

Practitioner psychologists

Valid from: [Date]

DRAFT

Introduction

Currently, the PDFs of the standards of proficiency have a 3 page introduction which sets out what the standards of proficiency are, explain what we expect of registrants, how the standards relate to their scope of practice and clarify the language used.

During the review, we have noted some misconceptions about the standards, their purpose and their application. We have also been asked for clarification on a number of areas.

In light of this, we propose to change the introduction text of the standards to the below.

This document sets out the standards of proficiency.

The standards of proficiency set out threshold standards for safe and effective practice in the professions we regulate. They set out what a student must know, understand and be able to do by the time they have completed their training, so that they are able to apply to register with us. Once on our Register you must continue to meet those standards of proficiency which apply to your scope of practice.

We also expect you to keep to our Standards of conduct, performance and ethics and our Standards for continuing professional development. We publish these in separate documents, which you can find on our website. All three sets of standards are important for safe and effective practice.

About the standards

Our standards complement information and guidance issued by other organisations, such as your professional body or your employer. We recognise the valuable role played by professional bodies in providing guidance and advice about good practice, which can help you to meet the standards in this document.

The standards of proficiency are structured around 15 overarching standards which are the same for all our registrants, no matter their profession. These are written in bold.

The standards beneath these are made up of ‘generic’ standards and ‘profession-specific’ standards. ‘Generic’ standards appear in the standards of proficiency for every one of the professions we regulate, to reflect the commonality across all our registrants. The ‘profession-specific’ standards are standards which are unique to particular professions.

The generic standards that apply to all professions are written in blue text.

We have numbered the standards so that you can refer to them more easily. The standards are not hierarchical and are all equally important for safe and effective practice.

About this document

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.

In the Standards of proficiency, we use terminology which we believe makes the standards as clear as possible for all our professions. This is because our registrants work in a range of different settings, which include direct practice, management, education, research and roles in industry, and use different words to describe the work they do.

Many of our registrants use different terms to describe the groups or individuals that use - or are affected by – their services, such as ‘patients’, ‘clients’ and ‘service users’. In this document we have used the term ‘service user’ to apply to all those who benefit from your services.

We also use phrases such as ‘understand’, ‘know’, and ‘be able to’. This is so the standards remain applicable to both students who have not yet started practising, and current registrants.

For registrants on our Register, the language we use should not act as a limit on the skills, knowledge and abilities you are able to develop or demonstrate. For example, you should not feel that the wording of certain standards limits you to demonstrating only ‘understanding’ and prevents you from applying your knowledge where appropriate. Registrants should feel able to develop their practice and demonstrate skills, knowledge and abilities which go beyond those listed in the Standards of proficiency as appropriate.

Meeting the standards

The standards of proficiency set out threshold standards for safe and effective practice. You must meet all the standards of proficiency to register with us, and continue to meet the standards relevant to your scope of practice to stay registered with us.

However, we recognise that our registrants’ scope of practice evolves over time, as you develop your 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.

Your scope of practice may change over time, depending on how your practice develops. This might be because of specialisation in a certain area or a movement into roles in management, education or research.

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 or gaining experience, before moving into a new area of practice.

We expect registrants to evolve and develop their practise throughout the career, in line with our expectations around continuing professional development. Therefore this might mean your scope of practice moves beyond these standards as you develop and your skills and understanding become more advanced. This might mean that not all the standards of proficiency are relevant to you throughout your entire career.

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 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. 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.

It is important that you meet our standards and are able to practise lawfully, safely and effectively. However, we do not 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.

We often receive questions from registrants who are concerned that something they have been asked to do, a policy, or the way in which they work might mean they cannot meet our standards. They are often worried that this might have an effect on their registration.

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, professional bodies, unions and others to ensure that the wellbeing of service users is safeguarded at all times.

There may also be circumstances which affect the care you give, but are beyond your control. The standards of proficiency are drafted to apply to actions within your control.

So long as you make decisions in accordance with the standards and can justify your decisions if asked to, it is very unlikely that you will not meet our standards.

Standards of proficiency

The below reflects what the standards would look like, if the proposed changes we are consulting on are accepted. They are merely illustrative.

We would recommend using the table of proposed changes when responding to the consultation, to see exactly which changes we have proposed.

