Tribunal Advisory Committee
15 September 2020

hcpc health & care professions council

Review of the standards of proficiency consultation

Executive Summary

Background

In March 2019, we commenced a review of the standards of proficiency (SOPs) for all 15 of the professions on our Register.

The SOPs set out the professional standards that we consider necessary for the safe and effective practice of the professions that we regulate. Each set of standards is unique to its profession, and sets out clear expectations of our registrants' knowledge and abilities when they start practising.

We periodically review all of our standards to ensure that they remain up to date and fit for purpose. The SOPs were last reviewed five years ago, between 2013 and 2015 (depending on the profession).

In March 2019, Council approved the review of the SOPs. Given the review is focused predominantly on aligning the generic standards, we streamlined the review process by considering the standards of all 15 professions at once. Professional Liaison Groups are typically engaged within this process to provide advice and expertise where required. However, given the nature of this review, it was agreed we would only engage a PLG if matters arose during the review which required it. Instead we undertook targeted stakeholder engagement, which comprised of:

- an initial paper-based review (April – May 2019);
- a series of workshops in each of the four countries (June – July 2019); and
- meetings with stakeholders, including the professional bodies for all our professions, to discuss the standards in more depth (July – December 2019).

Further detail on this engagement is set out in our paper to Council in September 2019.

Based on the feedback we have obtained from this engagement we proposed some amendments to the standards for each profession which we are currently consulting on.

Proposed changes

During the last review cycle, the SOPs were restructured into generic (which apply across all 15 professions) and profession-specific standards. Early feedback indicated that this structure remains fit for purpose and so we are focusing this review on the generic standards, to ensure these are up to date and that there is clear alignment across the professions.

Changes proposed to the generic standards broadly mirror the key themes considered at our workshops. These address the following topics in particular:

- The role of equality, diversity and inclusion in the standards; specifically the importance of making sure that practice is inclusive for all service-users.
- The central role of the service-user, including the importance of informed-consent and effective communication in providing good care.
- The importance of maintaining fitness to practise, considering the roles of mental health and seeking help where necessary.
- The need to be able to keep up to date with digital skills and new technologies.
- The role and importance of leadership at all levels of practice.

We have also proposed some changes to the profession-specific standards where necessary to:

- reflect current practice or changes in the scope of practice of each profession;
- update the language where needed to ensure it is relevant to the practice of each profession and to reflect changes in current use of terminology;
- reflect the current content of pre-registration education programmes;
- clarify the intention of existing standards; and
- correct omissions or to avoid duplication.

Amendments to the profession-specific standards are largely the result of conversations and meetings with professional bodies. They therefore reflect modern day practice and the developments of the professions.

We have also proposed changes to the introduction text in the standards of proficiency and created a glossary, similar to the glossary we have for the Standards of conduct, performance and ethics.

Consultation approach and timelines

The consultation went live on 17 June 2020. This is for all 15 sets of standards for each of the registered professions. More details, including the consultation papers, questions and how to respond, can be found on our website.

Following the consultation, we will undertake a consultation analysis of the feedback received. This will inform our final amendments to the standards, which we hope to present to ETC and Council in March.

Appendixes

For TAC, we have focused on the generic changes. However, if the Committee wish to see the changes we have proposed to the profession-specific standards, they can find these on the consultation web page linked to above.

A. The draft Equality, Diversity and Inclusion impact assessment for the review and consultation.

B. A list of the generic standards, which apply to all 15 of the professions, and the changes we have proposed.

C. New proposed introduction and glossary for the standards.

Previous consideration	ETC and Council approved the papers in March
Decision	TAC is invited to discuss these documents.
Next steps	Following the consultation, we will undertake a consultation analysis of the feedback received. This will inform our final amendments to the standards, which we hope to present to ETC and Council in March.
Strategic priority	**Strategic priority 2**: Ensure our communication and engagement activities are proactive, effective and informed by the views and expectations of our stakeholders.
Risk	There are no risks associated with this paper.
Financial and resource implications	There are no additional resource or financial implications associated with this work. The Standards of Proficiency review is already factored into existing work plans.
Author	Olivia Bird, Policy Manager

Equality, Diversity and Inclusion Impact Assessment (EIA)

Section 1: Project overview

Project title: Standards of proficiency review	
Name of assessor: Olivia Bird	**Date EIA agreed:** 25 March 2020

What are the intended outcomes of this work?

