

Health Professions Council
Council meeting, 31st May 2007

Standards of proficiency: consultation responses and revised standards

Executive Summary and Recommendations

Introduction

The Council consulted between 20 October 2006 and 16 February 2007 on revised standards of proficiency for the first 12 professions regulated. The responses to the consultation have now been analysed and the standards updated.

The following are appended:

Appendix 1: Consultation responses document

Appendix 2: Revised introduction to the standards

Appendices 3 to 14: Revised standards for 12 professions

It is proposed that the new standards should become effective from 1st November 2007 (this will allow sufficient time for publication and for stakeholders to be informed about the changes). The standards will be publicised by:

- A letter to all registrants
- A mail out of the new standards to professional bodies and any other relevant stakeholders
- A press release and news item on the HPC website
- Articles in the HPC newsletter

The standards will undergo extensive proofing prior to publication.

Decision

The Council is invited to:

- approve the text of the consultation responses document for publication on the HPC website;
- approve the text of the revised introduction and revised standards for publication;
- agree that the generic standards should apply to the standards of operating department practitioners (once revised) and any subsequent profession which is regulated; and
- agree that the revised standards should be effective from 1st November 2007

Background information

A meeting is planned in June 2007 to review the profession-specific standards of proficiency for operating department practitioners.

Resource implications

- Type-setting and publication of new standards (if appropriate) online and in hard-copy.
- Organising mail outs

Financial implications

- Type-setting and publication of new standards
- Letter to registrants
- Mail out to professional bodies

These financial implications are accounted for in the 2007/2008 budget.

Background papers

None

Appendices

Appendix 1: Consultation responses

Appendix 2: Introduction

Appendix 3: Art therapists

Appendix 4: Biomedical scientists

Appendix 5: Chiropodists and Podiatrists

Appendix 6: Clinical scientists

Appendix 7: Dietitians

Appendix 8: Occupational therapists

Appendix 9: Orthoptists

Appendix 10: Paramedics

Appendix 11: Physiotherapists

Appendix 12: Prosthetists and Orthotists

Appendix 13: Radiographers

Appendix 14: Speech and language therapists

Date of paper

21st May 2007

Standards of proficiency consultation – 20 October 2006 to 16 February 2007

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Introduction

We consulted on new standards of proficiency for the first twelve professions we regulated from 2 October 2006 to 16 February 2007.

We sent a copy of the consultation document to over 300 organisations on our consultation list. This list includes employers, professional bodies, and education providers. The consultation document was also available to download from our website and we sent out copies of the document on request.

The draft standards were put together by a Professional Liaison Group (PLG) who met five times from October 2005 to look at how the existing standards were working and whether they continued to reflect current practice as experienced by registrants, employers, educators and others. During the course of the review we considered a variety of different pieces of evidence, including information from professional bodies.

In this document we firstly consider the comments we received which related more directly to the consultation document, including the introduction, terminology and function of the standards. We then consider the comments made in relation to the generic standards and then the comments made in relation to each individual profession's standards.

After each section we explain the decisions we have taken following your feedback.

We would like to thank all those who took the time to respond to the consultation.

You can download a copy of the consultation document from our website: www.hpc-uk.org/aboutus/consultation. We will also publish on our website a document which shows how the standards have changed.

The standards

Article 5(2)(a) of the Health Professions Order 2001 ("the order") says that we must:

"...establish the standards of proficiency **necessary** to be admitted to the different parts of the Register being the standards it considers **necessary** for **safe and effective practice** under that part of the Register" (emphasis added).

This means that we must publish standards for each of the professions that we regulate which are the 'threshold' or 'minimum' that we consider to be essential for safe and effective practice.

The standards play a central role in how someone becomes and remains registered with us.

We approve education programmes to make sure that they allow students to meet these standards when they graduate. We also assess applications from applicants who have trained overseas and some applications via our grandparenting process against these standards. If an applicant meets these standards they are eligible to be registered.

If a registrant's competence is called into question we will look at these standards in deciding whether we need to take any action.

Every time a health professional registered with us renews their registration, we ask them to sign a declaration to confirm that they continue to meet the standards of proficiency which apply to them.

Analysing your responses

Now that the consultation has ended, we have analysed all the responses we received.

We considered carefully each suggestion we received, taking into account whether similar comments were made by other respondents. Our considerations were to ensure that the standards:

- were set at an appropriate level for threshold standards for safe and effective practice;
- reflect the standard content of pre-registration education and training programmes; and
- that any changes were necessary (i.e. to achieve the above, to clarify the intention of the standards, correct any mistakes or reflect changes in the use of terminology).

Standards of proficiency for operating department practitioners

Operating Department Practitioners became regulated by HPC on 18th October 2004 with a grandparenting period for two years until 17th October 2006. As the standards needed to stay the same during this period, they were not part of the review or consultation.

The profession specific standards of proficiency for Operating Department Practitioners are the subject of a separate review. Should we propose changes to these standards, we would consult publicly. The generic standards agreed in this document would also apply at this time.

Amendments to other publications

Once the text of the standards is finalised, we will make corresponding changes to any publications which quote the standards, if changed.

General comments

Overall

Most respondents were supportive of our proposed standards. One respondent said: 'Overall, the document has benefited from the changes and new statements have provided clarity to the dimensions.' The Board of Community Health Councils in Wales said: 'The Board is confident that the collective responses received from professionals affected by the proposals will ensure that all aspects will have been considered and that the safety of patients and the public will not be compromised.'

A small number of respondents raised concern about our use of terminology in the document and were worried about how this related to our ability to ensure public safety. The College of Occupational Therapists (COT) said: 'The COT is concerned that the document will be difficult to use as a standards document when the terms employed as measures are vague and difficult to evaluate.' The Chartered Society of Physiotherapy (CSP) also made this comment, expressing concern that phrasing such as 'understand the importance of' might be insufficiently robust in order to fulfil the standards' role in protecting the public.

Our comments

A small number of respondents commented on the terminology we use in the standards. In particular, the use of constructions such as 'understand' and 'be able to' were cited as an area of weakness in the standards.

Terminology was an area which we considered carefully when we reviewed the standards. However, the terminology used is to a large extent dictated by the legal function of the standards. The primary function of the standards is in determining entry to the register – they are the threshold competencies necessary for safe and effective practice. Therefore they describe the abilities ('be able to practise within the legal and ethical boundaries of their profession') and understanding ('understand the need for effective communication throughout the care of the service user') it is necessary to possess in order to become registered. We ensure that the learning outcomes of pre-registration education and training programmes meet the standards of proficiency, via our approvals process, and this is an important way in which we protect members of the public.

In terms of the ease of use of the standards, we considered this as part of the review. As part of this, we sought the input of both registration assessors (who assess international and grandparenting applications against the standards) and visitors (who visit education providers on our behalf to assess their programmes). Both groups largely reported that the standards were easy to use in their current format. The standards are also used when we consider cases of lack of competence as part of our fitness to practise process. Panels use the standards to decide whether a registrant has fallen below the

threshold standards for safe and effective practice. For example, in considering a case where lack of competence is alleged in respect of record keeping, a panel might consider whether the registrant's actions demonstrated an ability 'to keep accurate, legible records...' (standard 2b.5). As part of the review we also sought the input of the chairs of fitness to practise panels, who reported that the standards were easy to use and that they frequently referred to them in their decisions.

The introduction

The majority of comments we received about the new draft introduction were positive with most respondents saying that it was an improvement. One registrant said: 'The doc[ument] is clear and the introduction is plain and clear for anyone who will already have studied to the level to be accessing registration.' Another said that the introduction was 'clearer and more explicit', particularly in the area of scope of practice. The Society of Chiropractors and Podiatrists said: 'We feel the clarity of the introduction is excellent in that the role and purpose of the standards is made clear.' There were a small number of suggestions for amendments to the introduction:

- The British Association of Art Therapists drew our attention to the last paragraph on the first page of the introduction of the existing standards where we say, with reference to students: 'You must be confident that you will be able to meet these standards when you being to practice without supervision.' They said that this was inappropriate as clinical supervision in art therapy is considered to be an everyday part of practice. They made suggestions for rewording this section.
- NHS Lothian (Allied Health Professionals) also commented on the amended paragraph in the consultation document and said that this was either not necessary or should read: 'By obtaining your professional qualification indicates you should be able to meet the standards when you practice.'
- The Society and College of Radiographers welcomed the section on scope of practice but made a small suggestion regarding the last sentence. They suggested it might read (additional wording shown in bold type): '...this means that you need to exercise personal judgement by undertaking any necessary training and experience, **doing so under appropriate supervision.**'
- NHS Education for Scotland (Nursing Midwifery and Allied Health Professions Directorate) also commented on the section on scope of practice and said that we needed to recognise that in rural locations scope of practice may become more generalised rather than specialised. They said we needed to acknowledge 'the role expansion as well as role extension in some settings'.
- The Royal College of Speech and Language Therapists said that the introduction should 'underline that all aspects of the standards may not apply to those who have specialised and refined their scope of practice'.

- The Chartered Society of Physiotherapy said that they commended the clarity of the introduction, but added that they thought ‘it could be strengthened further by a fuller explanation of the style of the standards, key terms used within them, and how the standards are implemented’.
- Other suggestions included adding a glossary of key terms.

Our comments

- We are very grateful for all the helpful comments we received about the introduction. We will redraft the introduction in light of the comments we received.

Meeting the standards

We received a small number of comments about the applicability of the standards, the majority of which were from radiographers who were concerned about their ability to continue to meet the standards because of specialisation. One respondent said: ‘...[I] continue to believe that specialisation within the role of Radiographers may make these specific requirements difficult to achieve and to some extent irrelevant for many practising radiographers.’ Two others said that the standards failed to ‘recognise the very varied scope of practice of diagnostic radiographers’. They added that the standards were certainly those which were required of a newly qualified practitioner but that many would not apply to someone who had specialised in the areas of ultrasonography or MRI radiography. In contrast, the Society and College of Radiographers said, with reference to the introduction: ‘The section on ‘Your scope of practice’ is welcome and should help those registrants who continue to believe that all registrants must continue to meet the standards regardless of how their particular scope of practice has changed and developed during their career.’

A very small number of respondents also said that they felt that the standards were, in places, set at a level inappropriate for a new graduate or registrant working in a junior role.

Our comments

The introduction to the consultation draft of the standards says: ‘...every time you renew your registration you will be asked to sign a declaration that you continue to meet the standards of proficiency that apply to your scope of practice’ and ‘Your... 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 scope of practice and do not practise in the areas where you are not proficient to do so, this will not be a problem’. We feel that the introduction is now very clear about how the standards apply to registrants’ scope of practice and many respondents commented that our explanation was clearer and much improved.

However, in light of the comments we received, detailed here and elsewhere in relation to some of the generic and profession-specific standards, we will review this to make sure we are as clear as possible.

Service users

In the consultation document, we invited comments on whether it was appropriate to replace the wording in the existing standards, 'patients, clients and users' with 'service users'. The majority of those who responded to this question were supportive of use of the term 'service users'. Many commented that the term was more 'concise' and more 'inclusive'. One registrant said that they agreed with the term because it accommodated 'all care settings or environments where registrants may be working'. A small number of other respondents said that although their professions tended to use different terms, they nonetheless understood the reason behind the proposed change in terminology. The Institute of Chiropodists and Podiatrists concluded that whilst patient was a more preferable term 'service user is acceptable and simplifies matters'.

Two respondents expressed strong dissatisfaction with the use of the term. A dramatherapist urged us not to use the term because of its 'institutional overtones'. They also said that it precluded students in a 'student-mentor relationship' and that the term had connotations with 'drug user' which did not imply an independent, therapeutic relationship. These views were echoed by the British Association of Dramatherapists who said: 'We have been contacted by a large number of members to register objections to the proposed change...We therefore propose that the original wording is retained.'

We received two other suggestions for amendments to our use of 'service user'. Northumbria University (School of Health, Community and Education Studies) told us that they had been proactive in the integration of services users and carers into the curriculum. They reported feedback which they had received: 'Consistent feedback from service users and carers (...) indicates their strong preference for the term service user and carer which they feel recognises the needs of all concerned rather than being restricted to service users only.' In contrast, another respondent suggested that service users might denote 'anyone that practitioners may come into contact with' and therefore could become more 'all encompassing'. It was therefore suggested that we might remove use of terms such as 'carers' and 'relatives' in parts of the standards. A small number of others commented on inconsistencies between usage in the generic standards and in the profession-specific standards. The Society and College of Radiographers said that they would be happy for service user to be used throughout the profession-specific standards for radiographers.

Our comments

Having considered the balance of the comments we received, we have decided to use service users in the generic standards. This is consistent with the terminology used in our CPD standards and proposed in the forthcoming consultation on revised standards of conduct, performance and ethics.

