Education and Training Committee – 10 March 2011

Consultation response analysis on proposed changes to the generic standards of proficiency

Executive summary and recommendations

Introduction

In March 2010, the Education and Training Committee and HPC Council agreed to the recommendations of the Generic Standards of Proficiency Review Group that the standards of proficiency required some changes to ensure the generic standards are applicable to all professions regulated by the HPC. As a result, at its meeting on 7 July 2010 the Council decided to consult on a range of proposed changes to the generic standards of proficiency. The consultation was carried out between 28 July and 20 October 2010.

The proposed changes we consulted on reduced the number of generic standards to 15. Each of these generic standards are intended to be overarching and applicable to all professions. Each profession would then have a new set of profession-specific standards beneath the overarching standards. These new profession-specific standards would include the existing profession-specific standards and the detailed generic standards relevant to each profession.

This paper sets out the process of the consultation, an analysis of the responses received for each question, and our conclusions. As a result of the responses we received as part of the consultation we have recommended some minor amendments to the proposed generic standards proficiency.

We have received a number of responses which suggested adding a standard about leadership to the generic standards of proficiency. There are a number of issues the Committee will wish to discuss before deciding whether a leadership requirement should be included in the generic standards of proficiency. After the Committee's consideration, this paper will be updated to take account of its decision and recommendations to Council. We have set out a series of discussion points for the Committee's consideration on pages 24-25 of this document.

Decision

The Committee is invited to discuss, agree, and recommend to the Council:

- Whether a standard requiring registrants to be able to demonstrate appropriate leadership should be added to the proposed generic standards of proficiency;

- That the other amendments to the proposed generic standards on page 27 of the document should be approved; and

- That the text of the consultation responses document (subject to minor editing amendments) should be published on the HPC website.

Background information

Paper agreed by Council on 7 July 2010 (enclosure 6 at www.hpc-uk.org/aboutus/council/councilmeetings_archive/index.asp?id=528)

Paper agreed by the Education and Training Committee on 8 June 2010 (enclosure 5 at www.hpc-uk.org/aboutus/committees/educationandtraining_archive/index.asp?id=492)

Paper agreed by Council on 25 March 2010 (enclosure 6 at www.hpc-uk.org/aboutus/council/councilmeetings_archive/index.asp?id=523)

Paper agreed by the Education and Training Committee on 10 March 2010 (enclosure 6 at www.hpc-uk.org/aboutus/committees/educationandtraining_archive/index.asp?id=489)

Resource implications

The resource implications for the Policy and Standards Department are accounted for in department planning for 2011/12. The resource implications of the ongoing process of review and eventual publication of the revised standards of proficiency will be taken into account in Policy and Standards workplans for future years.

Financial implications

The financial implications include the costs associated with running a series of consultations on the revised profession-specific standards of proficiency for each profession. These are accounted for in the Policy and Standards workplan for 2011/12. The financial implications of the ongoing process of review and eventual publication of the revised standards of proficiency will be taken into account in Policy and Standards workplans for future years.

Appendices

None

Date of paper

28 February 2011

Consultation on proposed changes to the generic standards of proficiency

Analysis of responses to the consultation on proposed changes to the generic standards of proficiency, and our decisions resulting from responses received.

1. Introduction

About the consultation

1.1   We consulted between 28 July and 20 October 2010 on the proposed changes to the generic standards of proficiency. The current structure of the generic standards of proficiency is 26 overarching generic standards and 53 detailed generic standards. Each profession has a different number of profession-specific standards. We are proposing to reduce the number of generic standards to 15. Each of these generic standards would be overarching and applicable to all professions. Each profession would then have a new set of profession-specific standards beneath the overarching standards. These new profession-specific standards would include the existing profession-specific standards and the detailed generic standards applicable to each profession.

1.2   We sent a copy of the consultation document to around 400 stakeholders including professional bodies and education and training providers, and advertised the consultation on our website.

1.3   We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this response analysis document from our website: www.hpc-uk.org/aboutus/consultations/closed.

About us

1.4   We are the Health Professions Council (HPC). We are a regulator and our job is to protect the health and wellbeing of people who use the services of the professionals registered with us.

1.5   To protect the public, we set standards professionals must meet. Our standards cover the professionals' education and training, behaviour, professional skills, and their health. We publish a Register of professionals who meet our standards. Professionals on our Register are called 'registrants'. If registrants do not meet our standards, we can take action against them which may include removing them from the Register so they can no longer practise.

About the review of the standards of proficiency

1.6   In September 2009, we set up a group comprising seven HPC Council members to review the generic standards of proficiency and to recommend to the HPC Council whether any changes needed to be made.

1.7   When reviewing the standards, we considered feedback from a variety of stakeholders including the professional bodies of professions currently regulated by the HPC. We also considered comments about the generic standards submitted through previous consultations on profession specific standards of proficiency. We were told not all of the generic standards apply to all professions regulated by the HPC because some generic standards have a health and social care focus, which is not appropriate for all professions on the Register; and some

of the terminology used in the generic standards is not relevant for all professions on the Register.

1.8   After reviewing the available information and considering the current wording and structure of the standards of proficiency, we felt the generic standards of proficiency should be retained as they recognise important commonalities shared by the professions regulated by the HPC but significant changes to both the structure and wording of the standards of proficiency are required to address the concerns raised.

Why the new structure is being proposed

1.9   We believe the new structure will address the concerns raised by some stakeholders. The new structure and wording of the overarching generic standards has been designed to be applicable to all the professions we regulate. The proposed new generic standards are broader than the current generic standards and can be applied across all professions. The new structure also aims to ensure the terminology used is appropriate and applicable to all professions. Under the new model the majority of standards would be profession-specific; allowing professions to use their own language and ensure the standards are relevant and specific. We believe the flexibility the new structure offers would mean the standards could more easily be applied to new professions if the HPC were to regulate additional professions in the future.

About this document

1.10   This document summarises the responses we received to the consultation. The document starts by explaining how we handled and analysed the responses we received, providing some overall statistics from the responses. Section **3** provides a summary of the responses. Sections **4-8** are structured around the questions we asked in the consultation document. Section **9** sets out our comments and decisions following the results of the consultation.

1.11   In this document, 'you' or 'your' is a reference to respondents to the consultation, 'we, 'us' and 'our' are references to the HPC.

2. Analysing your responses

2.1   Now the consultation has ended, we have analysed all the responses we received. While we cannot include all of the responses in this document, an overall summary can be found in section 3.

Method of recording and analysis

2.2   We used the following process in recording and analysing your comments.

- We recorded each response to the consultation, noting the date each response was received and whether it was submitted on behalf of an organisation or by an individual;

- We also recorded whether the person or organisation agreed or disagreed with each question (please see section 2.2);
- We read each response and noted the comments received against each of the consultation questions, and recorded any general comments;
- Finally, we analysed all the responses.

2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

Quantitative analysis

2.4 We received **67** responses to the consultation document. (We have included and taken into account late responses to the consultation if they were received on or before 5 November 2010 but were unable to consider comments made in responses received after this date.) **13** responses (**19%**) were made by individuals and **54** (**81%**) were made on behalf of organisations.

2.5 Table 1 below provides some indicative statistics for the answers to the consultation questions. Please note: some respondents did not clearly indicate the question to which they were responding, or responded more generally. Responses to question 5 which asked for any additional comments have been discussed in section **8** of this paper.

