

Generic standards

The following is a list of all the generic standards of proficiency together with the suggestions for specific changes made by the professional bodies and the Council's registration assessors.

In this document, the generic standards are shown in normal type, the detailed generic standards are included in italics and the suggested standards are shown in the shaded boxes.

Where a suggestion for a profession-specific standard has been made, this has been included if it may potentially be suitable as a generic standard. Otherwise, profession-specific standards are not included in this document.

Expectations of a health professional

1a: Professional autonomy and accountability

Registrants must:

1a.1

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

- *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 and autonomy of every patient, client and user including their role in the diagnostic and therapeutic process*

be able to practice as an autonomous practitioner within the legal and ethical boundaries of their profession (BIOS)

- understand the need to respect, and so far as possible uphold, the rights, dignity and autonomy of every patient including their role in the **preventive**, diagnostic and therapeutic process (BDA)

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

1a.2 should state that registrants should practise in an “anti-oppressive manner”, as well as a “non-discriminatory” one (CSP)

1a.3 be able to maintain confidentiality and obtain informed consent

Be able to maintain confidentiality and **try to** obtain informed consent (BPA)

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1a.4 be able to exercise a professional duty of care

1a.5 know the limits of their practice and when to seek advice

- *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*
- *be able to use a range of integrated skills and self-awareness to manage clinical challenges effectively in unfamiliar circumstances or situations*

Please see professional bodies and registration assessors papers for comments on ideas around autonomy, particularly in relation to this standard.

1a.6 recognise the need for effective self-management of workload and be able to practise accordingly

recognise the need for effective self-management of workload and use of resources and be able to practise accordingly (BDA)

1a.7 understand the obligation to maintain fitness to practise

- *understand the importance of caring for themselves, including maintaining their health*

understand the obligation to maintain fitness to practise **and to take responsibility for self-reporting health, disability or conduct matters where this might impact on their practice** (SOR)

[conflation of 1a.7 and 1a.8] understand the obligation to maintain fitness to practise **through career-long self directed learning and updates CPD in line with the requirements of the professional body and the HPC and KSF** (BIOS)

‘understand the importance of caring for themselves, including their **physical and mental health** (COT)

1a.8 understand the need for career-long self-directed learning

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understand the need for personal development planning to support career-long self-directed learning (COT)

understand the need for life-long self-directed learning (BPA)

understand the need for career-long self-directed learning **and provide evidence of continuing professional development** (SOR)

understand the need for **and be able to demonstrate** career-long self-directed learning (PH registration assessor)

understand the importance of career-long self-directed learning **and CPD** (ODP visitor)

1b: Professional relationships

Registrants must:

1b.1 know the professional and personal scope of their practice and be able to make referrals

know the professional and personal scope of their practice and be able to make **appropriate and timely** referrals (COT)

‘could usefully be expanded to indicate that registrants should not work beyond their scope of practice without developing their knowledge and skills appropriately’ (CSP)

1b.2 be able to work, where appropriate, in partnership with other professionals, support staff, patients, clients and users, and their relatives and carers

- *understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team*
- *understand the need to engage patients, clients, users and carers in planning and evaluating care*

understand the need to engage patients, clients and users in planning and evaluating **diagnostics, treatments and interventions to meet their needs and goals** (IBMS)

1b.3 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

1b.4 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, patients, clients, users, their relatives and carers

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

be able to identify anxiety and stress in patients, carers and others, and recognise the potential impact upon communication (BPA)

1b.4 and 1b.5 should stress that communication must revolve around working in partnership with individuals, with due sensitivity to their interest, needs and concerns (CSP)

throughout the patient-care process effectively and appropriately communicate information, advice, instruction, and professional opinion to colleagues, patients, clients and users, their relatives and carers (CS registration assessor)

1b.5 understand the need for effective communication throughout the care of the patient, client or user

- *recognise the need to use interpersonal skills to encourage the active participation of patients, clients and users*

be able to identify anxiety and stress in patients, carers and others, and recognise the potential impact upon communication (BPA)

1b.4 and 1b.5 should stress that communication must revolve around working in partnership with individuals, with due sensitivity to their interest, needs and concerns' (CSP)

The skills required for the application of practice

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

Registrant paramedics must:

