

Standards of proficiency

Comparison table: Arts therapists

This table compares the standards of proficiency that came into effect on 1 September 2023 (left) and the standards that were in place before that date (right).

| | <u>Current standards (2023)</u> | <u>Previous standards (pre-2023)</u> |
|------------|--|--|
| | At the point of registration, arts therapists must be able to: | Registrant arts therapists must: |
| 1 | practise safely and effectively within their scope of practice | be able to practise safely and effectively within their scope of practice |
| 1.1 | identify the limits of their practice and when to seek advice or refer to another professional or service | know the limits of their practice and when to seek advice or refer to another professional |
| 1.2 | recognise the need to manage their own workload and resources safely and effectively, including managing the emotional burden that comes with working in a pressured environment | recognise the need to manage their own workload and resources |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career | understand the value of therapy in developing insight and self-awareness through their own personal experience |
| 1.4 | understand the value of therapy in developing insight and self-awareness through their own personal experience | |
| | | |
| 2 | practise within the legal and ethical boundaries of their profession | be able to practise within the legal and ethical boundaries of their profession |

| | | |
|------------|--|---|
| 2.1 | maintain high standards of personal and professional conduct | understand the need to act in the best interests of service users at all times |
| 2.2 | promote and protect the service user's interests at all times | understand what is required of them by the Health and Care Professions Council |
| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes, and engaging in these processes where necessary | understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics | recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility |
| 2.5 | respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and / or therapeutic process | know about current legislation applicable to the work of their profession |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances | understand the importance of and be able to obtain informed consent |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented | be able to exercise a professional duty of care |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment | understand the role of the art, music or dramatherapist in different settings |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty | |

| | | |
|-------------|---|---|
| 2.10 | understand and apply legislation, policies and guidance relevant to their profession and scope of practice | |
| 2.11 | recognise the power imbalance which comes with being a health care professional, and ensure they do not abuse this for personal gain | |
| 2.12 | understand the role of the art, music or dramatherapist in different settings | |
| 2.13 | recognise that the obligation to maintain fitness to practise includes engagement in their own arts-based process | |
| | | |
| 3 | look after their health and wellbeing, seeking appropriate support where necessary | be able to maintain fitness to practise |
| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice | understand the need to maintain high standards of personal and professional conduct |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise | understand the importance of maintaining their own health |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary | understand both the need to keep skills and knowledge up to date and the importance of career-long learning |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment | recognise that the obligation to maintain fitness to practise includes engagement in their own arts-based process |
| | | |

| | | |
|------------|---|---|
| 4 | practise as an autonomous professional, exercising their own professional judgement | be able to practise as an autonomous professional, exercising their own professional judgement |
| 4.1 | recognise that they are personally responsible for and must be able to justify their decisions and actions | be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem |
| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and / or take action where necessary | be able to make reasoned decisions to initiate, continue, modify, or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately |
| 4.3 | 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 initiate resolution of problems and be able to exercise personal initiative |
| 4.4 | make and receive appropriate referrals, where necessary | recognise that they are personally responsible for and must be able to justify their decisions |
| 4.5 | exercise personal initiative | be able to make and receive appropriate referrals |
| 4.6 | demonstrate a logical and systematic approach to problem solving | |
| 4.7 | use research, reasoning and problem solving skills when determining appropriate actions | |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice | |

| | | |
|------------|--|---|
| 5 | recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner | be aware of the impact of culture, equality and diversity on practice |
| 5.1 | respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences | understand the requirement to adapt practice to meet the needs of different groups and individuals |
| 5.2 | understand equality legislation and apply it to their practice | understand the need to take account of psychological, social, cultural, economic and other factors when collecting case histories and other appropriate information |
| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity | |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice | |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups | |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible | |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice | |

| | | |
|------------|--|--|
| 5.8 | recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner | |
| | | |
| 6 | understand the importance of and maintain confidentiality | be able to practise in a non-discriminatory manner |
| 6.1 | adhere to the professional duty of confidentiality and understand when disclosure may be required | |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information | |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and / or the wider public | |
| 6.4 | understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) | |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms | |
| 6.6 | recognise that the concepts of confidentiality and informed consent extend to illustrative records such as paintings, digital images and other creative practice | |
| | | |

| | | |
|------------|--|--|
| 7 | communicate effectively | understand the importance of and be able to maintain confidentiality |
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others | 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 |
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5) | be aware of the limits of the concept of confidentiality |
| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public |
| 7.4 | work with service users and / or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate | understand the principles of information governance and be aware of the safe and effective use of health and social care information |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible | |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter | |
| 7.7 | use information, communication and digital technologies appropriate to their practice | |

| | | |
|------------|--|---|
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions | |
| 7.9 | explain the nature, purpose and techniques of therapy to service users and carers and proceed within an ethos of co-designing the therapeutic alliance | |
| | | |
| 8 | work appropriately with others | be able to communicate effectively |
| 8.1 | work in partnership with service users, carers, colleagues and others | be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession | 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 |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team | understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability |
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team | be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others |
| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate | be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs |

| | | |
|-------------|---|--|
| 8.6 | understand the qualities, behaviours and benefits of leadership | understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate | understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion | recognise the need to use interpersonal skills to encourage the active participation of service users |
| 8.9 | demonstrate leadership behaviours appropriate to their practice | be able to explain the nature, purpose and techniques of therapy to service users and carers |
| 8.10 | act as a role model for others | |
| 8.11 | promote and engage in the learning of others | |
| 8.12 | understand the need to engage service users and carers as equal partners in planning, co-design and evaluating diagnostics and assessment outcomes, to meet their needs and goals | |
| 8.13 | recognise the role of arts therapists as an integral part of health and social care provision for service users and their integration with health and social care | |
| 8.14 | understand the need to establish and sustain a therapeutic relationship within a creative and containing environment | |
| | | |
| 9 | maintain records appropriately | be able to work appropriately with others |

| | | |
|-------------|---|---|
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines | be able to work, where appropriate, in partnership with service users, other professionals, support staff and others |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines | understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team |
| 9.3 | use digital record keeping tools, where required | understand the need to engage service users and carers in planning and evaluating diagnostics and assessment outcomes to meet their needs and goals |
| | | 9.4 be able to contribute effectively to work undertaken as part of a multi-disciplinary team |
| | | 9.5 recognise the role of arts therapists and the contribution they can make to health and social care |
| | | 9.6 understand the need to establish and sustain a therapeutic relationship within a creative and containing environment |
| | | |
| 10 | reflect on and review practice | be able to maintain records appropriately |
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines |
| 10.3 | understand the role and value of ongoing clinical supervision in an arts therapy context | |
| | | |

| | | |
|-------------|---|--|
| 11 | assure the quality of their practice | be able to reflect on and review practice |
| 11.1 | engage in evidence-based practice | understand the value of reflection on practice and the need to record the outcome of such reflection |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care | understand the value of case conferences and other methods of review |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement | understand the role and value of ongoing clinical supervision in an arts therapy context |
| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures | |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures and, in conjunction with the service user where possible, revise the plans as necessary | |
| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes | |
| | | |
| 12 | understand and apply the key concepts of the knowledge base relevant to their profession | be able to assure the quality of their practice |

| | | |
|-------------|--|---|
| 12.1 | appreciate, and be actively informed by, lived experiences of wellness and illness as well as the effects of social disablement and exclusion, and consider this alongside diagnostic knowledge relevant to their profession | be able to engage in evidence-based practice, evaluate practice and participate in audit procedures |
| 12.2 | demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process | be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care |
| 12.3 | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of arts therapists within the integrated teams that serve communities | be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures |
| 12.4 | understand the structure and function of health and social care systems and services in the UK | be able to maintain an effective audit trail and work towards continual improvement |
| 12.5 | recognise the importance of working in partnership with service users when carrying out research | be aware of, and be able to participate in, quality assurance programmes, where appropriate |
| 12.6 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention | be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user |
| 12.7 | understand the psychological and cultural background to health, and be aware of influences on the service user–therapist relationship | 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 |
| 12.8 | understand the core processes in therapeutic practice that are best suited to service users’ needs and be able to engage these to achieve productive outcomes | |

