

Psychotherapists and Counsellors Professional Liaison Group,
26 and 27 May 2009

Draft standards of proficiency

Executive summary and recommendations

Introduction

At its meeting on 29 April 2009, the Group discussed a first draft of standards of proficiency for psychotherapists and counsellors.

The standards have been revised in light of the Group's discussion and further work undertaken by members of the Group between meetings.

The introduction has been updated to very clearly describe the different options for the structure of the Register previously discussed by the Group and the implications of each for registration and particularly for the standards of proficiency.

The introduction includes an appendix which explains English language requirements. The Group had some discussion about this topic at its meeting in March 2009 but no formal decision was reached and the Group is invited to discuss this topic. When the HPC consulted on standards for practitioner psychologists, a specific consultation question was posed on this topic and, if there is some debate about the appropriate level, this might be an appropriate way of informing any decision.

Decision

The PLG is invited to discuss the attached draft, including making a formal recommendation about the appropriate level of English language proficiency.

The PLG is invited to pay particular attention to identifying and articulating those areas where there may be differentiation between psychotherapists and counsellors.

The PLG is additionally reminded to bear in mind the potential equality and diversity implications of any recommendations it may make. This includes considering the extent to which any recommendations would have an adverse impact on some groups compared to others.

Background information

- Standards of proficiency – Background and context
http://www.hpc-uk.org/assets/documents/100026E1psychotherapists_and_counsellors_professional_liaison_group_2009030304_enclosure04standardsofproficiencybackgroundandcontext.pdf
- Draft standards of proficiency (first draft)
http://www.hpc-uk.org/assets/documents/100027B2psychotherapists_and_counsellors_professional_liaison_group_20090429_enclosure04draftstandardsofproficiency.pdf

Resource implications

None

Financial implications

None

Appendices

Appendix 1: English language proficiency
Appendix 2: Arts therapists standards of proficiency
Appendix 3: Clinical scientists standards of proficiency

Date of paper

18 May 2009

Draft standards of proficiency

1. Introduction

The standards of proficiency are the threshold standards required for safe and effective practice for entry to each part of the Register. They are set at the threshold or necessary level for public protection.

The primary role of the standards of proficiency is in articulating the skills, knowledge and abilities necessary to become registered for the first time. Approvals visits of education and training providers ensure that their programmes meet the standards of education and training and therefore successfully deliver the standards of proficiency.

At the March meeting of the PLG, the Group received a paper outlining some of the legal and contextual background to the standards. In summary, the standards must be:

- absolutely necessary for safe and effective practice;
- set at a minimum or threshold level;
- conform to HPC's obligations as a qualifications body; and
- couched in language appropriate to their primary role in legislation.

As the threshold standards, some education and training programmes may include content that exceeds these standards.

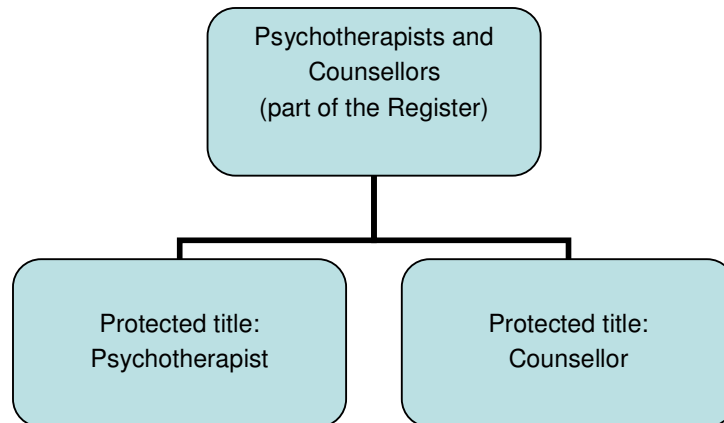
The generic standards of proficiency will be subject to separate review and consultation this financial year.

2. Differentiation

At its meeting in January 2009, the Group decided to proceed on the basis that there should be differentiation in the Register between psychotherapists and counsellors (2.1 below).

The options for the structure of the Register are outlined below for clarity.

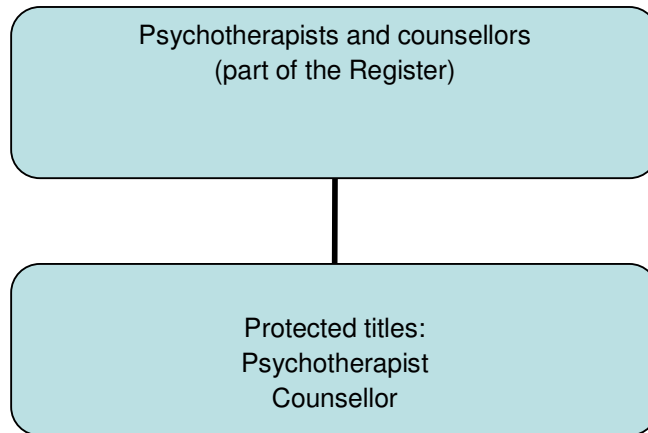
2.1 Differentiation between psychotherapists and counsellors



- There would be two sets of profession-specific standards of proficiency setting out the standards required for safe and effective practice.
- Practitioners would have access to the title(s) for psychotherapists, or the title(s) for counsellors, or both if they were dual registered.
- There would be approved qualifications for each – i.e. approved qualifications leading to the eligibility to register and use the title(s) for psychotherapists, and approved qualifications leading to the eligibility to register and use the title(s) for counsellors. Some programmes might be successful in being approved for both.
- The threshold educational level has to be set at the level necessary to achieve the standards of proficiency. As there would be two separate sets of standards of proficiency, this would mean that the level could potentially be set at different levels for psychotherapists and counsellors.

In summary, differentiation between titles has been objectively justified on the basis that different proficiencies are required for each and therefore (potentially) there will be different education and training programmes to meet those standards. This model relies upon identifying standards specific to psychotherapists, and standards specific to counsellors.

2.2 No differentiation between psychotherapists and counsellors



- There would be one set of standards of proficiency setting out the standards required for safe and effective practice.
- Practitioners would have access to any protected titles for the part of the Register (e.g. they could use both 'psychotherapist' and 'counsellor').
- There would be approved qualifications that lead to the eligibility to register and use any of the protected titles.
- The threshold educational level has to be set at the level necessary to achieve the standards of proficiency. As there would be one set of standards of proficiency, this would mean that only one level could be set for entry to the part of the Register.

2.3 Other discussion

There was some discussion at previous meetings about a suggestion whether it might be possible to produce a single set of standards of proficiency but nonetheless differentiate between psychotherapists and counsellors (as in 2.1) by setting different educational thresholds. Legal advice sought by the HPC Executive has confirmed that this would not be possible. In order to differentiate between psychotherapists and counsellors it would be necessary to produce differentiated standards of proficiency, as an objective basis on which to differentiate between the two in the structure of the Register. Attention might then be given to setting different educational levels necessary to achieve those standards, if appropriate.

2.4 Standards of proficiency

The Group agreed at its January meeting, and in light of the model it decided to adopt, that any standards of proficiency should contain four elements:

- Generic standards of proficiency (applying across all of the professions regulated by the HPC).
- Profession specific standards which would be common to both psychotherapists and counsellors.
- Profession-specific standards for psychotherapists.
- Profession-specific standards for counsellors.

The Group's recommendation that modalities should not be reflected at the level of the statutory Register means that the standards must be written in broad terms to be applicable to all modalities.

3. Putting together the first draft

The appended draft standards have been revised in light of the Group's discussions at the meeting.

The original draft standards were produced having drawn together a number of sources including:

- The example draft standards of proficiency for psychotherapists and for psychotherapists / counsellors in the papers considered at the last meeting of the Group.
- The learning outcomes of education and training programmes including programmes in psychotherapy, psychotherapy and counselling and counselling, delivered in a variety of sectors and at varying educational levels.

The following process was followed in putting together the first draft:

- Standards drawn from the sources referred to on the previous page were placed under the appropriate HPC generic standard, and instances of clear duplication of these standards removed.
- Where necessary, some standards were rewritten into language more appropriate to threshold standards of proficiency.
- Similar standards were grouped together and, where possible and appropriate, a suitable 'overarching' standard chosen (either one of those from the source material, or a new standard written in light of similar standards expressed in slightly different ways).
- Where helpful, in terms of approaching wording, in deciding the appropriate 'place' for standards, and consistency, the existing HPC standards of proficiency for arts therapists and clinical scientists were consulted (and are appended to this paper for reference).

4. English language proficiency

In the draft, the existing English language testing requirements for 12 of the existing HPC regulated professions are included in standard 1b.3.

A short paper on English language requirements is appended to this paper.

5. A ‘stepped approach’?

In the Call for Ideas, we suggested whether a ‘stepped approach’ to setting the threshold level of qualification for entry to the Register might be appropriate.

We said:

‘The threshold level has to be set at the level necessary for safe and effective practice. We have to take into account existing education, training and service delivery and it is important that the level we set is not aspirational in nature. The purpose of statutory regulation is to protect members of the public. We want to make sure that any proposals are inclusive so that as many practitioners as possible can be regulated, whilst ensuring that appropriate standards are maintained.

In psychotherapy and counselling there is a wide range of different training programmes which vary in content, structure and level. One possible option for the threshold level for psychotherapists and counsellors is a stepped approach which would see the threshold level raised over a period of time. This might balance the need to ensure that as many practitioners as possible are regulated at the outset, in order to protect the public, with the need to ensure that the threshold level of public protection develops over time. This would also provide a lead-in period for education and training providers to make any necessary changes to their programmes. We particularly invite comments from stakeholders on this suggestion.’

Few respondents commented on this idea, though those that did responded positively. In its discussions on the standards of proficiency, the Group may wish to consider whether such an approach might also be applied, allowing programmes time to make changes necessary in order to meet particular standards if they would not reasonably be able to do so straight away.

This might be a feasible option if the Group identifies standards which can be objectively justified on the basis that they are necessary for safe and effective practice but which would pose difficulties for some existing provision without a suitable lead in period. At the last meeting, no such areas were identified.

6. Some questions to consider

Bearing the following questions in mind may assist the group in drafting the standards:

- Is the standard a necessary threshold competence standard?
 - is the standard set at an appropriate level?
 - is the standard aspirational or aimed at good or best practice?
 - is the standard a conduct standard rather than a threshold competence standard?
- If challenged, could the HPC clearly explain why the standard was necessary?
- Is the proposed standard already adequately covered in the HPC generic standards or could it be more effectively written to apply to both psychotherapists and counsellors?
- Does the proposed standard reflect the standard content of pre-registration education and training programmes?
- Does the proposed standard clarify, in a profession-specific context, the intention of the generic standards?
- Is the proposed standard appropriate and applicable across all modalities, and trainings focused on the needs of specific client groups?
- What are the areas of threshold differentiation between psychotherapists and counsellors?

7. Ongoing work

The Group is invited to discuss the second draft standards.

The aim is to have a set of standards that can be used as a starting point for consultation.

As discussed at the last meeting, the HPC plans to reconvene the PLG to meet and consider the responses received about the standards of proficiency and threshold level of qualification for entry to the Register in the forthcoming consultation and to make further recommendations in light of these. On present timescales, such a meeting might take place in late November 2009.

**2nd DRAFT STANDARDS ONLY – FOR THE DISCUSSION OF THE PSYCHOTHERAPISTS AND COUNSELLORS PROFESSIONAL LIAISON GROUP (PLG)
26 AND 27 MAY 2009**

Key and notes:

- HPC generic standards shown in black type
- The draft has been updated in line with the discussion at the last meeting and in line with comments received between meetings. For a small number of standards some minor 'sub-editing' for consistency has occurred.
- The profession-specific standards agreed by the Group (with any amendments discussed last time as detailed in the draft minutes) are shown in *blue italicised type*. Where a more significant editing change has occurred, where further comment or discussion is still specifically necessary, or where new or amended standards have been suggested between meetings, these are shown in *red italicised type*, with a commentary. Two different suggestions for how to structure standard 3a.1 were received between meetings and are both included for the Group's discussion.
- For consistency, references to theoretical models / approaches / frameworks have been changed to 'theoretical approach(es)' throughout.
- The standards identified for further discussion are: 2b.1, 2b.2, 2b.3, 2b.4, 3a.1.

Registrant psychotherapists and counsellors must:

Ref	Standard
	Professional autonomy and accountability
1a.1	<p>be able to practise within the legal and ethical boundaries of their profession</p> <ul style="list-style-type: none"> - understand the need to act in the best interests of service users at all times - understand what is required of them by the Health Professions Council - understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing - be aware of current UK legislation applicable to the work of their profession
Psychotherapists & Counsellors	<ul style="list-style-type: none"> - <i>be able to recognise and manage the dynamics of power and authority</i> - <i>understand the role of the psychotherapist / counsellor in a range of settings, services and theoretical approaches</i>
1a.2	be able to practise in a non-discriminatory manner
1a.3	Understand the importance of and be able to maintain confidentiality
1a.4	Understand the importance of and be able to obtain informed consent
1a.5	be able to exercise a professional duty of care
Psychotherapists & Counsellors	<ul style="list-style-type: none"> - <i>understand their duty of care with regard to the legislation on safeguarding children, young people and vulnerable adults</i>
1a.6	<p>be able to practise as an autonomous professional, exercising their own professional judgement</p> <ul style="list-style-type: none"> - 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

1a.7	recognise the need for effective self-management of workload and resources and be able to practise Accordingly
1a.8	understand the obligation to maintain fitness to practise <ul style="list-style-type: none"> - understand the need to practise safely and effectively within their scope of practice - understand the need to maintain high standards of personal conduct - understand the importance of maintaining their own health - understand both the need to keep skills and knowledge up to date and the importance of career-long learning
Psychotherapists & Counsellors	<i>– recognise the obligation to maintain fitness to practise including engagement in their own counselling or psychotherapy based process in a way consistent with their own theoretical approach</i> <i>- be able to identify and manage their personal involvement in and contribution to the processes of therapy, including recognising their own distress or disturbance and by being able to develop self-care strategies</i>

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	Professional relationships
1b.1	<p>be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers</p> <ul style="list-style-type: none"> - understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team - understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals - be able to make appropriate referrals
Psychotherapists & Counsellors	<ul style="list-style-type: none"> - <i>understand the role of the therapist in the broader social and cultural context</i> - <i>be able to demonstrate sensitivity to organisational dynamics</i>

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1b.2	Be able to contribute effectively to work undertaken as part of a multi-disciplinary team
1b.3	<p>be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers</p> <ul style="list-style-type: none"> - 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 - understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability - be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others - be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status - understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions - understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible - recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
Psychotherapists & Counsellors	<ul style="list-style-type: none"> - <i>be able to communicate the nature of their chosen theoretical approach in a way which is consistent with their chosen theoretical approach</i> - <i>be able to communicate appropriately and effectively with other professionals about the client and proposed therapeutic work</i>
1b.4	<p>Understand the need for effective communication throughout the care of the service user</p> <ul style="list-style-type: none"> - recognise the need to use interpersonal skills to encourage the active participation of service users
Psychotherapists & Counsellors	<ul style="list-style-type: none"> - <i>be able to build, maintain and end therapeutic relationships with clients</i>

¹ The International English Language Testing System (IELTS) tests competence in spoken and written English. 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), have to provide evidence that they have reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.

	Identification and assessment of health and social care needs
2a.1	be able to gather appropriate information
2a.2	be able to select and use appropriate assessment techniques - be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
Psychotherapists & Counsellors	<i>- be able to devise a strategy and conduct and record the assessment process that is consistent with the theoretical approach, setting and client group</i> <i>- be able to observe and record clients' responses and assess the implication for therapeutic work</i>
2a.3	be able to undertake or arrange investigations as appropriate
2a.4	be able to analyse and critically evaluate the information collected
Psychotherapists & Counsellors	<i>- be able to apply a chosen theoretical model to assess the clients' needs</i> <i>- be able to apply a chosen theoretical model to assess the clients' suitability for the therapy offered</i> <i>- be able to identify and respond appropriately to areas of potential risk for the client, such as suicide, self injury and possible danger to others</i>

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	Formulation and delivery of plans and strategies for meeting health and social care needs
2b.1	<p>be able to use research, reasoning and problem solving skills to determine appropriate actions</p> <ul style="list-style-type: none"> - recognise the value of research to the critical evaluation of practice - be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures - be aware of a range of research methodologies - be able to demonstrate a logical and systematic approach to problem solving - be able to evaluate research and other evidence to inform their own practice
	<p>The following amended standard was suggested during post-meeting discussion between some members of the Group as a standard for both psychotherapists and counsellors:</p> <ul style="list-style-type: none"> - <i>understand the relevance of different approaches to research in counselling/ psychotherapy</i>
	<p>The following standard was included in the first draft as a potential profession-specific standard for psychotherapists and has been suggested during post-meeting discussion between some members of the Group as a standard for psychotherapists only:</p> <ul style="list-style-type: none"> - <i>understand and be able to critically evaluate the significance and implications of research findings in relation to assessment for therapeutic intervention</i> <p>The following standard has been moved from the possible standards for psychotherapists suggested in 3a.1:</p> <ul style="list-style-type: none"> - <i>understand the relevance of studies and research findings in human development, psychopathology, sexuality, ethics and social sciences in understanding the therapeutic process and be able to engage these to achieve productive therapeutic outcomes</i>
2b.2	be able to draw on appropriate knowledge and skills in order to make professional judgements

	<ul style="list-style-type: none"> - be able to change their practice as needed to take account of new developments - be able to demonstrate a level of skill in the use of information technology appropriate to their practice
Psychotherapists & Counsellors	<ul style="list-style-type: none"> - <i>be able to work effectively whilst holding alternative competing explanations in mind</i> - <i>be able to recognise when further therapeutic work is inappropriate or unlikely to be helpful</i> - <i>be able to use a chosen theoretical approach to formulate appropriate therapeutic processes</i> - <i>be able to conceptualise presenting situations within a coherent framework of psychological theory and evidence, incorporating interpersonal, societal, cultural and biological factors</i> - <i>be able to reflect on and engage with complex and sometimes contradictory information elicited from the client in order to progress/develop a working understanding of psychological difficulties and their origins</i> - <i>be able to make informed judgements on complex issues in the absence of complete information</i>
	<p>The following standards were included in the first draft as potential profession-specific standards for psychotherapists, and, with some amendment, have been suggested in post-meeting discussion by some members of the Group as appropriate as profession-specific standards for psychotherapists:</p> <ul style="list-style-type: none"> - <i>be able to use theoretical knowledge to develop working hypotheses, generate therapeutic responses to clinical problems and to develop new strategies where appropriate</i> - <i>be able to analyse complex, incomplete and contradictory areas of clinical understanding and use this to inform therapeutic work</i> - <i>be able to manage complex unpredictable contextual variables that may require adaptation and innovative practice</i>
	<p>The following standards have been suggested in post-meeting discussion by some members of the Group as profession-specific standards for counsellors:</p> <ul style="list-style-type: none"> - <i>be able to use theoretical knowledge to develop working hypotheses and respond therapeutically and coherently to client issues</i> - <i>be able to work with incomplete and contradictory understandings of client issues</i> - <i>be able to work flexibly and therapeutically with unpredictable contextual variables</i>

2b.3	<p>be able to formulate specific and appropriate management plans including the setting of timescales</p> <ul style="list-style-type: none"> - understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
	<p>The Group discussed this standard and said that it was important for a practitioner to be aware of issues around gender, sexuality, social background and class and for the practitioner to understand human development in the context of culture. Further discussion may be necessary about the wording of this standard.</p> <p><i>- be able to use models of gendered and culturally influenced human development when considering the client's situation and understand the implication of these when developing therapeutic hypotheses and therapeutic responses</i></p>
2b.4	<p>be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully</p> <ul style="list-style-type: none"> - understand the need to maintain the safety of both service users and those involved in their care
<p>Psychotherapists & Counsellors</p>	<ul style="list-style-type: none"> - <i>be able to establish an effective, collaborative working relationship with the client</i> - <i>be able to make appropriate therapeutic interventions consistent with the chosen theoretical approach</i> - <i>be able to facilitate client exploration of experiences, meanings and self-understanding</i> - <i>be able to enable and work with expression of client emotion</i> - <i>be able to recognise and work with life transitions and developmental crises</i> - <i>be able to hold a model of implicit and explicit communications in a therapeutic relationship</i> - <i>be able to communicate empathic understanding to clients</i> - <i>be able to initiate and manage first and subsequent counselling / psychotherapy sessions by developing rapport and trust</i>
	<p>The following standard was not included in the first draft but has been suggested in post-meeting discussion by some members of the Group as an additional standard for psychotherapists and counsellors:</p> <p><i>- be able to work with and manage the dynamics and boundaries of time</i></p> <p>The following standards are concepts that the Group wished to include in standards for psychotherapists and counsellors which the Group suggested may need further drafting:</p>

	<ul style="list-style-type: none"> - recognise the need to respect the client's capacity for self-determination and to be able to take account of this - be able to encourage the client's capacity to reflect on his or her psychological functioning
	<p>The following standards were included in the first draft and were suggested as potential profession-specific standards for counsellors. They have been amended in line with the Group's discussion and the Group is invited to consider whether they are appropriate as standards for counsellors or psychotherapists and counsellors:</p> <ul style="list-style-type: none"> - be able to facilitate client problem management, change, planning and decision-making - be aware, understand and work with both the explicit and implicit aspects of the counselling relationship
2b.5	<p>be able to maintain records appropriately</p> <ul style="list-style-type: none"> - be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines - understand the need to use only accepted terminology in making records

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	Critical evaluation of the impact of, or response to, the registrant's actions
2c.1	<p>be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly</p> <ul style="list-style-type: none"> - be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care - be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user - recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes - be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
Psychotherapists & Counsellors	<ul style="list-style-type: none"> - <i>be able to help clients to reflect on their process in therapy</i> - <i>understand the need to review and evaluate the therapeutic work in collaboration with the client, consistent with their theoretical approach</i> - <i>be able to evaluate the therapeutic work in collaboration with the client, consistent with their theoretical approach</i>
2c.2	<p>be able to audit, reflect on and review practice</p> <ul style="list-style-type: none"> - understand the principles of quality control and quality assurance - be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures - be able to maintain an effective audit trail and work towards continual improvement - participate in quality assurance programmes, where appropriate - understand the value of reflection on practice and the need to record the outcome of such reflection - recognise the value of case conferences and other methods of review
Psychotherapists & Counsellors	<ul style="list-style-type: none"> - <i>understand the need for and role of supervision</i> - <i>be able to make use of supervision, consistent with their theoretical approach</i> - <i>be able to critically reflect on the use of self in the therapeutic process and engage in supervision in order to improve practice</i>

Note: Two suggested ways of approaching standard 3a.1 are included. These have been suggested by members of the Group and are included for the Group's discussion.

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Suggestion for 3a.1

	Knowledge, understanding and skills
3a.1	<p>know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice</p> <ul style="list-style-type: none"> - understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction - be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process - recognise the role of other professions in health and social care - understand the theoretical basis of, and the variety of approaches to, assessment and intervention
Psychotherapists & Counsellors	<ul style="list-style-type: none"> - <i>understand the historical development, theory and philosophy underpinning the therapeutic approach</i> - <i>understand the concepts underpinning work with different groups of clients, consistent with the theoretical approach</i> - <i>know about the key concepts of other therapeutic approaches</i> - <i>be aware of alternative ways of working</i> - <i>understand the importance of considering the impact upon clients of cultural, socio-political and other contexts</i> - <i>understand the importance of cultural sensitivity and recognition of diversity</i> <p>The following standard has been amended:</p> <ul style="list-style-type: none"> - <i>understand the need to demonstrate a coherent approach to therapy</i>
	<p>The following standards are amended from the first draft and were suggested by a member of the Group as standards for both psychotherapists and counsellors:</p> <ul style="list-style-type: none"> - <i>understand studies and research findings relevant to the mode of psychotherapy/counselling, and be able to use these to inform practice</i> - <i>understand and be able to evaluate theories of lifespan development</i> - <i>understand and be able to evaluate theories of psychopathology</i> - <i>understand and be able to evaluate theories of therapeutic change</i>

