Psychotherapists and Counsellors Professional Liaison Group (PLG)

Standards of proficiency: Background and context

Executive summary and recommendations

Introduction

This paper is divided into seven sections and highlights the background and context to the standards of proficiency, drawing on the experience of previous exercises to review or draft standards.

This paper appends examples of the standards of proficiency for two professions regulated by the HPC, the consultation draft of standards of proficiency for practitioner psychologists and an example of draft standards of proficiency for psychotherapists and counsellors.

The HPC Executive plans to put together an initial draft of standards of proficiency for consideration at the next PLG meeting.

Decision

This paper is for discussion. In particular, the Group may wish to suggest further standards that should be taken into account in drafting the standards.

Background information

None

Resource implications

None

Financial implications

None

Appendices

- Standards of proficiency for arts therapists
- Standards of proficiency for clinical scientists
- Consultation on draft standards of proficiency for practitioner psychologists
- British Association for Counselling and Psychotherapy – Draft standards of proficiency

Date of paper

19 February 2009

The structure of this document

This paper is divided into seven sections:

- Legal background.
- Language.
- Structure.
- Competence standards and the Disability Discrimination Act.
- The relationship of the standards of proficiency to other standards.
- Standards of proficiency and the threshold academic level of entry to the Register.
- Scope of practice.

Some examples of existing standards of proficiency are also appended. These include a draft of standards of proficiency for psychotherapists and counsellors put together by the British Association for Counselling and Psychotherapy (BACP) and included in their consultation response to the Call for Ideas. These standards are reproduced with the BACP's permission. These are but one example of the standards the Group will wish to take into account in drafting the standards of proficiency. Further examples of standards of proficiency for psychotherapists and counsellors may be tabled at the meeting.

In the Call for Ideas we asked respondents which standards the Group should take into account in putting together standards of proficiency. Respondents made a number of suggestions including:

- National occupational standards.
- Professional body standards including standards for the accreditation of practitioners and training requirements.
- Education and training standards.
- Employment standards and frameworks (e.g. agenda for change).
- International standards and frameworks (e.g. European Association of Psychotherapy).
- Existing standards of proficiency (e.g. for practitioner psychologists).
- Research evidence about the effectiveness of therapy.

N.B. Any references to 'the Council' in this paper are references to the Health Professions Council.

Section one: Legal background

The Standards of Proficiency are the foundation of the regulation of healthcare professionals by the Health Professions Council as those standards represent:

- the threshold standards for entry to the Register;

- the minimum standards which HPC registrants must continue to meet throughout their professional life; and

- the minimum standards which registrants will be judged against if allegations are made against them questioning their competence.

Article 5(2) of the Health Professions Order 2001 provides (emphasis added):

"The Council shall from time to time ... establish the standards of proficiency **necessary** to be admitted to the different parts of the Register being the standards it considers **necessary** for safe and effective practice under that part of the Register"

In setting those standards the critical factor is that they must be *necessary* standards which, giving that adjective its ordinary meaning (as the courts would do), means "absolutely essential" or "indispensable".

In drafting or revising any of those standards the HPC needs to apply a simple test; if a person was refused registration on the basis of not meeting a particular standard, if challenged, would the HPC be able to persuade a court that the standard was necessary? To take a simple example, the explanation that "the applicant has no knowledge of anatomy" is rather different to "he or she is not very good at using Excel spreadsheets".

The consequence of this "necessary" test is that the standards of proficiency should not be expected to encompass or reflect:

- the full content of an approved professional educational programme; or

- the full range of knowledge and skills of a typical health professional.

It is important for the HPC to recognise that there is nothing intrinsically wrong with that position, as the standards of proficiency are *threshold* standards – the bare minimum necessary for admission to the Register – and it would be of concern if educational provision and professional performance only just met those standards rather than comfortably exceeding them. Indeed, the dynamic tension this creates helps contribute to the continuing improvement in professional skills and knowledge skills and the raising of those threshold standards over time.

In short, the standards of proficiency are the minimum and not the optimum standards expected of a health professional.

Section two: Language

Introduction
During previous work to review or draft standards of proficiency, the nature of the language used in the standards has been raised.

In particular, the use of constructions such as 'be able to' and 'understand' have been cited by some as potential areas of difficulty. It has been argued that it might be insufficient for the HPC to require the ability rather than the 'doing'. For example – 'be able to maintain confidentiality and obtain informed consent' rather than simply 'maintain confidentiality and obtain informed consent'.

Language and legal context
The language used in the standards of proficiency has to be consistent with the standards' primary function as outlined in Article 5 (2) a of the Health Professions Order 2001, which reads that the Council must:

'establish the standards of proficiency **necessary** to be admitted to the different parts of the Register being the standards it considers **necessary** for safe and effective practice under that part of the Register'

Thus the standards of proficiency are principally the threshold standards for **entry** to the Register, but are also the standards which apply throughout a person's professional life and against which that person will be judged if their competence is challenged.

As such, they must be written in a manner which makes them applicable in all of those situations, but in line with Article 5, primarily for those who have yet to come on to the Register.

Consequently, in terms of their language the standards of proficiency need to be expressed in expectational terms so that a person who is not yet on the Register can comply with them. For example, a person undergoing training can comply with a requirement to "understand that fitness to practise must be maintained" but may not yet be in a position to put that into practice as, having just commenced training, they may not yet have a fitness to maintain.

Nonetheless, the standards will still be effective in relation to a practitioner facing a fitness to practise allegation of lack of competence. For example, a panel could conclude that a registrant demonstrated a lack of competence in respect of their record keeping by considering whether their conduct had shown an ability to 'be able to maintain records appropriately'.

In relation to fitness to practise allegations, as the standards of proficiency are threshold standards, their breach is of itself evidence that fitness to practise is impaired. As such they **must** be limited to what is necessary for safe and effective practice and, to that extent, cannot be aspirational in nature.

Section three: Structure

The standards are divided into generic standards (which apply to all the professions) and standards specific to each of the professions regulated.