Registrant practitioner psychologists must:

- 1 be able to practise safely and effectively within their scope of practice**
 - 1.1 know the limits of their practice and when to seek advice or refer to another professional or service
 - 1.2 recognise the need to manage their own workload and resources safely and effectively
- 2 be able to practise within the legal and ethical boundaries of their profession**
 - 2.1 understand the need to promote and protect the service user's interests at all times
 - 2.2 understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary
 - 2.3 understand what is required of them by the Health and Care Professions Council
 - 2.4 understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
 - 2.5 recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
 - 2.6 understand the importance of and be able to obtain informed consent
 - 2.7 be able to exercise a professional duty of care
 - 2.8 understand about current legislation applicable to the work of their profession
 - 2.9 understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on service users
 - 2.10 understand the power imbalance between practitioners and service users and how this can be managed appropriately
 - 2.11 be able to recognise appropriate boundaries and understand the dynamics of power relationships

2.12 understand the organisational context for their practice as a practitioner psychologist

3 be able to maintain fitness to practise

3.1 understand the need to maintain high standards of personal and professional conduct

3.2 understand the importance of maintaining their own mental and physical health and be able to take appropriate action if their health may affect their ability to practise safely and effectively

3.3 understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary

3.4 understand both the need to keep skills and knowledge up to date and the importance of continuous professional development

3.5 be able to manage the physical, psychological and emotional impact of their practice

4 be able to practise as an autonomous professional, exercising their own professional judgement

4.1 recognise that they are personally responsible for and must be able to justify their decisions

4.2 be able to use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary

4.3 be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately

4.4 be able to make and receive appropriate referrals

4.5 be able to initiate resolution of problems and be able to exercise personal initiative

4.6 be able to demonstrate a logical and systematic approach to problem solving

4.7 be able to use research, reasoning and problem solving skills to determine appropriate actions

4.8 understand the importance of active participation in training, supervision and mentoring

5 be aware of the impact of culture, equality and diversity on practice

5.1 understand the need to adapt practice to respond appropriately to the needs of all different groups and individuals

5.2 be aware of the impact of their own values and beliefs on practice

- 5.3 be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, disability, ethnicity, gender, marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation, socio-economic status and spiritual or religious beliefs
- 5.4 understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing or behaviour including how these differences may result in experiences of marginalisation
- 5.5 understand the requirement to adapt practice to meet the needs of different groups and individuals

6 be able to practise in a non-discriminatory manner

- 6.1 be aware of the characteristics and consequences of barriers to inclusion

7 understand the importance of and be able to maintain confidentiality

- 7.1 be aware of the limits of the concept of confidentiality
- 7.2 understand the principles of information governance and be aware of the safe and effective use of health, social care and other relevant information
- 7.3 be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public

8 be able to communicate effectively

- 8.1 be able to use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others
- 8.2 be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5¹
- 8.3 be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate
- 8.4 be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible
- 8.5 be able to use information and communication technologies appropriate to their practice
- 8.6 be able to select the appropriate means for communicating feedback to service users

¹ The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.

- 8.7 be able to provide psychological opinion and advice in formal settings, as appropriate
- 8.8 be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences
- 8.9 be able to explain the nature and purpose of specific psychological techniques to service users
- 8.10 be able to summarise and present complex ideas in an appropriate form
- 8.11 be able to use formulations to assist multi-professional communication and understanding
- 8.12 understand explicit and implicit communications in a practitioner – service user relationship
- 8.13 be able to appropriately define and contract work with commissioning service users or their representatives

Counselling psychologists only

- 8.14 understand how empathic understanding can be helped by creativity and artistry in the use of language and metaphor

9 be able to work appropriately with others

- 9.1 be able to work, where appropriate, in partnership with service users, their relatives and carers, other professionals, support staff and others
- 9.2 understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- 9.3 be able to contribute effectively to work undertaken as part of a multi-disciplinary team
- 9.4 understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice
- 9.5 understand the need to engage service users and carers in planning and evaluating assessments, treatments and interventions to meet their needs and goals
- 9.6 understand the need to implement interventions, care plans or management plans in partnership with service users, other professionals and carers
- 9.7 be able to initiate, develop and end a practitioner – service user relationship
- 9.8 understand the dynamics present in relationships between service users and practitioners
- 9.9 be able to plan, design and deliver teaching and training which takes into account the needs and goals of participants
- 9.10 be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures

- 9.11 be able to use psychological formulations with service users to facilitate their understanding of their experience or situation
- 10 be able to maintain records appropriately**
- 10.1 be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines
- 10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines
- 11 be able to reflect on and review practice**
- 11.1 understand the value of reflection on practice and the need to record the outcome of such reflection
- 11.2 recognise the value of case conferences and other methods of review
- 11.3 be able to reflect critically on their practice and consider alternative ways of working
- 11.4 understand models of supervision and their contribution to practice
- Counselling psychologists only**
- 11.5 be able to critically reflect on the use of self in the therapeutic process
- 12 be able to assure the quality of their practice**
- 12.1 be able to engage in evidence-based practice
- 12.2 be able to gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care
- 12.3 be able to monitor and systematically evaluate the quality of practice, and maintain an effective audit trail to work towards continual improvement
- 12.4 be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures
- 12.5 be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
- 12.6 recognise the value of contributing to the generation of data for quality assurance and improvement programmes
- 12.7 be able to revise formulations in the light of ongoing intervention and when necessary reformulate the problem
- 12.8 be able to monitor agreements and practices with service users, groups and organisations
- 13 understand the key concepts of the knowledge base relevant to their profession**

- 13.1 understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession
- 13.2 be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- 13.3 recognise the role(s) of other professions in health and social care and understand how they may relate to the role of practitioner psychologist
- 13.4 understand the structures and functions of health and social care services in the UK
- 13.5 understand the theoretical basis of, and the variety of approaches to, assessment and intervention
- 13.6 understand the role of the practitioner psychologist across a range of settings and services
- 13.7 understand the application of consultation models to service delivery and practice, including the role of leadership and group processes

Clinical psychologists only

- 13.8 understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation
- 13.9 understand more than one evidence-based model of formal psychological therapy
- 13.10 understand psychological models related to how biological, sociological and circumstantial or life-event-related factors impinge on psychological processes to affect psychological wellbeing
- 13.11 understand psychological models related to a range of presentations including:
 - service users with presentations from acute to enduring and mild to severe;
 - problems with biological or neuropsychological aspects; and
 - problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions
- 13.12 understand psychological models related to service users:
 - from a range of social and cultural backgrounds;
 - of all ages;
 - across a range of intellectual functioning;
 - with significant levels of challenging behaviour;
 - with developmental learning disabilities and cognitive impairment;
 - with communication difficulties;
 - with substance misuse problems; and
 - with physical health problems

- 13.14 understand psychological models related to working:
- with service users, couples, families, carers, groups and at the organisational and community level; and
 - in a variety of settings including in-patient or other residential facilities with high-dependency needs, secondary health care and community or primary care
- 13.15 understand change and transition processes at the individual, group and organisational level
- 13.16 understand social approaches such as those informed by community, critical and social constructivist perspectives
- 13.17 understand the impact of psychopharmacological and other clinical interventions on psychological work with service users

Counselling psychologists only

- 13.18 understand the philosophical bases which underpin those psychological theories which are relevant to counselling psychology
- 13.19 understand the philosophy, theory and practice of more than one evidence-based model of formal psychological therapy
- 13.20 understand psychological models related to a range of presentations including:
- service users with presentations from acute to enduring and mild to severe;
 - problems with biological or neuropsychological aspects; and
 - problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions
- 13.21 understand the therapeutic relationship and alliance as conceptualised by each model
- 13.22 understand the spiritual and cultural traditions relevant to counselling psychology
- 13.23 understand the primary philosophical paradigms that inform psychological theory with particular regard to their relevance to, and impact upon, the understanding of the subjectivity and inter subjectivity of experience throughout human development
- 13.24 understand theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology
- 13.25 understand different theories of lifespan development
- 13.26 understand social and cultural contexts and the nature of relationships throughout the lifespan
- 13.27 understand theories of psychopathology and of change
- 13.28 understand the impact of psychopharmacology and other interventions on psychological work with service users