Table 1: Quantitative results

Question	Yes	No	Did not answer
Question 1 – Do you agree that the generic standards of proficiency should be retained? Please provide reasons for your response.	59 (89%)	2 (3%)	6 (9%)
Question 2 – Do you agree with the proposed new structure of the standards of proficiency? Please provide reasons for your response.	57 (85%)	1 (2%)	9 (13%)
Question 3 – Do you agree with the proposed new wording of the generic standards of proficiency? Please provide reasons for your response.	53 (80%)	9 (12%)	5 (8%)
Question 4 – Do you agree with the proposed order of the generic standards? Please provide reasons for your response.	49 (72%)	5 (8%)	13 (20%)

3. Summary of responses

3.1 The following is a high-level summary of the comments we received in response to the consultation document. Please see sections **4-7** for more detailed analysis. The more general comments we received are summarised in section **8**.

Whether the HPC should retain the generic standards of proficiency

3.2 A significant majority of respondents – 89 percent - supported retaining the generic standards of proficiency, with only a few respondents suggesting amendments or that the generic standards should be removed.

3.3 Responses supporting retaining generic standards of proficiency included:

- The generic standards reflect the core principles contributing to the safe and effective practice of all the professions on the Health Professions Council's Register;

- They are important for setting the basis for professional qualifications and teaching students about the commonalities across different professions.

3.4 Responses opposing retaining generic standards of proficiency included:

- The generic standards of proficiency should instead be combined with the standards of conduct, performance, and ethics.

Proposed new structure of the standards of proficiency

3.5 A significant majority of respondents – 85 percent – also supported the proposed new structure of the generic standards of proficiency.

3.6 Responses supporting the new proposed structure of the standards of proficiency included:

- The new proposed structure is clear and easy to understand;

- The new proposed structure is an improvement on the current standards of proficiency, with the new generic standards acting as a 'summary' under which the profession-specific standards can be outlined;

- The new proposed structure allows greater flexibility in designing profession-specific standards applicable to the wide range of registrants on the HPC Register.

3.8 Responses opposing the new proposed structure of the standards of proficiency included:

- The new structure is overly simplistic – the level of generality in the proposed standards leaves them open to unacceptable differences of interpretation within and between professions.

Proposed new wording of the generic standards of proficiency

3.9   Overall, 80 percent of respondents supported the wording of the proposed new generic standards of proficiency.

3.10   Responses agreeing with proposed new wording of the generic standards of proficiency included:

- the new proposed standards are simpler and generally easier to understand than the current generic standards of proficiency. Some respondents felt the new proposed standards would be applied more consistently because they were clear.

- the words and terminology used are applicable to all professions on the HPC Register.

- the use of the phrase 'be able to' at the beginning of each standard provides clarity of interpretation for registrants as it implies registrants must have awareness and understanding in order to practise safely and effectively.

3.11   Responses opposing the proposed new wording of the generic standards of proficiency included:

- the use of 'you must' is more appropriate than 'be able to', and it would be clear to prospective registrants that the standards also applied to them, whether they were in practice or not.

- the simplification of the generic standards has removed clarity to an extent so registrants would not be able to consistently interpret and apply the standards in their practice.

Proposed order of the new generic standards of proficiency

3.12   Overall, 72 percent of respondents supported the proposed order of the standards. A small number respondents did not support the new order – although some of those respondents stated they would support the order with some minor amendments. A significant percentage of respondents did not respond to this question.

3.13   Responses supporting the proposed order of the new generic standards of proficiency included:

- the order seems logical;

- the proposed order makes sense because the requirements for safe and effective practice are at the beginning;

- the standards appear logical in order, although categorising the profession-specific standards for individual professions may require some reordering – a logical order for one group may not be the same as for another.

3.14   Responses opposing the proposed order of the new generic standards of proficiency included:

- it is better to retain the logical grouping of standards with the major sub-headings in the old standards.

4. Retaining the generic standards of proficiency

Question 1: Do you agree that generic standards of proficiency should be retained? Please provide reasons for your response

4.1   A significant majority of respondents—89 percent—supported retaining the generic standards of proficiency, with one respondent supportive but with suggesting amendments. Two respondents felt the generic standards should be removed. Nine percent of respondents did not respond to this question.

The generic standards of proficiency should be retained

4.2   We received the following comments supporting the retention of the generic standards of proficiency.

Core principles

4.3   Most respondents noted the importance of the generic standards of proficiency for defining core principles or values common to all the professions regulated by the HPC. Many respondents also felt the generic standards are an important way of establishing the threshold or minimum standards and providing a basis for safe and effective practice for all professions.

4.4   Some respondents felt the generic standards of proficiency are important for promoting common understanding between different professions.

4.5   Many respondents felt the generic standards provide a useful basis for structuring the profession-specific standards.

Basis for qualifications

4.6   Several respondents commented on the usefulness of the generic standards of proficiency in providing a basis for designing programmes to deliver approved qualifications.

Contributes to understanding of other groups

4.7   One organisation told us the generic standards of proficiency (and the standards of proficiency in general) assist new professions to more easily understand the regulatory application process in terms of the expectations placed on a profession if they should become statutorily regulated.

The generic standards of proficiency should not be retained

4.8   We received the following comments disagreeing with the retention of the generic standards of proficiency.

Not useful

4.9   One respondent felt retaining the generic standards was a way of developing profession-specific standards, rather than generic standards being useful in their own right.

5. Proposed new structure of the standards of proficiency

Question 2: Do you agree with the proposed new structure of the standards of proficiency? Please provide reasons for your response.

5.1   A significant majority of respondents—85 percent—supported the proposed new structure of the generic standards of proficiency. Some respondents qualified their answers by outlining issues the HPC should consider when going on to produce new profession-specific standards. Only one respondent disagreed with the new structure of the standards, with nine respondents choosing not to respond to this question.

The proposed new structure of the standards of proficiency is appropriate

5.2   We received the following comments supporting the proposed new structure of the standards of proficiency.

Clear and easy to understand

5.3   Almost all the respondents who commented on the structure of the standards felt they were more clearly stated than the current standards of proficiency. Many respondents also told us the new structure is easier to understand, and the new standards are generic and flexible enough to be applied to all the different professions the HPC regulates.

5.4   A significant number of respondents felt the simpler structure of the standards of proficiency will make them more accessible with the potential for improving the effectiveness of how they can be applied in practice.

5.5   Respondents also welcomed the proposed idea of using the generic standards as higher-level standards under which more detailed profession-specific standards can then be listed. A number of respondents qualified their support, telling us it is important for the profession-specific standards to clearly address areas of concern to the profession in as much detail as necessary.

Updated terminology

5.6   Many respondents welcomed the change in terminology used in the proposed new generic standards. A number of respondents found the amended language to be modernised and more appropriate than the current standards of proficiency, recognising the range of professions now regulated by the HPC. This also avoids the unnecessary imposition of potentially irrelevant standards on some professions.

5.7   Some respondents welcomed the new structure as being potentially more applicable to professions the HPC may regulate in the future.

The proposed new structure of the standards of proficiency is not appropriate

5.7   We received the following comments disagreeing with the proposed new structure of the standards of proficiency.

Overly simplified

5.8   One respondent felt the proposed new structure of the standards of proficiency sacrifices precision and clarity of application. This respondent told us 'the level of generality in the proposed standards leaves the standards open to unacceptable differences of interpretation within and between professions.'

5.9   Two organisations suggested there is risk of the new generic standards only being interpreted in the light of the profession-specific standards. One organisation suggested it may be helpful to consider whether the generic standards of proficiency are standards in their own right, or whether they could be better understood as headings for the profession-specific standards beneath them. The other organisation suggested adding introductory text to the standards to explain to registrants which standards they would be expected to meet.

Increase in number of profession-specific standards

5.10   One organisation was concerned about the 'slimming down' of the generic standards of proficiency which may lead to a disproportionate expansion of the number of profession-specific standards, with a corresponding risk of the profession-specific standards becoming 'more like a curriculum than minimum standards for safe effective practice'.

