

Generic standards

The document details suggested changes to the generic standards of proficiency, based on the evidence considered by the PLG.

In this document, the generic standards are shown in normal type, with recommended suggestions shown in bold underlined type. Suggestions and decisions are shown in the shaded areas.

Where a suggestion for a profession-specific standard has been made, this has been included if it may potentially be suitable as a generic standard. Otherwise, profession-specific standards are not included in this document.

Expectations of a health professional

1a: Professional autonomy and accountability

Registrants must:

1a.1

be able to practise within the legal and ethical boundaries of their profession

- 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 and autonomy of every patient, client and user including their role in the **preventative** diagnostic and therapeutic process

Suggestions:

(i) understand the need to respect, and so far as possible uphold, the rights, dignity and autonomy of every patient including their role in the **preventive**, diagnostic and therapeutic process (BDA)

(ii) be able to practice as an autonomous practitioner within the legal and ethical boundaries of their profession (BIOS)

Decision:

(i) The PLG is invited to adopt the change suggested by the British Dietetic Association to reflect the role of health professionals in prevention of illness, diagnosis of illness and the provision of therapies and treatment.

(ii) The suggestion from the British and Irish Orthoptic Society will be incorporated in 1a.5.

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

Suggestion:

1a.2 should state that registrants should practise in an “anti-oppressive manner”, as well as a “non-discriminatory” one (CSP)

Decision:

It seems unclear as to what is meant by this suggested change. The PLG may wish to note that no other suggested changes were made to this standard by the other stakeholders who responded with their views.

The PLG is invited to consider whether such a change is necessary.

1a.3 be able to maintain confidentiality and obtain informed consent

Suggestion:

be able to maintain confidentiality and **try to** obtain informed consent (BPA)

Decision:

The PLG is invited to agree that the above change to the standards is not necessary (professional bodies paper, page 29).

1a.4 be able to exercise a professional duty of care

1a.5: **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**

Suggestion:

The PLG will wish to consider the comments made in relation to this standard. In particular, please see pages 9 and 10 of the professional bodies paper and pages 3 and 4 of the summary to the registration assessors paper.

The above change is suggested to the standard to better express ideas around autonomy and accountability. This was considered in full by the Institute of Biomedical Science (IBMS) who agreed with the suggestion. The existing standard reads:

1a.5 know the limits of their practice and when to seek advice

- 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

Decision:

The PLG is invited to discuss the proposed changes.

1a.6 recognise the need for effective self-management of workload **and resources** and be able to practise accordingly

Suggestions:

recognise the need for effective self-management of workload **and use of resources** and be able to practise accordingly (BDA)

Decision:

The PLG is invited to agree the above change to the standards.

1a.7 understand the obligation to maintain fitness to practise

- understand the importance of caring for themselves, including maintaining their health

Suggestions:

understand the obligation to maintain fitness to practise **and to take responsibility for self-reporting health, disability or conduct matters where this might impact on their practice** (SOR)

[conflation of 1a.7 and 1a.8] understand the obligation to maintain fitness to practise **through career-long self directed learning and updates CPD in line with the requirements of the professional body and the HPC and KSF'** (BIOS)

understand the importance of caring for themselves, including their **physical and mental health** (COT)

1a.7 - understand the obligation to maintain fitness to practise

- **understand the need to practise safely and effectively within their scope of practice**
- understand the importance of maintaining health and care for themselves
- **understand the need to keep skills and knowledge up to date and the importance of career-long self-directed learning**

(suggestion made in conclusion to registration assessors paper, page9, and agreed by IBMS)

Decision:

The PLG will wish to consider the comments regarding this standard expressed in the summary to the registration assessors' paper and in the professional bodies paper pages 7 to 9.

The key facets of fitness to practise identified in page 9 of the professional bodies paper are:

- (i) health
- (ii) character
- (iii) skills
- (iv) knowledge

... in order to practise safely and effectively.

The PLG will wish to take this into account when considering this standard.