The generic standards were agreed in May 2007 following a public consultation and are not the subject of the PLG's work. However, in light of concerns about the terminology of the standards of proficiency, the Council has agreed to review the generic standards of proficiency and work will be undertaken later this year in this regard.

However, amongst the existing standards, there are differing approaches to the profession-specific standards, dependent on the profession. In the standards for clinical scientists, a profession with a number of distinct modalities, the profession-specific standards apply to all members of the profession, regardless of their modality. A copy of the standards of proficiency for clinical scientists are appended to this document.

In the standards for arts therapists, a number of the profession-specific standards apply equally to the whole of the part of the Register. However, a small number of standards apply only to art therapists, to music therapists, or to dramatherapists. A copy of the standards of proficiency for arts therapists are appended to this document.

The PLG agreed a three fold structure for the standards at its last meeting:

- Generic standards of proficiency (applying across all of the professions regulated by the HPC).
- Profession specific standards which would be common to both psychotherapists and counsellors.
- Profession-specific standards for psychotherapists; and profession-specific standards for counsellors.

Section four: Competence standards and the Disability Discrimination Act

The Disability Discrimination Act establishes legal rights for disabled people and legislates against discrimination on the basis of disability. Regulatory Bodies such as the HPC are classed as qualifications bodies under the Act.

The HPC has certain obligations under Part 2 of the Act to make sure that its processes are fair and do not discriminate against those who are disabled.

The Act establishes competence standards as 'an academic, medical or other standard applied by or on behalf of a qualifications body for the purpose of determining whether or not a person has particular level of competence or ability'. To avoid unlawful discrimination, the qualifications body must ensure that the standard can be objectively justified. In particular, the code of practice suggests that qualifications bodies should review their competence standards and that this might include:

- identifying the specific purpose of each competence standard which is applied and examining the manner in which the standard achieves that purpose; and
- considering the impact which each competence standard may have on disabled people and, in the case of a standard which may have an adverse impact, asking whether the application of the standard is absolutely necessary.[1]

The Standards of Proficiency

The Standards of Proficiency are the minimum **necessary** threshold standards for entry to the Register. Part of the consideration of whether a standard is absolutely necessary should also consider whether that standard would be likely to have an adverse impact upon a disabled person.

Employers and education and training providers have additional responsibilities under the Act to explore reasonable adjustments which might allow a disabled applicant or registrant to meet our standards. Registrants should also make reasonable adjustments to their practice (including negotiating adjustments with their employer) to ensure that they practise safely and effectively within their scope of practice.

1 Disability Rights Commission, Code of practice: Trade Associations and Qualifications Bodies. http://www.drc-gb.org/PDF/COPtrade_quals.pdf

Section five: The relationship of the standards of proficiency to other standards

This section briefly outlines how the standards published by the HPC relate to each other.

The standards produced by the HPC are:

Standards of Proficiency:

- Provided for by Article 5 (2) (a) of the Health Professions Order 2001 ("the Order").
- Threshold standards of proficiency for safe and effective practice necessary to be admitted to the Register.
- Applicants following a programme approved by the Council should meet these standards when they complete their course.
- Applications from international and grandparenting (route b) applicants are assessed against the standards of proficiency.

Standards of Education and Training:

- Provided for by Article 15 (1) (a) of the Order.
- The standards which educational programmes must meet in order to achieve the standards of proficiency.
- Standards included cover such issues as practice placements, assessments and resources.
- A programme meeting the standards of education and training will allow a graduate to meet the standards of proficiency. The course is approved as one leading to eligibility to apply for registration.

Standards of Conduct, Performance and Ethics:

- Provided for by Article 21 (1) (a) of the Order.
- Standards of conduct, performance and ethics expected of registrants and prospective registrants.
- Frequently used by fitness to practise panels in considering allegations that a registrant's fitness to practise is impaired by reason of a conviction, misconduct or lack of competence.

Standards of Continuing Professional Development (CPD):

- Provided for by Article 19 (1).
- Audits began against these standards in July 2008.

The role of the standards

There is some degree of overlap between the content of the standards of proficiency and standards of conduct, performance and ethics. For example, the standards of proficiency ask registrants to 'be able to maintain confidentiality and obtain informed consent' whilst the standards of conduct, performance and ethics say that registrants 'must respect the confidentiality of your patients, clients and users at all times'.

The standards of proficiency and standards of conduct, performance and ethics perform inter-related but very different roles.

The standards of proficiency are primarily the threshold standards for **entry** to the Register. They are written in such a way to apply to people who are applying to come on to the Register and have not yet started practising.

The standards of conduct, performance and ethics are primarily the standards expected for the **continuing** attitudes and behaviour of someone **who is on the Register**. They cover standards such as the need to act in the best interests of patients, protect confidentiality and behave with integrity and honesty.

They can also play a role in determining entry to the Register. In making a decision as to whether an applicant is of good character to be admitted to the Register, the Council may take into account these standards.

Other standards and frameworks

The standards complement other standards and frameworks such as policies and protocols developed by employers and guidance or codes of conduct produced by professional bodies.

The standards are written in way so that they can be relevant to a wide range of registrants, and can take into account changes in the law, technology or working practices which might take place over time. For example, the existing generic standards of proficiency say that registrants should:

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

The standard is written in such way that it can flexibly accommodate changes in practice.

There is normally more than one way in which the standards can be met. Registrants can make their own informed decisions about the best way in which they can meet our standards. This might be by following the guidance provided by their professional body which is often aimed at promoting good practice.

Employers also often take into account local circumstances, such as a specific area of practice or the availability of resources to develop ways of working which are practical, effective, and meet the needs of service users and our standards.

Section six: Standards of proficiency and the threshold academic level of entry to the Register

This section covers the relationship of the standards of proficiency to the academic level of qualifications leading to registration. The area of education and training is covered in more detail in the paper 'Education and Training' on the agenda at this meeting.