We will also review the use of service users throughout the standards, in recognition that there are places where there is inconsistency in usage between the generic standards and profession specific standards. We will use service users in the generic standard and then the profession's preferred terminology in the profession-specific standards. The term will be held to include anyone affected by the work of registrants, including carers and relatives. We will also add to the introduction to explain our use of the term.

Links to other standards

A small number of respondents said that we needed to make the links between the standards of proficiency, our other standards, and those of other organisations, clearer. One respondent said that the introduction failed to give sufficient guidance on how the standards linked to other standards, in particular, National occupational standards produced by Skills for Health (the sector skills council for health) and the NHS Knowledge and Skills Framework (KSF). They argued: '....practitioners working in organisations where the KSF is integral to their annual review process will need to be aware [of] how these various standards interleave and connect, in order to demonstrate that they are acting in a competent and professional manner.' The General Optical Council commented on the development of competencies for allied health professions by Skills for Health and said that they were concerned about a lack of reference to and/or cross-mapping of our standards. They said: 'We believe that clarity is needed to ensure that registrants, their employers and the public are aware of the authority of statutory regulators to establish competencies or standards for safe and effective practice. We are concerned that this may be undermined if other bodies involved in setting competencies do not duly reference the role of the regulators.'

The North Thames Physiotherapists and Managers Group similarly felt that the document should explain how our standards linked in with professional standards, such as those produced by the Chartered Society of Physiotherapy. They also felt that we might add signposts at appropriate points in the standards to our other standards, such as those for CPD. The Chartered Society of Physiotherapy echoed this comment and said: '...it would seem helpful that the introduction acknowledges the range of national competence and career frameworks with which registrants are required by key health and social care employers to engage and which may well increase in significance if an employer-based approach to revalidation is pursued in the future.'

Our comments

We understand the comments from some respondents about how the standards link to other standards and frameworks. However, we believe that it is important to recognise that the standards of proficiency have a very specific regulatory function. The other standards and frameworks mentioned also have related, but very specific functions. For example, the NHS KSF is about learning and development of staff within the NHS; national occupational standards are detailed competencies or statements of good practice, written to measure performance outcomes. We also think that it is important that the standards do not lose clarity by the addition of too much information about how they relate to other standards and frameworks.

However, in order to explain better how the standards link to other frameworks, we will publish a document on our website which maps the standards of proficiency against the standards of conduct, performance and ethics. A number of comments made about the standards of proficiency touched on the difference between these two sets of standards. We will also explain how the standards relate to other frameworks. The NHS Staff Council has undertaken work to map the standards of proficiency and standards of conduct, performance and ethics against the NHS Knowledge and Skills Framework. You can find out more information by visiting www.e-ksfnw.org.

Generic Standards

In this section, we detail the comments made in relation to specific generic standards. Where a comment was made, the standard (from the consultation draft) has been reprinted.

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
- be aware of current UK legislation applicable to the work of their profession

- Allied Health Professionals at Sheffield Children's NHS Foundation Trust said that the phrase 'Understand the need to act in the best interests of service users at all times' did not allow for situations where this might not be possible, owing to financial or other constraints. They suggested that another phrase acknowledging this should be added. The Society and College of Radiographers similarly questioned whether meeting this requirement might bring a registrant into conflict with his or her employer's requirements. They contrasted acting in the best interests of a service user and the decisions of service managers in considering the interests of a larger community.
- Yorkshire and the Humber NHS suggested that the third generic sub standard should read '...values and autonomy of every service user and colleague.'
- A registrant suggested that the last part of the same standard should read: '...in maintaining health and well-being.' This suggestion was also made by the College of Occupational Therapists. NHS Education for Scotland suggested that it should read instead 'maintaining and promoting health.'
- The School of Health Professions at the University of Hertfordshire said that the last sub-standard was positive, but questioned whether 'awareness' was a strong enough term. They said that registrants should 'understand the implications of legislation on their practice and apply when appropriate.'
- The Medicines and Healthcare Products Regulatory Agency (MHRA) drew our attention to the law in the area of advertising and promotion of medicines which provides for strict limits on gifts and other inducements offered to health professionals as part of the promotion of

medicines. They said: 'It would be very helpful if you could draw health professionals' attention to the legal requirements to increase their awareness of the law and their responsibilities to maintain high standards and help ensure that they do not, inadvertently or otherwise, seek prohibited inducements.'

Our comments

The standards of proficiency are threshold standards for safe and effective practice and their primary role is via our process of approving education programmes. We need to ensure that those who pass an approved course have the abilities described in the standards. They are therefore competencies rather than a description of the tasks that registrants might undertake once registered.

Whilst we recognise the potential difficulties in handling the need to act in the best interests of service users with finite resources and the requirements of employers, it is not the role of these standards to negotiate such problems or to provide guidance. Paragraph 1 of our standards of conduct, performance and ethics (which describe our requirements of registrants' behaviour) provides more guidance about professional responsibilities toward service users.

As the standards are about how someone becomes registered, it is important that they are suitably broad. They also need to be written in a way to take account of changes in legislation which take place over time. For this reason, it is not possible to add a specific reference to medicines legislation, in the terms suggested. However, we will explore ways that we might disseminate this information via our website.

We have made the following change to this standard in light of the comments:

- The third generic sub-standard will read '...in maintaining health and wellbeing.'

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

- A small number of respondents questioned what we meant by 'non-oppressive'. The Association for Perioperative Practice sought clarification as to the meaning of the term and, in particular, its interpretation in relation to operating department practitioners. The British Dietetic Association said that they understood what was intended in the wording but felt that the phrase 'non discriminatory and non-oppressive' was 'subjective and open to interpretation.' Another respondent made similar comments and said: 'An individual registrant may not realise that their manner could be considered oppressive.'
- NHS Education for Scotland suggested an additional standard 1a.9 around non-discrimination which would read: 'understand their

responsibilities under equality legislation in areas such as ethnicity, age, sexual orientation, disability and faith/belief’.

Our comments

A number of you questioned what we meant by ‘non oppressive’ in this standard. Having considered your comments, we have decided that the wording in the existing standards should be retained. The standard will read:

be able to practise in a non-discriminatory manner

Having considered your comments, we felt, on balance, that adding ‘non-oppressive’ to this standard did not substantially add to it. However, it is important that those coming on to the Register are able to practise in a way which avoids discrimination. We give guidance about this area in our standards of conduct, performance and ethics.

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

- Yorkshire and the Humber NHS reported that they had received comments in support of separating confidentiality and consent in the standards. Another respondent was also supportive and commented that it was ‘easier to audit and make a judgement if one standard does not apply to two separate factors like consent and confidentiality’.
- In contrast, a respondent reported that some had commented that the change was unnecessary.
- Another respondent said that we needed to provide more detail around confidentiality and record keeping (standard 2b.5) in the standards.
- The Royal College of Speech and Language Therapists suggested that 1a.4 should continue ‘or to follow the appropriate protocols if informed consent cannot be obtained directly from the service user.’

Our comments

- Having considered the comments, we decided that the standards contained sufficient detail and will remain unchanged. Our standards of conduct, performance and ethics provide guidance to existing registrants in these areas.

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

- The Society and College of Radiographers said that they were happy with the new wording of the standard, but were concerned that many inexperienced registrants might find difficulties in reconciling the need to exercise professional judgement against the requirements of employers.
- One respondent said about the word 'situation' in the first sub standard: 'In this standard, it is unclear whether "situation" refers to an incident within the clinical environment, such as aggressive behaviour, or whether it refers to the assessment of a speech and language problem. I think that both should be included, and the wording made clearer.'
- Another respondent said that they felt that the use of the word 'problem' in the first sub-standard was negative. They said instead that it was preferable to refer to the person's needs.
- There was a comment that the phrase 'personally responsible' in the last sub-standard was not accurate and should be replaced with 'individually responsible'.
- NHS Education for Scotland said: '...the ability to meet this standard within a multi professional and multi professional arena should be made more explicit.'

Our comments

- Having considered the small number of comments we received about this standard, we have decided to make no further changes.

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

- One respondent said: ‘1a.7 is not clear about resources – is this management of employer’s resources or the individual’s personal internal capacity or physical resources?’
- Yorkshire and the Humber NHS suggested that 1a.7 should read: ‘recognise the need for effective safe and efficient self-management of workload and resources...’
- Northumbria University (School of Health, Community and Education Studies) commented: ‘...in many professional settings there is a difficulty in self managing resources as so many resources are of necessity pooled and shared.’

Our comments

- Having considered the small number of comments we received to this standard, we have decided to make no further changes.

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 their own health
- understand both the need to keep skills and knowledge up to date and the importance of career-long learning

- A number of those who responded were positive about the changes we have made to this standard. The University of Hertfordshire (Department of Health and Emergency Professions) said that the wording was ‘a major improvement.’ Another respondent said that the standard was ‘much improved in terms of clarity over fitness to practise’. The Chartered Society of Physiotherapy said that they welcomed the expansion of this standard.
- We received two specific comments about the second sub-standard. One respondent suggested that it should read ‘understand the importance of maintaining their own health and good character’, or that good character should be added elsewhere. NHS Education for Scotland suggested adding to the end of this sub-standard ‘and their responsibilities should their health affect their ability to practise safely and effectively’.
- The Chartered Society of Physiotherapy suggested that we might add to the end ‘...and safety’ in recognition of the practitioner’s personal safety as opposed to that of service users.

- NHS Lothian said that the two concepts – keeping skills up to date and the importance of career long learning – should be separate statements.

Our comments

- When we say someone is fit to practise we say that they have the skills, knowledge, health and character in order to practise safely and effectively. We agree that the standard as currently written covers skills, knowledge and health but does not cover character.
- We will add an additional generic standard to cover character / high standards of personal conduct.
- Having considered the remaining comments we received, we have decided to make no further changes.

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

- NHS Education for Scotland suggested that ‘agencies’ was added to the list in the standard.
- One respondent said that the addition of the last sub-standard ‘be able to make appropriate referrals’ was welcome. The Royal College of Speech and Language Therapists suggested that the standard should read ‘be able to make appropriate and timely referrals’. Another suggested that if we included a standard about making referrals we should also include a standard about acting on referrals received.

Our comments

- Having considered the small number of comments we received to this standard, we have decided to make no further changes

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 6.5
- 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 and learning disability
- 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

- A small number of respondents were uncertain as to what we meant by level 7 of the International English Language Testing System (IELTS) and to whom this applied. The Association for Perioperative Practice (AFPP) sought clarification, they asked: ‘...who has the responsibility for such assessment and also, how the HPC will be informed of this assessment in relation to ensuring that it has been met?’
- NHS South West reported that a professional had asked: ‘How will the standard relating to level of communication in English be measured – will all practitioners undergo the English Language Testing System?’
- A small number of respondents asked that an explanatory note or glossary item was added to explain IELTS and its applicability.
- In relation to the second sub-standard, the following changes were suggested:
 - A respondent suggested that the standards should read: ‘understand how communication skills affect assessment and management of service users’.
 - NHS Education for Scotland suggested: ‘understand how communication skills affect the assessment, treatment, intervention and outcome of service users...’.
- The British Dietetic Association suggested that we should add ‘culture’ to the third sub-standard. Another suggestion was that we should refer to ‘learning ability’ rather than ‘learning disability’ in order to focus on ‘what the service user is able to do rather than not do’.

- We received a small number of comments on the 6th sub-standard: 'Understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible'. The respondents were concerned that the standard was too specific in that it appeared to neglect other patients with other difficulties who might need an interpreter (e.g. sign language). They were also concerned that any requirement for an interpreter should be seen within the context of local protocols and local resource constraints.

Our comments

The International England Language Testing System (IELTS) refers to a test which assesses skills in written and spoken English. Applicants via our international route have to demonstrate their competency in English by completing the IELTS test or a range of other equivalent tests to this standard. The only exceptions to this are applicants whose first language is English and those who are classed as nationals of a country within the European Economic Area (EEA).

- We will add a footnote to explain the reference to the IELTS examination in the standards.
- We will change the third sub standard so that it refers to '...factors such as age, physical ability and learning ability'.
- Having considered the remaining comments, we have decided to make no further changes.

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 British Dietetic Association suggested amended wording 'to strengthen the link to 1b.3': 'Understand and be able to demonstrate appropriately...'
- A small number of respondents said that they felt that standards 1b.3 and 1b.4 repeated each other.

Our comments

- We will review standards 1b3 and 1b.4 prior to publication to ensure that any possible overlap is eliminated.
- Having considered the other suggestion we received about this standard, we have decided to make no further changes.

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

- NHS Lothian suggested that we should add in 'measured' or 'specific' and add in 'using up to date techniques'.
- A respondent suggested new wording: 'be able to select and use appropriate formal and informal assessment techniques'.