| | | |
|--------------|---|--|
| 12.9 | understand the therapeutic relationship, including its limitations | |
| 12.10 | employ a coherent approach to the therapeutic process | |
| 12.11 | understand how and why different approaches to the use of the arts in arts therapy and in other settings varies according to context and purpose | |
| 12.12 | know about theories of group work and the management of group process | |
| 12.13 | know about theories relevant to work with an individual | |
| 12.14 | <p>know about:</p> <ul style="list-style-type: none"> - human development; - psychology; - human communication and language development; - the continuum of mental health, psychiatric assessment and treatment and self-help and social resources; - disability/impairment and ways in which people experience themselves as having been disabled; - impairments of social functioning - the principal psychotherapeutic interventions and their theoretical bases; and - the nature and application of other relevant interventions | |

| | | |
|-----------------------------|---|--|
| 12.15 | recognise different methods of understanding the experience of service users, including diagnosis (specifically mental health and learning disability) and be able to critique these systems of knowledge from differed socio-cultural perspectives | |
| Arts therapists only | | |
| 12.16 | understand that while art therapy has a number of frames of reference, they must adopt a coherent approach to their therapy, including the relationship between theory, research and practice and the relevant aspects of connected disciplines | |
| 12.17 | know the practice and process of visual art-making | |
| 12.18 | understand the role of the physical setting and the art-making process in the physical and psychological containment of emotions | |
| 12.19 | understand the role and function of the art object within the relationship between service user and art therapist | |
| 12.20 | understand the role and use of visual symbols in art that communicate conscious and unconscious processes | |
| 12.21 | understand the influence of socio-cultural context on the making and viewing of art in art therapy | |
| 12.22 | 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 | | |
|------------------------------|---|--|
| 12.23 | understand core processes and forms of creativity, movement, play and dramatic representation pertinent to practice with a range of service user groups | |
| 12.24 | understand both the symbolic value and intent inherent in drama as an art form, and with more explicit forms of enactment and re-enactment of imagined or lived experience | |
| 12.25 | know a range of theatrical representation techniques and be able to engage service users in a variety of performance-derived roles | |
| 12.26 | recognise that dramatherapy is a unique form of psychotherapy in which creativity, play, movement, voice, storytelling, dramatisation, improvisation and the performance arts have a central position within the therapeutic relationship | |
| 12.27 | recognise that different approaches to the discipline have developed from many different cultures and traditions | |
| 12.28 | recognise that the discipline has deep foundations within the many cultural traditions that use ritual, play, drama and performance for the enhancement of health | |
| 12.29 | know the key principles of influential theatre practitioners and their relevance to the therapeutic setting | |
| Music therapists only | | |
| 12.30 | apply a coherent approach to their work, appropriate to each setting in which they practise | |

| | | |
|--------------|---|--|
| 12.31 | understand the practice and principles of musical improvisation as an interactive, communicative and relational process, including the psychological and psychosocial significance and effect of shared music-making | |
| 12.32 | make culturally-informed use of a broad range of musical styles and genres within their music therapy practice and continue to develop this through engagement in their own arts-based process | |
| 12.33 | apply a high degree of musicianship, including the ability to play at least one musical instrument to a high level, and to use their singing voice, a harmonic instrument and digital technology to a competent level | |
| | | |
| 13 | draw on appropriate knowledge and skills to inform practice | understand the key concepts of the knowledge base relevant to their profession |
| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts | understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession |
| 13.2 | gather appropriate information | be aware of the principles and applications of research enquiry, including the evaluation of treatment efficacy and the research process |
| 13.3 | analyse and critically evaluate the information collected | understand the concept of leadership and its application to practice |
| 13.4 | select and use appropriate assessment techniques and equipment | recognise the importance of working in partnership with service users when carrying out research |
| 13.5 | undertake and record a thorough, sensitive and detailed assessment | recognise the role of other professions in health and social care |