1a.8 understand the need for career-long self-directed learning

Suggestion:

understand the need for **personal development planning to support** career-long self-directed learning (COT)

understand the need for life-long self-directed learning (BPA)

understand the need for career-long self-directed learning **and provide evidence of continuing professional development** (SOR)

understand the need for **and be able to demonstrate** career-long self-directed learning (PH registration assessor)

understand the importance of career-long self-directed learning **and CPD** (ODP visitor)

Decision:

The PLG will wish to review this standard in the light of the suggestions made previously with reference to standard 1a.7.

1b: Professional relationships

Registrants must:

1b.1 know the professional and personal scope of their practice and be able to make referrals

Suggestion / comment:

know the professional and personal scope of their practice and be able to make **appropriate and timely** referrals (COT)

could usefully be expanded to indicate that registrants should not work beyond their scope of practice without developing their knowledge and skills appropriately (CSP, professional bodies' paper, page 34)

be able to apply appropriate referrals practices within and beyond health.... (Education providers questionnaires, page 7).

Decision:

The PLG may wish to consider that this standard might reasonably be removed if in agreement with the suggested changes to standard 1a.5.

1b.2 be able to work, where appropriate, in partnership with other professionals, support staff, patients, clients and 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 patients, clients, users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals

Suggestion:

understand the need to engage patients, clients and users in planning and evaluating care, **or in the provision of investigative services** (IBMS)

Decision:

An error in this standard has been noted. In the biomedical scientists and clinical scientists standards, the detailed generic standard ends with ‘planning and evaluating care’. The generic standard for most other professions is shown in the text of the standards above.

The PLG is invited to agree to correct this error. The wording ‘evaluating diagnostics, treatments and interventions’ is preferred as this ensures applicability to all professions.

1b.3 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

1b.4 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, patients, clients, 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 patients, clients and users, and how the means of communication should be modified to address and take account of factors such as age, physical and learning disability
- be able to select, move between and use appropriate forms of verbal and non-verbal communication with patients, clients, 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 patients, clients and 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 patients whose first language is not English, wherever possible [not included in the dietitian standards]
- recognise that relationships with patients, clients and users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

Suggestions:

1b.4 and 1b.5 should stress that communication must revolve around working in partnership with individuals, with due sensitivity to their interests, needs and concerns (CSP, professional bodies paper, page 35)

throughout the patient-care process effectively and appropriately communicate information, advice, instruction, and professional opinion to colleagues, patients, clients and users, their relatives and carers (CS registration assessor)

Decision:

The PLG is invited to agree that the existing generic standards are appropriate and comprehensive enough in addressing issues of language and communication and that no changes are necessary.

The first of these suggestions is considered in the profession-specific standards for physiotherapists.

1b.5 understand the need for effective communication throughout the care of the patient, client or user

- recognise the need to use interpersonal skills to encourage the active participation of patients, clients and users

The skills required for the application of practice

2a: Identification and assessment of health and social care needs

Registrants must:

2a.1 be able to gather appropriate information

Suggestions:

...gather and record information from a wide range of sources and by a variety of methods (CSP – profession-specific)

be able to gather appropriate information **including clinical history if appropriate** (CS registration assessor)

be able to gather appropriate information, **including clinical history within the family** (summary of feedback)

Decision:

The PLG is invited to conclude that the existing generic standard is sufficient in that it encompasses gathering all appropriate information (i.e.: information appropriate to the needs of the patient, client, user or appropriate to the intervention or investigation being undertaken). 2a.2 further covers using ‘appropriate’ assessment techniques (i.e. clinical history, if appropriate).

It is further submitted that the clarity of the standards would not be aided by specific reference to clinical history, above other forms of information and might infer that clinical history is more key or important than other forms of information.

2a.2 be able to use appropriate assessment techniques

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

Suggestion:

(i) recognise the physical, psychological, social and cultural needs of individuals and communities (CSP – profession-specific)

(ii) be able to **select and use relevant** assessment **tools** (COT)

(ii) be able to understand the values, beliefs and interests of patients and their families and carers (BPA – generic/profession-specific)

Decision:

The PLG is invited to agree that no changes are necessary to the generic standards.

(i) The suggestion made by CSP is looked at in more detail in the profession-specific standards and a re-worded standard based on this suggestion is proposed.