Our comments

- Having considered the small number of comments we received to this standard, we have decided to make no further changes

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

- The Association for Clinical Biochemistry objected to the removal of the word clinical in this standard and elsewhere. They said this was 'inappropriate as Clinical Scientists have, as their title suggests, an active clinical role'. NHS South West reported a similar comment from a registrant biomedical scientist.
- In contrast, the University of Hertfordshire said that they supported the removal of this word.
- NHS Education for Scotland suggested: 'be able to initiate and undertake...'
- Another respondent commented: 'I was a little unclear of what the implications of this standard are. What type of investigations is this talking about?'

Our comments

It is important that the generic standards are as inclusive as possible of variations in the use of terminology in each of the professions we regulate. We removed the word 'clinical' in the generic standards because we recognised that it may not be applicable to every profession or registrant. In this particular standard, the generic standard is now inclusive of all types of investigation, clinical or non-clinical.

- 2b.1 **be able to use research, reasoning and problem solving skills to determine appropriate actions**
- recognise the value of research to the systematic 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

- NHS Lothian said regarding the second sub standard ‘...participate in audit procedures...’ Is this necessary? [The] main issue is being able to do literature searches, critique articles etc and update practice, based on these findings.’
- Canterbury Christ Church University said with reference to the use of ‘systematic’ in the first sub-standard: ‘A systematic evaluation or review requires a specific methodology and rigour that undergraduate students are not expected to achieve. Whilst ‘systematic’ encompasses a range of alternative terms, its inclusion does not sit comfortably with the undergraduate taxonomy – perhaps substitute with ‘critical.’
- Staff teaching on the MA in Art Psychotherapy at Goldsmiths, University of London said: ‘... it is our view that evidence based practice should be understood as a particular approach to research and clinical governance that is socially constructed by the particular circumstances of public sector work in Britain. At present, this item construes evidence-based practice uncritically.’
- The British Association of Counselling and Psychotherapy welcomed the changes to the standard.

Our comments

- The first sub-standard will be amended to read ‘recognise the value of the research to the critical evaluation of practice’.
- Having considered the remaining comments, we decided not to make any changes.

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

- The British Dietetic Association (BDA) said: 'To highlight the difference between registered professionals and support workers we suggest strengthening the first point to include reference to 'clinical reasoning and the making of clinical judgement'.'
- NHS Education for Scotland suggested with reference to the first sub-standard: '...as needed to take account of new developments/evidence'.
- Yorkshire and the Humber NHS said that they had received positive comments about the change in the second sub-standard from 'information technology appropriate to their profession' to 'information technology appropriate to their practice'.

Our comments

- Reasoning skills are addressed in standard 2b.1 and the making of professional judgements in standard 2b.2. For this reason we have decided that it is not necessary to add any further detail to this standard.
- Having considered the remaining comments we received about this standard, we have decided to make no further changes.

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

- The Royal College of Speech and language therapists suggested that the standard should read ‘...legible and contemporaneous records...’. A similar point was made by another respondent.
- NHS Education for Scotland suggested that the standards should alternatively read: ‘be able to keep accurate records and recognise the need to manage and control these records (in whatever form) in accordance with applicable legislation, protocols and guidelines’.
- The Chartered Society of Physiotherapy (CSP) and Association for Perioperative Practice (AFPP) both commented on the reference to abbreviations in the last sub-standard of 2b.5. The AFPP said that they were of the opinion that ‘abbreviations are not necessarily appropriate in a service user’s record in order that confusion may be avoided.’ The CSP reported similar comments from members but they recognised that the use of abbreviations in records was often standard practice.

Our comments

- We have decided that it is not necessary to add any further detail to this standard. However, in a forthcoming consultation, we are proposing to add further detail about contemporaneous record keeping to the guidance we give in the standards of conduct, performance and ethics.
- We recognise the uneasiness about the reference to abbreviations in this standard. We also recognise that abbreviations are often an everyday part of practice. However, in order to ensure consistency between the standards of proficiency and what we say in the standards of conduct, performance and ethics, we will remove the information about abbreviations. However, their use is still encompassed under the requirement to use ‘only accepted terminology’.

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 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
- understand that outcomes may not always conform to expectations but may still meet the needs of patients, clients or users (removed from the consultation draft)

- A registrant art therapist commented on the removal of the following sub-standard from the existing standard 2c.1: 'understand that outcomes may not always conform to expectations but may still meet the needs of patients, clients and users'. They said: 'This seems to me a very wise statement, particularly in my field, and one which I would like to see retained.'
- The British Dietetic Association suggested a replacement if the standard was to be removed: 'understand the requirement to work in partnership with the service user in meeting goals and expectations which are realistic and achievable.'
- The Institute of Chiropractors and Podiatrists thought that the following wording should be included: 'understand that outcomes may not always confirm to expectations but that the well being of the service user is paramount'.
- NHS Education for Scotland suggested that we add 'understand the basics of equality impact assessment'.

Our comments

- Having considered the comments we received, we decided to make no further changes.

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

- NHS Education for Scotland suggested that the standard should read: 'be able to audit, reflect on and review practice critically and to the best interest of service users'. They suggested that the second sub-standard should refer to 'quality improvement' rather than 'quality management'. They also sought clarity on what was meant by 'other methods of review' in the sixth sub-standard.
- NHS South West reported two comments received. One was that the fifth sub standard should read: '...the need to record and act upon the outcome of such reflection.'
- NHS Lothian said that the standard should 'recognise the importance of mentorship, peer review, shadowing (...) in order to develop practice'.

Our comments

- We believe that the standard is sufficiently detailed and at an appropriate level for threshold competence standards. We will therefore make no changes to this standard.

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

be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

- A small number of respondents disagreed with the use of the term 'bodies of knowledge' instead of the list of sciences in the existing standards. In particular, Yorkshire and the Humber NHS reported that the phrase 'was seen as a generalist term and did not acknowledge the variety and complexity of the skills within the professions'.
- Northumbria University (School of Health, Community and Education Studies) said that 'scientific' should be replaced by 'systematic' to read: 'be aware of the principles of applications of systematic enquiry...'

Our comments

- Having considered the small number of comments we received about this standard, we have decided to make no further changes.

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 service users, those treating them, and others, including the use of hazard control and particularly infection control

- NHS Education for Scotland suggested that the standards should read '...to meet the needs of an individual and diverse groups or communities.'
- NHS South West reported that a strategic health authority had suggested that in the first sub-standard 'be aware of applicable health and safety legislation' should be replaced with 'act in accordance with applicable health and safety legislation'.

- NHS Education for Scotland suggested the following additional wording for the second sub-standard ‘be able to work safely, including being able to risk assess and select...’.
- NHS Lothian suggested that we add in:
 - ‘undertake risk assessment and report implications’
 - ‘function to agreed competencies where available’
 - ‘if new skills are being taken on must ensure fully trained and competent to practise them’
- NHS Lothian and NHS South West both made comments about adding a standard about supervising or facilitating/teaching others.

Our comments

- Having considered the small number of comments we received about this standard, we have decided to make no further changes.
- Supervising, facilitating and teaching others are important parts of professional practice. However, the function of the standards is as threshold competence standards for entry and we not believe it would be appropriate to add these areas.

Arts Therapists

2c.2 profession specific standard

recognise the role and value of clinical supervision in an arts therapy context

- The British Association of Dramatherapists (BADth) said: 'We are pleased to note that clinical supervision has been included in the document.' The British Association of Art Therapists (BAAT) welcomed the additions to the standards and said: '...[we] would like to stress the importance of clinical supervision, and the need to include it here.' Both BADth and BAAT suggested two further additions to the standards regarding clinical supervision:
 - In section 1a.7: 'engage in regular clinical supervision to monitor best practice for clients'.
 - In section 2c.2: 'be able to engage in regular clinical supervision, regardless of clinical seniority, autonomy or experience.'

Our comments

When we refer to supervision, we normally mean the process of an accountable, autonomous practitioner overseeing the work of someone is either normally an assistant practitioner, a student or a health professional who is learning new skills.

However, the term here is used in a different context, to mean a process by which the arts therapy process and the relationship with the client is supervised by another practitioner. This does not infer that the person being supervised is not autonomous, but is instead viewed by the professions as a crucial and regular part of practice. The arts therapy professional bodies play an important role in providing guidance to professionals about supervision and supervising.

As explained elsewhere in this document, the standards are primarily threshold abilities that it is necessary to possess in order to become registered. This role dictates the content and language of the standards. Although it is often a subtle distinction, this is different from a description of the tasks or activities that registrants might undertake as part of their ongoing professional lives.

- Having considered the comments we received, and given our comments on the previous page, we decided we were unable to adopt these suggestions.

2b.4 profession specific standard

(art therapists only)

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

- Goldsmiths College (Staff teaching on the MA in Art Psychotherapy) suggested that this might be extended to read ‘....be able to help a service user to work with these, as appropriate to the theoretical model.’

Our comments

- Having considered the comment made about this standard, we decided to make no further changes.

Standard 3a.1

A number of specific and detailed comments were made about the content of standard 3a.1. (These comments are from Goldsmiths College unless otherwise stated.)

1st profession specific standard:

understand the psychological and cultural background to health

- It was suggested that this should read ‘understand the significance not only of psychological background but also the social, cultural, political and economic background to health’.

Our comments

- We decided that it was not necessary to add any further detail to this standard.

2nd profession specific standard:

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

3rd profession-specific standard:

understand the therapeutic relationship, including its limitations

4th profession-specific standard:

be able to employ a coherent approach to the therapeutic process

- It was suggested that we needed to clarify the meaning of 'productive' in the second standard or delete this from the standard.
- The British Association of Counselling and Psychotherapy questioned the reference to specific concepts in the same standard. They asked whether they were intended as mandatory or instead as examples. They concluded: 'If one particular therapeutic approach or language is mandatory this potentially excludes a large number of qualifications.' They suggested revised wording: 'understand core processes in therapeutic practice and be able to engage these to achieve productive therapeutic outcomes.'
- It was suggested that the 'limitations' referred to in the third standard needed additional clarification.
- Clarification was also sought of the use of 'coherent' in the fifth standard: 'This could be read as maintaining a consistent method, which may be appropriate with some users in some settings but may not be appropriate in others, for example, when a change of approach may be helpful.'

Our comments

- Having considered the comments made about these standards, we decided that no further changes were necessary.

5th profession-specific standard:

understand how uses of the arts in arts therapy differs from uses of the arts for other purposes

- It was felt that drawing a clear distinction between the use of art in arts therapy and the use of art in other settings was problematic. In addition, it was argued that the standard inferred 'separation rather than collaboration with colleagues and other practitioners'. Revised wording was suggested:

‘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’.

Our comments

- We think that the suggested wording would help clarify the intention of this standard, and have decided to adopt this change.

8th profession specific standard:

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

- It was argued that the knowledge base listed in the above standard was ‘extensive and...unrealistic within the timeframe of award-bearing programmes’. They said: ‘...it is unrealistic to expect all registrant arts therapists to have such specialist knowledge of theories, practices and philosophies of care, and treatment in all the areas where arts therapies services are provided.’
- The appropriateness to certain theories employed by arts therapists of terms such as ‘normal and abnormal psychology’ was also questioned.

Our comments

- Having considered the comments we received about this standard, we decided not to make any further changes.

Additional standards

- The British Association of Art Therapists and British Association of Dramatherapists both suggested an additional standard in 3a.1: ‘understand the importance of safe professional practice, by knowing about risk assessment procedures, legal aspects of note taking and report writing, and following confidentiality guidelines when sharing information or disposing of written material and art work’.
- Goldsmith’s College also requested that the art therapists only section was re-written to incorporate the following:

- knowledge of 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 in the therapeutic frame and within the relationship between service user and art therapist
- understand the role and use of visual symbols in art that communicate conscious and unconscious aspects of the maker's internal world
- 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

Our comments

- We decided that the new standard suggested by the British Association of Art Therapists and British Association of Dramatherpists was already substantially covered by a number of the existing generic standards.
- We have decided that it would be helpful to add the remaining suggested standards to the art therapists only section of 3a.1. We will make two small changes to the suggestions to ensure that they fit in with style and terminology of the existing standards.

Biomedical Scientists

- Yorkshire and the Humber NHS made the general point that the proficiencies for biomedical scientists and clinical scientists needed reassessment. They said that the distinctions between the two sets of competencies did not reflect the existing situation and that there were some proficiencies included for clinical scientists, but not biomedical scientists which were equally applicable.

Standard 1a.1: profession specific:
be aware of the British, European and International Standards that govern and affect pathology laboratory practice

- Yorkshire and the Humber NHS Trust said: 'A more modern way of expressing pathology practice would be 'affect practice in laboratory medicine.'

Our comments

- Having considered the small number of comments we received to this standard, we have decided to make no further changes

Standard 2b.4, 3rd profession specific standard:
ensure service users are positioned (and if necessary immobilised) for safe and effective interventions

- NHS South West questioned whether there would ever be an occasion where a biomedical scientist was involved in an intervention which would require patient immobilisation.

