

Arts therapists

Valid from: [Date]

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

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 role of the art, music or dramatherapist in different settings

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 recognise that the obligation to maintain fitness to practise includes engagement in their own arts-based process

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

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

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

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

be able to communicate in English to the standard equivalent to level 8 of the International English Language Testing System, with no element below 7.5¹

8.2 This requirement is stricter for speech and language therapists than for all other HCPC registered professions, as communication in English is a core professional skill (see standard 14.20)

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 explain the nature, purpose and techniques of therapy to service users and carers

9 be able to work appropriately with others

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.

- 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 diagnostics and assessment outcomes to meet their needs and goals
- 9.6 recognise the role of arts therapists and the contribution they can make to health and social care
- 9.7 understand the need to establish and sustain a therapeutic relationship within a creative and containing environment

- 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 understand the role and value of ongoing clinical supervision in an arts therapy context

- 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

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 arts therapists

13.4 understand the structure and function of health and social care services in the UK

13.5 recognise the importance of working in partnership with service users when carrying out research

13.6 understand the theoretical basis of, and the variety of approaches to, assessment and intervention

13.7 understand the psychological and cultural background to health, and be aware of influences on the service user – therapist relationship

13.8 understand the core processes in therapeutic practice that are best suited to service users' needs and be able to engage these to achieve productive outcomes

13.9 understand the therapeutic relationship, including its limitations

13.10 be able to employ a coherent approach to the therapeutic process

13.11 understand how and why different approaches to the use of the arts in arts therapy and in other settings varies according to context and purpose

13.12 know about theories of group work and the management of group process

13.13 know about theories relevant to work with an individual

13.14 know about:

- human development
- normal and abnormal psychology
- normal and abnormal human communication and language development
- mental illness, psychiatric assessment and treatment
- congenital and acquired disability
- disorders of social functioning
- the principal psychotherapeutic interventions and their theoretical bases
- the nature and application of other relevant interventions

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

Arts therapists only

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

Dramatherapists only

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

Music therapists only

- 13.30 be able to apply a coherent approach to their work, appropriate to each setting in which they practise
- 13.31 understand the practice and principles of musical improvisation as an interactive, communicative and relational process, including the

psychological and psychosocial significance and effect of shared music making

13.32 be able to make culturally informed use of a broad range of musical styles and genres within their music therapy practice

13.33 be able to apply a high degree of musicianship, including the ability to play at least one musical instrument to a high level, and to use their singing voice and a keyboard / harmonic instrument to a competent level

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 work with service users both to define a clear end for the therapy, and to evaluate the therapy's strengths, benefits and limitations

14.12 be able to formulate specific and appropriate management plans including the setting of timescales

14.13 be able to observe and record service users' responses and assess the implication for diagnosis and intervention

14.14 be able to undertake or arrange investigations, for example setting up an assessment period in order to ascertain the appropriateness of an intervention

Arts therapists only

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

Dramatherapists only

14.16 be able to use a range of dramatic concepts, techniques and procedures including games, activities, styles and structures and to improvise drama spontaneously with service users in a variety of styles and idioms

Music therapists only

14.17 be able to use a range of music and music-making techniques competently including improvisation, structured musical activities, listening approaches and creation and composition of material where appropriate and be able to help a service user to work with these

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

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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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