![hcpc health & care professions council]

Revised standards of proficiency (SOPs) – key changes

This document sets out the key changes to the SOPs. It focuses on the broad changes across professions, and contains links to profession-specific changes.

Contents

Active implementation of the standards
We have changed the wording of the standards to move registrants away from a passive understanding of the standards towards active implementation of them
Why? Reflects the importance of registrants being autonomous and caring professionals. More active wording makes clear the expectations on registrants.
Examples of impact on standards: We have removed 'be able to' from the beginning of several standards. For example, new phrasing in standard 1 makes clear that registrants *must* 'practise safely and effectively' instead of being *able to* practise safely and effectively: "1. Registrant[s] must practise safely and effectively within their scope of practice" In standard 4.2 "initiate solutions" was replaced with "take action": "4.2. Registrant[s] must use their skills, knowledge and experience, and the information available to them, to make informed decisions and take action where necessary."
Expectations of registrants This theme cuts across a registrant's entire practise. Our standards of conduct, performance and ethics set out active duties for registrants who have identified concerns about safety. In a similar way, the standards of proficiency now expect registrants to be able to *demonstrate* rather than merely *understand* the standards of proficiency which apply to them.

Registrants should consider whether they are always actively implementing all of our standards. Registrants may find it helpful to reflect on our standards and assess themselves against them. For instance, thinking through which specific standards are relevant in a service-user interaction and/or thinking through if there were opportunities for improvement.

Promoting public health and preventing ill-health

We have introduced new standards about promoting public health and preventing ill-health

Why? Registrants are part of a larger healthcare system and play an important role in promoting good health in their professions

Specific standards

Registrants must:

- 15.1: understand the role of their profession in health promotion, health education and preventing ill health
- 15.2: understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and well-being
- 15.3: empower and enable individuals (including service users and colleagues) to play a part in managing their own health
- 15.4: engage in occupational health, including being aware of immunisation requirements

Expectations of registrants:

- When providing care, registrants are expected to broadly understand the role they can play in preventing ill health
- This may involve advice, referrals or other interventions which may not be directly connected to the reason the service user sought care
- When thinking about the prevention of ill-health, there isn't a one-size-fits-all solution for all their service users
- Many registrants already take this approach and so these new standards may not have a significant impact on them
- Registrants may find it helpful to include observations about public health and the prevention of ill-health in their notes and reflections

Equality, diversity and inclusion

We have significantly expanded the role of equality, diversity and inclusion (EDI), placing specific importance on making sure that practice is inclusive for all service-users

Why? We are committed to ensuring that our registrants can provide healthcare to all their service users. We already had EDI requirements in the SOPs and the standards of conduct, performance, and ethics, and with these changes we have strengthened our EDI commitment.

Specific standards:

- 5 recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner
- 5.1: respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences
- 5.2: understand equality legislation and apply it to their practice
- 5.3: recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to

- ensure all service users and carers are treated appropriately with respect and dignity
- 5.4: understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice
- 5.5: recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups
- 5.6 actively challenge these barriers, supporting the implementation of change wherever possible
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- 5.7: recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice

Expectations of registrants:
- Registrants are always expected to provide care to all their service users and ensure their specific needs are responded to
- Registrants should be able to identify when a service user's care needs to be adjusted because they have a protected characteristic
- Instead of waiting for a service user to raise the need for accommodations, a registrant should be proactively thinking about how to make the care they offer as accessible as possible

Further centralising the service user

We have improved the central role of the service-user. This includes registrants understanding the importance of valid consent and effective communication in providing good care

Why? How we understand a service user's consent has been evolving and our new standards ask registrants to take a wider range of circumstances into account when determining consent. Standards on confidentiality have also been strengthened and reference emerging technology implications.

Specific standards:
Relevant standards are across several different sections covering confidentiality, communication, quality assurance and EDI:
- 2.2: promote and protect the service user's interests at all times
- 2.5: respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process
- 2.6: recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances
- 6.4: understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators)
- 7.1: use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others
- 7.4: work with service users and / 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

- 7.5: modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible
- 7.6: understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter
- 7.8: understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions
- 8.1: work in partnership with service users, carers, colleagues and others
- 8.5: identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate
- 11.2: gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care
- 11.5: evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary
- 13.11: engage service users in research as appropriate

Expectations of registrants:
- Registrants will already be offering care which is in the best interests of their service users
- These changes ask registrants to broaden how they think about those interests, and where service user's needs might require closer scrutiny
- Every service user is unique, but registrants must be especially mindful of the needs of service users living with a disability or a health condition which impacts their ability to communicate
- Registrants should consider what additional steps they can take to ensure that a service user remains fully involved in their care
- Where a service user may not be able to be involved, registrants should document what steps they have taken to involve the service user's carer, family member, and/or representative.

Registrants' mental health

We have emphasised the importance of registrants looking after their own mental health and seeking help where necessary as a part of maintaining their fitness to practise

Why? The previous standards were less about the registrant and their health and more focused on fitness to practise. This wording reflects our position as a compassionate regulator and our understanding of the centrality of registrant wellness

Specific standards:
- 3.2: understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise
- 3.4: develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment

Expectations of registrants:
- Our previous standards did not mention mental health expressly and so this is a new duty for registrants
- If a registrant's health impacts their ability to practice safely and effectively, then they should not practice

- Expectations in the new standards are broader than this. We now expect registrants to proactively manage their mental health, understanding that this is a key part of their practise
- There is not a set way for registrants to meet this standard, but registrants may find it helpful to include wellness goals in their personal assessments or include specific observations about their health and how they manage it in their own notes.

Digital skills and new technologies
We have emphasised the need to be able to keep up to date with digital skills and new technologies
Why? Technology continues to play an expanding role in the work of our registrants. We have made it clear that we expect registrants to maintain their ability to use new technology relevant to their practice
Specific standards: • 6.5: Recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records, such as photography, video and audio recordings and digital platforms • 7.7: use information, communication and digital technologies appropriate to their practice • 9.3: use digital record keeping tools where required • 13.1: be able to change their practice as needed to take account of new developments, technologies and changing contexts

Expectations of registrants:
• The use of technology has always been an important part of the way registrants meet the standards
• The four standards above cover key areas in which registrants should be able to make use of technology
• This standard does not mean registrants must be able to use all technology relevant to their field, as we know that registrants will have different access to technology based on their work setting and/or employer
• One way that registrants can integrate the new standards into their practice is through their own records. For instance, when offering telehealth services to a new service user, registrants should:
    ○ consider how this might impact on the service user's confidentiality
    ○ take time to explain to the service user how any of their information might be stored differently when compared to a face-to-face meeting
• Registrants may also find it useful to specifically direct their CPD to new technology relevant to their field and reflect on the possible impact of new technology on their practice

Leadership
We have emphasised the role and importance of leadership at all levels of practice
Why? We believe in the importance of registrants being autonomous professionals and in displaying leadership without needing to be in a management role
Specific standards: • 8.6: understand the qualities, behaviours and benefits of leadership • 8.7: recognise that leadership is a skill all professionals can demonstrate • 8.8: identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion • 8.9: demonstrate leadership behaviours appropriate to their practice

> **Expectations of registrants:**
> - Leadership is not just about the management or supervision of others, but is an attribute all registrants should demonstrate in their roles
> - Leadership will mean different things in different roles and there is no set way to show leadership
> - We will be developing online material about leadership, but registrants can also consult their professional body, union or employer for further resources

Profession specific changes

There are also profession-specific changes, to ensure the SOPs reflect contemporary threshold-level practice. These changes are included in the documents linked below:

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists