

Generic standards

This document is the second draft of the generic standards of proficiency following the PLG's meeting on 25th April 2006.

Key:

Additional standards or wording is shown in bold type.

Deleted standards or wording is shown in normal type, struck-through.

Where the PLG is required to make decision this is shown in the grey shaded areas.

Expectations of a health professional

Discussion:

At the previous meeting, the PLG discussed the use of the term 'patient, client and user' in the standards and agreed that we would reduce the term to 'patient' but add an opening section explaining our use of terminology.

However, it appears that further discussion may be necessary regarding this. In the existing generic standards we use 'patient, client and user' and then patient or client or user in the profession-specific standards, depending on the profession. This therefore ensures some consistency of terminology in the standards.

One option would be to change any reference to patient, or client or user to patient, including the profession-specific standards. However, this may well not be well received given differences in terminology between professions.

Further, some professions have started to move away from the terminology used. For example, in occupational therapy there is a move away from client toward person/individual.

We received no comments on this area in the feedback collected during the review.

The PLG is invited to discuss the above issues and to decide on an appropriate solution. The options are:

- (i) No change
- (ii) All references to patients, clients, users or patient or client or user changed to "patient".
- (iii) Changes made to terminology in profession-specific standards, as appropriate to the profession.

1a: Professional autonomy and accountability

Registrants 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 patients, clients and 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 patient, client and user including their role in the diagnostic and therapeutic process and **in maintaining health**
 - **be aware of current education, social and health legislation and guidelines in the UK applicable to their profession**

Discussion:

There was discussion at the last meeting about making the following standard included in the speech and language therapists a generic standard:

be aware of current education and health legislation in the UK applicable to the work of speech and language therapists (1a.1)

The above standard is suggested in line with the comments made at the meeting regarding guidelines and the inclusion of social care.

The PLG is invited to consider the above suggestion.

- 1a.2 be able to practise in a non-discriminatory **and non-oppressive** manner
- 1a.3 ~~be able to maintain confidentiality and obtain informed consent~~
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 importance of maintaining ~~health and care for themselves~~ **their own health**
 - **understand the need to keep skills and knowledge up to date and the importance of career-long learning**
- ~~1a.8 understand the need for career-long self-directed learning~~

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1b: Professional relationships

Registrants must:

- 1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, patients, clients and users, and their relatives and carers
- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
 - understand the need to engage patients, clients, users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
 - **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, patients, clients, users, their relatives and carers
- be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5¹
 - understand how communication skills affect the assessment of patients, clients and users, and how the means of communication should be modified to address and take account of factors such as age, physical and learning disability
 - be able to select, move between and use appropriate forms of verbal and non-verbal communication with patients, clients, users and others
 - be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
 - understand the need to provide patients, clients and users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
 - understand the need to use an appropriate interpreter to assist patients whose first language is not English, wherever possible
 - recognise that relationships with patients, clients and users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
- 1b.4 understand the need for effective communication throughout the care of the patient, client or user
- recognise the need to use interpersonal skills to encourage the active participation of patients, clients and users

¹ This standard applies only to those applicants whose first language is not English and who are not nationals of a EEA member country and who do not hold a right to practice in an EEA state

The skills required for the application of practice

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

Registrants must:

- 2a.1 be able to gather appropriate information
- 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 ~~clinical or scientific~~ investigations as appropriate

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

Discussion:

At the last meeting the PLG discussed adding 'interpret' to the above standard.

Suggestion:

Definitions:

Analyse: **1** examine in detail the elements or structure of. **2** psychoanalyse.

Evaluate: **1** form an idea of the amount or value of; assess. **2** Mathematics find a numerical expression or equivalent for (a formula, function, etc.).

Interpret: **1** explain the meaning of. **2** translate orally the words of a person speaking a different language. **3** understand as having a particular meaning or significance. **4** perform (a creative work) in a way that conveys one's understanding of the creator's ideas.

The discussion at the last meeting concerned whether it was appropriate to add "interpret" if interpretation was not always required every time information was gathered.

If we consider the standards to be threshold standards for entry to the register then by adding 'interpret' we would only be signalling that we feel that it is a necessary threshold ability for someone to be able to interpret information, not that that should happen in every situation.

To draw on another example in the standards, we say registrants should be able to obtain informed consent. That may well not be possible in some circumstances (e.g an emergency). However, we would still want someone at the point of entry to the register to have the ability to obtain informed consent.

The PLG is therefore invited to consider whether addition of 'interpret' is necessary and, if so decided, approve the addition to the standards.

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

Registrants must:

- 2b.1 be able to use research, reasoning and problem solving skills (~~and, in the case of clinical scientists, conduct fundamental research~~)
- recognise the value of research to the systematic evaluation of practice
 - be able to ~~conduct~~ **engage in** evidence-based practice, evaluate practice systematically, and participate in audit procedures
 - be aware of ~~methods commonly used in health and social care research~~ 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 ~~profession~~ **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 client groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
- 2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully
- understand the need to maintain the safety of both patients, clients and users, and those involved in their care
- 2b.5 be able to maintain records appropriately
- be able to keep accurate, legible records and recognise the need to handle these records and all other [] information in accordance with applicable legislation, protocols and guidelines
 - understand the need to use only accepted terminology (which includes abbreviations) in making [] records

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

Registrants must:

2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly

- be able to gather information, including qualitative and quantitative data that helps to evaluate the responses of patients, clients and users to their care
- be able to evaluate ~~management~~ **intervention** plans ~~against treatment milestones~~ using recognised ~~health~~ outcome measures and revise the plans as necessary in conjunction with the patient, client or user
- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
- understand that outcomes may not always conform to expectations but may still meet the needs of patients, clients or users

Discussion:

At the last meeting, the PLG discussed removing the above standard. There was some discussion as to whether the expectations referred to were those of the practitioner or patient and whether this added anything substantially further to the standards.

Suggestion:

The PLG is invited to discuss whether the above standard is necessary,

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

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

Knowledge, understanding and skills

3a:

Registrants must:

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

Discussion:

At the last meeting, there was discussion regarding the above standard. In particular, this focused around whether the standard was inclusive enough of the scientific basis of each profession. There were suggestions for additional sciences or reference to arts to be added.

Suggestions:

- (i) know the key concepts of the **sciences** which are relevant to their profession-specific practice
- (ii) know the key concepts of the biological, physical, social and psychological sciences which are relevant to their profession-specific practice [clinical sciences removed]
- (iii) know the key concepts of the **sciences and arts** which are relevant to their profession -specific practice
- (iv) know the key concepts of **the bodies of knowledge** which are relevant to their profession-specific practice
- (v) To keep the standard the same (and in this regard it should be noted that no suggestions for changes or criticisms were made of this standard in the evidence considered)

One way in which the standard can be read is that it requires registrants to know the key concepts of the sciences which are relevant to their profession. In some professions, the body of knowledge may be more arts than “science” based.

However, this does not preclude the standard applying to a registrant of every profession. The profession-specific standards then provide further detail specific to each individual professional.

- understand the structure and function of the human body, relevant to their practice, together with a knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- recognise the role of other professions in health and social care

- understand the theoretical basis of, and the variety of approaches to, assessment and intervention
- 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 ~~clinical~~ practice, which minimise risks to patients, clients and users, those treating them, and others, including the use of hazard control and particularly infection control

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