	<ul style="list-style-type: none">- <i>understand and be able to evaluate social conceptualisations of mental and emotional health</i>- <i>understand and be able to evaluate theories of mind and personality</i>- <i>be able to recognise and work with severe disturbances in clients</i>
	<p>The following standard was suggested by a member of the Group as a possible profession-specific standard for psychotherapists:</p> <ul style="list-style-type: none">- <i>Understand the relevance of research findings in human development, psychopathology, sexuality, ethics and social sciences in understanding the therapeutic process and be able to draw on these to achieve enhanced therapeutic outcomes</i>

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Suggestion for 3a.1, followed by 3a.2 and 3a.3

	Knowledge, understanding and skills
3a.1	<p>know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice</p> <ul style="list-style-type: none"> - understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction - be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process - recognise the role of other professions in health and social care - understand the theoretical basis of, and the variety of approaches to, assessment and intervention
Psychotherapists & Counsellors	<ul style="list-style-type: none"> - <i>understand the historical development, theory and philosophy underpinning the therapeutic model or models</i> - <i>understand the concepts underpinning work with different groups of clients, consistent with the theoretical approach</i> - <i>know about the key concepts of other therapeutic models</i> - <i>be aware of alternative ways of working</i> - <i>understand the importance of considering the impact upon clients of cultural, socio-political and other contexts</i> - <i>understand the importance of cultural sensitivity and recognition of diversity</i> <p>The following standard has been amended:</p> <ul style="list-style-type: none"> - <i>understand the need to demonstrate a coherent approach to therapy</i>
	<p>The following standards are amended from those included in the first draft on which there was some discussion from the Group about whether differentiation was possible. These standards have been suggested in post-meeting discussion by some members of the Group as profession-specific standards for psychotherapists:</p> <ul style="list-style-type: none"> - <i>understand, critically evaluate and apply theories of lifespan development consistent with the theoretical approach</i> - <i>understand, critically evaluate and apply theories of psychopathology consistent with the theoretical approach</i> - <i>understand, critically evaluate and apply theories of therapeutic change</i>

	<ul style="list-style-type: none"> - <i>understand, critically evaluate and apply social conceptualisations of mental and emotional health</i> - <i>understand critically evaluate and apply theories of mind and personality</i> <p>The following standards were included in the first draft as potential profession-specific standards for psychotherapists only and have been suggested as such, with some amendment, in post-meeting discussion by some members of the Group:</p> <ul style="list-style-type: none"> - <i>be able to formulate a model of human change and understand the ways change can be facilitated through the process of psychotherapy</i> - <i>be able to recognise and work with severe disturbances in clients</i> <p>The following standards included in the first draft as potential profession-specific standards for psychotherapists have been suggested for removal in post-meeting discussion by some members of the Group:</p> <ul style="list-style-type: none"> - <i>understand studies and research findings relevant to the mode of psychotherapy, together with an awareness of related research where appropriate and be able to use these to inform practice</i> - <i>be able to formulate a model of the personal and mind</i>
	<p>These standards have been suggested in post-meeting discussion by some members of the Group as profession-specific standards for counsellors only:</p> <ul style="list-style-type: none"> - <i>understand and work with common life problems</i> - <i>understand and work with common mental health problems</i> - <i>understand and work with theories of the therapeutic relationship and therapeutic change</i> - <i>understand and work with theories of mind and personality</i> - <i>understand and work with alternative perspectives of mental health and emotional health</i> - <i>understand and work with models of human change and development</i> - <i>be able to recognise and, where appropriate, refer clients with severe disturbance</i>

3a.2	know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities
3a.3	understand the need to establish and maintain a safe a practice environment <ul style="list-style-type: none">- be aware of applicable health an safety legislation, and any relevant safety policies and procedures in force in the workplace, such as incident reporting, and be able to act in accordance with these- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation- be able to select appropriate protective equipment and use it correctly- be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

2ND DRAFT - FOR DISCUSSION

Appendix 1: English language proficiency

Introduction

This paper looks briefly at requirements amongst the existing regulated professions for English language competence, and invites discussion on appropriate requirements for psychotherapists and counsellors.

There was some discussion about this topic at the PLG's meeting in March 2009.

Mutual recognition rights and language testing

Under European legislation, applications from applicants with 'mutual recognition' rights are treated differently compared to those from applicants from outside of the European Economic Area (EEA).

In order to obtain mutual recognition rights, an applicant has to be a national of a country within the EEA and have the right to practise in an EEA country. The HPC assesses the applications of such applicants in the same way as other applications. Applications are assessed by registration assessors who are registered members of the profession concerned with appropriate practice and academic experience. If the HPC finds that there is a shortfall between the applicant's education and experience and the standards required for registration, the HPC is able to ask them to undertake a 'period of adaptation' or 'aptitude test' to make up this shortfall. A period of adaptation is a period of supervised practice and/or academic training in areas identified by registration assessors which allows an EEA applicant to reach the standard required to be registered with us. An 'aptitude test' tests the applicant's knowledge in a discrete range of areas identified by the registration assessors.

Under the legislation, the HPC is unable to require EEA applicants exercising mutual recognition rights to undergo a language test (except for applicants for speech and language therapy, please see below). Additionally, the HPC is unable to language test other applicants for whom English is their first language

Language testing

HPC is able to require evidence of language proficiency from international applicants who do not have mutual recognition rights under European Legislation and for whom English is not their first language.

HPC currently requires applicants to achieve an overall score in the academic test of the International Language Testing System (IELTS) of at least 7.0, with no element below 6.5. A number of other tests are also approved at levels equivalent to the IELTS.

Speech and language therapists

The English language proficiency requirement is, however, higher for speech and language therapists for whom this is a core professional skill. Level 8.0 with no element below 7.5 is required. As a core professional skill, the Council is able to require both EEA and non-EEA applicants to undergo this test.

The rationale behind this is that speech and language therapists, as a threshold requirement, need to have an understanding of, and be able to use, the phonetic and linguistic structure of language.