Educational psychologists only

- 13.29 understand the role of the educational psychologist across a range of school and community settings and services
- 13.30 understand the educational and emotional factors that facilitate or impede the provision of effective teaching and learning
- 13.31 understand psychological theories of, and research evidence in, child, adolescent and young adult development relevant to educational psychology
- 13.32 understand the structures and systems of a wide range of settings in which education, health and care are delivered for children, adolescents and young adults, including child protection procedures
- 13.33 understand psychological models related to the influence of school ethos and culture, educational curricula, communication systems, management and leadership styles on the cognitive, behavioural, emotional and social development of children, adolescents and young adults
- 13.34 understand psychological models of the factors that lead to underachievement, disaffection and social exclusion amongst vulnerable groups
- 13.35 understand theories and evidence underlying psychological intervention with children, adolescents, young adults, their parents or carers, and education and other professionals
- 13.36 understand psychological models related to the influence on development of children, adolescents and young adults from:
- family structures and processes;
 - cultural and community contexts; and
 - organisations and systems
- 13.37 understand change and transition processes at the individual, group and organisational level
- 13.38 understand the theoretical basis of, and the variety of approaches to, consultation and assessment in educational psychology

Forensic psychologists only

- 13.39 understand the application of psychology in the legal system
- 13.40 understand the application and integration of a range of theoretical perspectives on socially and individually damaging behaviours, including psychological, social and biological perspectives
- 13.41 understand psychological models related to a range of presentations including:
- service users with presentations from acute to enduring and mild to severe;
 - problems with biological or neuropsychological aspects; and
 - problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events,

- including bereavement and other chronic physical and mental health conditions
- 13.42 understand psychological theories and their application to the provision of psychological therapies that focus on offenders and victims of offences
- 13.43 understand effective assessment approaches with service users presenting with individually or socially damaging behaviour
- 13.44 understand the development of criminal and antisocial behaviour
- understand the psychological interventions related to different service user
- 13.45 groups including victims of offences, offenders, litigants, appellants and individuals seeking arbitration and mediation

Health psychologists only

- 13.46 understand context and perspectives in health psychology
- 13.47 understand the epidemiology of health and illness
- understand:
- biological mechanisms of health and disease;
 - health-related cognitions and behaviour;
 - stress, health and illness;
 - individual differences in health and illness;
 - lifespan, gender and cross-cultural perspectives; and
 - long-term conditions and disability
- 13.49 understand applications of health psychology and professional issues
- 13.50 understand healthcare in professional settings

Occupational psychologists only

- understand the following in occupational psychology:
- human-machine interaction;
 - design of environments and work;
 - 13.51 – personnel selection and assessment;
 - performance appraisal and career development;
 - counselling and personal development;
 - training;
 - employee relations and motivation; and
 - organisational development and change

Sports and exercise psychologists only

- 13.52 understand cognitive processes, including motor skills, practice skills, learning and perception; and self-regulation
- understand psychological skills such as:
- 13.53 – goal setting;
 - self-talk;
 - imagery;
 - pre-performance routines;

- arousal control, such as relaxation and activation; and
 - strategies for stress and emotion management
 - understand exercise and physical activity including:

 - determinants, such as motives, barriers and adherence;
 - outcomes in relation to affect, such as mood and emotion;
 - cognition and mental health issues, such as self-esteem, eating disorders, depression and exercise dependence;
 - lifestyle and quality of life; and
 - injury
 - understand individual differences including:

 - mental toughness, hardness and resilience;
 - personality;
 - confidence;
 - motivation;
 - self-concept and self-esteem; and
 - stress and coping
 - understand social processes within sport and exercise psychology including:

 - interpersonal skills and relationships;
 - group dynamics and functioning;
 - organisational issues; and
 - leadership
 - understand the impact of developmental processes, including lifespan issues and processes related to career transitions and termination
- 14 be able to draw on appropriate knowledge and skills to inform practice**
- 14.1 be able to change their practice as needed to take account of new developments, technologies and changing contexts
 - 14.2 be able to gather appropriate information
 - 14.3 be able to analyse and critically evaluate the information collected
 - 14.4 be able to select and use appropriate assessment techniques
 - 14.5 be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
 - 14.6 be able to undertake or arrange investigations as appropriate
 - 14.7 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively
 - 14.8 be aware of a range of research methodologies
 - 14.9 recognise the value of research to the critical evaluation of practice
 - 14.10 be able to critically evaluate research and other evidence to inform their own practice