6. Proposed new wording of the generic standards of proficiency

Question 3: Do you agree with the proposed new wording of the generic standards of proficiency? Please provide reasons for your response.

6.1 An overall majority of 80 percent of respondents generally supported the proposed new wording. Broken down, 42 percent of respondents supported the proposed new wording of the generic standards of proficiency without amendments, with a further 38 percent of respondents generally supporting the new wording, but qualifying their answers by suggesting amendments to some specific standards.

6.2 A smaller number of respondents – 12 percent – did not agree with the new wording, with eight percent of respondents choosing not to respond to this question. It should be noted some of the respondents who disagreed with the proposed new wording suggested similar amendments to those respondents who supported the new wording but also felt particular standards should be amended.

The proposed new wording is appropriate

We received the following general comments in support of the proposed new wording of the generic standards of proficiency.

Consistency/simplicity

6.3 Most respondents who supported the proposed wording—including most of those who suggested some amendments to individual standards—felt it was simpler and generally easier to understand than the current generic standards of proficiency. Some respondents felt the new proposed standards would be applied more consistently because they were clearer.

6.4 While supporting the simplicity of the proposed standards, a number of respondents felt it would be important to include greater detail in the profession-specific standards to make it clear how the higher level generic standards should be interpreted within the profession-specific context.

Use of inclusive terminology

6.5 A number of respondents supported the new proposed wording of the generic standards because the words and terminology used are applicable to all professions on the HPC Register. This addressed concerns expressed by some respondents—including representative organisations for practitioner psychologists—who felt the current standards of proficiency use language based on a medical model which is not applicable or appropriate to the practice of the psychology profession.

6.6 While the proposed amendments to the standards were prepared in consideration of the practice and needs of the professions currently on the HPC Register, a number of organisations representing professions not currently regulated by the HPC also felt the language was more

appropriate and applicable to professions that may in the future become regulated by the HPC, such as psychotherapists, counsellors, and social workers.

Relevant to all registrants

6.7   One organisation wished to endorse the understanding that the generic standards of proficiency apply to both newly qualified and already established professionals, so the language used in the standards 'step[s] beyond the limitations of the academic curriculum only'.

'Be able to'

6.8   A number of respondents felt the use of the phrase 'be able to' at the beginning of each standard provides clarity of interpretation for registrants as it implies registrants must have awareness and understanding in order to practise safely and effectively.

The proposed new wording is inappropriate

6.9   We received the following general comments disagreeing with the proposed new wording of the generic standards of proficiency.

'Be able to'

6.10   While some respondents (as summarised under 6.1.6) felt the phrases 'be able to', 'be aware of' and 'understand the importance of' made the standards more accessible and usable, a number of other respondents were concerned about this choice of construction as they felt it lacks legal strength.

6.11   Most of the comments on this choice of wording reflected on the difference between requiring a registrant 'must' do something, as opposed to 'must be able to do'. Some respondents felt the use of 'you must' is more appropriate than 'be able to'.

Ambiguity

6.12   Some respondents felt the simplification of the generic standards removed clarity so registrants would not be able to consistently interpret and apply the standards.

6.13   One organisation felt there is some confusion amongst registrants about the concept of scope of practice and the relationship between that and the standards of proficiency. This organisation suggested the relationship could be explained more fully to registrants within the introductory section to the standards.

Overlap with standards of conduct, performance, and ethics

6.14   One organisation suggested there is a significant overlap between the standards of proficiency and the standards of conduct, performance, and ethics, and suggested we should consider combining the two sets of standards.

Removal of the term 'service user'

6.15 Two organisations were concerned about the removal of the term 'service user' from the generic standards and suggested including an opening statement such as 'make the care of your patient your first concern'.

Comments on individual standards

6.16 This section summarises the comments made by respondents about particular standards, with general suggestions for amendments or further issues to consider about each standard. In the interests of clarity and for ease of reference, suggestions for specific amendments to the wording of particular standards, as well as suggestions for additional standards to be added to the generic standards are set out in **Table 2** in **Appendix A**.

Standard 1: Registrants must be able to practise safely and effectively within their scope of practice

- A number of organisations felt standard 1 is the most important standard.

- Two organisations asked for detail to be added in either standards 1 or 13 to mention adapting approaches to practice to meet the needs of patients or service users.

Standard 2: Registrants must be able to practise within the legal and ethical boundaries of their profession

- One organisation suggested it may be helpful for the profession-specific standards to indicate for each profession what the relevant legal and ethical frameworks would be and where information about them could be accessed.

Standard 3: Registrants must be able to maintain fitness to practise

- A number of respondents commented on the breadth of this proposed standard, noting many of the other standards of proficiency would contribute to a registrant's ability to be able to meet this standard. Some respondents felt the standard could include detail of how registrants could maintain fitness to practise.

- One respondent felt the wording of this standard is too broad to be applicable to registrants who due to physical or mental health problems are unable to maintain fitness to practise.

Standard 4: Registrants must be able to practise as an autonomous professional, exercising their own professional judgement

- Some respondents felt the accountability of registrants should be reflected in this standard.

- One organisation suggested adding a requirement about leadership to the standard. This respondent felt this requirement 'fits with the changing expectations of health professionals…to take responsibility

for service delivery and improvement in ways proportionate to their career stage and experience.'

Standard 5: Registrants must be able to practise in a non-discriminatory manner

- Several respondents suggested either removing standard 5 or merging it with standard 6 as the requirements in these standards are similar.

Standard 6: Registrants must be aware of the impact of culture, equality, and diversity on practice

- A number of respondents welcomed the addition a new standard on equality and diversity as being necessary for effective practice.

- Another organisation, while welcoming the new standard, told us it is important the profession-specific standards are clear on what this means in practice for the different professions.

- A number of respondents questioned whether there is a difference between the requirement not to discriminate and the added requirement to be aware of differences of culture, equality and diversity.

Standard 7: Registrants be able to maintain confidentiality

6.17 A number of respondents noted an inconsistency in the consultation document in the proposed wording of this standard. We are proposing that the wording of the standard changes to 'be able to maintain confidentiality', although this was not clear in the consultation document.

- Several respondents commented on the need to define the limits of confidentiality. One organisation felt the standard should be amended to reflect situations when registrants would have a legal obligation to breach confidentiality.

Standard 8: Registrants must be able to communicate effectively

- Respondents felt the requirement to communicate effectively is important. A number of respondents suggested defining more clearly what 'effective' communication means.

Standard 9: Registrants must be able to work appropriately with others

- A number of respondents felt the standard may be too broad to be applied effectively for registration or fitness to practise purposes.

Standard 10: Registrants must be able to maintain records appropriately

- Most respondents who commented on this question reflected on the importance of setting a requirement for registrants to be able to maintain records appropriately within relevant guidelines.

Standard 11: Registrants must be able to reflect on and review practice

- Respondents felt registrants should also be required to put any learning they may have gained through reflection and review into practice.

- One organisation felt the requirement for registrants to carry out continuing professional development activities should be specifically stated within standard 11.

Standard 12: Registrants must be able to assure the quality of their practice

- A number of respondents felt this standard should be more specific, while other respondents felt standards 11 and 12 were effectively saying the same thing and could be combined.

Standard 13: Registrants must be able to draw on appropriate knowledge and skills to inform practice

- Some respondents thought standards 13 and 14 are similar enough to be merged into one standard.

- Some respondents felt the proposed standard is vague and it should require the registrant's knowledge and skills to be sound and based on contemporary theory, research, or evidence.