Practitioner psychologists

The English language proficiency level for practitioner psychologists has been the subject of some debate.

This has centred on whether a proficiency level in line with speech and language therapists would be justified for practitioner psychologists. During the PLG and consultation process some argued that a higher level would be justified, at least in some domains of practice, on the basis that language was the primary tool of intervention and that a complex understanding of the nuances of language was essential. However, others questioned whether there was a justification for the requirement for some or all practitioner psychologists to be higher than that for other professionals whose work is carried out through language.

At its meeting on 25 March 2009, the HPC Education and Training Committee decided that the level for the practitioner psychologists part of the Register should be 7.0 with no element below 6.5, consistent with 12 of the existing regulated professions. The Committee noted that other professions regulated by the HPC, such as art therapists, music therapists and dramatherapists also used language as an essential part of intervention and these requirements applied to them. The Committee considered that the case for a higher level for speech and language therapists over and above the requirement for other professions, including practitioner psychologists, was justified on the basis that for this profession language was not just a 'tool of intervention' but that higher skills in speech and phonetic analysis were also required at a threshold level.

The standards of proficiency and language testing

HPC's requirements for English language proficiency are included in the standards of proficiency:

For speech and language therapists

2b.4 (Profession-specific)

- be able, as a core professional skill for speech and language therapists, to communicate in English to the standard equivalent to level 8 of the International English Language Testing System, with no element below 7.5

For all other professions

1b.4 (Generic)

- 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

English language requirements of other regulators

The following is a sample of the English language testing requirements of other regulatory bodies.

N.B: The test scores given below all relate to the academic rather than the general IELTS test.

- **Pharmacists:** The Royal Pharmaceutical Society of Great Britain (RPSGB) requires a minimum score of 7 in each part of the parts of IETLS.
- **Doctors:** The General Medical Council (GMC) requires 7.0 as an overall score on the IELTS test, a minimum score of 7.0 in the speaking section and 6.0 in each of the other sections (listening, academic reading and academic writing).
- **Dentists:** The General Dental Council (GDC) requires an overall score of at least 7.0, with no section below 6.5.
- **Nurses:** The Nursing and Midwifery Council (NMC) requires an overall score of at least 7.0 with at least 7.0 in the writing and speaking sections.

English language competence and the role of employers

It is important to remember that any English language requirements, as with the rest of the standards of proficiency, are set a threshold level. Further, as outlined in this paper, the HPC's ability to language test applicants is limited to those for whom English is not their first language and who do not meet the criteria for mutual recognition.

Therefore, registration cannot be a guarantee of English language competence. Nor can it be a guarantee that a registrant will suited to a particular employment role. Employers also have responsibilities in ensuring that they employ registrants who are fit for purpose, including assuring themselves that the registrant possesses an appropriate ability in the English language.

Standards of proficiency

Arts therapists

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I am confident that the standards are both fit for purpose and reflect current thinking in relation to safe professional practice across the professions.

These standards are effective from 1 November 2007.

Anna van der Gaag

President

Introduction

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We also expect you to keep to our **standards of conduct, performance and ethics**, which are published in a separate document.

The standards of proficiency in this document include both generic elements, which apply to all our registrants, and profession-specific elements that are relevant to registrants belonging to one of the professions we currently regulate. The **generic standards are written in black**, and the **profession-specific standards are written in blue** to help you distinguish between them.

The generic standards explain the key obligations that we expect of you. Occasionally, we have pointed out specific elements of those key obligations. We have not attempted to create exhaustive lists of all the areas that each generic standard covers; we have simply highlighted specific elements where we consider this to be helpful.

A note about our expectations of you

The standards of proficiency play a central role in how you can gain admission to, and remain on, the Register and thereby gain the right to use the protected title(s) of your profession.

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.

The standards set out in this document complement information and guidance issued by other organisations, such as your professional body or your employer.

Your scope of 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.

We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues. This might be because of specialisation in a certain clinical area or with a particular client group, or a movement into roles in management, education or research.

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 make sure that 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. 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 and experience.

Meeting the standards

It is important that our registrants meet our standards and are able to practise lawfully, safely and effectively. However, we don't 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. 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 and others to ensure that the wellbeing of service users is safeguarded at all times.

In particular, we recognise the valuable role played by professional bodies in representing and promoting the interests of their members. This often includes guidance and advice about good practice which can help you meet the standards laid out in this document.

Service users

We recognise that our registrants work in a range of different settings, which include clinical practice, education, research and roles in industry. We recognise that different professions sometimes use different terms to refer to those who use or who are affected by their practice and that the use of terminology can be an emotive issue.

We have tried to use a term in the generic standards which is as inclusive as possible. Throughout the generic standards we have used the term ‘service users’ to refer to anyone who uses or is affected by the services of registrants. Who your service users are will depend on how and where you work. For example, if you work in clinical practice, your service users might be your patients or your staff if you manage a team. The term also includes other people who might be affected by your practice, such as carers and relatives. In the profession-specific standards, we have retained the terminology which is relevant to each individual profession.

These standards may change in the future

We have produced this new version of our standards after speaking to our stakeholders about how the standards were working and how relevant they were to registrants’ practice.

We will continue to listen to our stakeholders and will keep our standards under continual review. So we may make further changes in the future to take into account changes in practice.

We will always publicise any changes to the standards that we make by, for instance, publishing notices on our website and informing professional bodies.

Expectations of a health professional

1a Professional autonomy and accountability

Registrant arts therapists must:

1a.1 be able to practise within the legal and ethical boundaries of their profession

- understand the need to act in the best interests of service users at all times
- understand what is required of them by the Health Professions Council
- understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
- be aware of current UK legislation applicable to the work of their profession
- understand the role of the art, music or drama therapist in different settings

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

1a.3 understand the importance of and be able to maintain confidentiality

- 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

1a.4 understand the importance of and be able to obtain informed consent

1a.5 be able to exercise a professional duty of care

1a.6 be able to practise as an autonomous professional, exercising their own professional judgement

- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem

- be able to initiate resolution of problems and be able to exercise personal initiative
- know the limits of their practice and when to seek advice or refer to another professional
- recognise that they are personally responsible for and must be able to justify their decisions

1a.7 recognise the need for effective self-management of workload and resources and be able to practise accordingly

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

1a.8 understand the obligation to maintain fitness to practise

- understand the need to practise safely and effectively within their scope of practice
- understand the need to maintain high standards of personal conduct
- understand the importance of maintaining their own health
- understand both the need to keep skills and knowledge up to date and the importance of career-long learning
- recognise that the obligation to maintain fitness to practise includes engagement in their own arts-based process

1b Professional relationships

Registrant arts therapists must:

1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users, and their relatives and carers

- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals

- be able to make appropriate referrals
- recognise the role of arts therapists and the contribution they can make to health and social care

1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users their relatives and carers

- be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5¹
- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible
- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

¹ The International English Language Testing System (IELTS) tests competence in spoken and written English. 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), have to provide evidence that they have reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.