- 14.11 be able to apply psychology across a variety of different contexts using a range of evidence-based and theoretical models, frameworks and psychological paradigms
- 14.12 be able to conduct consultancy
- 14.13 be able to formulate specific and appropriate management plans including the setting of timescales
- 14.14 be able to manage resources to meet timescales and agreed project objectives
- 14.15 be able to use psychological formulations to plan appropriate interventions that take the service user's perspective into account
- 14.16 be able to direct the implementation of applications and interventions carried out by others
- 14.17 be able to make informed judgements on complex issues in the absence of complete information
- 14.18 be able to work effectively whilst holding alternative competing explanations in mind
- 14.19 be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations
- 14.20 be able to choose and use a broad range of psychological assessment methods, appropriate to the service user, environment and the type of intervention likely to be required
- 14.21 be able to decide how to assess, formulate and intervene psychologically from a range of possible models and modes of intervention with service users or service systems
- 14.22 be able to use formal assessment procedures, systematic interviewing procedures and other structured methods of assessment relevant to their domain
- 14.23 be able to critically evaluate risks and their implications
- 14.24 be able to recognise when further intervention is inappropriate, or unlikely to be helpful
- 14.25 be able to initiate, design, develop, conduct and critically evaluate psychological research
- 14.26 be able to understand and use applicable techniques for research and academic enquiry, including qualitative and quantitative approaches
- 14.27 be able to use professional and research skills in work with service users based on a scientist-practitioner and reflective practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation
- 14.28 understand research ethics and be able to apply them
- 14.29 be able to conduct service and large scale evaluations

Clinical psychologists only

- 14.30 be able to assess social context and organisational characteristics
- 14.31 be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models
- 14.32 be able to draw on knowledge of developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities
- understand therapeutic techniques and processes as applied when working with a range of individuals in distress including:
- 14.33 – those who experience difficulties related to anxiety, mood, adjustment to adverse circumstances or life-events, eating, psychosis, use of substances; and
– those with somatoform, psychosexual, developmental, personality, cognitive and neurological presentations
- be able, on the basis of psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the service user
- 14.34 be able to implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy, including the use of cognitive behavioural therapy
- 14.35 be able to promote awareness of the actual and potential contribution of psychological services
- 14.37 be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation

Counselling psychologists only

- 14.38 be able to contrast, compare and critically evaluate a range of models of therapy
- 14.39 be able to draw on knowledge of developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities
- 14.40 be able to critically evaluate theories of mind and personality
- 14.41 understand therapy through their own life-experience
- 14.42 be able to adapt practice to take account of the nature of relationships throughout the lifespan
- 14.43 be able to formulate service users' concerns within the chosen therapeutic models
- 14.44 be able to critically evaluate psychopharmacology and its effects from research and practice
- 14.45 be able to critically evaluate theories of psychopathology and change
- 14.46 be able, on the basis of psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting

problem and to the psychological and social circumstances of the service user

- 14.47 be able to implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy
- 14.48 be able to promote awareness of the actual and potential contribution of psychological services
- 14.49 be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation

Educational psychologists only

- 14.50 be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models
- 14.51 be able to carry out and analyse large-scale data gathering, including questionnaire surveys
 - be able to work with key partners to support the design, implementation, conduct, evaluation and dissemination of research activities and to support evidence-based research
- 14.53 be able to formulate interventions that focus on applying knowledge, skills and expertise to support local and national initiatives
- 14.54 be able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards
- 14.55 be able to implement interventions and plans through and with other professions and with parents or carers
- 14.56 be able to adopt a proactive and preventative approach in order to promote the psychological wellbeing of service users
- 14.57 be able to choose and use a broad range of psychological interventions, appropriate to the service user's needs and setting
- 14.58 be able to integrate and implement therapeutic approaches based on a range of evidence-based psychological interventions
- 14.59 be able to promote awareness of the actual and potential contribution of psychological services

Forensic psychologists only

- 14.60 be able to plan and design training and development programmes
- 14.61 be able to plan and implement assessment procedures for training programmes
- 14.62 be able to promote awareness of the actual and potential contribution of psychological services
- 14.63 be able to assess social context and organisational characteristics
- 14.64 be able to research and develop psychological methods, concepts, models, theories and instruments in forensic psychology

- 14.65 be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation
- 14.66 be able to draw on knowledge of developmental and social changes and constraints across an individual's lifespan to facilitate adaptability and change
- 14.67 be able to implement interventions and care-plans through and with other professionals who form part of the service user careteam
- 14.68 be able, on the basis of empirically derived psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting maladaptive or socially damaging behaviour of the service user
- 14.69 be able to integrate and implement evidence-based psychological therapy at either an individual or group level