- To review the standards of proficiency for all 15 professions on the HCPC register.
- To ensure the standards are up to date, reflect modern practice and the development of our professions.
- To publically consult with the public and our stakeholders on revisions to the standards.

Who will be affected?

Once any changes to the standards are implemented:

- registrants will have to meet the new standards, as far as they relate to their scope of practice;
- education and training providers will need to revise their programmes in line with any revisions to the standards;
- prospective students for approved programmes may see changes to their curriculum in line with the revisions to the standards;
- international applicants will have to demonstrate they meet these standards when applying to join the Register;
- employers will need to be aware of the revisions to understand what HCPC registrants will be required to know, do and understand at the point at which they join the Register; and
- HCPC employees and partners will need to be aware of the revised standards, such as when considering applications to join the Register or approving education and training programmes.

Section 2: Evidence and Engagement

Lack of data should not prevent a thorough EIA. Be proactive in seeking the information you need.

What evidence have you considered towards this impact assessment?

Engagement activity with key stakeholders throughout the review. EDI was a key theme of the workshops conducted with stakeholders over Summer 2019. In these we asked stakeholders:

1. Do the standards adequately address equality, diversity and inclusion?

2. Are the Standards of proficiency clear enough about discrimination?

3. If not, what would make them clearer?

4. How might we strengthen the standards in relation to equality, diversity and inclusion?

5. Would separate guidance be helpful in applying this or are the standards sufficient?

We will also be asking as part of the consultations if there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the protected characteristics under the Equality Act 2010. We will revise this EIA impact assessment in light of this feedback.

How have you engaged stakeholders in gathering or analysing this evidence?

Yes, see above for evidence considered towards this impact assessment. We will continue to engage stakeholders, both internal and external, throughout the remainder of the project to ensure that all evidence is adequately considered prior to making a decision to implement any changes to the standards.

Section 3: Analysis by equality group

The Equality and Human Rights Commission offers information on the [protected characteristics](#).

Describe any impact to groups or individuals with the protected characteristics listed below that might result from the proposed project. Draw upon evidence where relevant.

For all characteristics, consider **discrimination, victimisation, harassment and equality of opportunity** as well as issues highlighted in the guidance text.

Age (includes children, young people and older people)

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

For certain professions, we have also added in additional standards which make specific reference to vulnerable groups such as children and neonates. This should better ensure registrants are able to adapt their practice to this characteristic.

As this survey will be predominately hosted and promoted online, this may exclude access to older people who as less likely to regularly access online or social media based resources. To address this, we will engage our usual approach of accepting responses by post or phone. We also plan to promote the consultation in a range of ways, as far as is proportionate to our digital first approach. This will include articles on our website and on social media but also stakeholder engagement such as service user groups who can promote this to those they represent and by email to registrants through In Focus.

Disability (includes physical and mental health conditions. Remember 'invisible disabilities')

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

The proposed standards now include disability as a factor which might impact on the characteristics and consequences of verbal and non-verbal communication. This should ensure greater emphasis is placed on this in our registrant's education and training.

Disability may negatively impact upon ability to access and respond to the consultation, where they have difficulties using computers or the web pages. To make the website easy to view, we have designed it in accordance with guidelines laid down by the Web Accessibility Initiative (WAI) and we strive, wherever possible, to conform to 'Double-A' standards. Should anyone require assistance in renewing online, reasonable adjustments will be made where appropriate, in line with the HCPC's reasonable adjustments policy.

Gender reassignment (consider that individuals at different stages of transition may have different needs)

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

Marriage and civil partnerships (includes same-sex unions)

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

Pregnancy and maternity (includes people who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding)

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

Race (includes nationality, citizenship, ethnic or national origins)

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

International applicants are one of the groups who will be greater affected by the changes to the standards, as they will need to demonstrate they meet these standards when applying to join the Register. The increase in requirements in some areas may therefore make it harder for them to join the Register. We have endeavoured to ensure that the changes we have made are proportionate to public protection and still remain at the threshold level for safe and effective practice. This ensures that any additional burdens to join the Register are proportionate to our role to protect the public.

We will ask consultees whether they consider the changes that we are proposing are proportionate to our role to protect the public, and represent the threshold level necessary for safe and effective practice.