(ii) The suggested change to ‘assessment tools’ does not seem to correct any misunderstanding or add clarity to the meaning of the standard. No other suggestions for changes in the terminology of this standard were made. The PLG is therefore invited to agree that this change is not necessary.

The PLG is invited to discuss the suggestion made in (iii) as to whether this is a necessary addition to the standards.

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

Suggestion:

be able to undertake or arrange clinical **or scientific** investigations as appropriate (IBMS)

Decision:

The above suggested change to the standards would appear to increase the perceived relevance of the standard by ensuring that it can apply to those who undertake scientific rather than clinical investigations

The PLG is invited to agree the above change.

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

Suggestion:

be able to analyse, interpret and assess the quality of the information collected (CS, registration assessor)

be able to analyse, evaluate and assess the quality of the information collected (summary of feedback)

Decision:

The PLG is invited to agree that no changes are necessary to this standard. It is submitted that 'assessment of quality' is encompassed in the existing wording: 'analyse and evaluate'.

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

Registrants must:

2b.1 be able to use research, **clinical** reasoning and problem solving skills (and, in the case of clinical scientists, conduct fundamental research)

- recognise the value of research to the systematic evaluation of practice
- be able to conduct evidence-based practice, evaluate practice systematically, and participate in audit procedures
- be aware of methods commonly used in health and social care research
- 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

Suggestions:

be able to use research, reasoning and problem solving skills (and, in the case of clinical scientists, conduct **relevant research individually and/or in collaboration with other health professionals**) (CS, registration assessor)

be able to use research, reasoning and problem solving skills **to properly inform the process of clinical judgement** (PH registration assessor)

be able to use research, **clinical** reasoning and problem solving skills (DT registration assessor)

be able to conduct evidence-based practice, evaluate practice systematically, and participate in audit procedures **ethically** (COT)

Decision:

In order to reflect the currency and importance of 'clinical reasoning' the above suggested change is made. The PLG is invited to approve this change to the standards.

The PLG is invited to agree that no further changes are necessary to this standard.

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 profession

Suggestion

(i) be able to understand and apply national clinical guidelines (ie NICE, SIGN) where appropriate within the care and management of patients and clients (SOR)

(ii) it is unclear how the sub-clause concerning IT relates to a registrant's ability to make professional judgements (CSP, paraphrase)

Decision:

(i) The PLG is invited to agree that no changes are necessary to this standard.

As registrants work in a variety of different settings, which may not be in the NHS, and as guidelines and protocols will change, it would seem inappropriate to make specific reference to them in the standards.

The standards, of course, exist in a framework of other standards, which include best practice guidance, legislation, protocols, e.t.c. Ideas around meeting the standards are addressed in the revised introduction to the standards.

(ii) The existing standard relates to being able to draw on appropriate knowledge and skills to make judgements – IT skills would seem to be one of those skill sets utilised to make professional judgements. The standard refers to IT skills 'appropriate to their profession'.

The PLG is therefore invited to agree that no changes are necessary.

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 client 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, skilfully and **effectively**

- understand the need to maintain the safety of both patients, clients and users, and those involved in their care

Suggestions:

(i) be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely, skilfully **and effectively** (CS and PH registration assessors; agreed in summary of feedback paper)

(ii) It was suggested that the word ‘skilfully’ should be replaced by ‘appropriately’ (BAPO)

Decision:

The PLG is invited to approve the change shown in the text overleaf and at (i).

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 (which includes abbreviations) in making [] records

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Suggestion:

be able to maintain records appropriately **and share findings with other health care personnel in the patient care pathway as appropriate to the needs of the patient** (BPA)

be able to maintain, archive and secure records (CS registration assessor)

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 (BDA)

be able to keep accurate, legible records and recognise the need to handle these records and all other **relevant** information in accordance with applicable legislation, protocols and guidelines

understand the need to use only accepted terminology (which includes abbreviations) in making **client** records (COT)

be able to maintain, archive and secure records appropriately (summary of feedback)

Decision:

The removal of the word 'clinical' from two of the detailed generic standards as shown above is suggested. This recognises that registrants are engaged in a variety of different areas and therefore not all records may be considered to be 'clinical'.