Our comments

- The inclusion of this profession-specific standard is an error in the existing standards and will be removed from the new published standards.

Standard 3a.1

6th profession-specific standard:

understand the role of the following in the diagnosis and treatment of disease: cellular pathology; clinical biochemistry; clinical haematology; clinical immunology; medical microbiology

8th profession-specific standard:

understand the investigation of different elements that constitute blood in normal and diseased states including the identification of blood group antigens and antibodies

- The Head of University Centres of Biomedical Sciences asked that 'medical genetics' was added to the list in the 6th profession-specific standard.
- The Institute of Biomedical Science suggested that the 8th profession-specific standard could be removed and incorporated into the 6th profession-specific standard by adding 'transfusion science'.

Our comments

- We will amend these standards in line with the comments we received.

Chiropodists and podiatrists

Standard 2b.4

2nd profession-specific standard:

be able to use a systematic approach to formulate and test a preferred diagnosis, including being able to.....

prescribe and manufacture foot orthoses

carry out surgical procedures for skin and nail conditions

- NHS Yorkshire and the Humber suggested that 'prescribe and manufacture foot orthoses' should instead read 'prescribe and where appropriate manufacture foot orthoses'.
- The Society of Chiropodists and Podiatrists reported a 'shift in emphasis in some pre-registration courses from manufacture to prescribing'. They suggested alternative wording: 'prescribe and either have knowledge or be able to manufacture orthoses'.
- A registrant suggested that 'carry out surgical procedures for skin and nail conditions' should read 'carry our surgical procedures for skin, **bone** and nail conditions'.

Comments

- We are grateful for the helpful comments we receive in relation to the standard regarding manufacture of orthoses, in particular information about a general shift in both pre-registration education and training and in practice away from manufacture. The standards describe threshold standard which have to be necessary for safe and effective practice. Therefore, it would not be possible for us to include an 'either/or' standard – i.e. the standard would have to read 'prescribe orthoses', 'manufacture orthoses' or both. The standard will be amended to read 'prescribe foot orthoses'. This will not prohibit education providers who wish to include manufacture of orthoses in their programmes from doing so.
- We carefully considered the suggestion that we should add bone conditions to this standard. However, we concluded that the teaching of surgical procedures for bone conditions does not form part of pre-registration education and training. Surgical procedures for bone conditions are normally carried out by podiatric surgeons, a post-registration specialism requiring further training.

Standard 2b.4

4th profession-specific standard:

know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber. This standard applies only to registrants who wish to have their name annotated on the Register

- The Department of Health in England suggested that the standard should read: 'This standard applies only to registrants who are eligible to have their name annotated on the Register.' They argued that the existing wording 'wish' might infer that it was the registrant who could determine that they can have their name annotated on the Register. They argued that this change was important for 'clarity' and 'consistency'.

Our comments

- We will adopt the wording suggested by the Department of Health in England. This wording will also be adopted in the standards of proficiency for radiographers and physiotherapists (the other professions who currently have supplementary prescribing rights).

3a.1 profession specific standards

understand, in the context of chiropody and podiatry:

- . **anatomy and human locomotion**
- . **histology**
- . **physiology**
- . **immunology**
- . **podiatric orthopaedics and biomechanics**
- . **systemic and podiatric pathology**
- . **podiatric therapeutic sciences**
- . **behavioural sciences**
- . **foot health promotion and education**

- Yorkshire and the Humber NHS suggested adding podiatric orthopaedics and biomechanics and musculoskeletal podiatry to the list.

Our comments

- We decided not to make any changes to this standard.

Clinical Scientists

2b.1 - Generic standard

be aware of a range of research methodologies

- One respondent drew our attention to the above generic standard and said that this was inadequate for clinical scientists. They suggested that this should be expanded to say: 'understand and be able to apply, an appropriate comprehensive range of research methodologies'.

Our comments

- The profession-specific standards for clinical scientists under this standard provide further detail appropriate to the profession. We have decided that no further additional standards are necessary here.

2b.3 – profession-specific standard

be able to develop an investigation strategy which takes account of all the relevant clinical and other information available

- NHS Education for Scotland suggested a new standard: 'be able to conduct and communicate an appropriate risk assessment of planned interventions prior to work for service users'.

Our comments

- Having considered the small number of comments we received about this standard, we have decided to make no further changes

Dietitians

1a.1 – profession specific standard

understand the ethical and legal implications of withholding or withdrawing feeding, including food and fluids

- The British Dietetic Association (BDA) commented: ‘...feeding can be read to imply a clinical intervention, would ‘nutrition’ be more inclusive or is it actually ‘treatment’?’
- Yorkshire and the Humber NHS and AHPs at Sheffield Children’s NHS Foundation Trust similarly suggested substituting ‘feeding’ for ‘nutrition’ in the standard.

Our comments

- The standard will be reworded to read: ‘understand the ethical and legal implications of withholding and withdrawing nutrition.’ We agree that this term is more inclusive, including both food and fluids.

2b.1 – profession specific standard

be able to use statistical, epidemiological and research skills to gather and interpret evidence in order to make reasoned conclusions and judgements with respect to dietetic practice in prevention and management of disease

- The British Dietetic Association (BDA) suggested alternative wording: ‘...with respect to dietetic practice in disease prevention and management’. They suggested that the existing wording might suggest management as a separate discipline.

Our comments

- We will amend this standard in line with the BDA’s comments.

2b.2 – profession specific standard

be able to advise on safe procedures for food preparation and handling , food processing and menu planning, and the resulting impact on nutritional quality and menu planning

- One respondent said: ‘...it is not required that we all have mandatory training in food hygiene – if this standard remains then the implication is that we will all need this and many dietitians do not have this respect of work in their job role’.

Our comments

The standards are threshold standards for entry to the Register, rather than a description of the skills needed for particular roles (please see page x).

2b.4 – profession specific standard for speech and language therapists

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

- The British Dietetic Association said: ‘We recognise these are generic and applicable to all professions however communication is a core skill for dietitians; for example, using skills appropriate for communicating with communities or groups or skills such as motivational interviewing techniques. We continue to argue that the level required within our profession is higher than others and at least equivalent to that of a speech and language therapist.’

Our comments

The English language requirements are higher for speech and language therapists because English language competence is a core professional skill. Speech and language therapists work with a variety of different people with speech and language disorders so it is vital that they have excellent language skills. Speech and language therapy is the only profession in which we can require an applicant from the European Economic Area (EEA) to demonstrate English language competence.

We have decided that the English language requirements should stay the same at present. However, we will retain this comment when these requirements are reviewed in future.

2c.2 – profession specific standard

be able to evaluate nutritional and dietetic information critically, and to engage in the process of reflection in order to inform dietetic practice

- NHS Education for Scotland suggested:
'be able to critically evaluate nutritional and dietetic information, qualitatively and quantitatively...'

Our comments

- Having considered the comment we received about this standard, we have decided to make no further changes.

Occupational therapists

1b.1 profession specific standard

understand the need to work with those who provide services in both the statutory and non-statutory sectors

- The Department of Health in England welcomed the addition of the above standard but suggested that information from the explanatory text could be incorporated (suggested wording shown in bold type):
Understand the need to work with those who provide services in both the statutory **(public)** and non-statutory **(independent and third sector, including the voluntary sector)**

Comments

- We will amend this standard so that it reads:
understand the need to work with those who provide services in and across different sectors
We felt that this would be inclusive of all the sectors referred to in the response, without using too much jargon.

1b.4 profession specific standard

understand the value of enabling and empowering service users with the aim of enhancing access and opportunities for all

- The College of Occupational Therapists (COT) reported that some members had said that it was not clear what was meant by 'enhancing access'.

Comments

- We will reword this standard to make the meaning clearer. It will now read:
understand the value of enabling and empowering service users with the aim of enhancing their access to all services and opportunities which are available to them

2b.2 profession specific standard

be able to understand and use the established theories, sciences, models, frameworks and concepts of occupational therapy

- The College of Occupational Therapists reported that some members were not clear what we defined as the 'established sciences'.

Our comments

- In light of the comment received, we will make a small change to the wording of the standard which will now read:
be able to understand and use the relevant sciences and established theories, frameworks and concepts of occupational therapy.

3a.1 profession specific

be aware of the origins and development of occupational therapy, including the evolution of the profession towards the current emphasis on autonomy and empowerment of individuals, groups and communities

- NHS Lothian said that they were unsure whether this was necessary – they suggested that it was far more important that people understood occupational therapy today
- Another respondent suggested that the standard should read (additional word shown in bold type):
'..the current emphasis on **the** autonomy of individuals, groups and communities'.

Our comments

- In light of the comments we received, we have decided that this standard should be separated into two separate statements.
- Firstly, we believed that it was important to retain a standard relating to students' awareness of the development of the profession. The standard will read:
be aware of the origins and development of occupational therapy in order to evaluate the factors that shape, and have shaped, its development
- The second new standard will read:
be aware of the profession's rationale behind the current emphasis on autonomy and empowerment of individuals, groups and communities

3a.1 profession specific standards removed from the consultation draft

be able to analyse human occupation from a holistic perspective and the demands made on individuals in order to engage in occupation

be able to utilise the foundation sciences fundamental to everyday practice and be able to interpret them in relation to human functioning and dysfunction

- One respondent said that these standards should not be removed but reworded. They suggested that they should read:

be able to analyse occupations and activities from a biopsychosocial perspective

be able to link the foundation sciences to human participation in occupation

- NHS Lothian suggested an additional profession-specific standard: recognise the role and value of clinical supervision in an occupational therapy context.

Our comments

- We have made a small number of minor changes to the profession-specific standards in light of these comments.

Orthoptists

- We received one response about the profession-specific standards for Orthoptists. The British and Irish Orthoptic Society provided their input as part of the review of the standards.

1a.1 generic standard

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

- The General Optical Council noted that Orthoptists often worked along side optometrists and said that it was important that there was clear understanding of respective roles. They further said: 'Orthoptists should be aware of what activities they are legally able to perform independently, what activities can only be performed if working under the supervision of a registered optometrist, dispensing optician or doctor...' They suggested a profession-specific standard: 'understand the scope of activities that orthoptists may legally undertake in the identification and treatment of ocular defects'.

Our comments

- Having carefully considered this suggestion, we decided that this was adequately covered by the existing generic standard(s).

Paramedics

- The British Paramedic Association and South East Coast Ambulance said that we needed to ensure that the ten key roles of paramedics, as set out by the Department of Health (England) in their review of ambulance services, 'Taking healthcare to the patient', were incorporated into the standards.

3a.1 generic standard

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

- The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) felt that it was inappropriate for pharmacology to be regarded as a skill [this is found in 3a.2 currently]. They said: 'A sound theoretical knowledge of pharmacology and pharmacodynamics including drug interactions...is as essential nowadays as that of anatomy and physiology...the legal status of drug administration with respect to paramedics is complex and...must be clearly understood...'

Comments

- In light of this comment, and the decisions made in relation to standard 3a.2, we will add the following standard to section 3a.1:
understand relevant pharmacology, including pharmacodynamics and pharmacokinetics

3a.2 profession specific standards

understand the theory and principles of paramedic practice

Standard 3a.2 lists a large number of different skills specific to paramedic practice

- JRCALC said that the standard given above was so 'woolly' so as to be of little value. They said that it needed either 'description or omission'.
- JRCALC also concluded that the subsequent list of skills was 'muddled and inadequate'. They said that obstetric skills, treating asthmatics with nebuliser therapy and the recognition of life extinct, were all notably missing. They also said that neonatal advance life support for paramedics was not supported by JRCALC or the Resuscitation Council UK. JRCALC suggested that the skills lists might be replaced with the need for the paramedic 'to be able to practise to the level

required by the JRCALC clinical practice guidelines for use in the UK ambulance service’.

- These comments were echoed by both the British Paramedic Association and South East Coast Ambulance Service. They noted that ‘none of the other professions have a similar skills list and the majority have no additional information other than the generic standard’. They further said: ‘It might be expected that the Paramedic Curriculum Framework associated competency map and Quality Assurance Agency Paramedic Benchmark Statement could deal with the detailed learning outcomes.’ They suggested the following additions, should the existing format be maintained:
 - Paramedics should know the principles of major incident management including the recognition and management of CBRN incidents.
 - Paramedics must be able to use oxygen saturation monitoring equipment and capnography as part of their standard skill set.
 - Paramedics are increasingly expected to thrombolysate patients autonomously and where thrombolysis is not used they are expected to diagnose and refer Myocardial Infarction patients to appropriate facilities. Therefore, the ability to take and diagnose a 12 lead ECG should be included in the minimum standards.
 - Paramedics must be able to provide treatment for minor wounds including the application of glue, adhesive sutures and where necessary appropriate referral.
 - Paramedics must know how to carry out a full, safe and appropriate assessment on patients presenting with a wide variety of undifferentiated health care conditions and concerns. Such assessment would embrace, neurological, respiratory, cardiac, abdominal, muscular skeletal and other assessments as required, in order to inform their decision with regard to appropriate treatment and if necessary referral.
 - Paramedics must know how to carry out and interpret urine and other ‘near patient’ testing as appropriate to patient need.