Religion or belief (includes religious and philosophical beliefs, including lack of belief)

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

Sex (includes men and women)

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

Sexual orientation (includes heterosexual, lesbian, gay, bi-sexual, queer and other orientations)

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

The proposed standards now include sexual orientation as a factor which might impact on the characteristics and consequences of verbal and non-verbal communication. This should ensure greater emphasis is placed on this in our registrant's education and training.

Other identified groups

In light of the Department of Health and Social care report published in 2016, which recommended inclusion health be embedded in undergraduate teaching for all disciplines of health and social care, we have considered where the standards can better address the health needs and outcomes of socially excluded groups. We have introduced new standards on inclusion which should better address this, in light of feedback from stakeholders at workshops.

Four countries diversity

The standards apply equally to all four countries, and we have made sure to reach stakeholders across the UK in our engagement. We hosted four workshops; one in in Belfast, Cardiff, Edinburgh and London, over the Summer and will continue to reach out to representatives from all four countries throughout the consultation.

In deciding what implementation timescales we will work towards (for education providers to implement in the new standards in their programmes) we will make sure to account for the make-up of education and training across the four countries. We note there may be specific challenges for smaller countries or those with more remote settings and will ensure this is considered as part of any decision-making.

Section 4: Welsh Language Scheme

How might this project engage our commitments under the Welsh Language Scheme?

As any information published in this regard would be targeted at registrants, for the purpose of the Welsh Language Scheme (WLS)[1] this would be technical or specialised material aimed at

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[1] https://www.hcpc-uk.org/globalassets/about-us/governance/welsh-language-scheme.pdf

professionals (see para 4.2 of the Scheme). We therefore do not need to translate any materials, but could provide a translation on request.

Section 5: Summary of Analysis

What is the overall impact of this work?

- All groups should see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.
- Age and disability may be factors leading to individuals being impacted by the consultation being hosted and promoted largely online. Steps have been taken to ensure the consultation is accessible to these groups (the website design is accessible, we will accept paper and phone based responses, will engage a wide range of stakeholders including service user groups and engagement will be on all platforms, not just online / social media, as far as proportionate to our digital first approach).
- Race may be a factor leading to individuals being impacted by our proposed changesdue to the impact the revised standards will have on international applicants. We have ensured that all changes we propose are proportionate to our public protection role and at threshold level (what is necessary for safe and effective practice to our role). We will ask consultees whether they consider the changes that we are proposing are proportionate to our role to protect the public, and represent the threshold level necessary for safe and effective practice.

Section 6: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this assessment.

Include information about how you will monitor any impact on equality, diversity and inclusion.

Summary of action plan

- Promote ability to request alternative formats of consultation and HCPC make reasonable adjustments
- EDI and proportionality questions in the consultation
- Review the EIA following consultation feedback
- EDI section on consultation analysis
- Engagement with wide range of stakeholders (including service user groups) and on a range of formats (not just social media and the website)

Below, explain how the action plan you have formed meets our public sector equality duty.

How will the project eliminate discrimination, harassment and victimisation?

The amendments we propose intend to place greater emphasis on the importance of equality, diversity and inclusion. In particular, the proposed revisions to standards 5 and 6 should serve to help eliminate discrimination, harassment and victimisation by our registrants.

How will the project advance equality of opportunity?

The amendments we propose intend to place greater emphasis on the importance of equality, diversity and inclusion. In particular, the proposed revisions to standards 5 and 6 should serve to help advance equality of opportunity.

How will the project promote good relations between groups?

The amendments we propose intend to place greater emphasis on the importance of equality, diversity and inclusion. In particular, the proposed revisions to standards 5 and 6 should serve to promote good relations between groups.

An action plan template is appended for specific action planning.

Appendix 1: Action plan template

This template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your project.