Introduction

Standard 1 of the Standards of Education and Training (known as "SET 1") articulates the normal threshold level of qualification for entry to the Register for each of the professions we regulate. This is articulated as a threshold academic level. Every time we open a new part of the Register, we need to determine the threshold entry level for the new profession, following consultation, and add this to the standards.

The standard currently reads:

> 1.1 The Council normally expects that the **threshold** entry routes to the Register will be the following:
> 1.1.1 Bachelor degree with honours for the following professions:
> - chiropody or podiatry;
> - dietetics;
> - occupational therapy;
> - orthoptics;
> - physiotherapy;
> - prosthetics and orthotics;
> - radiography;
> - speech and language therapy;
> - biomedical science (with the Certificate of Competence awarded by the Institute
> of Biomedical Science (IBMS), or equivalent if appropriate); and
> 1.1.2 Masters degree for the arts therapies.
> 1.1.3 Masters degree for the clinical sciences (with the award of the Association of Clinical Scientists' Certificate of Attainment, or equivalent).
> 1.1.4 Equivalent to Certificate of Higher Education for paramedics.
> 1.1.5 Diploma of Higher Education in Operating Department Practice for Operating Department Practitioners.

In setting the threshold level of entry, the HPC is setting the minimum academic level of qualification which it would normally accept for the purposes of an approved programme which leads to registration.

In setting the threshold level of entry, the HPC has regard to the academic level of the breadth of the existing qualifications which lead to entry to the profession.

Standards of proficiency and approval of pre-registration programmes

Our Education department is responsible for approving pre-registration education and training programmes for the purposes of registration. Programmes are assessed against the standards of education and training. Part of this approval process is ensuring that the learning outcomes of the programme meet the standards of proficiency.

The standards of proficiency are set at a threshold or 'minimum' level. Many education providers will deliver programmes which exceed this 'minimum' level.

Academic levels

As the threshold is the 'minimum' level, qualifications may be approved which are at an academic level above the threshold.

Amongst the existing regulated professions, the threshold entry for paramedics is equivalent to a Certificate of Higher Education. However, there has been a move to transfer some education and training into higher education, and we approve a number of courses at foundation or honours degree level, above the threshold.

The threshold level might change over time to reflect changes in the delivery of education and training. This has happened in a number of the existing professions we regulate – as professions have developed the minimum academic level has increased. Any change in the minimum academic level is one which is led by the profession and which occurs over time. SET 1 would then be changed at an appropriate time to reflect how the majority of education and training is delivered.

Our only consideration in approving a programme, whether at or substantially above the threshold, is that the programme will allow students to meet the standards of proficiency by its completion.

Summary

The standards of proficiency articulate the threshold standards for safe and effective practice.

Any decision about the threshold academic level necessary to deliver those standards is one that should only be formally taken after draft standards of proficiency have been agreed.

Section seven: Scope of practice

Once someone becomes registered, they must continue to meet the standards which apply to their scope of practice. The following are excerpts from the introduction to the standards of proficiency, which explain how the standards relate to scope of practice.

From the introduction

[…]

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

[…]

Your scope of practice
Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself.

We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues. This might be because of specialisation in a certain clinical area or with a particular group, or a movement into roles in management, education or research.

Your particular scope of practice may mean that you are unable to continue to demonstrate that you meet all of the standards that apply for the whole of your profession. As long as you make sure that you are practising safely and effectively within your given scope of practice and do not practise in the areas where you are not proficient to do so, this will not be a problem. If you want to move outside of your scope of practice you should be certain that you are capable of working lawfully, safely and effectively. This means that you need to exercise personal judgement by undertaking any necessary training and experience.

Arts
therapists

Contents

Foreword

I am pleased to present the Health Professions Council's standards of proficiency.

We first published the standards of proficiency when our Register opened in July 2003. We began to review them in October 2005 to look at how they were working and to check whether they continued to reflect current practice as experienced by registrants, employers, educators and others. The review was led by a professional liaison group (PLG), which included members of our Council, as well as representatives from professional bodies and patient groups. We also held a formal consultation on the draft proposed standards. The review process and consultation produced extremely valuable feedback and we are grateful to all those who gave their time to help us in shaping the standards that follow.

We made a small number of changes to the previous standards, mainly to reflect developments in education, to clarify our intentions and to correct any errors or omissions. We also revised the introduction to explain more clearly the purpose behind the standards, especially in relation to registrants who specialise or move into non-clinical areas of practice.

I am confident that the standards are both fit for purpose and reflect current thinking in relation to safe professional practice across the professions.

These standards are effective from 1 November 2007.

Anna van der Gaag
President

Introduction

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

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

We also expect you to keep to our **standards of conduct, performance and ethics**, which are published in a separate document.

The standards of proficiency in this document include both generic elements, which apply to all our registrants, and profession-specific elements that are relevant to registrants belonging to one of the professions we currently regulate. The **generic standards are written in black**, and the **profession-specific standards are written in blue** to help you distinguish between them.

The generic standards explain the key obligations that we expect of you. Occasionally, we have pointed out specific elements of those key obligations. We have not attempted to create exhaustive lists of all the areas that each generic standard covers; we have simply highlighted specific elements where we consider this to be helpful.

A note about our expectations of you

The standards of proficiency play a central role in how you can gain admission to, and remain on, the Register and thereby gain the right to use the protected title(s) of your profession.

It is important that you read and understand this document. If your practice is called into question we will consider these standards (and our **standards of conduct, performance and ethics**) in deciding what action, if any, we need to take.

The standards set out in this document complement information and guidance issued by other organisations, such as your professional body or your employer.

Your scope of practice

Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself.

We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues. This might be because of specialisation in a certain clinical area or with a particular client group, or a movement into roles in management, education or research.

Your particular scope of practice may mean that you are unable to continue to demonstrate that you meet all of the standards that apply for the whole of your profession. As long as you make sure that you are practising safely and effectively within your given scope of practice and do not practise in the areas where you are not proficient to do so, this will not be a problem. If you want to move outside of your scope of practice you should be certain that you are capable of working lawfully, safely and effectively. This means that you need to exercise personal judgement by undertaking any necessary training and experience.