Standard 14: Registrants must understand the key concepts of the bodies of knowledge which are relevant to their profession

- Respondents thought this standard could be made clearer, either by removing the word 'bodies', or by adding additional text to explain that registrants must be able to apply relevant knowledge in their practice.

Standard 15: Registrants must understand the need to establish and maintain a safe practice environment

6.18   There was an inconsistency in the consultation document in the proposed wording of this standard. We are not proposing any changing to the wording of this standard, although this was not clear in the consultation document.

- One respondent thought the wording should be amended to reflect registrants' need to consider different practice environments and changes in safety considerations.

Suggested current standards that should not be removed from the generic standards of proficiency

6.19 A number of respondents commented on certain current standards of proficiency they thought should not be removed from the generic standards. Comments on each of these standards are summarised below, with suggestions for changes summarised in **Table 3** in **Appendix A**.

Current standard 1a.4: Registrants must understand the importance of and be able to obtain informed consent

- Many respondents thought the issue of obtaining informed consent should be understood and applied by all the professions on the HPC register. Some respondents told us even if a professional is unable or does not need to obtain informed consent within their role, they should still understand the importance of this standard.

- One respondent felt that if there were only a small number of registrants who did not routinely need to gain informed consent, then the standard should be kept as a generic standard and noted as an exception for specific professions.

Current standard 1a.5: Registrants must be able to exercise a professional duty of care

- A number of respondents thought the requirement to exercise a duty of care should not be removed from the generic standards. Other respondents felt that the term is outdated and should be removed.

- One organisation told us the HPC should keep standard 1a.5, and strengthen it by adding text to ensure 'health professionals will act to protect vulnerable children and adults'.

Current standard 1a.7: Registrants must recognise the need for effective self management of workload and resources and be able to practise accordingly

- One organisation thought this standard could potentially be relevant to all the professions on the HPC register, and should be kept as a generic standard.

Current standard 1b.1: Registrants must be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers

- One organisation felt the standards need an 'explicit and unequivocal reference to collaboration with other professions, including interprofessional teamwork, for effective patient care and safe practice'.

- Another organisation expressed concern at the removal of standards 1b.1, 1b.2, and 1b.3 from the generic standards of proficiency, and felt the simplified requirements to communicate effectively and to be able to work appropriately with others expressed in standards 8 and 9 are not strong enough.

Current standard 1b.2: Registrants must be able to contribute effectively to work undertaken as part of a multi-disciplinary team

- See comments on standard 1.b1.

Current standard 1b.3: Registrants must be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers.

- Also see comments on standard 1b.1.

Current standard 2a.1: Registrants must be able to gather appropriate information

- Some respondents felt the principles of standards 2a.1 and 2a.4 should be adapted to fit within the proposed generic standards, with differences in application to be specified in the profession-specific standards.

Current standard 2a.4: Registrants must be able to analyse and critically evaluate the information collected

- See comments on standard 2a.1.

Current standard 2b.1: Registrants must be able to use research, reasoning and problem-solving skills to determine appropriate actions

- A number of respondents felt the requirement to use research, reasoning, and problem solving skills to determine appropriate actions should be a common skill shared by all professions.

Current standard 3a.2: Registrants must 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

- Two respondents suggested it might be useful to include the principles of current standard 3a.2 in the proposed standards to cover the concepts relating to person-centred care, or adapting approaches to meet the needs of individual service users.

Suggested additional standards to be added to the generic standards of proficiency

6.20 All the suggested amendments below are set out in **Table 4** in **Appendix A**.

Leadership

6.21 A number of respondents suggested an additional standard encompassing the concept of leadership should be added to the generic standards. This suggestion comes from recent work carried out by the NHS Institute on a project called the Clinical Leadership Competency Framework (CLCF), which aims to build leadership capability and capacity across the healthcare system by embedding leadership competencies in relevant systems including the standards set by professional regulators.

6.22 One organisation commented: 'there is a need to further develop leadership capacity within the regulated clinical professions…the key to ensuring adequate coverage [of leadership principles] within pre-registration education and training in Higher Education Institution curricula is the HPC standards of proficiency'. The suggested amendment is:

- 'Registrants must be able to demonstrate shared leadership in their approach to practice.'

Working with vulnerable children

6.23 Two organisations felt the generic standards of proficiency should have specific standards to address the issues of the rights and voice of vulnerable children. One organisation commented: 'a standard or standards in relation to working with children specifically will be necessary for any new generic standards adopted to be recognised as fit for purpose'.

Also see comments on current standard 1a.5 in the previous section.

Professionalism

6.24 One organisation felt adding an additional standard relating to the concept of 'professionalism' would be helpful, as there is a 'growing interest in self-regulation at an individual level'. The suggested standard is:

- 'Registrants must understand the concept of professionalism and be able to self-assess against the HPC's standards of conduct performance and ethics'.

7. Proposed new order of the generic standards of proficiency

Question 4: Do you agree with the proposed order of the generic standards? Please provide reasons for your response.

7.1 Overall, 72 percent of respondents supported the proposed order of the standards. Broken down, 48 percent of respondents supported the proposed structure of the generic standards without amendments, with a further 24 percent generally supporting the new wording, but suggesting some amendments. 8 percent of respondents did not support the new order – although some of those respondents stated they would support the order with some minor amendments. A significant number of respondents – 20 percent - did not respond to this question.

7.2 Specific suggestions for amendments to the proposed order of the standards are set out in **Table 5** in **Appendix A**.

The proposed new order is appropriate

7.3 We received the following general comments in support of the proposed new order of the generic standards of proficiency.

Clear and logical

7.4 Many respondents felt the proposed order of the new generic standards is appropriate as it is clear and logical in its progression. Some respondents told us as the requirements for safe and effective practise are at the beginning, the other standards are effectively subsets or subordinate to those higher level standards.

7.5 A number of respondents felt the order of the standards is only important if they are considered to be hierarchical. Another respondent felt as the list is now shorter and more concise it is not necessary to worry too much about a particular order.

The proposed new order is inappropriate

7.7 We received the following general comments disagreeing with the proposed new order of the generic standards of proficiency.

Order determined by profession-specific standards

7.8 Some respondents suggested the order of the generic standards could be more usefully determined by the logic of how the profession-specific standards fit beneath them.

Retain the current structure

7.9 One organisation felt the proposed order of the new generic standards is not appropriate and the current group of standards with major subheadings is more appropriate.

8. Additional/general comments

Question 5: Do you have any additional comments?

8.1　In this section we have summarised the comments we received of a more general nature which were not directly related to any of the consultation questions but which were about the standards of proficiency. Many of these comments touch upon the themes outlined in responses to the individual questions.

8.2　Comments made by a number of respondents indicated they did not understand the generic standards of proficiency would not, in practice, be published or considered separately from the profession-specific standards of proficiency. Some respondents may have also misinterpreted the consultation document to mean the proposed 15 generic standards of proficiency were going to replace all the current standards of proficiency. Comments of this nature have not been included here, but have been addressed in section 9, which outlines our comments and decisions as a result of the consultation.

8.3　We also received a small number of comments from service users about the regulation of psychotherapists and counsellors more generally, unrelated to the context of this specific consultation.

Relevance for psychotherapists and counsellors

- We received a number of responses from organisations representing psychotherapists and counsellors. Comments emphasised the importance of creating standards of proficiency that are minimum standards necessary for effective regulation and that would not limit the professional activities of psychotherapists and counsellors.

Relevance to professional standards set by other bodies

- One organisation suggested that the detail of the generic standards of proficiency should encompass 'the guidelines and procedural requirements produced by other professional bodies and organisations in respect of practice in the workplace'.

