review of the generic standards.

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

Psychotherapists & Counsellors

- be able to apply a chosen theoretical model and knowledge to assess clients' suitability for therapy

The Group agreed that the standard should be amended to 'be able to apply a chosen theoretical model to assess the clients' needs' and that a second standard should be added to read 'be able to apply a chosen theoretical model to assess the clients' suitability for the therapy offered'. The Group discussed whether this standard should also require a capacity to work collaboratively. The Group noted that the draft profession-specific standards in 2b4 required collaborative working.

- be able to identify areas of potential risk for the client, such as suicide and self injury and possible danger to others

The Group agreed that, in order to ensure safe practice, the standard should be amended to read 'be able to identify and respond appropriately to areas of potential risk for the client...'

Formulation and delivery of plans and strategies for meeting health and social care needs

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

- understand the relevance of different approaches to research in psychotherapy
- understand and be able to critically evaluate the significance and implications of research findings in relation to assessment for therapeutic intervention

The Group felt that, while some existing training programmes would be able to deliver the profession-specific standard, there were some programmes which would not be able to meet these requirements. The Group also felt that this was a standard where it might be possible to differentiate between psychotherapists and counsellors and that this might also be possible in standard 3a.

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

Psychotherapists & Counsellors

- be able to work effectively whilst holding alternative competing explanations in mind

The Group made no comments on this standard.

- *be able to recognise when further intervention is inappropriate or unlikely to be helpful*

The Group agreed that this standard should be amended to read ‘...when further therapeutic work is inappropriate or...’

- *be able to use a chosen theoretical model and knowledge to formulate and determine appropriate therapeutic processes*

The Group agreed that this standard should be amended to read ‘be able to use a chosen theoretical framework/approach to formulate appropriate therapeutic processes’.

- *be able to conceptualise presenting problems or situations within a coherent framework of psychological theory and evidence, incorporating interpersonal, societal, cultural and biological factors*

The Group agreed that the standard should be amended to read ‘be able to conceptualise presenting situation within a coherent framework...’

- *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*

The Group agreed that the standard should be amended to read ‘be able to reflect on and engage with complex and sometimes contradictory information elicited from the client in order to progress/develop a working understanding of psychological difficulties and their origins’.

- *be able to make informed judgements on complex issues in the absence of complete information*

The Group agreed that this standard should be retained as drafted.

- *be able to use theoretical knowledge to develop hypotheses, generate therapeutic responses to clinical problems, and to develop new approaches where appropriate*
- *be able to analyse complex, incomplete and contradictory areas of clinical understanding and use this to inform therapeutic work*
- *be able to manage complex unpredictable contextual variables that may require adaptation and innovative practice*

The Group agreed that the first standard should be amended to delete the phrase ‘...and to develop new approaches where appropriate’, as the third standard

required adaptation and innovative practice. The Group felt that this might be an area where it might be possible to distinguish between psychotherapists and counsellors.

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 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

The Group agreed that it was important for a practitioner to be aware of issues around gender, sexuality, social background and class and for the practitioner to understand human development in the context of culture. The Group agreed that the wording of the standard should be amended and that members should consider possible wording by e-mail.

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

The Group noted that the wording 'diagnostic or monitoring procedures' would not be appropriate for psychotherapists and counsellors.

Psychotherapists & Counsellors

- be able to establish an effective, collaborative working relationship with the client

The Group noted that the wording of the standard implied that a working relationship with the client would never be turbulent.

- be able to make appropriate therapeutic interventions consistent with chosen theoretical model and knowledge

The Group agreed that the standard should be amended to read '...consistent with the chosen theoretical framework/approach'.

- *be able to facilitate client exploration of experience, meaning and self-understanding*

The Group agreed that the standard should be amended to read ‘...experiences, meanings and self-understanding’.

- *be able to enable expression of client emotion*

The Group agreed that the standard should be amended to read ‘be able to enable and work with expression of client emotion’.

- *be able to recognise and work with life transitions and developmental crises*

The Group had no comments to make on this standard.

- *be able to take account of the client’s capacity for self-determination and ability to reflect on his / her psychological functioning*

The Group agreed that this standard should be divided into two standards, one requiring that a practitioner should be able to encourage the client’s capacity for self-determination; and that a practitioner should be able to encourage the client’s capacity to reflect on his/her psychological functioning. The Group agreed that members of the Group could provide suitable wording by e-mail.