| | | |
|-----------------------------|---|---|
| 13.6 | undertake or arrange investigations as appropriate | understand the structure and function of health and social care services in the UK |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
| 13.8 | recognise a range of research methodologies relevant to their role | understand the psychological and cultural background to health, and be aware of influences on the service user – therapist relationship |
| 13.9 | recognise the value of research to the critical evaluation of practice | understand the core processes in therapeutic practice that are best suited to service users' needs and be able to engage these to achieve productive outcomes |
| 13.10 | critically evaluate research and other evidence to inform their own practice | understand the therapeutic relationship, including its limitations |
| 13.11 | engage service users in research as appropriate | be able to employ a coherent approach to the therapeutic process |
| 13.12 | work with service users both to define a clear timeframe for the length of therapy, to review this with them, and to evaluate the therapy's strengths, benefits and limitations | understand how and why different approaches to the use of the arts in arts therapy and in other settings varies according to context and purpose |
| 13.13 | formulate specific and appropriate management plans | know about theories of group work and the management of group process |
| 13.14 | observe and record service users' responses and assess the implication for diagnosis and intervention | know about theories relevant to work with an individual |
| | | |
| Arts therapists only | | know about: |

| | | |
|------------------------------|---|---|
| 13.15 | use a range of arts and art-making materials and techniques competently and be able to support a service user to work with these | <ul style="list-style-type: none"> - human development - normal and abnormal psychology - normal and abnormal human communication and language development - mental illness, psychiatric assessment and treatment - congenital and acquired disability - disorders of social functioning - the principal psychotherapeutic interventions and their theoretical bases - the nature and application of other relevant interventions |
| Dramatherapists only | | recognise methods of distinguishing between health and sickness, including diagnosis, specifically mental health disorders and learning disabilities and be able to critique these systems of knowledge from different socio-cultural perspectives |
| 13.16 | use a range of dramatic concepts, techniques and procedures, including games, activities, styles and structures, and to improvise drama spontaneously with service users in a variety of styles and idioms | |
| Music therapists only | | Art therapists only |
| 13.17 | Use a range of music and music-making techniques competently, including improvisation, structured musical activities, listening approaches and creation, and composition of material and music technology where appropriate, and be able to support a service user to work with these | understand that while art therapy has a number of frames of reference, they must adopt a coherent approach to their therapy, including the relationship between theory, research and practice and the relevant aspects of connected disciplines including visual arts, aesthetics, anthropology, psychology, psychiatry, sociology, psychotherapy and medicine |
| | | 13.18 know the practice and process of visual art-making |
| | | 13.19 understand the role of the physical setting and the art-making process in the physical and psychological containment of emotions |
| | | 13.20 understand the role and function of the art object within the relationship between service user and art therapist |

| | | |
|--|--|--|
| | | 13.21 understand the role and use of visual symbols in art that communicate conscious and unconscious processes |
| | | 13.22 understand the influence of socio-cultural context on the making and viewing of art in art therapy |
| | | 13.23 recognise that different approaches to the use of visual arts practice in therapeutic work have developed in different sociocultural and political contexts around the world |
| | | Dramatherapists only |
| | | 13.24 understand core processes and forms of creativity, movement, play and dramatic representation pertinent to practice with a range of service user groups |
| | | 13.25 understand both the symbolic value and intent inherent in drama as an art form, and with more explicit forms of enactment and re-enactment of imagined or lived experience |
| | | 13.26 know a range of theatrical representation techniques and be able to engage service users in a variety of performance-derived roles |
| | | 13.27 recognise that dramatherapy is a unique form of psychotherapy in which creativity, play, movement, voice, storytelling, dramatisation, improvisation and the performance arts have a central position within the therapeutic relationship |
| | | 13.28 recognise that different approaches to the discipline have developed from different histories in Eastern and Western Europe and the Americas |