Our comments

We recognise that the task of striking the right balance between providing enough detail in the standards and providing too much detail. We do, however, acknowledge that the standards for other professions do not include a list of skills under standard 3a.2 in the same terms as those for paramedics.

When we approve education and training programmes we do so against our standards of education and training. The standards assess how the programme is managed and ensure that the learning outcomes of the programme meet the standards of proficiency. Standard of education and training 4.2 says ‘The programme must reflect the philosophy, values, skills and knowledge base as articulated in the curriculum guidance for the profession’. The curriculum guidance is normally produced by the professional

body and normally includes indicative content for programmes, requirements for assessment and detailed learning outcomes for the programme. Education programmes are free to devise their own learning outcomes, guided by the curriculum guidance, and both our standards of education and training and standards of proficiency can be met in different ways.

We have reviewed the list on the previous page, suggested by two respondents should we retain the approach in the existing standard 3a.2. It is important that any new standards are appropriate and that they are currently imbedded in the majority of a number of pre-registration courses leading to paramedic registration. We have concluded that some of the suggested standards are not appropriate at this time as threshold standards for safe and effective paramedic practice and, indeed, are not a routine part of the majority of pre-registration education and training programmes.

The detailed guidelines produced by JRCALC perform an important role in providing guidance for the consistent delivery of care in the ambulance service. However, we feel that it is important to recognise that they perform a very different role from the standards of proficiency and do not have a similar statutory status. Not all ambulance service employers will adopt all of the guidelines and may instead adapt them or produce other protocols which meet service needs. Further, it is important to recognise that, although a small number, not all registrants currently in practise or those coming on to the register for the first time will work for an NHS ambulance service. For these reasons, it would be inappropriate to add a standard which refers to JRCALC guidelines and their function in the UK ambulance service.

- We will add an additional profession specific standard to elaborate on generic standard 3.a.2 which will read:
know how to select or modify approaches to meet the needs of patients, their relatives and carers, when presented in emergency and urgent situations
- We will retain the profession-specific standard 'know the theory and principles of paramedic practice'.
- We will remove the remaining profession specific standards under 3a.2 in line with the comments we received.

Physiotherapists

1b.1 profession specific standard

understand the structure and function of health, education and social care services in the UK and current developments, and be able to respond appropriately

- NHS Education for Scotland said that this standard should include independent and voluntary services.

Our comments

- We decided that this standard was suitably inclusive and decided not to make any further changes.

2a.2 profession specific standard

be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals and communities during the assessment process

- NHS Education for Scotland suggested added spiritual needs to this standard. They also suggested that this was included in standard 3a.1.

Our comments

- We decided that this standard was suitably detailed and decided not to make any further changes.

2b.1 profession specific standard

be able to form a diagnosis on the basis of physiotherapy assessment

- NHS Education for Scotland suggested that the standard should refer to a '**differential** diagnosis'.

Our comments

- Having considered the comment we received, we decided not to make any changes.

2b.4 profession specific standards

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

be able to use mobilisation, respiratory physiotherapy, neuro-therapeutic handling and massage techniques

- One respondent suggested that we needed to strengthen the standards in respect of electrotherapy, in particular ultrasound. They suggested that patients should have to sign a consent form before ultrasound therapy is applied.
- Physio First said with reference to the second profession-specific standard above: '...many do not and will not treat respiratory or neuro conditions in their practice and will generally decline to accept the patient but refer them on elsewhere to someone with appropriate skills'.

Our comments

- Having considered the comments we received about this standard, we decided not to make any changes.

Prosthetists and Orthotists

- We received no comments about the profession specific standards for prosthetists and orthotists. However, the British Association of Prosthetists and Orthotists did provide their feedback as part of the review process.

Radiographers

1b.1 profession-specific standard

be aware of the general working of health and social care services

- One respondent suggested replacing this wording with the wording in the proposed standards for physiotherapists: 'understand the structure and function of health, education and social care services in the UK and current developments, and be able to respond appropriately'.
- Another respondent said that the standard as written implied that radiographers needed equivalent understanding of the working of both health and social care services when, as most radiographers work in a health setting, this is not the case.

Our comments

- Having considered the small number of comments we received about this standard, we decided to make no further changes.

1b.3 profession specific standards

understand the psychology of illness, anxiety and uncertainty, and the likely behaviour of patients undergoing diagnostic imaging procedures, as well as that of their families and carers

(Therapeutic radiographers only)

understand the behaviour of people undergoing radiotherapy within the oncology setting, as well as that of their families and carers

- Two respondents said that we should add 'health' to the first profession-specific standard shown above, to reflect that many imaging procedures are undertaken in the context of health screening.
- Another respondent questioned why it was necessary to include the wording '...within the oncology setting...' in the second profession-specific standard.
- Another respondent suggested that the standard should read (additional wording shown in bold type): 'understand the **needs, anxieties and** behaviours of people...'

Our comments

- We will remove the wording 'within the oncology setting' from the second profession-specific standard.
- Having considered the remaining comments we received, we have decided to make no further changes.

2a.1 profession specific standard

be able to use physical, graphical, verbal and electronic methods to collect information from a wide range of sources, including patient history, radiographic images and biochemical reports.

- One respondent suggested that the standard should read: '...including patient history, medical images, physiological measurements and biochemical reports'.

Our comments

- Having considered the comment we received about this standard, we have decided not to make any changes.

2a.4 profession specific standard

be able to interrogate and process data and information gathered accurately in order to conduct the imaging procedure or radiotherapy most appropriate to the patient's needs

- One respondent suggested: '...or radiotherapy procedures and care most appropriate...'

Our comments

- Having considered the comment we received about this standard, we have decided to make no further changes.

2b.2 profession specific standard

be able to calculate radiation does and exposures

- A superintendent radiographer sought clarification on the meaning of the standard and commented: 'Does it mean that radiographers should be able to adjust exposures to compensate for their size and pathological condition or does it mean that radiographers should be able to calculate received does from the applied exposure parameters. I would not expect radiographers to do the latter'.

Our comments

- Having considered the comment we received about this standard, we have decided to make no further changes.

2b.4 profession specific standards

be able to perform the full range of plain film and standard contrast agent examinations, including those undertaken on patients suffering from acute trauma, and where the patient's medical, physical or mental health needs require examination to be carried out in non-standard imaging environments

be able to manage and assist with fluoroscopic and complex contrast agent procedures

be able to perform a standard head computed tomographic (CT) examination, assist with CT examinations of the spine, chest and abdomen in acute trauma and to contribute effectively to other CT studies

- One respondent said with respect to the first profession-specific standard above: 'This is far too specific and excludes those...staff who have specialised in one particular area. This would affect those radiographers who have specialised in one particular area.'
- The Society and College of Radiographers said that they were concerned that these three profession specific standards were too limiting in terms of radiographers' scope of practice. They said: 'Practice now extends beyond the examinations given in these three statements to include ultrasound and magnetic resonance imaging.' These comments were echoed by the University of Central England. The Society suggested rewording or the addition of the following standards:
be able to assist with standard magnetic resonance imaging procedures
be able to assist with ultrasound imaging procedures and perform standard, first trimester ultrasound measurements.

Our comments

- We will adopt the changes suggested by the Society and College of Radiographers.

2b.4 profession specific standard

be able to recognise changing signs and symptoms and the progression of disease, decide not to treat (if necessary) and make appropriate referrals before administering any further radiation treatment

- The University of Central England (Division of Radiography) suggested that the second standard above should also incorporate reactions to treatment or that there should be a separate standard to cover this.
- The Society and College of Radiographers commented on the new standards added to 2b.4: 'We welcome the new standards for both diagnostic and therapeutic radiographers. These are appropriately worded and consistent with current clinical practice.'

Our comments

- Having considered the comment we received about this standard, we decided not to make any further changes.

2b.4, profession specific standards

- A respondent suggested that we might add a number of different profession-specific standards for therapeutic radiographers:

be able to check treatment plans and treatment parameters, the patients set-up information, and make judgements about fitness for purpose in each circumstance

be able to assess techniques and actual patient set-up and judge whether to go ahead with the procedure or take appropriate action

understand the concepts of practice with and be able to use imaging modalities employed in radiotherapy for planning and verifying treatment including CT, MR, ultrasound

be able to use patient monitoring equipment to assess patient movement and take appropriate action

be able to perform skin tattoos

be able to assist with contrast procedures

Our comments

- We carefully considered these suggestions but concluded that they were implicit in the existing standards and that it was not necessary to add this further detail.
- A respondent suggested that the following diagnostic radiographers only standards should become generic so as to also apply to therapeutic radiographers also:

be able to manipulate exposure and image recording parameters to optimal effect

be able to use to best effect the processing and related technology supporting file based and computer-based imaging systems

be able to appraise the (diagnostic) image information for clinical manifestations and technical accuracy , and take further action as required

Our comments

- The third suggestion listed above will become generic for all radiographers and the existing profession-specific standard for diagnostic radiographers will be removed accordingly.
- The remaining two suggestions will be reviewed and reworded to account for the radiography context and added as profession-specific standards for therapeutic radiographers only.

2c.1 profession specific standards

- A respondent suggested the following profession-specific standard:

be able to evaluate techniques and procedures to maintain standards and promote continual research and development

Our comments

- We decided not to add the suggested standard. We concluded that the first part of the suggested standard was implicit elsewhere in the existing standards and that the second part 'promote continual research...' was not appropriate as a threshold standard.

2c.2 profession specific standards

- A respondent suggested the following profession-specific standards:

recognise the need to be aware of new developments and emerging technologies

understand the need for their role in checking and verification processes throughout the radiotherapy process, and when and which actions are required (therapeutic only)

Our comments

- We concluded that the first suggested standard was covered by generic standard 2b.2 which says: 'be able to change their practice to take account of new developments'.
- We concluded that the second suggested standard was implicit elsewhere in the standards.

3a.1 profession specific standards

- A respondent suggested the following profession-specific standards for therapeutic radiographers:

understand the different radiobiological processes consequent on radiotherapy doses which underpin choice of modality, fractionation and dose prescription

understand the normal tissue complications and tolerance doses after which tissue morbidity occurs

understand the influence of concurrent treatments such as chemotherapy on dose prescription, radiotherapy timing and post treatment complications

know the principles of specialised technology for each sub specialty in radiotherapy and its application

understand the role and use of image manipulation, enhancement and analysis in the verification and modification of radiotherapy and in indicating where additional intervention is required

Our comments

- We have decided that the following suggested standard would be a positive addition to the profession-specific standards for therapeutic radiographers:
understand the influence of concurrent treatments such as chemotherapy on does prescription, radiotherapy timing and post treatment complications
- Having carefully considered the remaining suggestions, we concluded that they were implicit in the existing standards.

Speech and Language Therapists

1a.1 profession specific standard

understand the ethical and legal implications of withholding and withdrawing feeding including food and fluids

- The Royal College of Speech and Language Therapists (RCSLT) said that the standard should read (additional wording shown in bold type): understand the ethical and legal implications of **and/or understand their scope of practice in**, withdrawing feeding including food and fluids
- Another respondent cited this standard and other standards which make reference to swallowing and said that they were concerned that they appeared to apply to all speech and language therapists 'when it is only those that have had post graduate training in this area that are qualified....'.

Our comments

- This standard will be changed in line with the change to the same profession-specific standard in the standards for dietitians.

1a.3 profession specific standard

be aware that the concepts of confidentiality and informed consent extend to illustrative records such as video and audio recordings

- The RCSLT said that this standard should also include electronic records and photos as items that require confidential treatment by therapists.

Our comments

- We decided not to make any changes to this standard as photographs are covered by the wording of the existing standard and records are covered by standard 2b.5.

3a.3 generic standard

understand the need to establish and maintain a safe practice environment

- The RCSLT said that this should include something about safeguarding vulnerable children and adults.

Our comments

- Having considered the comments we received about this standard, we decided not to make any changes.

List of respondents

Below is a list of those who provided responses to the consultation. Where a response has been made on behalf of an organisation we have given the name of the organisation in the text. Where the response comes from an individual we have not.

We received responses from 31 individuals and 39 organisations.

We would like to thank all those who responded for their comments.