Health psychologists only

- 14.70 be able to plan and implement assessment procedures for training programmes
- 14.71 be able to develop appropriate psychological assessments based on appraisal of the influence of the biological, social and environmental context
- 14.72 be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models
- 14.73 be able to carry out and analyse large-scale data gathering, including questionnaire surveys
- 14.74 be able to draw on knowledge of developmental, social and biological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities
- 14.75 be able to contrast, compare and critically evaluate a range of models of behaviour change
- 14.76 understand techniques and processes as applied when working with different individuals who experience difficulties
- 14.77 be able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development and to raise educational standards
- 14.78 be able to evaluate and respond to change in health psychology and in consultancy and service-delivery contexts
- 14.79 be able, on the basis of psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting problem, and to the psychological and social circumstances of the service user
- 14.80 be able to integrate and implement therapeutic approaches based on a range of evidence-based psychological interventions
- 14.81 be able to choose and use a broad range of psychological interventions, appropriate to the service user's needs and setting

Occupational therapists only

- 14.82 be able to assess individuals, groups and organisations in detail
- 14.83 be able to use the consultancy cycle
- 14.84 be able to research and develop psychological methods, concepts, models, theories and instruments in occupational psychology
- 14.85 be able to use psychological theory to guide research solutions for the benefit of organisations and individuals
- 14.86 understand and be able to act and provide advice on policy development concerning employees' and job seekers' rights
- 14.87 be able to run, direct, train and monitor others in the effective implementation of an application

Sport and exercise psychologists only

- 14.88 be able to assess social context and organisational characteristics
- 14.89 be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models
 - be able to formulate service users' concerns within the chosen intervention models
- 14.90

15 understand the need to establish and maintain a safe practice environment

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

Sports and exercise psychologists only

- 15.6 be aware of the possible physical risks associated with certain sport and exercise contexts

Glossary

Currently, the Standards of conduct, performance and ethics have a glossary, but the standards of proficiency do not. We have received feedback from stakeholders that it would be helpful for the standards to define certain terms. We therefore propose to define the following terms.

Apologising

Making it clear that you are sorry about what has happened. The HCPC does not regard an apology, of itself, as an admission of liability or wrongdoing.

Autonomous

In these standards, 'autonomous' refers to a professional's ability to use their professional judgement to make independent decisions about their work.

Audit procedures

Processes intended to review the quality of care, treatment and other services being provided, to determine where there could be improvements. This is sometimes done by working directly with service users and drawing on their experience.

Case conferences

A general term to describe when professionals meet to discuss a service user's care.

Carer

Anyone who looks after, or provides support to, a family member, partner or friend.

Care, treatment or other services

A general term to describe the different work that our registrants carry out.

Child or Children

A service user under the age of 18. This includes neonates, where relevant to the scope of practice of a registrant.

Colleague

A general term to describe someone our registrants work with in a professional context. This might include other health and care professionals (including from different professions or disciplines), students and trainees, support workers, professional carers and others involved in providing care, treatment or other services to service users.

Conduct

A health and care professional's behaviour.

Consent

Permission for a registrant to provide care, treatment or other services, given by a service user, or someone acting on their behalf, after receiving all the information they need to make that decision.

Delegate

To ask someone else to carry out a task on your behalf.

Disclose

In these standards, this refers to making a formal decision to share information about a service user with others, such as the police.

Discriminate

To unfairly treat a person or group of people differently from other people or groups of people. This includes treating others differently because of your views about their lifestyle, culture or their social or economic status, as well as the characteristics protected by law – age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.

Escalate

To pass on a concern about a service user's safety or wellbeing to someone who is better able to act on it, for example, a more senior colleague, a manager or a regulator.

Ethics

The values that guide a person's behaviour or judgement.

Fitness to practise

Having the skills, knowledge, character and health required to practise your profession safely and effectively.

Inclusive

Providing all people or groups of people with equal and fair access to health and care services.

Leadership

The ability to act as an example to others by exhibiting positive values and behaviours. This is not limited to positions of management and can be demonstrated in any role or professional context.

Practitioner

A health and care professional who is currently practising in their profession.

Refer

To ask someone else to provide care, treatment or other services which are beyond your scope of practice or, where relevant, because the service user has asked for a second opinion.

Scope of practice

The areas in which a registrant has the knowledge, skills and experience necessary to practise safely and effectively.

Service user

Anyone who uses or is affected by the services of registrants, for example, patients or clients.

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