| | | |
|-------------|---|--|
| | | 13.29 recognise that the discipline has deep foundations within the many cultural traditions that use ritual, play, drama and performance for the enhancement of health |
| | | 13.30 know the key principles of influential theatre practitioners and their relevance to the therapeutic setting |
| | | Music therapists only |
| | | 13.31 recognise that different approaches to music therapy have developed in different cultures and settings, and be able to apply a coherent approach to their work appropriate to each setting in which they practise |
| | | 13.32 understand the practice and principles of musical improvisation as an interactive, communicative and relational process, including the psychological significance and effect of shared music making |
| | | 13.33 know a broad range of musical styles and genres and be aware of their cultural contexts |
| | | 13.34 be able to play at least one musical instrument to a high level, and to use their singing voice and a keyboard / harmonic instrument to a competent level |
| | | |
| 14 | establish and maintain a safe practice environment | be able to draw on appropriate knowledge and skills to inform practice |
| 14.1 | understand the need to maintain the safety of themselves and others, including service users, carers and colleagues | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively |
| 14.2 | demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies | be able to work with service users both to define a clear end for the therapy, and to evaluate the therapy's strengths, benefits and limitations |

| | | |
|-------------|--|---|
| 14.3 | work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques, in a safe manner and in accordance with health and safety legislation | be able to formulate specific and appropriate management plans including the setting of timescales |
| 14.4 | select appropriate personal protective equipment and use it correctly | be able to change their practice as needed to take account of new developments or changing contexts |
| 14.5 | establish safe environments for practice, which appropriately manages risk | be able to gather appropriate information |
| | | 14.6 be able to select and use appropriate assessment techniques |
| | | 14.7 be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and resources |
| | | 14.8 be able to undertake or arrange investigations as appropriate |
| | | 14.9 be able to observe and record service users' responses and assess the implication for diagnosis and intervention |
| | | 14.10 be able to undertake or arrange investigations, for example setting up an assessment period in order to ascertain the appropriateness of an intervention |
| | | 14.11 be able to analyse and critically evaluate the information collected |
| | | 14.12 be able to demonstrate a logical and systematic approach to problem solving |
| | | 14.13 be able to use research, reasoning and problem solving skills to determine appropriate actions |
| | | 14.14 recognise the value of research to the critical evaluation of practice |

| | | |
|-------------|---|---|
| | | 14.15 be aware of a range of research methodologies and their respective limitations in evaluating -psychotherapeutic interventions and treatments |
| | | 14.16 be able to evaluate research and other evidence to inform their own practice |
| | | 14.17 be able to use information and communication technologies appropriate to their practice |
| | | Art therapists only |
| | | 14.18 be able to use a range of art and art-making materials and techniques competently and be able to help a service user to work with these |
| | | Dramatherapists only |
| | | 14.19 be able to use a range of dramatic concepts, techniques and procedures including games, activities, styles and structures and to improvise drama spontaneously with service users in a variety of styles and idioms |
| | | Music therapists only |
| | | 14.20 be able to use a range of music and music-making techniques competently including improvisation, structured musical activities, listening approaches and creation and composition of material and music technology where appropriate and be able to help a service user to work with these |
| | | |
| 15 | promote health and prevent ill health | understand the need to establish and maintain a safe practice environment |
| 15.1 | understand the role of their profession in health promotion, health education and preventing ill health | understand the need to maintain the safety of both service users and those involved in their care |

| | | |
|-------------|--|--|
| 15.2 | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and wellbeing | be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these |
| 15.3 | empower and enable individuals (including service users and colleagues) to play a part in managing their own health | be able to work safely, including being able to select appropriate hazard control and risk management, in a safe manner and in accordance with health and safety legislation |
| 15.4 | engage in occupational health, including being aware of immunisation requirements | be able to select appropriate personal protective equipment and use it correctly |
| | | 15.5 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 |