Meeting the standards

It is important that our registrants meet our standards and are able to practise lawfully, safely and effectively. However, we don't dictate how you should meet our standards. There is normally more than one way in which each standard can be met and the way in which you meet our standards might change over time because of improvements in technology or changes in your practice. As an autonomous professional you need to make informed, reasoned decisions about your practice to ensure that you meet the standards that apply to you. This includes seeking advice and support from education providers, employers, colleagues and others to ensure that the wellbeing of service users is safeguarded at all times.

In particular, we recognise the valuable role played by professional bodies in representing and promoting the interests of their members. This often includes guidance and advice about good practice which can help you meet the standards laid out in this document.

Service users

We recognise that our registrants work in a range of different settings, which include clinical practice, education, research and roles in industry. We recognise that different professions sometimes use different terms to refer to those who use or who are affected by their practice and that the use of terminology can be an emotive issue.

We have tried to use a term in the generic standards which is as inclusive as possible. Throughout the generic standards we have used the term 'service users' to refer to anyone who uses or is affected by the services of registrants. Who your service users are will depend on how and where you work. For example, if you work in clinical practice, your service users might be your patients or your staff if you manage a team. The term also includes other people who might be affected by your practice, such as carers and relatives. In the profession-specific standards, we have retained the terminology which is relevant to each individual profession.

These standards may change in the future

We have produced this new version of our standards after speaking to our stakeholders about how the standards were working and how relevant they were to registrants' practice.

We will continue to listen to our stakeholders and will keep our standards under continual review. So we may make further changes in the future to take into account changes in practice.

We will always publicise any changes to the standards that we make by, for instance, publishing notices on our website and informing professional bodies.

Expectations of a health professional

1a   Professional autonomy and accountability

Registrant arts therapists must:

1a.1 be able to practise within the legal and ethical boundaries of their profession

– understand the need to act in the best interests of service users at all times

– understand what is required of them by the Health Professions Council

– understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing

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

– understand the role of the art, music or drama therapist in different settings

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

1a.3 understand the importance of and be able to maintain confidentiality

– be aware that the concepts of confidentiality and informed consent extend to illustrative records such as video and audio recordings, paintings, digital images and other art work

1a.4 understand the importance of and be able to obtain informed consent

1a.5 be able to exercise a professional duty of care

1a.6 be able to practise as an autonomous professional, exercising their own professional judgement

– be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem

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

- know the limits of their practice and when to seek advice or refer to another professional

- recognise that they are personally responsible for and must be able to justify their decisions

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

- understand the value of therapy in developing insight and self-awareness through their own personal experience

1a.8 understand the obligation to maintain fitness to practise

- understand the need to practise safely and effectively within their scope of practice

- understand the need to maintain high standards of personal conduct

- understand the importance of maintaining their own health

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

- recognise that the obligation to maintain fitness to practise includes engagement in their own arts-based process

1b   Professional relationships

Registrant arts therapists must:

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

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

- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals

- be able to make appropriate referrals

- recognise the role of arts therapists and the contribution they can make to health and social care

1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

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

- be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1]

- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability

- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others

- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status

- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions

- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible

- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

[1] The International English Language Testing System (IELTS) tests competence in spoken and written English. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA), have to provide evidence that they have reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.

–   be able to explain the nature, purpose and techniques of therapy to clients and carers

–   understand the need to establish and sustain a therapeutic relationship within a creative and containing environment

1b.4 understand the need for effective communication throughout the care of the service user

–   recognise the need to use interpersonal skills to encourage the active participation of service users

The skills required for the application of practice

2a Identification and assessment of health and social care needs

Registrant arts therapists must:

2a.1 be able to gather appropriate information

– understand the need to take account of psychological, social, cultural, economic and other factors when collecting case histories and other appropriate information

2a.2 be able to select and use appropriate assessment techniques

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

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

– be able to observe and record clients' responses and assess the implication for diagnosis and intervention

– be able to undertake or arrange investigations, for example setting up an assessment period in order to ascertain the appropriateness of an intervention

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

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

Registrant arts therapists must:

2b.1 be able to use research, reasoning and problem-solving skills to determine appropriate actions

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

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

– be aware of a range of research methodologies

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

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

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

– be able to change their practice as needed to take account of new developments

– be able to demonstrate a level of skill in the use of information technology appropriate to their practice

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

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

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

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

– be able to work with clients both to define a clear end for the therapy, and to evaluate the therapy's strengths, benefits and limitations

Art therapists only

– be able to use a range of art and art-making materials and techniques competently and be able to help a client to work with these

Dramatherapists only

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

Music therapists only

– be able to use a range of music and music-making techniques competently and be able to help a client to work with these

2b.5 be able to maintain records appropriately

– be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines

– understand the need to use only accepted terminology in making records

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

Registrant arts therapists must:

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

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

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

– recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes

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

2c.2 be able to audit, reflect on and review practice

– understand the principles of quality control and quality assurance

– be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of

appropriate outcome measures

– be able to maintain an effective audit trail and work towards continual improvement

– participate in quality assurance programmes, where appropriate

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

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

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

Knowledge, understanding and skills

3a Knowledge, understanding and skills

Registrant arts therapists must:

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

– understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction

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

– recognise the role of other professions in health and social care

– understand the theoretical basis of, and the variety of approaches to, assessment and intervention

– understand the psychological and cultural background to health, and be aware of influences on the client – therapist relationship

– understand core processes in therapeutic practice, such as the therapeutic frame, transference and counter-transference and concepts from other therapeutic models, and be able to engage these to achieve productive therapeutic outcomes

– understand the therapeutic relationship, including its limitations

– be able to employ a coherent approach to the therapeutic process

– understand how and why different approaches to the use of the arts in arts therapy and in other settings varies according to context and purpose

– know theories of group work and the management of group process

– know theories relevant to work with an individual

– know about normal human development; normal and abnormal psychology; normal and abnormal human communication and

language development; mental illness, psychiatric assessment and treatment; congenital and acquired disability; disorders of social functioning; the principal psychotherapeutic interventions and their theoretical bases; the nature and application of other major interventions

– recognise methods of distinguishing between human health and sickness, including diagnosis, symptoms and treatment, particularly of mental health disorders and learning disabilities and be able to critique these systems of knowledge from different socio-cultural perspectives

Art therapists only

– understand that while art therapy has a number of frames of reference, they must adopt a coherent approach to their therapy, including the relationship between theory and practice and the relevant aspects of connected disciplines including visual arts, aesthetics, anthropology, psychology, psychiatry, sociology, psychotherapy and medicine

– know the practice and process of visual art-making

– understand the role of the physical setting and the art-making process in the physical and psychological containment of emotions

– understand the role and function of the art object as an intermediary frame and within the relationship between client and art therapist

– understand the role and use of visual symbols in art that communicate conscious and unconscious processes

– understand the influence of socio-cultural context on the making and viewing of art in art therapy

– recognise that different approaches to the use of visual arts practice in therapeutic work have developed in different socio-cultural and political contexts around the world

Dramatherapists only

– understand core processes and forms of creativity, movement, play and dramatic representation pertinent to practice with a range of client groups

– understand both the symbolic value and intent inherent in drama as an art form, and with more explicit forms of enactment and re-enactment of imagined or lived experience

– know a range of theatrical representation techniques and be able to engage clients in a variety of performance-derived roles

– recognise that dramatherapy is a unique form of psychotherapy in which creativity, play, movement, voice, storytelling, dramatisation and the performance arts have a central position within the therapeutic relationship

– recognise that different approaches to the discipline have developed from different histories in Eastern and Western Europe and the Americas

– recognise that the discipline has deep foundations within the many cultural traditions that use ritual, play, drama and performance for the enhancement of health

– know the key principles of influential theatre practitioners and their relevance to the therapeutic setting

Music therapists only

– be able to improvise music in a variety of styles and idioms

– be able to use musical improvisation to interact and communicate with the client

– know a broad range of musical styles and be aware of their cultural contexts

– be able to play at least one musical instrument to a high level

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

approaches to meet the needs of an individual, groups or communities

3a.3 understand the need to establish and maintain a safe practice environment

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

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

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

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

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Standards of proficiency

Clinical
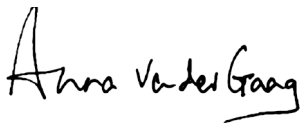# scientists

Contents

Foreword

I am pleased to present the Health Professions Council's standards of proficiency.

We first published the standards of proficiency when our Register opened in July 2003. We began to review them in October 2005 to look at how they were working and to check whether they continued to reflect current practice as experienced by registrants, employers, educators and others. The review was led by a professional liaison group (PLG), which included members of our Council, as well as representatives from professional bodies and patient groups. We also held a formal consultation on the draft proposed standards. The review process and consultation produced extremely valuable feedback and we are grateful to all those who gave their time to help us in shaping the standards that follow.

We made a small number of changes to the previous standards, mainly to reflect developments in education, to clarify our intentions and to correct any errors or omissions. We also revised the introduction to explain more clearly the purpose behind the standards, especially in relation to registrants who specialise or move into non-clinical areas of practice.

I am confident that the standards are both fit for purpose and reflect current thinking in relation to safe professional practice across the professions.

These standards are effective from 1 November 2007.

Anna van der Gaag
President

Introduction

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

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

We also expect you to keep to our **standards of conduct, performance and ethics**, which are published in a separate document.

The standards of proficiency in this document include both generic elements, which apply to all our registrants, and profession-specific elements that are relevant to registrants belonging to one of the professions we currently regulate. The **generic standards are written in black**, and the **profession-specific standards are written in blue** to help you distinguish between them.

The generic standards explain the key obligations that we expect of you. Occasionally, we have pointed out specific elements of those key obligations. We have not attempted to create exhaustive lists of all the areas that each generic standard covers; we have simply highlighted specific elements where we consider this to be helpful.

A note about our expectations of you

The standards of proficiency play a central role in how you can gain admission to, and remain on, the Register and thereby gain the right to use the protected title(s) of your profession.

It is important that you read and understand this document. If your practice is called into question we will consider these standards (and our **standards of conduct, performance and ethics**) in deciding what action, if any, we need to take.

The standards set out in this document complement information and guidance issued by other organisations, such as your professional body or your employer.

Your scope of practice

Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself.

We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues. This might be because of specialisation in a certain clinical area or with a particular client group, or a movement into roles in management, education or research.

Your particular scope of practice may mean that you are unable to continue to demonstrate that you meet all of the standards that apply for the whole of your profession. As long as you make sure that you are practising safely and effectively within your given scope of practice and do not practise in the areas where you are not proficient to do so, this will not be a problem. If you want to move outside of your scope of practice you should be certain that you are capable of working lawfully, safely and effectively. This means that you need to exercise personal judgement by undertaking any necessary training and experience.

Meeting the standards

It is important that our registrants meet our standards and are able to practise lawfully, safely and effectively. However, we don't dictate how you should meet our standards. There is normally more than one way in which each standard can be met and the way in which you meet our standards might change over time because of improvements in technology or changes in your practice. As an autonomous professional you need to make informed, reasoned decisions about your practice to ensure that you meet the standards that apply to you. This includes seeking advice and support from education providers, employers, colleagues and others to ensure that the wellbeing of service users is safeguarded at all times.

In particular, we recognise the valuable role played by professional bodies in representing and promoting the interests of their members. This often includes guidance and advice about good practice which can help you meet the standards laid out in this document.

Service users

We recognise that our registrants work in a range of different settings, which include clinical practice, education, research and roles in industry. We recognise that different professions sometimes use different terms to refer to those who use or who are affected by their practice and that the use of terminology can be an emotive issue.