- be able to explain the nature, purpose and techniques of therapy to clients and carers
- understand the need to establish and sustain a therapeutic relationship within a creative and containing environment

1b.4 understand the need for effective communication throughout the care of the service user

- recognise the need to use interpersonal skills to encourage the active participation of service users

The skills required for the application of practice

2a Identification and assessment of health and social care needs

Registrant arts therapists must:

2a.1 be able to gather appropriate information

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

2a.2 be able to select and use appropriate assessment techniques

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

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

- be able to observe and record clients' responses and assess the implication for diagnosis and intervention
- be able to undertake or arrange investigations, for example setting up an assessment period in order to ascertain the appropriateness of an intervention

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

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

Registrant arts therapists must:

2b.1 be able to use research, reasoning and problem-solving skills to determine appropriate actions

- recognise the value of research to the critical evaluation of practice
- be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures

- be aware of a range of research methodologies
- be able to demonstrate a logical and systematic approach to problem solving
- be able to evaluate research and other evidence to inform their own practice

2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements

- be able to change their practice as needed to take account of new developments
- be able to demonstrate a level of skill in the use of information technology appropriate to their practice

2b.3 be able to formulate specific and appropriate management plans including the setting of timescales

- understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors

2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skillfully

- understand the need to maintain the safety of both service users and those involved in their care
- be able to work with clients both to define a clear end for the therapy, and to evaluate the therapy's strengths, benefits and limitations

Art therapists only

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

Dramatherapists only

- be able to use a range of dramatic concepts, techniques and procedures (including games, activities, styles and structures) competently

Music therapists only

- be able to use a range of music and music-making techniques competently and be able to help a client to work with these

2b.5 be able to maintain records appropriately

- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines
- understand the need to use only accepted terminology in making records

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

Registrant arts therapists 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 service users to their care
- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately

2c.2 be able to audit, reflect on and review practice

- understand the principles of quality control and quality assurance
- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of

appropriate outcome measures

- be able to maintain an effective audit trail and work towards continual improvement
- participate in quality assurance programmes, where appropriate
- understand the value of reflection on practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review
- recognise the role and value of clinical supervision in an arts therapy context

Knowledge, understanding and skills

3a Knowledge, understanding and skills

Registrant arts therapists must:

3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice

- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- recognise the role of other professions in health and social care
- understand the theoretical basis of, and the variety of approaches to, assessment and intervention
- understand the psychological and cultural background to health, and be aware of influences on the client – therapist relationship
- understand core processes in therapeutic practice, such as the therapeutic frame, transference and counter-transference and concepts from other therapeutic models, and be able to engage these to achieve productive therapeutic outcomes
- understand the therapeutic relationship, including its limitations
- be able to employ a coherent approach to the therapeutic process
- 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
- know theories of group work and the management of group process
- know theories relevant to work with an individual
- know about normal 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 major interventions

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

Art therapists only

- 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 and practice and the relevant aspects of connected disciplines including visual arts, aesthetics, anthropology, psychology, psychiatry, sociology, psychotherapy and medicine
- know the practice and process of visual art-making
- understand the role of the physical setting and the art-making process in the physical and psychological containment of emotions
- understand the role and function of the art object as an intermediary frame and within the relationship between client and art therapist
- understand the role and use of visual symbols in art that communicate conscious and unconscious processes
- understand the influence of socio-cultural context on the making and viewing of art in art therapy
- recognise that different approaches to the use of visual arts practice in therapeutic work have developed in different socio-cultural and political contexts around the world

Dramatherapists only

- understand core processes and forms of creativity, movement, play and dramatic representation pertinent to practice with a range of client groups
- 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
- know a range of theatrical representation techniques and be able to engage clients in a variety of performance-derived roles
- recognise that dramathery is a unique form of psychotherapy in which creativity, play, movement, voice, storytelling, dramatisation and the performance arts have a central position within the therapeutic relationship
- recognise that different approaches to the discipline have developed from different histories in Eastern and Western Europe and the Americas
- recognise that the discipline has deep foundations within the many cultural traditions that use ritual, play, drama and performance for the enhancement of health
- know the key principles of influential theatre practitioners and their relevance to the therapeutic setting

Music therapists only

- be able to improvise music in a variety of styles and idioms
- be able to use musical improvisation to interact and communicate with the client
- know a broad range of musical styles and be aware of their cultural contexts
- be able to play at least one musical instrument to a high level

3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify

approaches to meet the needs of an individual, groups or communities

3a.3 understand the need to establish and maintain a safe 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 practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

Park House
184 Kennington Park Road
London SE11 4BU

tel +44 (0)20 7582 0866
fax +44 (0)20 7820 9684
www.hpc-uk.org

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Publication code: 20070509bPOLPUB (printed October 2007)

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Standards of proficiency

Clinical scientists

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A handwritten signature in black ink that reads "Anna van der Gaag". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

Anna van der Gaag
President

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As long as you make sure that 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. 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 and experience.

Meeting the standards

It is important that our registrants meet our standards and are able to practise lawfully, safely and effectively. However, we don't 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. 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 and others to ensure that the wellbeing of service users is safeguarded at all times.

In particular, we recognise the valuable role played by professional bodies in representing and promoting the interests of their members. This often includes guidance and advice about good practice which can help you meet the standards laid out in this document.