Issue identified	Action(s) to be taken	Person responsible and their Directorate	Target date for delivery
Accessibility of consultation	• Consultation can be made available in alternative formats on request • Make reasonable adjustments in line with our Reasonable adjustments policy • Promote ability to request alternative formats of consultation and HCPC make reasonable adjustments • Engagement with service user groups and organisations representing protected characteristics to promote consultation widely	Olivia Bird, Policy and External Relations	Ongoing
Accessibility of engagement	• Consultation will be promoted on range of platforms (newsletters, social media, website) • Engagement will promote the fact alternative formats can be requested and HCPC can make reasonable adjustments • Engagement will include service user groups and organisations representing protected characteristics	Olivia Bird, Policy and External Relations Jacqueline Ladds, Policy and External Relations	Ongoing
Governance visibility	• EIA impact assessment taken to SMT, ETC and Council both before and after consultation • EIA published as part of Governance papers	Olivia Bird, Policy and External Relations	March and November / December (TBC) SMT, ETC and Council

Ongoing monitoring of impact	• EDI and proportionality questions in consultation • EDI feedback will form part of consultation analysis • Revised EIA will be taken to consultation with decisions paper	Olivia Bird, Policy and External Relations	Ongoing

Appendix 2: How to complete this form

This form is intended for use in **new or major** projects or policies. It is structured to consider the 9 protected characteristics set out in the Equality Act 2010. It is therefore important that you complete every section of the form.

You should consider and document **positive and negative** impacts which might result from the proposed project. Impacts might be **indirect**. If you consider that there will be **no impact** to groups or individuals with a particular protected characteristic, this **should still be documented**.

The equality impact assessment is not intended as a 'tick box' exercise. Instead, it offers a tool to help you embed equality, diversity and inclusion throughout your work planning and delivery. We encourage you to consult with colleagues, stakeholders and where possible, people with protected characteristics throughout this process.

For more guidance and information, please refer to the **Equality impact assessment guidance** document.

Should you have any queries or suggestions, please contact the Policy and Standards team on 0207 840 9815 or policy@hcpc-uk.org. Your EDI Manager is Katherine Timms.

Appendix B - Generic standards with proposed revisions

This lists the generic standards which apply across all 15 professions.

Red indicates proposed changes to the generic standards.

Registrants must:

1. be able to practise safely and effectively within their scope of practice
1.1 know the limits of their practice and when to seek advice or refer to another professional or service
1.2 recognise the need to manage their own workload and resources ~~effectively and be able to practise accordingly~~ safely and effectively

2. be able to practise within the legal and ethical boundaries of their profession
2.1 understand the need to ~~act in the best interests of service users~~ promote and protect the service user's interests at all times
2.2 understand the importance of safeguarding and the need to be able to engage in appropriate safeguarding processes where necessary
2.3 understand what is required of them by the Health and Care Professions Council
2.4 understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
2.5 recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
2.6 understand the importance of and be able to obtain informed consent
2.7 be able to exercise a professional duty of care
2.8 ~~know~~ understand current legislation applicable to the work of their profession

3. be able to maintain fitness to practise
3.1 understand the need to maintain high standards of personal and professional conduct
3.2 understand the importance of maintaining their own mental and physical health and be able to take appropriate action if their health may affect their ability to practise safely and effectively
3.3 understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary
3.4 understand both the need to keep skills and knowledge up to date and the importance of continuous professional development ~~career long learning~~

4. be able to practise as an autonomous professional, exercising their own professional judgement
4.1 recognise that they are personally responsible for and must be able to justify their decisions

4.2 ~~be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem~~ be able to use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary

4.3 be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately

4.4 be able to make and receive appropriate referrals

4.5 be able to initiate resolution of problems and be able to exercise personal initiative

4.6 be able to demonstrate a logical and systematic approach to problem solving

4.7 be able to use research, reasoning and problem solving skills to determine appropriate actions

4.8 understand the importance of active participation in training, supervision and mentoring

5. be aware of the impact of culture, equality and diversity on practice

5.1 understand the need to adapt practice to respond appropriately to the needs of all different groups and individuals

5.2 be aware of the impact of their own values and beliefs on practice

5.3 be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, disability, ethnicity, gender, pregnancy or maternity, race, sex, sexual orientation, socio-economic status, and spiritual or religious beliefs

6. be able to practise in a non-discriminatory and inclusive manner

6.1 be aware of the characteristics and consequences of barriers to inclusion

7. understand the importance of and be able to maintain confidentiality

7.1 be aware of the limits of the concept of confidentiality

7.2 understand the principles of information governance and be aware of the safe and effective use of health and social care information

7.3 be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public

8. be able to communicate effectively

8.1 be able to use ~~demonstrate~~ effective and appropriate verbal and non-verbal skills ~~in communicating information, advice, instruction and professional opinion~~ to communicate with service users, carers, colleagues and others

8.2 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[1]

- ~~understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability~~
- ~~be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others~~

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[1] With the exception of Speech and Language Therapists who require level 8 with no element below 7.5.