Association for Clinical Biochemistry
Association for Perioperative Practice
Board of Community Health Councils in Wales
Bolton Primary Care Trust (Dietitians)
British Association for Counselling and Psychotherapy
British Association of Art therapists
British Association of Dramatherapists
British Dietetic Association
British Paramedic Association (College of Paramedics)
Canterbury Christ Church University (Department of Allied Health Professions)
Chartered Society of Physiotherapy
College of Occupational Therapists
Department of Health
General Optical Council
Goldsmith's College, University of London (MA Art Psychotherapy)
Head of University Centres of Biomedical Sciences
Institute of Biomedical Science
Institute of Chiropodists and Podiatrists
Joint Royal Colleges Ambulance Liaison Committee
Manchester Primary Care Trust (Occupational Therapists)
Medicines and Healthcare Products Regulatory Agency
NHS Education for Scotland (Nursing, Midwifery and Allied Health Professions Directorate)
NHS Lothian Allied Health Professions
NHS South West
North Thames Physiotherapy Managers and Educationalists Group
Northumbria University (School of Health, Community and Education Studies)
Physio First
Royal College of Speech and Language Therapists
Sheffield Children's NHS Foundation Trust (Allied Health Professionals)
Society and College of Radiographers
Society of Chiropodists and Podiatrists
South East Coast Ambulance Service
Suffolk College
Trafford Primary Care Trust
University of Central England (Division of Radiography)

University of Hertfordshire (School of Health and Emergency Professions)
University of Portsmouth (School of Health Sciences and Social Work)
Welsh Scientific Advisory Committee
Yorkshire and the Humber NHS

Introduction

Introduction

This document sets out the **standards of proficiency**. These are the standards we have produced for the safe and effective practice of the professions we regulate. They are the minimum standards we consider necessary to protect members of the public.

You must meet these standards when you first become registered. After that, every time you renew your registration you will be asked to sign a declaration that you continue to meet the standards of proficiency that apply to your scope of practice.

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 which 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 italics 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 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 best 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.

Arts Therapists

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 for practice 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
 - *be able to explain the nature, purpose and techniques of therapy to clients and carers*

¹ The International English 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.

- 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 skilfully

- 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 therapist 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*

Dramatherapist only

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

Music therapist 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 clinical 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*

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 therapist 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*

Dramatherapist 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 dramatherapy 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 therapist 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

Appendix 3

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2007-05-09	a	POL	PUB	Arts Therapists	Draft DD: None	Public RD: None

Biomedical Scientists

Expectations of a health professional

1a: Professional autonomy and accountability

Registrant biomedical 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
- *be aware of the British, European and International Standards that govern and affect pathology laboratory practice*

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 biomedical 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
- *understand the team and discipline approach to the provision of pathology services*
- *be aware of the general working of a hospital*

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 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 inform colleagues and relevant members of the clinical team of outcomes of biomedical procedures to unambiguous standards

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 biomedical scientists must:

2a.1 be able to gather appropriate information

- be able to select suitable specimens and procedures relevant to patients' clinical needs, including collection and preparation of specimens as and when appropriate

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

- be able to demonstrate practical skills in the essentials of measurement, data generation, and analysis

- be aware of the need to assess and evaluate new diagnostics prior to routine use

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

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

- be able to investigate and monitor disease processes and normal states

- be able to use tables and graphs in order to analyse experimental data

- be able to use standard operating procedures for analyses including point of care in vitro diagnostic devices

- be able to use statistical packages and present data as graphs and tables

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

Registrant biomedical 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 design experiments, report, interpret and present data using scientific convention, including application of SI units and other units used in biomedical 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
- *be able to identify the cause of procedural anomalies and implement remedies*

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
- *be able to perform and supervise scientific and technical procedures to reproducible standards*
- *be able to operate and utilise specialist equipment according to discipline*
- *be able to validate scientific and technical data and observations according to pre-determined quality standards*
- *be able to demonstrate proficiency in liquid handling methodologies, including preparation of standard solutions and buffers*
- *be able to demonstrate practical skills in instrumentation and techniques in: microscopy; spectroscopy; centrifugation; electrophoresis; chromatography;*

electroanalytical techniques; automated analysis; immunological techniques;

enzyme assays and molecular biology techniques; sterilisation techniques and microbial culture; identification and quantitation of microorganisms; microtomy

- be able to demonstrate practical skills in the processing and analysis of specimens including specimen identification, the effect of storage on specimens and the safe retrieval of specimens

- be able to demonstrate practical skills in the investigation of disease processes

- be able to work in conformance with standard operating procedures and conditions

- be able to work with accuracy and precision

- be able to prepare reagents accurately and consistently

- be able to perform calibration and quality control checks

- be able to check that equipment is functioning within its specifications and to respond appropriately to abnormalities

- understand the implications of non-analytical errors

- be aware of near-patient testing and non-invasive techniques

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

- recognise the risks and possible serious consequences of errors in both requests for, and results of, laboratory investigations

- recognise the value of test results for clinical audit and as a reference source

- be able to use systems for the accurate and correct identification patients and laboratory specimens

- understand the need to adhere to protocols of specimen identification, including bar coding and electronic tag systems

- be able to use computer systems for test requesting and reporting

- understand the importance of backup storage of electronic data

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

Registrant biomedical 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 select and apply quality and process control measures that have a statistical or measurable output*
- *be able to identify and respond appropriately to abnormal outcomes from quality indicators*

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

3a: Knowledge, understanding and skills

Registrant biomedical 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 structure, function and metabolism of molecules of biological importance*
- *understand the structure, function and control of normal and altered genetic material and associated investigative techniques*
- *understand the immune response in health and disease*
- *understand the basic structure, classification, biochemistry and control of pathogenic agents*
- *know the role of the laboratory in the diagnosis and monitoring of specific disease conditions*
- *understand the role of the following in the diagnosis and treatment of disease: cellular pathology; clinical biochemistry; clinical haematology; clinical immunology; medical microbiology; medical genetics; transfusion science*
- *be able to evaluate analyses using qualitative and quantitative methods to aid the diagnosis, screening and monitoring of health and disorders*
- *understand the techniques and associated instrumentation used in the practice of biomedical science*

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
- *understand sources of hazard in the workplace, including specimens, raw materials, clinical 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 dealing with waste and spillages correctly*
- *know the use and application of engineering controls e.g. mechanical ventilation systems such as fume cupboards or microbiological safety cabinets*
- *understand the application of principles of good laboratory practice relevant to health and safety*

Chiropodists and Podiatrists

Expectations of a health professional

1a: Professional autonomy and accountability

Registrant chiropodists and podiatrists 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 chiropractors and podiatrists 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

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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
- *understand the need to empower patients to manage their foot health and related issues and recognise the need to provide advice to the patient on self-treatment where appropriate*

The skills required for the application of practice

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

Registrant chiropodists and podiatrists 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 investigations as appropriate

- *be able to conduct neurological, vascular, biomechanical, dermatological and podiatric assessments in the context of chiropody and podiatry*

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

- *be able to interpret physiological, medical and biomechanical data in the context of chiropody and podiatry*

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

Registrant chiropractors and podiatrists 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
- *know and be able to interpret the signs and symptoms of systemic disorders as they manifest in the lower limb and foot with particular reference to:*
 - *diabetes mellitus*
 - *rheumatoid arthritis and other arthropathies*
 - *cardiovascular disorders*
 - *dermatological disorders*
 - *infections*
 - *neurological disorders*
 - *renal disorders*
 - *developmental disorders*
 - *malignancy*

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 skilfully

- understand the need to maintain the safety of both service users and those involved in their care
- *ensure patients are positioned (and if necessary immobilised) for safe and effective interventions*
- *be able to use a systematic approach to formulate and test a preferred diagnosis, including being able to:*

- *carry out mechanical debridement of nails and intact and ulcerated skin*
- *prescribe foot orthoses*
- *make and use chair-side foot orthoses*
- *administer relevant prescription-only medicines, interpret any relevant pharmacological history and recognise potential consequences for patient treatment.*

This standard applies only to registrants who are eligible to have their names annotated on the register

- *apply local anaesthesia techniques.*

This standard applies only to registrants who are eligible to have their names annotated on the register

- *carry out surgical procedures for skin and nail conditions*
- *use appropriate physical and chemical therapies*
- *be able to use basic life support skills and to deal safely with clinical emergencies*
- *know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber*

This standard applies only to registrants who are eligible to have their names annotated on the register

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 chiropodists and podiatrists 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 clinical practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review

3a: Knowledge, understanding and skills

Registrant chiropractors and podiatrists 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, in the context of chiropractic and podiatry:*
 - *anatomy and human locomotion*
 - *histology*
 - *physiology*
 - *immunology*
 - *podiatric orthopaedics and biomechanics*
 - *systemic and podiatric pathology*
 - *podiatric therapeutic sciences*
 - *behavioural sciences*
 - *foot health promotion and education*

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
- *know the correct principles and applications of disinfectants, methods for sterilisation and decontamination and dealing with waste and spillages correctly*
- *be aware of immunisation requirements and the role of occupational health*

Appendix 5

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2007-05-11	a	POL	POL	Chiropodists and podiatrists	Draft DD: None	Internal RD: None

Clinical Scientists

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

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- 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*

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 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 the 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 factor
- *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 clinical 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*

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*

Appendix 6

- know the correct principles and applications of disinfectants, methods for sterilisation and decontamination and dealing with waste and spillages correctly

Dietitians

Expectations of a health professional

1a: Professional autonomy and accountability

Registrant dietitians 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 ethical and legal implications of withholding or withdrawing nutrition*

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 dietitians 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

¹ The International English 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.

- 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 dietitians 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
- *be able to choose, undertake and record the most appropriate method of dietary and nutritional 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

- *be able to use nutritional analysis programmes to analyse food intake, records and recipes and interpret the results*

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

Registrant dietitians 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 use statistical, epidemiological and research skills to gather and interpret evidence in order to make reasoned conclusions and judgements with respect to dietetic practice in disease prevention and management*

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
- *be able to choose the most appropriate strategy to influence nutritional behaviour and choice*
- *be able to undertake and explain dietetic treatment, having regard to current knowledge and evidence-based practice*
- *be able to advise on safe procedures for food preparation and handling, food processing and menu planning, and the resulting impact on nutritional quality and menu planning*
- *be able to interpret nutritional information including food labels which may have nutritional or clinical implications*

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
- *understand the need to be sensitive to social, economic and cultural factors that affect diet, lifestyle and health*
- *understand the significance and potential impact of non-dietary factors when helping individuals, groups and communities to make informed choices about their dietary treatment and health care.*

- *be able to assist individuals, groups and communities to undertake and to become committed to self-care activities including diet, physical activity and other lifestyle adjustments*
- *understand the need to demonstrate sensitivity to the factors which shape individual food choice and lifestyle which may impact on the individual's health and affect the interaction between client and dietitian*

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

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 dietitians 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 clinical practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review
- *be able to evaluate nutritional and dietetic information critically, and to engage in the process of reflection in order to inform dietetic practice*
- *be able to adapt dietetic practice as a result of unexpected outcomes or further information gained during the dietetic intervention*

3a: Knowledge, understanding and skills

Registrant dietitians 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, in the context of dietetics, biochemistry, clinical medicine, diet therapy, food hygiene, food science, genetics, immunology, microbiology, nutrition, pathophysiology, pharmacology and physiology*
- *be aware of catering and administration*
- *understand sociology, social policy, psychology, public health and educational methods relevant to the dietetic management of individuals, groups or communities*
- *understand the methods commonly used in nutrition research and be able to evaluate research papers critically*

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
- *be able to advise on safe procedures for food preparation*

Occupational Therapists

Expectations of a health professional

1a: Professional autonomy and accountability

Registrant occupational 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

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 occupational 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
- *understand the need to work with those who provide services in and across different sectors*

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 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.