Relevance for pre-registration training curricula

- Two organisations commented on the relevance of the generic standards of proficiency to the curricula of pre-registration training courses and that it is important to make sure that the standards of proficiency as a whole remain usable for education providers and students.

Link to standards of conduct, performance, and ethics

- One organisation suggested that the HPC should promote greater clarity about the relative role and functions of the standards of proficiency and the standards of conduct, performance and ethics for prospective registrants.

9. Our comments and decisions

9.1   The following section sets out our response to the range of comments we have received to the consultation, and our recommendations for further action.

Retaining the generic standards of proficiency

9.2   We agree with the majority of the respondents to this consultation that the generic standards of proficiency represent the core principles relevant to all the professions on our Register, and they should be retained.

Structure of the standards of proficiency

9.3   We are pleased most respondents to the consultation supported the proposed new structure of the standards of proficiency. We realise the proposed revised structure of these standards represents a significant change to the current structure, but we feel the new proposed structure is clearer and easier to follow than the current structure. We also believe this change will address the concerns of some professions about the current standards and ensure the standards of proficiency remain relevant to all the professions we regulate.

Wording of the standards

9.4   We are pleased that most respondents to the consultation generally supported the proposed new wording of the generic standards of proficiency. We believe that the words and terminology chosen will be relevant for all the professions on our Register.

9.5   We recognise the concerns expressed by some respondents about the simplicity of the proposed wording and structure, and whether the standards will be too simplified to be useful. A number of respondents were also concerned about particular standards or principles removed from the generic standards of proficiency. Comments made by a number of respondents indicated they did not understand the generic standards of proficiency would not, in practice, be published or considered separately from the profession-specific standards of proficiency. Some respondents may have also misinterpreted the consultation document to mean the proposed new 15 generic standards of proficiency were going to replace all the current standards of proficiency.

9.6   We consider that most of the concerns raised will be addressed through the more detailed profession-specific standards that will sit beneath each generic standard. Not all the principles from the current generic standards of proficiency are reflected in the proposed new generic standards. However, most of those principles, where appropriate, will be included in the new profession-specific standards for each profession. All the principles contained in the current standards of proficiency will remain in place under the new structure. Where a standard from the current generic standards is not applicable

to a particular profession, it will not be included in that profession's specific standards, or the principles of the standard may be redrafted to make it relevant for that profession.

9.7 The redrafting of standards in this way may address respondents' concerns about the removal of some standards from the generic standards. We consider this approach could be used for all the standards where respondents identified concerns.

9.8 Current generic standard 1a.4 on gaining informed consent is an example where this approach could be applied. In this way, a profession that does not practise within a formal framework of 'informed' consent could still have a profession-specific standard that reflects the principle of understanding consent as is appropriate for that profession.

Suggested changes to specific standards

9.9 We have considered the suggestions made for specific amendments to proposed generic standards. All the suggested changes to specific standards are summarised in section 6 and Appendix A of this document. We have not responded to every suggestion individually here, but we have explained the general principles we applied when considering suggested amendments. Where respondents were particularly concerned about certain issues, we have addressed those below under the heading of the relevant standard.

9.10 Our overriding concern when considering any proposed change was that the standards should remain generic – that they should still apply to every profession on our Register without needing amended wording for some professions. We also wanted to make sure that any changes would make the standards easier to use and understand. Many of the suggested amendments sought to add detail to certain standards that we considered would make those standards no longer generic. Other suggestions were to add detail that limited the scope of a standard in a way that we considered was not helpful in application.

9.11 As part of our process for deciding whether any of the proposed generic standards should be amended, we mapped the current generic standards against the new proposed generic standards to test where what will now be profession-specific standards would be most appropriately placed. After undertaking this exercise, we believe most suggestions for added detail made by respondents can be addressed through the profession-specific standards that will add detail relevant for each profession beneath the overarching generic standards.

Standard 6: Registrants must be aware of the impact of culture, equality, and diversity on practice

9.12 A number of respondents commented on whether there is a difference between a requirement not to discriminate and the added requirement in new proposed standard 6 to be aware of differences of culture, equality, and diversity.

9.13 We consider that the requirement to practise in a non-discriminatory manner and the requirement to be aware of the impact of culture, equality and diversity on practice are two distinct requirements. Standard 6 can perhaps be better understood if it is considered within the context of registrants needing to adapt their practice to meet the needs of different groups. This is compared to the requirement in standard 5 which asks registrants to make sure that any actions they take do not disadvantage the service users they are working with. For this reason we do not believe that merging these two standards or removing either one of them would be appropriate.

Standard 7: Registrants be able to maintain confidentiality

9.14 A number of respondents commented on the need to define the limits of confidentiality as defined by this standard. This is because in different situations registrants will need to make a judgement as to what level of confidentiality is appropriate, depending on the particular context. We consider that the overarching principle of maintaining confidentiality is a generic standard. However, we recognise that it may be helpful to provide profession-specific standards that clarify the appropriate limits of confidentiality for different professions.

Standard 8: Registrants must be able to communicate effectively

9.15 Many of the respondents who commented on this standard felt that the requirement to communicate 'effectively' should be more clearly defined. While we feel that the proposed standard is appropriate because it would apply to all our professions, the profession-specific standards that will sit beneath this standard should provide further clarity on what 'effective' communication will mean in different contexts.

Standard 9: Registrants must be able to work appropriately with others

9.16 As with the suggestions on proposed standard 8, some respondents were concerned at the breadth of standard 9, suggesting that the standard may be too broad to be applied effectively for registration or fitness to practise purposes. We consider that the overarching principle of working effectively with others would apply to all the professions on our Register. Where a profession has a specific requirement to work with certain other people or groups, those will be set out in the profession-specific standards beneath standard 9.

Standard 14: Registrants must understand the key concepts of the bodies of knowledge which are relevant to their profession

9.17 A number of respondents thought this standard could be made clearer, either by removing the word 'bodies' or by adding additional text to explain that registrants must be able to apply relevant knowledge in their practice. While be believe the requirement to apply relevant knowledge is sufficiently covered by proposed standard 13, we agreed that the standard could be worded more clearly. We have decided to replace the words 'bodies of knowledge' with the phrase 'knowledge base'. The standard will now read:

'Registrants must understand the key concepts of the knowledge base relevant to their profession'.

Proposed new standards

9.18 We received a number of suggestions for new standards to be added to the new generic standards. Our responses to those suggestions are set out below. When considering suggestions for new standards, we considered whether the suggestion would be sufficiently generic to apply to all the registrants on our Register. Where we considered that suggestions for new standards were not applicable to all our registrants, we did not support those suggestions. Issues that were of particular concern to respondents are discussed in more detail below.

Leadership

9.19 A number of respondents suggested adding a standard encompassing the concept of leadership. This suggestion comes from recent work carried out by the NHS Institute on a project called the Clinical Leadership Competency Framework (CLCF). The CLCF aims to build leadership capability and capacity across UK-wide healthcare services by embedding leadership competencies in relevant systems including the standards set by professional regulators.

There are a number of issues the Committee will wish to discuss before deciding whether a leadership requirement should be included in the generic standards of proficiency. After the Committee's consideration, this paper will be updated to take account of the decisions made. The following points are provided for the Committee to discuss:

Reasoning in support of adding a leadership requirement:

- Health professionals are now required to work and demonstrate leadership in different ways than they may have been previously—leadership is no longer necessarily linked to seniority or experience;

- Greater demands are being placed on practitioners, with professionals being called into roles of greater responsibility earlier in their careers;

- A number of the other regulated professions in the UK have different types of leadership requirements within their standards, which may suggest that HPC registrants should have equivalent requirements;

- As a statutory regulator, the HPC is in a good position to provide a 'lever' to assist in the embedding of these new principles of leadership within the professions we regulate.