- be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs
- 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 assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible
- recognise the need to use interpersonal skills to encourage the active participation of service users

8.3 be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they want where appropriate

8.4 be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible

8.5 be able to use information and communication technologies appropriate to their practice

9. be able to work appropriately with others

9.1 be able to work, where appropriate, in partnership with service users, other professionals, support staff and others

9.2 understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team

9.3 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

9.4 understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice

10. be able to maintain records appropriately

10.1 be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines

10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines

11. be able to reflect on and review practice

11.1 understand the value of reflection on practice and the need to record the outcome of such reflection

11.2 recognise the value of case conferences and other methods of review

12. be able to assure the quality of their practice

12.1 be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures

12.2 be able to gather and use feedback and information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care

12.3 be able to monitor and systematically evaluate the quality of practice, and maintain an effective audit trail to work towards continual improvement

- be aware of, and be able to participate in, quality assurance programmes, where appropriate

12.4   be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures

12.5   be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user

12.6   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

13. understand the key concepts of the knowledge base relevant to their profession

13.1   understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their ~~the paramedic~~ profession

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

14. be able to draw on appropriate knowledge and skills to inform practice

14.1   be able to change their practice as needed to take account of new developments, technologies and ~~or~~ changing contexts

14.2   be able to gather appropriate information

14.3   be able to analyse and critically evaluate the information collected

14.4   be able to select and use appropriate assessment techniques

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

14.6   be able to undertake or arrange investigations as appropriate

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

14.8   be aware of a range of research methodologies

14.9   recognise the value of research to the critical evaluation of practice

14.10   be able to critically evaluate research and other evidence to inform their own practice

15. understand the need to establish and maintain a safe practice environment

15.1   understand the need to maintain the safety of both service users and those involved in their care

15.2   be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these

15.3   be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation

15.4   be able to select appropriate personal protective equipment and use it correctly

15.5   be able to establish safe environments for practice, which ~~minimise risks~~ appropriately manages risk to service users, those treating them and others, including the use of hazard control and particularly infection control

Appendix C – Draft introduction and glossary to the revised standards of proficiency

> ### <u>Introduction</u>
>
> *Currently, the PDFs of the standards of proficiency have a 3 page introduction which sets out what the standards of proficiency are, explain what we expect of registrants, how the standards relate to their scope of practice and clarify the language used.*
>
> *During the review, we have noted some misconceptions about the standards, their purpose and their application. We have also been asked for clarification on a number of areas.*
>
> *In light of this, we propose to change the introduction text of the standards to the below.*

This document sets out the standards of proficiency.

The standards of proficiency set out threshold standards for safe and effective practice in the professions we regulate. They set out what a student must know, understand and be able to do by the time they have completed their training, so that they are able to apply to register with us. Once on our Register you must continue to meet those standards of proficiency which apply to your scope of practice.

We also expect you to keep to our Standards of conduct, performance and ethics and our Standards for continuing professional development. We publish these in separate documents, which you can find on our website. All three sets of standards are important for safe and effective practice.

About the standards

Our standards complement information and guidance issued by other organisations, such as your professional body or your employer. We recognise the valuable role played by professional bodies in providing guidance and advice about good practice, which can help you to meet the standards in this document.

The standards of proficiency are structured around 15 overarching standards which are the same for all our registrants, no matter their profession. These are written in bold.

The standards beneath these are made up of 'generic' standards and 'profession-specific' standards. 'Generic' standards appear in the standards of proficiency for every one of the professions we regulate, to reflect the commonality across all our registrants. The 'profession-specific' standards are standards which are unique to particular professions.

Standards that apply only to [insert title or modality] are written in blue text.

We have numbered the standards so that you can refer to them more easily. The standards are not hierarchical and are all equally important for safe and effective practice.

About this document

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.

In the Standards of proficiency, we use terminology which we believe makes the standards as clear as possible for all our professions. This is because our registrants work in a range of different settings, which include direct practice, management, education, research and roles in industry, and use different words to describe the work they do.