- *be able to facilitate client problem management, change, planning and decision-making*

The Group felt that the wording of the standard was unclear and that the standard should also refer to an ability to develop trust between the practitioner and the client.

- *be able to initiate and manage first and subsequent counselling sessions by developing rapport and trust*

The Group felt that this standard would be applicable to both psychotherapists and counsellors.

- *understand and be aware of both the explicit and implicit aspects of the counselling relationship*

The Group agreed that this standard should be amended to read ‘be aware, understand and work with both the explicit and implicit aspects of the counselling relationship’.

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

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

Psychotherapists & Counsellors

- *be able to help clients to monitor their process in therapy*

The Group agreed that this standard should be amended to read 'be able to help clients to reflect on their process in therapy'.

- *understand the need to review the therapy with the client*

The Group agreed that this standard should be amended to read 'understand the need to review and evaluate the therapeutic work with the client, consistent with your theoretical model/approach'.

- *be able to evaluate communication strategies and skills used with the client*

The Group agreed that this standard should be amended to read 'be able to evaluate the therapeutic work in collaboration with the client, consistent with your theoretical model/approach'.

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

Psychotherapists & Counsellors

- *understand models of supervision and their contribution to practice*

The Group agreed that this standard should be amended to read ‘understand the role of supervision and the need for supervision’ and that a second standard should be added to require ‘be able to make use of supervision, consistent with the theoretical approach/framework’.

- *be able to critically reflect on the use of self in the therapeutic process in order to improve practice*

The Group agreed that this standard should be amended to also require an ability to engage effectively in supervision.

Knowledge, understanding and skills

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

The Group noted that psychotherapists and counsellors might require some knowledge of the structure and function of the human body, particularly in cases of traumatic memory or post-traumatic stress. The Group noted that the generic standard required understanding which was relevant to practice.

Psychotherapists & Counsellors

- *understand the historical development, theory and philosophy underpinning the therapeutic model or models*

The Group had no comments to make on this standard.

- *understand the key concepts underpinning work with different groups of clients*

The Group noted that not all modalities had key concepts for working with different groups of clients. The Group agreed that the standard should be amended to read ‘understand the concepts underpinning work with different groups of clients, consistent with the theoretical approach/model’.

- *know about the key concepts of other therapeutic models, their differences and similarities*

The Group agreed that it would not be appropriate to require practitioners to be aware of the differences and similarities of therapeutic models. The Group agreed that the standard should be amended to read 'know about the key concepts of other therapeutic models'.

- *be aware of alternative interventions*

The Group agreed that the standard should be amended to read 'be aware of alternative ways of working'.

- *understand the importance of considering the impact upon clients of cultural, socio-political and other contexts*

The Group felt that this reiterated one of the profession-specific standards in 2b2. The Group that consideration should be given to deleting the profession-specific standard in 2b2.

- *understand the nature of the therapeutic relationship and the need for cultural sensitivity and recognition of diversity*

The Group agreed that this standard should be amended to read 'understand the importance of cultural sensitivity and recognition of diversity...'

- *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*

The Group agreed that this standard should be amended to read 'able to demonstrate the need to have a coherent approach to therapy'.

- *understand and be able to critically evaluate theories of lifespan development*

The Group agreed that this standard should be amended to read '...lifespan development, consistent with the theoretical approach/model'.

- *understand and be able to critically evaluate theories of psychopathology*

The Group agreed that this standard should be amended to read '...theories of psychopathology, consistent with the theoretical approach/model'.

- *understand and be able to critically evaluate theories of therapeutic change*
- *understand the social conceptualisations of mental and emotional health*
- *understand and be able to critically evaluate theories of mind and personality*

- *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*

The Group felt that further discussion might be required on the meaning of this standard, as an awareness of research was different from being able to conduct research.

- *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*

The Group felt that this standard might not be appropriate as a threshold requirement.

- *be able to formulate a model of the person and mind*
- *be able to formulate a model of gendered and culturally influenced human development*
- *be able to formulate a model of human change and understand the ways change can be facilitated through the process of psychotherapy*
- *be able to recognise severe disturbance in clients*

The Group agreed that three members (Ms Ballantine Dykes, Ms Murphy and Mr Cooper) should review these standards and provide suggested alternative wording to the Executive.

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 a practice environment

- 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
- 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 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