Reasoning against adding a leadership requirement:

- Is leadership really a 'threshold' requirement for registration - should newly qualified professionals be able to demonstrate leadership, even at a nominal level?

- Is setting a leadership requirement in the HPC's standards about parity with other professions, or about setting threshold levels of competency for our registrants?

- Would a new leadership standard necessitate substantial changes to approved education programmes?

- While a new leadership standard could be worded to include all registrants regardless of level of experience, would it be sufficiently robust or useful?

- How can we determine what an 'appropriate' level of leadership is for different registrants?

Working with vulnerable children

9.20 We received comments from a number of groups supporting a new generic standard to address the issues of the rights and voice of vulnerable children. After considering this suggestion, we felt that a specific requirement with regard to the rights and voice of vulnerable children would not apply to all the professions on our Register, although it would certainly be important for some specific professions. We consider that it may be appropriate to include a standard of this sort within the profession-specific standards for those relevant professions, rather than putting in place a generic standard that would not be applicable to some of our professions. We also consider that some of the principles relevant to working with vulnerable children are already contained within the generic standards.

Order of the standards

9.21 We considered all the comments we received about the order of the proposed generic standards. We were pleased that most respondents supported the proposed order. In considering suggested amendments, we considered whether any change in the order would add to the understanding or overall usefulness of the standards.

9.22 The standards are not strictly hierarchical in order, and are equally important in practice. However, there are certain standards—such as the requirement to 'practise safely and effectively within their scope of practice'—that we feel set the highest-level requirements for all registrants, and that should logically be placed at the beginning of the list.

9.23 In general, we decided that it would be appropriate to retain the general 'groupings' of standards that are in place in the current standards, although the relevant headings are no longer used in the new standards. Those groupings firstly set out the expectations of professionals on the HPC Register, followed by the skills required for the application of practice, with the standards setting out required knowledge and understanding for practice then placed together.

9.24 We have not commented on all the suggestions we received, but where an issue was of particular concern to respondents, we have addressed that below under the relevant standard.

Standard 11: Registrants must be able to reflect on and review practice;

Standard 12: Registrants must be able to assure the quality of their practice

9.25   We were told by a number of respondents that standards 11 and 12 are sufficiently similar that they should be combined. After mapping the relevant current generic standards against new standards 11 and 12, we felt that the principles of 'reflecting and reviewing' and 'quality assuring' are sufficiently different that these standards should be retained as separate standards. However we do agree that these standards should maintain positions adjacent to each other as the principles expressed are closely linked.

Standard 13: Registrants must be able to draw on appropriate knowledge and skills to inform practice

9.26   We considered the suggestion that standard 13 should logically come before standards 11 and 12 within the order because it is about the application of knowledge to practice, rather than reflecting on or reviewing practice. We felt that while this suggestion had merit, that it was more appropriate to group all the standards that were about the application of understanding and knowledge together (standards 13-15).

Standard 15: Registrants must understand the need to establish and maintain a safe practice environment

9.27   We received a range of comments on the position and importance of standard 15, with a number of respondents suggesting that this standard should be elevated to an earlier position within the standards.

Other concerns

'Be able to'

9.28   A number of respondents commented on the terminology we use in the standards—particularly the use of phrases such as 'be able to', 'understand' and 'be aware of' at the beginning of each of the standards. Some respondents felt the use of these phrases weakened the legal strength of the standards and their ability to be used, because it implies a registrant must be aware of or able to understand or do something, but the perception is they are not necessarily required to put their ability or awareness into appropriate action.

9.29   As we stated in the consultation document, we intentionally use phrases such as 'understand', 'know', and 'be able to' rather than 'must'. This is so the standards remain applicable to current registrants in maintaining their fitness to practise, as well as prospective registrants who have not yet started practising and are applying to be registered for the first time.

9.30   We recognise a number of respondents were concerned about this wording and its practical application, with some respondents preferring the use of the term 'must'. However, it is important to note the current standards of proficiency also use verbs and starting phrases in the same way as the proposed new generic standards of proficiency. We have not experienced any difficulty in applying the current wording of

the standards of proficiency in the way some of our respondents anticipate.

Conclusions/recommendations

Retaining the generic standards and adopting a new structure

9.31 Following our consideration of the results of the consultation, we recommend that generic standards of proficiency should be retained in the standards the HPC sets, and that the proposed new structure for the standards of proficiency should be adopted. We do not recommend any changes to the proposed order of the new generic standards.

Changes to wording

9.32 We recommend two changes to the standards:

That standard 14 should be amended to read:

14 'Registrants must understand the key concepts of the *knowledge base* relevant to their profession'

That an additional standard be added:

16 'Registrants must be able to demonstrate appropriate leadership in their approach to practice'[*]

9.33 The generic standards will now read:

Registrants must

1. be able to practise safely and effectively within their scope of practice

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

3. be able to maintain fitness to practise

4. be able to practise as an autonomous professional, exercising their own professional judgement

5. be able to practise in a non-discriminatory manner

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

7. be able to maintain confidentiality

8. be able to communicate effectively

9. be able to work appropriately with others

10. be able to maintain records appropriately

11. be able to reflect on and review practice

12. be able to assure the quality of their practice

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

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[*] This proposed standard is for discussion.

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

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

16. be able to demonstrate appropriate leadership in their approach to practice[†]

Timescales

9.7.3   Now the new generic standards of proficiency are agreed on, we will work through the process of producing new profession-specific standards under each of the generic standards. We will consult on a rolling basis on revised standards of proficiency for each of the professions.

[†] This proposed standard is for discussion.

10. List of respondents

Below is a list of all the organisations that responded to the consultation.

1. Association for Family Therapy
2. Aston University
3. Bangor University, School of Healthcare Sciences
4. Betsi Cadwaladr University Health Board
5. British Academy of Audiology
6. British Association for Counselling and Psychotherapy (BACP)
7. British Association of Play Therapists
8. British Blood Transfusion Society
9. British Dietetic Association (BDA)
10. British Psychological Society (BPS)
11. British Society for Haemostasis and Thrombosis (BSHT)
12. British Society of Hearing Aid Audiologists (BSHAA)
13. Chartered Society of Physiotherapy
14. College of Medical and Dental Sciences, University of Birmingham
15. College of Paramedics
16. COSCA (Counselling & Psychotherapy in Scotland)
17. Council of Deans of Health
18. Council for Healthcare Regulatory Excellence (CHRE)
19. Counselling and Psychotherapy Central Awarding Body (CPCAB)
20. Department of Health
21. Department of Health, Clinical Leadership Competency Framework
22. East Midlands Ambulance Service
23. General Dental Council
24. General Medical Council
25. Heart of England Foundation Trust
26. Institute of Biomedical Sciences
27. Institute of Engineering in Medicine
28. Institute of Health and Social Care Studies
29. London Ambulance Service
30. NHS Ayrshire and Arran
31. NHS Dumfries and Galloway
32. NHS Education for Scotland