Many of our registrants use different terms to describe the groups or individuals that use - or are affected by – their services, such as 'patients', 'clients' and 'service users'. In this document we have used the term 'service user' to apply to all those who benefit from your services.

We also use phrases such as 'understand', 'know', and 'be able to'. This is so the standards remain applicable to both students who have not yet started practising, and current registrants.

For registrants on our Register, the language we use should not act as a limit on the skills, knowledge and abilities you are able to develop or demonstrate. For example, you should not feel that the wording of certain standards limits you to demonstrating only 'understanding' and prevents you from applying your knowledge where appropriate. Registrants should feel able to develop their practice and demonstrate skills, knowledge and abilities which go beyond those listed in the Standards of proficiency as appropriate.

Meeting the standards

The standards of proficiency set out threshold standards for safe and effective practice. You must meet all the standards of proficiency to register with us, and continue to meet the standards relevant to your scope of practice to stay registered with us.

However, we recognise that our registrants' scope of practice evolves over time, as you develop your 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.

Your scope of practice may change over time, depending on how your practice develops. This might be because of specialisation in a certain area or a movement into roles in management, education or research.

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 or gaining experience, before moving into a new area of practice.

We expect registrants to evolve and develop their practise throughout the career, in line with our expectations around continuing professional development. Therefore this might mean your scope of practice moves beyond these standards as you develop and your skills and understanding become more advanced. This might mean that not all the standards of proficiency are relevant to you throughout your entire career.

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 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. 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.

It is important that you meet our standards and are able to practise lawfully, safely and effectively. However, we do not 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.

We often receive questions from registrants who are concerned that something they have been asked to do, a policy, or the way in which they work might mean they cannot meet our standards. They are often worried that this might have an effect on their registration.

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, professional bodies, unions and others to ensure that the wellbeing of service users is safeguarded at all times.

There may also be circumstances which affect the care you give, but are beyond your control. The standards of proficiency are drafted to apply to actions within your control.

So long as you make decisions in accordance with the standards and can justify your decisions if asked to, it is very unlikely that you will not meet our standards.

Apologising

Making it clear that you are sorry about what has happened. The HCPC does not regard an apology, of itself, as an admission of liability or wrongdoing.

Autonomous

In these standards, 'autonomous' refers to a professional's ability to use their professional judgement to make independent decisions about their work.

Audit procedures

Processes intended to review the quality of care, treatment and other services being provided, to determine where there could be improvements. This is sometimes done by working directly with service users and drawing on their experience.

Case conferences

A general term to describe when professionals meet to discuss a service user's care.

Carer

Anyone who looks after, or provides support to, a family member, partner or friend.

Care, treatment or other services

A general term to describe the different work that our registrants carry out.

Colleague

A general term to describe someone our registrants work with in a professional context. This might include other health and care professionals (including from different professions or disciplines), students and trainees, support workers, professional carers and others involved in providing care, treatment or other services to service users.

Conduct

A health and care professional's behaviour.

Consent

Permission for a registrant to provide care, treatment or other services, given by a service user, or someone acting on their behalf, after receiving all the information they need to make that decision.

Delegate

To ask someone else to carry out a task on your behalf.

Disclose

In these standards, this refers to making a formal decision to share information about a service user with others, such as the police.

Discriminate

To unfairly treat a person or group of people differently from other people or groups of people. This includes treating others differently because of your views about their lifestyle, culture or their social or economic status, as well as the characteristics protected by law – age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.

Escalate

To pass on a concern about a service user's safety or wellbeing to someone who is better able to act on it, for example, a more senior colleague, a manager or a regulator.

Ethics

The values that guide a person's behaviour or judgement.

Fitness to practise

Having the skills, knowledge, character and health required to practise your profession safely and effectively.

Inclusive

Providing all people or groups of people with equal and fair access to health and care services.

Leadership

The ability to act as an example to others by exhibiting positive values and behaviours. This is not limited to positions of management and can be demonstrated in any role or professional context.

Practitioner

A health and care professional who is currently practising in their profession.

Refer

To ask someone else to provide care, treatment or other services which are beyond your scope of practice or, where relevant, because the service user has asked for a second opinion.

Scope of practice

The areas in which a registrant has the knowledge, skills and experience necessary to practise safely and effectively.

Service user

Anyone who uses or is affected by the services of registrants, for example, patients or clients.