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
- *understand the need to adopt an approach which centres on the service user and establish appropriate professional relationships in order to motivate and involve the client in meaningful occupation*
- *understand the value of enabling and empowering service users with the aim of enhancing their access to all services and opportunities which are available to them*
- *understand group dynamics and roles, and be able to facilitate group work, in order to maximise support, learning and change within groups and communities*
- *understand the need to capitalise, where appropriate, on the dynamics within groups and communities in order to harness motivation and active involvement of participants*

The skills required for the application of practice

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

Registrant occupational therapists 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
- *be able to use observation to gather information about the functional abilities of service users*
- *understand the need identify and assess occupational, physical, psychological, cultural and environmental needs/problems of service users, and their families and carers*
- *be able to listen to a service user's story and analyse the content in order to plan for the future*
- *be able, through interview and personal discussion, to understand the values, beliefs and interests of service users and their families and carers*
- *be able to select and use standardised and non-standardised assessments appropriately to gather information about the service user's occupational performance, taking account of the environmental context*
- *be able to select and use relevant assessment tools to identify occupational performance needs*
- *understand the need to consider the assessment of the health and social care needs of service users*

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 occupational 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
- *be able to understand and use the relevant sciences and established theories, frameworks and concepts of occupational therapy*

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
- *understand the need to agree the goals and priorities of intervention in relation to occupational needs in partnership with service users, basing such decisions on assessment results*
- *be able to select as appropriate, the specific occupations and/or activities for use as therapeutic media, taking into account the particular therapeutic needs of service users*
- *be able to analyse develop or modify therapeutic media and/or environments to service users to build on their abilities and enhance their occupational performance*
- *be aware of the full range of occupations and/or activities used in intervention and how these should reflect the individual's occupational needs*

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

- understand the specific local context of practice, including the socio-cultural diversity of the community

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 occupational 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
- *be able to work in appropriate partnership with the service user in order to evaluate the effectiveness of occupational therapy intervention*

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
- *be able to recognise the potential of occupational therapy in new and emerging areas of practice*

3a: Knowledge, understanding and skills

Registrant occupational 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
 - be able to *understand and analyse activity and occupation and their relation to health and well-being*
 - *understand and be able to apply the theoretical concepts underpinning occupational therapy, specifically the occupational nature of human beings and how they function in everyday activities*
 - *be aware of the origins and development of occupational therapy, including the evolution of the profession towards the current emphasis on autonomy and empowerment of individuals, groups and communities*
 - *understand the use of the current philosophical framework for occupational therapy that focuses on service users and the social model of disability*
 - *understand the impact of occupational dysfunction and deprivation on individuals, families, groups and communities and recognise the importance of restoring opportunities*
 - *recognise the socio-cultural environmental issues that influence the context within which people live and work*
 - *recognise the impact of inequality, poverty, exclusion, identity, social difference and diversity on occupational performance*
 - *recognise the value of the diversity and complexity of human behaviour through the exploration of different physical, psychological, environmental, social, emotional and spiritual perspectives*
 - *be aware of social, environmental and work related policies and services and their impact on human needs within a diverse society*
 - *understand the impact of legislation on the delivery of care*
- 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**
- *know how to meet the social, psychological and physical health based occupational needs of service users across a range of practice areas*

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
- *know and be able to apply appropriate moving and handling techniques*

Appendix 8

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2007-05-08	a	POL	POL	Occupational therapists	Final DD: None	Internal RD: None

Orthoptists

Expectations of a health professional

1a: Professional autonomy and accountability

Registrant Orthoptists 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 Orthoptists 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
- *be able to diagnose a range of ocular defects and instigate referrals where appropriate*
- *recognise the need to participate effectively in the planning, implementation and evaluation of multi-professional approaches to health care delivery by liaising with ophthalmologists, optometrists, and other health care professionals*

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

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- 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
- *recognise the need to modify interpersonal skills for the assessment and management of children*

The skills required for the application of practice

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

Registrant Orthoptists 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
- *be able to use investigative techniques to identify ocular defects within a specific population to form a diagnosis and devise an appropriate course of action*
- *be able to conduct thorough investigation of ocular motility*
- *be able to diagnose conditions and select appropriate management*
- *understand the principles and techniques used to perform an objective and subjective refraction*
- *understand the principles and techniques used to examine anterior and posterior segment of the eye*
- *understand the principles and techniques used to assess visual function*

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

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

- *be able to identify pathological changes and related clinical features of conditions commonly encountered by orthoptists*

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

Registrant Orthoptists 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
- *be aware of the orthoptist's role in the promotion of visual health by others, such as the training of health visitors in the practice of 'visual screening'*

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 identify and assess physical, psychological and cultural needs, such as considering the educational as well as visual needs of a school-aged child undergoing occlusion therapy*

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 use diagnostic and therapeutic procedures to address anomalies of binocular vision, visual function and ocular motility defects*
- *be able to effect a change in visual stimuli resulting in a clinically defined outcome, which can be recorded and monitored in a manner appropriate to safe orthoptic practice*

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 Orthoptists 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 clinical practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review
- *understand research undertaken in the field of ocular motility, visual function and binocular disorders and how it could affect practice*

3a: Knowledge, understanding and skills

Registrant Orthoptists 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 ocular alignment and binocular single vision*
- *know the principles of uniocular and binocular perception*
- *understand the attaining and maintaining of binocular functions*
- *understand the development of the sensory functions of ocular alignment, binocular single vision and uniocular and binocular perception*
- *know the role of refractive error and its effect on ocular alignment and visual development*
- *understand binocular vision and its disruption*
- *understand ocular motility systems and their control*
- *know the adaptive mechanisms that occur in order to compensate for strabismus or abnormalities of binocular vision*
- *understand human anatomy and physiology, emphasising the dynamic relationships of human structure and function and focusing on the central nervous systems, brain and ocular structures*
- *understand human growth and development across the lifespan, as it relates to the practice of orthoptics*
- *understand other medical conditions and their association with the eye, including paediatric, endocrine, autoimmune, oncological and neurological disease*
- *understand ophthalmic disease and neuro-ophthalmology*
- *know the factors which influence individual variations in human ability and development*
- *know the detailed anatomy and physiology which enables the development of visual sense, visual performance and visual perception*
- *understand neuroanatomy and the subsequent effects of disruption of neural pathways*
- *understand the development of anatomical substrates and their relevance to the development of binocular single vision and visual function*
- *know how psychology and sociology can inform an understanding of health, illness and health care in the context of orthoptics and know how to take this into account in orthoptic practice*
- *be aware of human behaviour and recognise the need for sensitivity to the psychosocial aspects of strabismus*

- *know the principles governing binocular vision, its investigation and the significance of its presence or absence, and be able to apply them to clinical practice*
- *know the principles governing ocular motility and its relevance to patient management, and be able to apply them to clinical practice*
- *know the principles governing visual function and the development of vision, and be able to apply them to clinical practice*
- *recognise the functional and perceptual difficulties that may arise as a result of defective visual function*
- *be able to plan, operate and evaluate appropriate vision screening programmes*

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

- *know the role and appropriate selection of pharmacological agents and how they may be utilised in orthoptic practice*
- *understand orthoptic and ophthalmological equipment used during the investigative process*
- *know the tests required to aid in differential diagnosis*
- *know the effects of orthoptic and ophthalmological intervention on visual development*
- *know the means by which refraction and optics can influence vision and binocular vision*
- *know the principles and application of measurement techniques used to assess binocular vision and other ocular conditions*

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*

Paramedics

Expectations of a health professional

1a: Professional autonomy and accountability

Registrant paramedics 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
 - *be able to practise in accordance with current legislation governing the use of prescription-only medicines by paramedics*
- 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
 - *be able to use a range of integrated skills and self-awareness to manage clinical challenges effectively in unfamiliar circumstances or situations*

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
- *be able to maintain a high standard of professional effectiveness by adopting strategies for physical and psychological self-care, critical self-awareness, and by being able to maintain a safe working environment*

1b: Professional relationships

Registrant paramedics 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
- *understand the range and limitations of operational relationships between paramedics and other health care professionals*
- *recognise the principles and practices of other health care professionals and health care systems and how they interact with the role of a paramedic*

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

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- 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
- *be able to identify anxiety and stress in patients, carers and others and recognise the potential impact upon communication*

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 paramedics 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
- *be able to conduct a thorough and detailed physical examination of the patient using observations, palpation, auscultation and other assessment skills to inform clinical reasoning and to guide the formulation of a diagnosis across all age ranges, including calling for specialist help where available*
- *be able to use observation to gather information about the functional abilities of patients*
- *understand the need to consider the assessment of both the health and social care needs of patients and carers*

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 paramedics 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
- *understand the need to demonstrate sensitivity to the factors which shape lifestyle which may impact on the individual's health and affect the interaction between the patient and paramedic*

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 patients are positioned (and if necessary immobilised) for safe and effective interventions*
- *know the indications and contra-indications of using specific paramedic techniques, including their modifications*
- *be able to modify and adapt practice to emergency situations*

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 paramedics 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 clinical practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review

3a: Knowledge, understanding and skills

Registrant paramedics 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 human anatomy and physiology, sufficient to understand the nature and effects of injury or illness, and to conduct assessment and observation in order to establish patient management strategies*
- *understand the following aspects of biological science:*
 - *human anatomy and physiology, especially the dynamic relationships of human structure and function and the musculoskeletal, cardiovascular, cardio-respiratory, digestive and nervous systems*
 - *how the application of paramedic practice may cause physiological and behavioural change*
 - *human growth and development across the lifespan*
 - *the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through the human life-span*
 - *normal and altered anatomy and physiology throughout the human life-span*
 - *relevant physiological parameters and how to interpret changes from the norm*
 - *disease and trauma processes and how to apply this knowledge to the planning of the patient's pre-hospital care*
 - *the factors influencing individual variations in human function*
- *understand the following aspects of physical science:*
 - *principles and theories of physics, biomechanics, electronics and ergonomics that can be applied to paramedic practice*
 - *the means by which the physical sciences can inform the understanding and analysis of information used to determine a diagnosis*
 - *the principles and application of measurement techniques based on biomechanics or electrophysiology*
- *understand the following aspects of behavioural science:*
 - *psychological and social factors that influence an individual in health and illness*
 - *how psychology and sociology can inform an understanding of physical and mental health, illness and health care in the context of paramedic practice and the incorporation of this knowledge into paramedic practice*

- how aspects of psychology and sociology are fundamental to the role of the Paramedic in developing and maintaining effective relationships*
- understand the following aspects of clinical science:*
 - pathological changes and related clinical features of conditions commonly encountered by paramedics*
 - the changes that result from paramedic practice, including physiological, pharmacological, behavioural and functional*
 - the theoretical basis of assessment and treatment and the scientific evaluation of effectiveness*
 - principles of evaluation and research methodologies which enable the integration of theoretical perspectives and research evidence into the design and implementation of effective paramedic practice*
 - the theories supporting problem solving and clinical reasoning*
- understand relevant pharmacology, including pharmacodynamics and pharmacokinetics*

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

- know how to select or modify approaches to meet the needs of patients, their relatives and carers, when presented in emergency and urgent situations*
- know the theory and principles of paramedic practice*

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 and be able to apply appropriate moving and handling techniques*
- understand the nature and purpose of sterile fields and the paramedic's role and responsibility for maintaining them*

Physiotherapists

Expectations of a health professional

1a: Professional autonomy and accountability

Registrant physiotherapists 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 physiotherapists 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
- *understand the structure and function of health, education and social care services in the UK and current developments, and be able to respond appropriately*

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

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- 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 physiotherapists 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
- *be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals and communities during the assessment process*

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 physiotherapists 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
- *recognise the need to discuss, and be able to explain the rationale for, the use of physiotherapy interventions*
- *be able to form a diagnosis on the basis of physiotherapy assessment*

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 set goals and construct specific individual and group physiotherapy programmes*
- *understand the need to agree the goals, priorities and methods of physiotherapy intervention in partnership with the service user*
- *be able to apply problem-solving and clinical reasoning to assessment findings to plan and prioritise appropriate physiotherapy*
- *be able to select, plan, implement and manage physiotherapy treatment aimed at the facilitation and restoration of movement and function*

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 deliver and evaluate physiotherapy programmes*

- *be able to select and apply safe and effective therapeutic exercise, manual therapy and electrotherapies in order to alleviate symptoms and restore optimum function*
- *be able to use mobilisation, respiratory physiotherapy, neuro-therapeutic handling and massage techniques*
- *know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber in order to have their name annotated on the register.*

This standard applies only to registrants who are eligible to have their names annotated on the register

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 physiotherapists 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 evaluate treatment plans to ensure that they meet the physiotherapy needs of service users, informed by changes in circumstances and health status*

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

3a: Knowledge, understanding and skills

Registrant physiotherapists 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 following aspects of biological science:*
 - *normal human anatomy and physiology, especially the dynamic relationships of human structure and function and the neuro-muscular, musculo-skeletal, cardio-vascular and respiratory systems*
 - *patterns of human growth and development across the lifespan*
 - *factors influencing individual variations in human ability and health status*
 - *how the application of physiotherapy can cause physiological and structural change*
- *understand the following aspects of physical science:*
 - *the principles and theories from physics, biomechanics, applied exercise science and ergonomics that can be applied to physiotherapy*
 - *the means by which the physical sciences can inform the understanding and analysis of movement and function*
 - *the principles and application of measurement techniques based on biomechanics or electrophysiology*
 - *the application of anthropometric and ergonomic principles*
- *understand the following aspects of clinical science:*
 - *pathological changes and related clinical features commonly encountered in physiotherapy practice*
 - *physiological, structural, behavioural and functional changes that can result from physiotherapy intervention and disease progression*
 - *the specific contribution that physiotherapy can potentially make to enhancing individuals' functional ability, together with the evidence base for this*
 - *understand the different concepts and approaches that inform the development of physiotherapy interventions*
- *understand the following aspects of behavioural science:*
 - *psychological, social and cultural factors that influence an individual in health and illness, including their responses to the management of their health status and related treatment*
 - *how psychology, sociology and cultural diversity inform an understanding of health, illness and health care in the context of*

physiotherapy and the incorporation of this knowledge into physiotherapy practice
. theories of communication relevant to effective interaction with service users, carers, colleagues, managers and other health and social care professionals
. theories of team working and leadership

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
- *know and be able to apply appropriate moving and handling techniques*

Prosthetists and Orthotists

Expectations of a health professional

1a: Professional autonomy and accountability

Registrant prosthetists and orthotists 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
- *be aware of quality guidelines that apply to the specification of componentry*

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 prosthetists and orthotists 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 need for effective communication with technical staff to ensure the appropriateness and quality of prostheses and orthoses*

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 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.