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2a.1 be able to gather appropriate information

...gather and record information from a wide range of sources and by a variety of methods (CSP – profession-specific)

be able to gather appropriate information, **including clinical history if appropriate** (CS registration assessor)

2a.2 be able to use appropriate assessment techniques

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

recognise the physical, psychological, social and cultural needs of individuals and communities (CSP – profession-specific. The PLG may wish to consider whether this might be appropriate as a generic standard).

be able to **select and use relevant** assessment **tools** (COT)

be able to use observation to gather information about the functional abilities of patients understanding the need to consider the assessment of both health and social care needs of patients and carers and to ensure that the appropriate care pathways are accessing to benefit the patient

and

be able to understand the values, beliefs and interests of patients and their families and carers (BPA – generic/profession-specific)

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

be able to undertake or arrange clinical **or scientific** investigations as appropriate (IBMS)

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

be able to analyse, interpret and assess the quality of the information collected (CS, registration assessor)

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

Registrants must:

2b.1 be able to use research, reasoning and problem solving skills (and, in the case of clinical scientists, conduct fundamental research)

- *recognise the value of research to the systematic evaluation of practice*
- *be able to conduct evidence-based practice, evaluate practice systematically, and participate in audit procedures*
- *be aware of methods commonly used in health and social care research*
- *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 research, reasoning and problem solving skills (and, in the case of clinical scientists, conduct **relevant research individually and/or in collaboration with other health professionals**) (CS, registration assessor)

- be able to use research, reasoning and problem solving skills **to properly inform the process of clinical judgement** (PH registration assessor)

be able to use research, **clinical** reasoning and problem solving skills (DT registration assessor)

- be able to conduct evidence-based practice, evaluate practice systematically, and participate in audit procedures participate **ethically** (COT)

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

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

be able to understand and apply national clinical guidelines (ie NICE, SIGN) where appropriate within the care and management of patients and clients (SOR)

it is unclear how the sub-clause concerning IT relates to a registrant's ability to make professional judgements (CSP, paraphrase)

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

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

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

- understand the need to maintain the safety of both patients, clients and users, and those involved in their care*
- ensure patients, clients and users 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 conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely, skilfully **and effectively** (CS and PH registration assessors)

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 clinical information in accordance with applicable legislation, protocols and guidelines*
- understand the need to use only accepted terminology (which includes abbreviations) in making clinical records*

be able to maintain records appropriately **and share findings with other health care personnel in the patient care pathway as appropriate to the needs of the patient** (BPA)

be able to maintain, archive and secure records (CS registration assessor)

- 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 (BDA)
- be able to keep accurate, legible records and recognise the need to handle these records and all other **relevant** information in accordance with applicable legislation, protocols and guidelines
- understand the need to use only accepted terminology (which includes abbreviations) in making **client** records (COT)

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

Registrant's must:

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

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

be able to make reasoned decisions to initiate, continue, modify, **inform** or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately (COT)

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 principles of quality control and quality assurance **in recognising the need for the implementation and management of change** (COT)
- understand the principles of **governance frameworks**
- be able to maintain an effective audit trail and work towards continual improvement **in practice** (BDA)
- be able to analyse and review the results of audit to inform a change in practice when required (SOR, suggested as profession-specific)

Knowledge, understanding and skills

3a:

Registrant's must:

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

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

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

know how professional principles are expressed and translated into action through a number of different **assessment, treatment and management** approaches and how to select or modify approaches to meet the needs of individuals, **groups or communities** (BDA)

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*

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- *be able to establish safe environments for clinical practice, which minimise risks to patients, clients and users, those treating them, and others, including the use of hazard control and particularly infection control*
- *understand and be able to apply appropriate moving and handling techniques*

understand the need to establish and maintain a safe practice environment **and comply with the Health and Safety and Work Act 1974 with particular reference to Controlled Waste and Control of Substances Hazardous to Health (COSHH) Regulations** (SCP)

- be able to advise on legislative compliance and undertake adverse incident investigations (ACS, suggested as profession-specific)

[It is suggested that the following standards become generic for all professions]

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 (SOR)

- be able to select appropriate personal **protection techniques** and use[them] correctly

- be able to appropriate **manual handling** techniques (COT)

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