The PLG is invited to agree the change to the standards.

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

Registrants 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 patients, clients and users to their care
- be able to evaluate management plans against treatment milestones using recognised health outcome measures and revise the plans as necessary in conjunction with the patient, client or 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, **inform** or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
- understand that outcomes may not always conform to expectations but may still meet the needs of patients, clients or users

Suggestion:

be able to make reasoned decisions to initiate, continue, modify, **inform** or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately (COT)

Decision:

The PLG is invited to approve the change to the standards.

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 clinical practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review

Suggestions:

- understand the principles of quality control and quality assurance **in recognising the need for the implementation and management of change** (COT)

- understand the principles of **governance frameworks**

- be able to maintain an effective audit trail and work towards continual improvement **in practice** (BDA)

- be able to analyse and review the results of audit to inform a change in practice when required (SOR, suggested as profession-specific)

Decision:

The PLG is invited to agree that the existing generic standards sufficiently cover ideas around audit and reflection on practice. The PLG is therefore invited to agree that no changes are necessary to the standards.

Knowledge, understanding and skills

3a:

Registrants must:

3a.1 know the key concepts of the biological, physical, social, psychological and clinical sciences which are relevant to their profession-specific practice

- understand the structure and function of the human body, relevant to their practice, together with a 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

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Suggestions:

(i) understand the principles of and utilise electronic health records and relevant IT systems within own practice (SOR)

(ii) understand the concept and risks surrounding child and elder abuse and neglect if the registrant has cause to believe that abuse or neglect is suspected with patients/ clients in their care and that reporting procedures are immediately implemented (SOR)

Decision:

(i) The PLG is invited to conclude that IT skills ‘appropriate to their profession’ are sufficiently covered by generic standard 2b.2.

Further, the existing standard for record keeping allows for records held in a variety of different formats.

(ii) This suggestion is discussed on page 40 of the professional bodies paper (page 40). The potential issues highlighted in that paper are:

- whether this is appropriate as a threshold standard necessary to be admitted to the register
- That ideas around a professional duty of care and acting in the best interests of patients, clients and users are covered in the existing standards of conduct, performance and ethics.

The suggested standard also encompasses recognition of signs that may indicate injuries or illness caused by neglect or abuse.

The PLG may wish to note the proposed changes to the radiography standards which relate to recognition of trauma:

- be able to distinguish disease and trauma processes as they images
- be able to appraise the diagnostic image information for clinical technical accuracy, and take further action as required (2b.4)

The PLG is invited to discuss this suggestion.

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**

Suggestions:

know how professional principles are expressed and translated into action through a number of different **assessment, treatment and management** approaches and how to select or modify approaches to meet the needs of individuals, groups **or communities** (BDA)

Decision:

The PLG is invited to approve the change to the standards shown in overleaf.

The PLG is invited to agree that the original wording 'a number of different approaches to practice' includes assessment, treatment, management and other areas of professional practice and therefore that part of the suggested change is not necessary.

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 clinical practice, which minimise risks to patients, clients and users, those treating them, and others, including the use of hazard control and particularly infection control

Suggestions:

(i) understand the need to establish and maintain a safe practice environment **and comply with the Health and Safety and Work Act 1974 with particular reference to Controlled Waste and Control of Substances Hazardous to Health (COSHH) Regulations** (SCP)

(ii) It is suggested that the following standards become generic for all professions:

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 dealing with waste and spillages correctly (SOR)

(iii) be able to select appropriate personal **protection techniques** and use [them] correctly

- be able to use appropriate manual handling techniques (COT)

Decision:

(i) The PLG is invited to agree that this change is not necessary (professional bodies, page 16).

(ii) At present, the standards which SOR suggest should become generic for all 12 professions appear as profession-specific standards in the standards for Radiographers, Clinical Scientists and Chiropractors/ Podiatrists. The PLG will wish to consider whether they should become generic for all professions or be added as profession-specific to the standards for other professions.

It may be that the standard 'be aware of immunisation requirements and the role of occupational health' is appropriate for all professions.

The PLG is invited to discuss this suggestion.

(iii) The PLG is invited to agree that no further changes are necessary.