33. NHS Grampian (various departments)

34. NHS Institute for Innovation and Improvement, and The National Leadership Council

35. NHS Orkney

36. NHS South West - South West Strategic Health Authority

37. Northern Ireland Ambulance Service

38. Parliamentary and Health Service Ombudsman

39. Patients Association

40. Powys Teaching Local Health Board

41. School of Health, University of Northampton

42. Scottish Ambulance Service

43. Scottish Government Health Directorate

44. Society for Vascular Technology of Great Britain and Ireland (SVT)

45. Society of Analytical Psychology

46. Speech and Language Therapy Division, De Montfort University

47. The Association for Clinical Biochemistry

48. The Society and College of Radiographers

49. The Society of Homeopaths

50. The Society of Sports Therapists

51. United Kingdom Centre for the Advancement of Interprofessional Education

52. United Kingdom Council for Psychotherapy (UKCP)

53. Welsh Branch of the British and Irish Orthoptic Society

54. Welsh Pharmaceutical Committee

Appendix A   Suggested amendments to proposed standards

Table 2: Suggested amendments to proposed standards

New proposed generic standard	Comments and suggested amendments from respondents
Standard 1: Registrants must be able to practise safely and effectively within their scope of practice	Registrants should be required to produce documented evidence of their current scope of practice.
	Detail should be added in standards 1 and 13 to mention adapting approaches to practice to meet the needs of patients or service users.
	Proposed standard 1 does not represent the responsibility placed on health professionals to be proactive in protecting the public, and particularly those who are vulnerable – the young, elderly, disabled, and those with mental health issues. Current standard of proficiency 1a.5 should be kept and strengthened.
Standard 2: Registrants must be able to practise within the legal and ethical boundaries of their profession	Helpful for the profession-specific standards to indicate what relevant legal and ethical frameworks are and where information about them can be found.
Standard 3: Registrants must be able to maintain fitness to practise	Comments on the breadth of this proposed standard, some noting many of the other standards of proficiency would contribute to a registrant's ability to be able to meet this standard.
	Wording of standard is too broad to be applicable to registrants who due to physical or mental health problems are unable to maintain fitness to practise, standard should be removed as the principles were covered in standard 1.
	Suggested amendments to the wording of this standard around the issue of demonstrating competence or maintenance of fitness to practise:
	• 'able to *demonstrate maintenance* of fitness to practise'
	• '*must demonstrate maintaining* fitness to practise'
	• 'be able to maintain *competence* to practise'

Standard 4: Registrants must be able to practise as an autonomous professional, exercising their own professional judgement	Standard would be better placed within the profession-specific standards where more specific wording could be used for each profession.
	Suggested amendments to add detail about accountability and scope of practice:
	• 'be able to practise as an autonomous *and accountable* professional, exercising their own professional judgement'
	• 'be able to practise as an *accountable* professional, exercising their own professional judgement
	• be able to practise as an autonomous professional, exercising their own professional judgement *within their scope of practice*
	Add leadership requirement to fit with the expectation that health professionals should take responsibility for service delivery and improvement in ways proportionate to their career stage and experience:
	• 'be able to practise as an autonomous professional, exercising their own professional judgement *and demonstrating appropriate leadership*'
Standard 5: Registrants must be able to practise in a non-discriminatory manner	Either remove standard 5 or merge it with standard 6 - requirements in these standards are similar.
Standard 6: Registrants must be aware of the impact of culture, equality, and diversity on practice	Standard may not be relevant to all the professions the HPC regulates.
	Requirement to be aware of the impact of culture, equality and diversity on practice is implicit in standard 5, standard 6 is unnecessary.
	Concern expressed about the use of the phrase 'be aware of', lacks legal strength, as potentially registrants may be 'aware' of the requirements under the standard but may not be required to act upon them. A number of different amendments were suggested on this theme including:
	• '*registrants must demonstrate skills in cultural competency*';
	• 'be aware of the impact of culture, equality, diversity *and the rights of individuals* on practice';
	• 'be aware of *the impact of* culture, equality and diversity on practice *and demonstrate culturally competence practices*'.
	• *'be open to and* aware of the impact of culture, equality, and diversity on practice'.

Standard 7: Registrants must be able to maintain confidentiality	Need to define the limits of confidentiality, suggested amendment: • 'Registrants must be able to maintain confidentiality *while understanding the limits and potential ethical concerns that may arise'* Broaden the standard to represent the limits of maintaining confidentiality in relation to the duty of care towards vulnerable children and adults. The word 'maintain' should be removed from the standard to reflect situations when registrants would have a legal obligation to breach confidentiality: • 'registrants must *understand and apply the principles of* confidentiality'.
Standard 8: Registrants must be able to communicate effectively	'Effective' communication should be more clearly defined within the standard. Concern expressed at the removal of standards 1b.1, 1b.2, and 1b.3 from the generic standards of proficiency, the simplified requirement to communicate effectively expressed in standard 8 is not sufficiently strongly stated.
Standard 9: Registrants must be able to work appropriately with others	Reword standard 9 to include the word 'effectively': • 'be able to work *effectively* with others' • 'be able to work appropriately *and effectively* with others' Expand proposed standard 9 to include some of the wording from current generic standard 1b.1 and 1b.2, such as 'working in partnership', 'effective communication with all partners' or 'delivering patient-centred care'.
Standard 10: Registrants must be able to maintain records appropriately	Emphasise the requirement to keep records within relevant guidelines: • Replace 'records appropriately' with 'legible and accurate records'; • 'be able to maintain records *in accordance with applicable legislation, protocols, and guidelines'.* Maintain the principles in current generic standards 2a.1—'be able to gather appropriate information' and 2a.4—'be able to analyse and critically evaluate the information collected': • 'be able to maintain *and share* records *and information* appropriately *within the context of their practice'*

Standard 11: Registrants must be able to reflect on and review practice	Include text from current generic standards 2c.1 and 2c.2, or include some form of requirement to modify or improve practice after reflection and review: • 'be able to reflect on and review practice *and modify it accordingly*'; • 'be able to reflect on*, implement change*, and review practice'; • 'be able to reflect on, review *and learn from* their practice' • 'be able to reflect on, review, and *improve* practice' Requirement for registrants to carry out continuing professional development activities should be specifically stated within standard 11.
Standard 12: Registrants must be able to assure the quality of their practice	Standards 11 and 12 could be usefully combined: • 'be able to *monitor*, *review*, and reflect on their practice' • 'be able to reflect on and review practice and *modify it accordingly*' Standard 12 should be kept as a separate standard from standard 11, but additional words should be added to clarify application in practice: • 'be able to assure the quality of practice *through person-centred, safe, and effective practice*'; • 'be able to assure *and, if required, improve* the quality of their practice'; • 'be able to assure the quality of their practice, *in particular the patient experience*'; • 'be able to assure the quality of their practice, *against the standards, either generic or profession-specific*'.
Standard 13: Registrants must be able to draw on appropriate knowledge and skills to inform practice	Standards 13 and 14 could be merged. Standard should be made clearer by adding a requirement to ensure knowledge and skills are sound and based on contemporary theory and research or evidence. Maintain the principles in the current generic standards 2a.1—'be able to gather appropriate information' and 2a.4—'be able to analyse and critically evaluate the information collected': • 'be able to draw upon appropriate *information*, knowledge and skills to inform practice.' Detail should be added in standards 1 and 13 to mention adapting approaches to practice to meet the needs of patients or service users.

Standard 14: Registrants must understand the key concepts of the bodies of knowledge which are relevant to their profession	Standard could be made clearer, either by removing the word 'bodies' or by adding additional text to require registrants to apply knowledge in their practice: • 'be able to understand *and implement* the key concepts of the bodies of knowledge which are relevant to their profession'; • 'be able to understand and implement the key concepts of the bodies of knowledge *and skills relevant to professional practice'*; • add additional text to explain registrants must have the necessary knowledge, skills, qualifications, and experience to be able to practise safely and effectively.
Standard 15: Registrants must understand the need to establish and maintain a safe practice environment	Wording should be amended to reflect registrants' need to adapt practice to different types of working environment and safety concerns: • 'understand the need to establish, maintain, *and develop or improve* a safe practice environment'.