- 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 prosthetists and orthotists 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
- *be able to use contemporary technologies that aid patient assessment such as computerised gait analysis equipment*
- *be able to complete an accurate clinical assessment and be able to analyse normal and abnormal gait, locomotor function and movement using both qualitative and quantitative means*
- *be aware of the weight and potential level of activity of patients, and the uses that prostheses or orthoses will be subject to, as part of health and safety assessments*
- *be able to measure and cast for prostheses and orthoses and, where necessary, rectify them*
- *be able to prescribe orthoses or prostheses including, where necessary, the specification for manufacture, and recognise the need to carry out risk analyses when prescribing a non-approved combination of components from differing manufacturers*

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

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

- *be able to analyse normal and abnormal gait, locomotor function and movement using both qualitative and quantitative means*

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

Registrant prosthetists orthotists 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
- *understand the psychology of loss and disability as it affects and influences prosthetic and orthotic management, and be able to apply such understanding to clinical decision-making*

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
- *be able to assess factors important to the relevant material specification of prostheses and orthoses and apply these when designing a device*
- *recognise the social factors affecting the rehabilitation of patients*

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 skilfully

- understand the need to maintain the safety of both service users and those involved in their care
- *ensure patients are positioned (and if necessary immobilised) for safe and effective interventions*
- *understand the need to maintain all equipment to a high standard*
- *be able to use equipment and machinery to undertake data collection and manufacture where and when required in a safe and competent manner*
- *be able to provide, where appropriate, a suitable cast or electronic data to accompany the written information*

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 prosthetists and orthotists 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 evaluate the supply, fit and delivery of any device on an ongoing basis as part of the review mechanism, including the body-device interface, functional alignment, mechanical integrity, functional suitability, cosmesis, clinical effectiveness, and the needs and expectations of patients

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

3a: Knowledge, understanding and skills

Registrant prosthetists and orthotists 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 human structure and function, especially the human musculoskeletal system*
- *know the aetiology and pathophysiology of human disease and general genetic principles relevant to prosthetic or orthotic practice, and recognise when disorders are not amenable to prosthetic or orthotic treatment*
- *understand structure and properties of materials and their appropriate application to prosthetic or orthotic hardware and clinical practice*
- *understand biomechanical principles and the appropriate application of forces to the human body following prescription and supply of a prosthesis or orthosis in a manner which makes the application of such forces safe and effective in an episode of treatment*
- *demonstrate a sound knowledge and understanding of the theoretical basis of prosthetic and orthotic science*

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

- understand and be able to apply appropriate moving and handling techniques

Radiographers

Expectations of a health professional

1a: Professional autonomy and accountability

Registrant Radiographers 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
 - *be able to practise in accordance with current legislation governing the use of ionising and non-ionising radiation for medical and other purposes*
- 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 Radiographers 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
- *be able to interpret and act upon information from other health care professionals, in order to maximise health gain whilst minimising radiation dose to the service user*
- *be aware of the general working of health and social care services*

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 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 advise other health care professionals about the relevance and application of radiotherapy or imaging modalities to the service user's needs

Therapeutic radiographers only

- understand the behaviour of people undergoing radiotherapy, as well as that of their families and carers

- understand the information and psychosocial needs of service users

Diagnostic radiographers only

- understand the psychology of illness, anxiety and uncertainty and the likely behaviour of people undergoing diagnostic radiographic imaging procedures, as well as that of their families and carers

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 aware of the need to empower service users to participate in the decision-making processes related to their radiotherapy or diagnostic imaging examination

The skills required for the application of practice

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

Registrant radiographers must:

2a.1 be able to gather appropriate information

- be able to use physical, graphical, verbal and electronic methods to collect information from a range of sources including history, radiographic images and biochemical reports

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
- be able to assess, monitor and care for the service user before, during and after irradiation

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

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

- be able to interrogate and process data and information gathered accurately in order to conduct the imaging procedure or radiotherapy most appropriate to the service user's needs

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

Registrant radiographers 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
- *understand the problems encountered at the interface of the service user and radiation / technology and be able to find appropriate solutions to such problems*
- *be able to select and explain the rationale for examination and treatment techniques and immobilisation procedures appropriate to the service user's physical and disease management requirements*

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
- *be able to apply the risk-benefit philosophy to radiation exposure to protect both individual service users and the population gene pool*
- *be able to calculate radiation doses and exposures*

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 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 manage complex and unpredictable situations including the ability to adapt planned diagnostic imaging examinations, interventions*

or treatments and to manage adverse and critical care incidents, to prioritise workload and use of resources

- be able to use independent methods to establish and confirm service user identity prior to treatment or imaging*
- recognise the need for spatial awareness, visual precision and manual dexterity in the precise and safe manipulation of treatment units or imaging equipment and related accessory equipment*
- be able to operate radiotherapy or diagnostic imaging equipment safely and accurately*
- be able to check that equipment is functioning accurately and within the specifications, and to take appropriate action in the case of faulty functioning and operation*
- know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary.*

This standard applies only to registrants who are eligible to have their name annotated on the Register.

- be able to appraise image information for clinical manifestations and technical accuracy, and take further action as required*

Diagnostic radiographers only

- be able to perform the full range of plain film and standard contrast agent examinations, including those undertaken on service users suffering from acute trauma, and where the service user's medical, physical or mental health needs require examinations to be carried out in non-standard imaging environments*
- be able to manage and assist with fluoroscopic and complex contrast agent procedures*
- be able perform a standard head computed tomographic (CT) examination, assist with CT examinations of the spine, chest and abdomen in acute trauma and to contribute effectively to other CT studies*
- be able to assist with standard magnetic resonance imaging procedures*
- be able to assist with ultrasound imaging procedures and perform standard, first trimester ultrasound measurements*
- be able to manipulate exposure and image recording parameters to optimal effect*
- be able to use to best effect the processing and related technology supporting film-based and computer-based imaging systems*
- be able to distinguish disease and trauma processes as they manifest on diagnostic images*

Therapeutic radiographers only

- be able to scrutinise and interpret the radiation prescription in such a way that radiotherapy is delivered accurately and reproducibly*
- be able to undertake complex radiation dose delivery calculations involving a range of radiation types and energies*
- be able to generate a treatment plan and verify treatment parameters ensuring optimal radiotherapy prescription delivery*
- be able to perform the full range of radiotherapy processes and techniques accurately and safely*

- *be able to localise the target volume precisely in relation to external surface markings and anatomical reference markings*
- *be able to interpret and evaluate images obtained during radiotherapy planning and treatment*
- *be able to recognise changing signs and symptoms and the progression of disease, decide not to treat (if necessary) and make appropriate referrals before administering any further radiation treatment*
- *be able to manipulate exposure and image recording parameters to optimal effect and interpret and evaluate images obtained during radiotherapy planning and treatment*
- *be able to use to best effect the processing and related technology, including computer-based imaging systems for radiotherapy purposes*

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 radiographers 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 clinical practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review

3a: Knowledge, understanding and skills

Registrant radiographers 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 physical principles of radiation generation, interaction, modification and protection underpinning the use of radiation for diagnosis or treatment*
- *understand the risk benefit philosophy and principles involved in the practice of diagnostic or therapeutic radiography*
- *understand the radiobiological principles on which the practice of radiography is based*
- *understand concurrent and common pathologies and mechanisms of disease*
- *understand the capability, applications and range of technological equipment used in diagnostic imaging or radiotherapy*
- *understand radiation dosimetry and the principles of dose calculation*
- *know the pharmacology of drugs used in diagnostic imaging, or oncology as it relates to radiotherapy practice*
- *understand the methods of administration of drugs*
- *understand the philosophy underpinning the development of the profession of radiography*
- *understand the role of the radiographer in the promotion of health and health education in relation to healthy living and health screening for disease detection*
- *be aware of the current developments and trends in the science and practice of radiography*
- *understand the quality assurance processes in place within diagnostic imaging or radiotherapy*
- *understand the legislative, policy, ethical and research frameworks that underpin, inform and influence practice*
- *know the concepts and principles involved in the practice of diagnostic imaging or radiotherapy and how these inform and direct clinical judgement and decision-making*
- *be able to formulate and provide information to service users about the treatment or imaging process and procedures, with regular reappraisal of their information needs, as appropriate*
- *be able to remove and re-apply dressings and supports appropriately and in a safe, effective and considerate manner*
- *distinguish between normal and abnormal appearances evident on images*

- know the physical and scientific principles on which image formation using ionising and non-ionising radiation is based

Therapeutic radiographers only

- know the biochemical science of radiation pathophysiology

- know the structure and function of the human body in health and disease, especially regional and cross sectional anatomy of the head and trunk, histology, haematology, and the lymphatic and immune systems

- know the diagnostic procedures, investigations and physiological symptoms which result in referral for radiotherapy

- understand oncology, the pathophysiology of solid and systemic malignancies, epidemiology, aetiology and the management and impact of cancer

- understand the influence of concurrent treatment such as chemotherapy on dose prescription, radiotherapy timing and post treatment complications

Diagnostic radiographers only

- know the signs and symptoms of disease and trauma that result in referral for diagnostic imaging procedures

- know the structure and function of the human body in health, disease and trauma, especially the musculo-skeletal system, the soft tissue organs, regional and cross-sectional anatomy of the head and trunk, and the cardiovascular, respiratory, genito-urinary, gastro-intestinal and neuro-endocrine systems

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

- understand the need to ensure the physical and radiation safety of all individuals in the immediate work environment at all times

- 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 dealing with waste and spillages correctly*
- *know and be able to apply appropriate moving and handling techniques*
- *be able to use basic life support techniques and be able to deal safely with clinical emergencies*

Speech and language therapists

Expectations of a health professional

1a: Professional autonomy and accountability

Registrant speech and language 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 ethical and legal implications of withholding and withdrawing feeding including nutrition*
- 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*
- 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 speech and language 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
- *be able to apply appropriate referral practices within health, social services and educational settings*
- *recognise that the need to work with others includes health, social and educational professionals*
- *recognise the importance of working in partnership with clients and their families*
- *understand health education and how it relates to communication and swallowing*
- *be aware of the structure and function of the education, social and healthcare services in the UK, and current developments*

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 8 of the International English Language Testing System, with no element below 7.5¹
- This requirement is stricter for speech and language therapists than for all other professions, as communication in English is a core professional skill: see 2b.4*
- 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

¹ The International English 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 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

The skills required for the application of practice

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

Registrant speech and language therapists 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

- *be able to administer, record, score and interpret a range of published and self-generated assessment tools to describe and analyse clients' abilities and needs using, where appropriate, phonetic transcription, linguistic analysis, instrumental analysis and psycholinguistic assessment*

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 speech and language 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
- *be able to apply knowledge of communication disorder, linguistics, phonetics, psychology and biomedical sciences to the identification, assessment and differential diagnosis of a range of communication and swallowing disorders*

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 recognise the influence of situational contexts on communicative functioning and swallowing status*
- *recognise the possible contribution of social, psychological and medical factors to clients' communication difficulties and swallowing status*
- *be able to evaluate the effects of communication difficulties and swallowing status on the psychosocial well-being of clients and their families and carers*

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
- *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

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 speech and language 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 clinical practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review

3a: Knowledge, understanding and skills

Registrant speech and language 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 linguistics, including phonetics, psycholinguistics, sociolinguistics and all levels of normal processing*
- *understand biomedical and medical sciences as relevant to the development and maintenance of communication and swallowing*
- *understand psychology, as relevant to normal and impaired communication, psychological and social well-being*
- *understand, in relation to the practice of speech and language therapy, sociology, including its application to educational, health and workplace settings and within multi-cultural societies*
- *understand educational philosophy and practice and the relationship between language and literacy*
- *understand therapeutic contexts, models and processes, relevant to the practice of speech and language therapy*
- *understand developmental and acquired disorders of speech, language, communication and swallowing*

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

- *be able to use knowledge of speech and language therapy to assess and manage people with the following disorders:*
 - *developmental speech and language disorders*
 - *acquired speech and language disorders*
 - *voice disorders*
 - *fluency disorders*
 - *swallowing disorders*
 - *developmental or acquired cognitive disorders*

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