We have tried to use a term in the generic standards which is as inclusive as possible. Throughout the generic standards we have used the term 'service users' to refer to anyone who uses or is affected by the services of registrants. Who your service users are will depend on how and where you work. For example, if you work in clinical practice, your service users might be your patients or your staff if you manage a team. The term also includes other people who might be affected by your practice, such as carers and relatives. In the profession-specific standards, we have retained the terminology which is relevant to each individual profession.

These standards may change in the future

We have produced this new version of our standards after speaking to our stakeholders about how the standards were working and how relevant they were to registrants' practice.

We will continue to listen to our stakeholders and will keep our standards under continual review. So we may make further changes in the future to take into account changes in practice.

We will always publicise any changes to the standards that we make by, for instance, publishing notices on our website and informing professional bodies.

Expectations of a health professional

1a Professional autonomy and accountability

Registrant clinical scientists must:

1a.1 be able to practise within the legal and ethical boundaries of their profession

– understand the need to act in the best interests of service users at all times

– understand what is required of them by the Health Professions Council

– understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing

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

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

1a.3 understand the importance of and be able to maintain confidentiality

1a.4 understand the importance of and be able to obtain informed consent

1a.5 be able to exercise a professional duty of care

1a.6 be able to practise as an autonomous professional, exercising their own professional judgement

– be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem

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

– know the limits of their practice and when to seek advice or refer to another professional

– recognise that they are personally responsible for and must be able to justify their decisions

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

1a.8 understand the obligation to maintain fitness to practise

– understand the need to practise safely and effectively within their scope of practice

– understand the need to maintain high standards of personal conduct

– understand the importance of maintaining their own health

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

1b   Professional relationships

Registrant clinical scientists must:

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

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

– understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals

– be able to make appropriate referrals

1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

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

– be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5[1]

–   understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability

–   be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others

–   be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status

–   understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions

–   understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible

–   recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

1b.4 understand the need for effective communication throughout the care of the service user

–   recognise the need to use interpersonal skills to encourage the active participation of service users

–   be able to communicate the outcome of problem solving and research and development activities

–   be able to summarise and present complex scientific ideas in an appropriate form

[1] The International English Language Testing System (IELTS) tests competence in spoken and written English. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA), have to provide evidence that they have reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.

The skills required for the application of practice

2a Identification and assessment of health and social care needs

Registrant clinical scientists must:

2a.1 be able to gather appropriate information

– be able to identify the clinical decision which the test or intervention will inform

2a.2 be able to select and use appropriate assessment techniques

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

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

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

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

Registrant clinical scientists must:

2b.1 be able to use research, reasoning and problem-solving skills to determine appropriate actions

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

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

– be aware of a range of research methodologies

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

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

– be able to conduct fundamental research

- be able to interpret data and provide diagnostic and therapeutic opinions, including any further action which the individual directly responsible for the care of the patient or service user should take

- be able to search and to appraise scientific literature and other sources of information critically

- be able to develop the aims and objectives associated with a project

- be able to develop an experimental protocol to meet these aims and objectives in a way that provides objective and reliable data (free from bias)

- be able to perform the required experimental work and be able to produce and present the results (including statistical analysis)

- be able to interpret results in the light of existing knowledge and the hypothesis developed, and be able to formulate further research questions

- be able to present data and a critical appraisal of it to peers in an appropriate form

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

- be able to change their practice as needed to take account of new developments

- be able to demonstrate a level of skill in the use of information technology appropriate to their practice

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

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

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

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

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

– ensure service users are positioned (and if necessary immobilised) for safe and effective interventions

– be able to perform a range of techniques employed in the modality

– understand the need to conform to standard operating procedures and conditions

– understand the need to work with accuracy and precision

– be able to solve problems that may arise during the routine application of techniques (troubleshooting)

2b.5 be able to maintain records appropriately

– be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines

– understand the need to use only accepted terminology in making records

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

Registrant clinical scientists must:

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

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

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

- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes

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

- be able to make judgements on the effectiveness of procedures

- be able to use quality control and quality assurance techniques, including restorative action

2c.2 be able to audit, reflect on and review practice

- understand the principles of quality control and quality assurance

- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures

- be able to maintain an effective audit trail and work towards continual improvement

- participate in quality assurance programmes, where appropriate

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

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

- understand the importance of participating in accreditation systems related to the modality

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

Knowledge, understanding and skills

3a Knowledge, understanding and skills

Registrant clinical scientists must:

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

– understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction

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

– recognise the role of other professions in health and social care

– understand the theoretical basis of, and the variety of approaches to, assessment and intervention

– know the basic science underpinning the modality in which the registrant practises, understand relevant basic clinical medicine and be aware of the fundamental principles of clinical practice

– understand the wider clinical situation relevant to the service users presenting to the specialty

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

– understand the clinical applications of the specialty and the consequences of decisions made upon actions and advice

– understand the evidence base that underpins the use of the procedures employed by the service

– understand the principles associated with a range of techniques employed in the modality

– know the standards of practice expected from techniques

3a.3 understand the need to establish and maintain a safe practice environment

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

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

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

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

–   understand sources of hazard in the workplace, including specimens, raw materials, clinical and special waste and equipment

–   be aware of immunisation requirements and the role of occupational health

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

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Applied psychologists – Standards of proficiency
Consultation document

Introduction

We are seeking the views of our stakeholders on draft standards of proficiency, in preparation for the likely regulation of applied psychologists.

About us

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

When we say health professional, we mean a person whose work is concerned with improving and promoting the health and wellbeing of their service users in a variety of different ways and in a variety of different settings.

To protect the public, we set standards that health professionals must meet. Our standards cover health professionals' education and training, behaviour, professional skills, and their health. We publish a register of health professionals who meet our standards.

Health 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 that they can no longer practise.

About statutory regulation

- **Regulation of applied psychologists**

In February 2007, the government published a white paper on the future of regulation, 'Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century'.