Table 3: Suggested current generic standards of proficiency to be retained

Current generic standards	Comments and suggested amendments
Current standard 1a.4: Registrants must understand the importance of and be able to obtain informed consent	Obtaining informed consent should be understood and/or applied by all HPC registrants, regardless of profession. Suggested new generic standard, so professionals who do not routinely need to obtain consent would still be required to understand or meet some form of consent requirement: • 'practise within an appropriate framework of consent' If only a small number of registrants do not routinely need to gain informed consent, then the standard should remain as a generic standard and be noted as an exception for specific professions.
Current standard 1a.5: Registrants must be able to exercise a professional duty of care	Requirement to exercise a duty of care should not be removed, although some were happy for this principle to be moved to the profession-specific standards. Term 'duty of care' is outdated and unclear, so should be removed from the standards entirely. Standard 1a.5 should be retained and strengthened by adding text to ensure 'health professionals will act to protect vulnerable children and adults.'
Current standard 1a.7: Registrants must recognise the need for effective self management of workload and resources and be able to practise accordingly	Standard could potentially be relevant to all the professions on the HPC Register and should be kept as a generic standard.
Current standard 1b.1: Registrants must be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers	Concern about the removal of standards 1b.1, 1b.2, and 1b.3 from the generic standards of proficiency, simplified requirements to communicate effectively and to be able to work appropriately with others expressed in standards 8 and 9 are not strong enough.
Current standard 1b.2: Registrants must be able to contribute effectively to work undertaken as	See comments on standard 1.b1.

part of a multi-disciplinary team	
Current standard 1b.3: Registrants must be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers	See comments on standard 1b.1.
Current standard 2a.1: Registrants must be able to gather appropriate information	Suggestion that these principles do apply to all the professions on the HPC Register. Principles of standards 2a.1 and 2a.4 could be adapted to fit within proposed generic standards 10 and 13, with any differences in application across the professions to be specified in the profession-specific standards.
Current standard 2a.4: Registrants must be able to analyse and critically evaluate the information collected	See comments on standard 2a.1.
Current standard 2b.1: Registrants must be able to use research, reasoning and problem-solving skills to determine appropriate actions	Requirement to use research, reasoning, and problem solving skills to determine appropriate actions should be a common skill shared by all the professions on the HPC Register, principles of this standard should be retained.
Current standard 3a.2: Registrants must 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	Useful to include the principles of this standard to encompass some of the concepts relating to person-centred care, or adapting approaches to meet the needs of individual service users.

Table 4: Suggested new standards

Suggested new standard	Supporting comments
Registrants must be able to demonstrate shared leadership in their approach to practice	A number of respondents suggested an additional standard encompassing the concept of leadership should be added to the generic standards. This suggestion comes from recent work carried out by the NHS Institute on a project called the Clinical Leadership Competency Framework (CLCF), which aims to build leadership capability and capacity across the healthcare system by embedding leadership competencies in relevant systems including the standards set by professional regulators.
	One organisation commented: 'there is a need to further develop leadership capacity within the regulated clinical professions…the key to ensuring adequate coverage [of leadership principles] within pre-registration education and training in Higher Education Institution curricula is the HPC standards of proficiency'.
New standard on protecting rights of vulnerable children	Two organisations told us it is important for generic standards of proficiency to have specific standards to address the issues of the rights and voice of vulnerable children. One organisation commented: 'a standard or standards in relation to working with children specifically will be necessary for any new generic standards adopted to be recognised as fit for purpose'.
	Also see comments on current standard 1a.5.
Registrants must practise within an appropriate framework of consent	Obtaining informed consent should be understood and/or applied by all HPC registrants, regardless of profession. Suggested new generic standard, so professionals who do not routinely need to obtain consent would still be required to understand or meet some form of consent requirement. See comments on current generic standard 1a.4.
Registrants must understand the concept of professionalism and be able to self-assess against the HPC's standards of conduct, performance and ethics	One organisation felt adding an additional standard relating to the concept of 'professionalism' would be helpful, as there is a 'growing interest in self-regulation at an individual level'.

Table 5: Suggested changes to order of standards

Suggested amendments to the order of the proposed generic standards of proficiency are listed below. To avoid duplication, where an amendment has been suggested to more than one standard (such as when the suggestion is for two standards to be combined), the proposed amendment is listed under only one standard. Standards that were not commented on are not listed below.

Proposed generic standard	Suggested changes to order
Standard 1: Registrants must be able to practise safely and effectively within their scope of practice	Standard 1 is the most important standard and should remain in this position. Combine standard 1 with standard 6 as they 'seem to be two parts of the same thing: understanding of the context and the ability to work in an inclusive way within that context' Combine standard 1 with standard 15 as they are about health and safety.
Standard 2: Registrants must be able to practise within the legal and ethical boundaries of their profession	Standards 2 and 3 should be moved to the first two positions, ahead of other standards that are more specific Combine standards 2, 5, and 6 which are all about equal opportunities.
Standard 3: Registrants must be able to maintain fitness to practise	Either move or combine standard 11 with standard 3. Move standard 3 to sit with standard 12. Also see amendments to standard 2
Standard 4: Registrants must be able to practise as an autonomous professional, exercising their own professional judgment	Elevate standards 4 and 5 to positions 2 and 3 within the standards.
Standard 5: Registrants must be able to practise in a non-discriminatory manner	See suggested amendments to standard 4.
Standard 6: Registrants must be aware of the impact of culture, equality and diversity on practice	See suggested amendments to standards 1 and 2.

Standard 7: Registrants must be able to maintain confidentiality	Either one or both of standards 7 and 8 should be placed higher in the order of standards – some respondents commenting that these should be very high priorities for professional practice and perhaps elevated to positions 5 and 6 within the list. Also see suggested amendments to standard 11.
Standard 8: Registrants must be able to communicate effectively	Standards 8 and 10 should be adjacent to one another. Standard 8 should be combined with proposed standard 9. This respondent felt these requirements could be widened as 'poor communication is often complained about and standards could go further to ensure that HPC registrants communicate appropriately on different levels.' Also see suggested amendments to standard 7 above.
Standard 9: be able to work appropriately with others	See suggested amendments to standard 8
Standard 11: Registrants must be able to reflect on and review practice	Elevate standard 11 to the position of standard 7. Combine standards 11 and 12. Also see suggested amendments to standards 3 and 13.
Standard 12: Registrants must be able to assure the quality of their practice	Elevate standard 12 to the position of standard 6. Also see suggested amendments to standards 3, 11, and 13.
Standard 13: Registrants must be able to draw on appropriate knowledge and skills to inform practice	Standard 13 falls more logically before standards 11 and 12 which are about reviewing practice Standards 13 and 14 should follow logically from standard 4. Also see suggested amendments to standard 14.
Standard 14: Registrants must understand the key concepts of the bodies of knowledge which are relevant to their profession	Might be helpful to combine standard 14 with standard 13. Also see suggested amendments to standard 13.

Standard 15: Registrants must understand the need to establish and maintain a safe practice environment	Several respondents suggested particular positions early in the standards for standard 15, ranging between position 2, position 3, or an unspecified position in the first five standards. Two of these respondents felt maintaining a safe practice environment is more important than a number of the other proposed standards currently listed ahead of standard 15. These respondents felt moving standard 15 to a higher position would place the standards that have potentially less serious consequences in subordinate positions.
	One respondent felt standard 15 should be placed in a higher position within the proposed generic standards as it is an important standard for those practitioners who work with vulnerable children.
	A number of respondents also suggested changes to where proposed standard 15 should be placed within the order of the generic standards, with some respondents commenting that standard 15 should be placed higher up the list, although they did not specify a particular position or reason for doing so.
	Also see amendments to standard 1 above.