Service users

We recognise that our registrants work in a range of different settings, which include clinical practice, education, research and roles in industry. We recognise that different professions sometimes use different terms to refer to those who use or who are affected by their practice and that the use of terminology can be an emotive issue.

We have tried to use a term in the generic standards which is as inclusive as possible. Throughout the generic standards we have used the term ‘service users’ to refer to anyone who uses or is affected by the services of registrants. Who your service users are will depend on how and where you work. For example, if you work in clinical practice, your service users might be your patients or your staff if you manage a team. The term also includes other people who might be affected by your practice, such as carers and relatives. In the profession-specific standards, we have retained the terminology which is relevant to each individual profession.

These standards may change in the future

We have produced this new version of our standards after speaking to our stakeholders about how the standards were working and how relevant they were to registrants’ practice.

We will continue to listen to our stakeholders and will keep our standards under continual review. So we may make further changes in the future to take into account changes in practice.

We will always publicise any changes to the standards that we make by, for instance, publishing notices on our website and informing professional bodies.

Expectations of a health professional

1a Professional autonomy and accountability

Registrant clinical scientists must:

1a.1 be able to practise within the legal and ethical boundaries of their profession

- understand the need to act in the best interests of service users at all times
- understand what is required of them by the Health Professions Council
- understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
- be aware of current UK legislation applicable to the work of their profession

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

1a.3 understand the importance of and be able to maintain confidentiality

1a.4 understand the importance of and be able to obtain informed consent

1a.5 be able to exercise a professional duty of care

1a.6 be able to practise as an autonomous professional, exercising their own professional judgement

- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
- be able to initiate resolution of problems and be able to exercise personal initiative
- know the limits of their practice and when to seek advice or refer to another professional
- recognise that they are personally responsible for and must be able to justify their decisions

1a.7 recognise the need for effective self-management of workload and resources and be able to practise accordingly

1a.8 understand the obligation to maintain fitness to practise

- understand the need to practise safely and effectively within their scope of practice
- understand the need to maintain high standards of personal conduct
- understand the importance of maintaining their own health
- understand both the need to keep skills and knowledge up to date and the importance of career-long learning

1b Professional relationships

Registrant clinical scientists must:

1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers

- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
- be able to make appropriate referrals

1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers

- be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5¹

- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible
- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

1b.4 understand the need for effective communication throughout the care of the service user

- recognise the need to use interpersonal skills to encourage the active participation of service users
- be able to communicate the outcome of problem solving and research and development activities
- be able to summarise and present complex scientific ideas in an appropriate form

¹ The International English Language Testing System (IELTS) tests competence in spoken and written English. 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), have to provide evidence that they have reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.

The skills required for the application of practice

2a Identification and assessment of health and social care needs

Registrant clinical scientists must:

2a.1 be able to gather appropriate information

- be able to identify the clinical decision which the test or intervention will inform

2a.2 be able to select and use appropriate assessment techniques

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

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

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

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

Registrant clinical scientists must:

2b.1 be able to use research, reasoning and problem-solving skills to determine appropriate actions

- recognise the value of research to the critical evaluation of practice
- be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures
- be aware of a range of research methodologies
- be able to demonstrate a logical and systematic approach to problem solving
- be able to evaluate research and other evidence to inform their own practice
- be able to conduct fundamental research

- be able to interpret data and provide diagnostic and therapeutic opinions, including any further action which the individual directly responsible for the care of the patient or service user should take
- be able to search and to appraise scientific literature and other sources of information critically
- be able to develop the aims and objectives associated with a project
- be able to develop an experimental protocol to meet these aims and objectives in a way that provides objective and reliable data (free from bias)
- be able to perform the required experimental work and be able to produce and present the results (including statistical analysis)
- be able to interpret results in the light of existing knowledge and the hypothesis developed, and be able to formulate further research questions
- be able to present data and a critical appraisal of it to peers in an appropriate form

2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements

- be able to change their practice as needed to take account of new developments
- be able to demonstrate a level of skill in the use of information technology appropriate to their practice

2b.3 be able to formulate specific and appropriate management plans including the setting of timescales

- understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
- be able to develop an investigation strategy which takes account of all the relevant clinical and other information available

2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully

- understand the need to maintain the safety of both service users and those involved in their care
- ensure service users are positioned (and if necessary immobilised) for safe and effective interventions
- be able to perform a range of techniques employed in the modality
- understand the need to conform to standard operating procedures and conditions
- understand the need to work with accuracy and precision
- be able to solve problems that may arise during the routine application of techniques (troubleshooting)

2b.5 be able to maintain records appropriately

- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines
- understand the need to use only accepted terminology in making records

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

Registrant clinical scientists 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 service users to their care
- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user

- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
- be able to make judgements on the effectiveness of procedures
- be able to use quality control and quality assurance techniques, including restorative action

2c.2 be able to audit, reflect on and review practice

- understand the principles of quality control and quality assurance
- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
- be able to maintain an effective audit trail and work towards continual improvement
- participate in quality assurance programmes, where appropriate
- understand the value of reflection on practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review
- understand the importance of participating in accreditation systems related to the modality
- recognise the need to be aware of emerging technologies and new developments

Knowledge, understanding and skills

3a Knowledge, understanding and skills

Registrant clinical scientists must:

3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice

- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- recognise the role of other professions in health and social care
- understand the theoretical basis of, and the variety of approaches to, assessment and intervention
- know the basic science underpinning the modality in which the registrant practises, understand relevant basic clinical medicine and be aware of the fundamental principles of clinical practice
- understand the wider clinical situation relevant to the service users presenting to the speciality

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

- understand the clinical applications of the speciality and the consequences of decisions made upon actions and advice
- understand the evidence base that underpins the use of the procedures employed by the service
- understand the principles associated with a range of techniques employed in the modality
- know the standards of practice expected from techniques

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 practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control
- understand sources of hazard in the workplace, including specimens, raw materials, clinical and special waste and equipment
- 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 for dealing with waste and spillages correctly

Park House
184 Kennington Park Road
London SE11 4BU

tel +44 (0)20 7582 0866
fax +44 (0)20 7820 9684
www.hpc-uk.org

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Publication code: 20070509ePOLPUB (printed October 2007)

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