The white paper said:

> 'The government is planning to introduce statutory regulation for applied psychologists…' (p. 81)

> 'Psychologists…will be regulated by the Health Professions Council' (p.85)

The white paper also indicated that psychotherapists, counsellors and other psychological therapists would be priorities for future regulation.

Unless otherwise dictated by a change in government policy, the applied psychology disciplines to be regulated are likely to be the same as those

identified in the Department of Health consultation document: 'Applied Psychology: Enhancing public protection: Proposals for the statutory regulation of applied psychologists' (March 2005).

They are as follows:

- Clinical psychologists
- Counselling psychologists
- Educational psychologists
- Forensic psychologists
- Health psychologists
- Occupational psychologists
- Sport and Exercise psychologists

It should be noted that although the white paper has indicated that applied psychologists should be regulated by HPC, the necessary legislation to allow this to happen has yet to be passed.

However, we believe that it is important to start this work at an early stage, to allow enough time to benefit from the input of our stakeholders. In particular, starting the work earlier allows for a three-month public consultation period.

- **Routes to registration**

When we regulate a new profession, all those whose names appear on the relevant voluntary register would normally transfer to the HPC Register. There are then three routes open to registration:

- **UK approved course**: Our Education and Training Committee would normally approve those programmes which have led to membership of the voluntary register. This means that any individual who could have been a member of the voluntary register on the date of the transfer, but was not (for example, their membership had lapsed) would be able to apply to us for registration via the UK-approved course route.

- **Grandparenting**: Whenever we regulate a new profession, and protect a title, there will be a 'grandparenting' period. The length of the grandparenting period is defined by law, and has previously been two years. The 'grandparenting window' allows people who have previously been practising the profession, but who could not become voluntarily registered, to apply for registration, provided that they can meet certain criteria. Applications are assessed on an individual basis by registration assessors, who are appropriately qualified members of the profession. After the grandparenting period has closed, the only way to become registered for UK-trained individuals is to complete an approved programme.

- **International route**: Applicants who have trained outside the United Kingdom can apply to us via our international route.

You can find out more about the routes to registration and about what happens when a new profession becomes regulated, by visiting our website.

About the standards of proficiency

- **Function**

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

> '…establish the standards of proficiency necessary to be admitted to the different parts of the register being the standards it considers necessary for safe and effective practice under that part of the register'

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

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

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

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

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

- **Standards of proficiency and the approval of education and training programmes**

The primary role of the standards of proficiency is in articulating the skills, knowledge and abilities necessary to become registered for the first time.

Our Education - Approvals and Monitoring department is responsible for conducting approvals visits of education and training providers to ensure that their programmes meet our standards.

Our standards of education and training cover areas such as admissions, assessment and practice placements, and we approve programmes using these standards. A programme which meets the standards of education and training

will also allow a student who successfully completes that programme to meet the standards of proficiency.

We grant open-ended approval subject to ongoing monitoring that a programme continues to meet our standards.

Our approvals process allows us to take into account the standards and guidance of other organisations when we approve a programme. This includes looking at any existing Quality Assurance Agency (QAA) benchmark statements and any curriculum guidance documents. These are often produced by professional bodies, providing education providers with guidance as to the structure and management of their programmes.

- **Structure**

The standards of proficiency are divided into generic standards and profession-specific standards which apply only to that part of the Register.

The generic standards of proficiency were reviewed by a Professional Liaison Group (PLG), which met from October 2005. A PLG is a working group set up by the Council to provide advice on a discrete project, particularly where the Council would benefit from outside expertise.

The new generic standards were agreed following consultation in May 2007 and will apply to applied psychologists and any further professions we may regulate in the future.

However, the PLG that put together the draft profession-specific standards in this document discussed concern that some of the generic standards may be inappropriate for some applied psychologists. We are sensitive to these concerns and are committed to reviewing the generic standards on a regular basis to ensure that they are clearly applicable to all the professions we regulate.

Our Education and Training Committee will be considering the best way forward at their meeting in December. In the meantime, we are always open to comments on any aspects of our standards and any comments on the generic standards we receive in response to this consultation will be recorded and taken into account when they are subsequently reviewed.

In this document, we have included profession-specific standards which would apply to whole of the applied psychologists part of the Register, and standards which would only apply to specific disciplines.

- **Standards of proficiency and scope of practice**

Once someone becomes registered, we recognise that their scope of practice may change. We define scope of practice as the area or areas of a registrant's profession in which they 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 them.

A registrant's scope of practice may change over time and we recognise that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues. This might be because of specialisation in a certain clinical area or with a particular group, or a movement into roles in management, education or research.

A registrant's particular scope of practice may mean that they are unable to continue to demonstrate that they meet all of the standards of proficiency that apply for the whole of their profession. As long as they make sure that they are practising safely and effectively within their given scope of practice and do not practise in the areas where they are not proficient to do so, this will not be a problem.

- **Our aims**

Setting standards is one of our key processes. Our overall aims in setting standards are given below.

Our standards should:

- effectively protect the public;

- not hinder the development by education providers, registrants and others of innovative and pragmatic ways of working;

- be applicable to all or most registrants (except in the case of profession-specific standards of proficiency);

- be written in broad terms to allow for developments in best practice, technology and legislation;

- be set at a 'threshold' level – e.g. the level which is necessary for safe and effective practice, and public protection; and

- describe outcomes or broad principles and not be prescriptive about ways of meeting the standards.

We would welcome any comments about how far the draft standards of proficiency in this document achieve these aims.

Standards of education and training: threshold level of qualification for entry to the Register
We are consulting on draft standards of proficiency alongside a consultation on the threshold level of qualification for entry to the applied psychologists part of the Register.

Putting this draft together
We established a Professional Liaison Group (PLG) to put together the draft standards of proficiency.

The group consisted of lay and registrant members of our Council together with external members, either nominated on behalf of an organisation or attending in a personal capacity.

In drafting the standards, the group looked at the Quality Assurance Agency (QAA) benchmark statement for clinical psychology together with draft benchmark statements for the other disciplines and the existing criteria for pre-registration education and training. The group's main considerations were to ensure that the standards outlined in this draft were:

- set at the necessary threshold level for safe and effective practice;

- consistent with the standard content of pre-registration education and training;

- conformed to our obligations as a qualifications body under the Disability Discrimination Act 1995; and were

- written in clear language appropriate to their primary role in legislation.

In drafting the profession-specific standards, the group were keen to ensure that duplication of the generic standards was avoided and that any standards were relevant to all applied psychologists or to a specific discipline.

Throughout the group were also mindful that the standards were written at an appropriate level of detail to make sure that they were as clear and inclusive as possible. The group also recognised that sometimes additional detail was more appropriately found in curriculum guidance documents or in other standards.

English language proficiency and language testing
The PLG also discussed the English language requirements for entry to the applied psychologists part of the Register.

We consider applications for registration from individuals who have trained outside of the UK via our international process.

Under European legislation, applications from applicants with 'mutual recognition' rights are treated differently to those from applicants from outside of the European Economic Area (EEA).

In order to obtain mutual recognition rights, an applicant has to be a national of a country within the EEA and have the right to practise in an EEA country. We assess the applications of such applicants in the same way as other applications. However, if we find that there is a shortfall between the applicant's education and experience and the standards required for registration, we are able to ask them to undertake a 'period of adaptation' to make up this shortfall. A period of adaptation is a period of supervised practice and/or academic training which allows an EEA applicant to reach the standard required to be registered with us.

Under the legislation, we are unable to require EEA applicants exercising mutual recognition rights to undergo a language test (except for applicants for speech and language therapy, please see below). Additionally, HPC is unable to language test other applicants for whom English is their first language.

However, we are able to require evidence of language proficiency from international applicants who **do not** have mutual recognition rights under European Legislation and for whom English is **not** their first language.

We currently require applicants to achieve an overall score in the academic test of the International Language Testing System (IELTS) of at least 7.0, with no element below 6.5. A number of other tests are also approved at levels equivalent to the IELTS. A minimum overall IELTS score of 7.0 is the current requirement for pharmacists, doctors, dentists and nurses.

Our requirements, however, are higher for speech and language therapists, for whom higher language proficiency is a core professional skill. For this profession a score of level 8, with no element below 7.5 is required. The rationale behind this is that speech and language therapists, as a threshold requirement, need to have an understanding of, and be able to use, the phonetic and linguistic structure of language. As this proficiency is a core professional skill for speech and language therapists, the Council is able to require both EEA and non-EEA applicants to undergo this test.

The PLG discussed whether there was a case for some disciplines of applied psychology to have a requirement equal to that of speech and language therapists.

Some members of the group argued that, whilst it may not be necessary for all disciplines, that there was a case for this level in clinical, counselling and educational psychology. It was argued that in these disciplines language was the primary tool of intervention and a complex understanding of the nuances of language was essential. However, other members of the group questioned whether there was a justification for the requirements for these disciplines to be higher than that for other professionals whose work is carried out through language.

We make no recommendations about the IELTS level in this consultation document. Instead, we would welcome the views of our stakeholders on an appropriate level for applied psychologists.

Acknowledgements
We would like to thank the following people for their involvement as members of the PLG.

Malcolm Adams	Professor of clinical psychology, University of East Anglia (attended in a personal capacity)
Karen Bryan	Speech and language therapist registrant member of the HPC Council
Jonathan Coe	Nominated on behalf of Witness
Chris Fife-Schaw	Nominated on behalf of the Association of Heads of University Psychology Departments
Norah Frederickson	Nominated on behalf of the British Psychological Society
Peter Kinderman	Professor of clinical psychology, University of Liverpool (attended in a personal capacity)
Geoff Lindsay	Director of CEDAR, University of Warwick (attended in a personal capacity)
Jeff Lucas	Lay member of the HPC Council and Chair of the PLG
Gill Pearson	Dietitian alternate registrant member of the HPC Council
Graham Powell	Nominated on behalf of the British Psychological Society
Chris Sellars	Nominated on behalf of the British Association of Sport and Exercise Sciences
Barbara Stuart	Lay member of the HPC Council
Diane Waller	Arts therapist registrant member of the HPC Council

However, we would like to emphasise that this document remains the property of the Health Professions Council. Any queries about its content should be directed to us; any mistakes in this document remain our responsibility.

Your responses
We would welcome your response to this consultation in whatever format is convenient for you. However, you might wish to answer the questions below.

1. Do you think the standards are at a threshold level for safe and effective practice?
2. Do you think any additional standards are necessary?
3. Do you think there are any standards which should be reworded?

We would also welcome your comments on an appropriate 'IELTS level' for entry to the applied psychologists part of the Register (please see page 7).

This consultation will put the Council's proposed standards before a wide range of stakeholders, including professional bodies, employers, higher education institutions and others with an interest in our work.

The consultation will run for three months until **Friday 8 February 2008**. Further copies of this document will be available on our website to download.

If you would like to respond to this consultation, please send your response to:

Standards of proficiency (applied psychologists) consultation
Policy and Standards Department
Health Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU

Email: consultation@hpc-uk.org
Website: **www.hpc-uk.org/aboutus/consultations**

At the end of the consultation period, we will publish on our website a summary of the responses we receive, and the decisions we have taken as a result.

If you would prefer your response not to be made public, please indicate this when you respond.

Yours faithfully

Jeff Lucas
Chair - standards of proficiency for applied psychologists PLG

Notes to standards

- Generic standards are shown in normal type
- Profession-specific standards are shown in italic type
- Where profession-specific standards are only applicable to a particular discipline, this is indicated in the left-hand column

Registrant applied psychologists must:

Ref	Standard
	Professional autonomy and accountability
1a.1	**be able to practise within the legal and ethical boundaries of their profession**
	- understand the need to act in the best interests of service users at all times
	- understand what is required of them by the Health Professions Council
	- understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
	- be aware of current UK legislation applicable to the work of their profession
Clinical Psychologists	- understand their duty of care with regard to safeguarding children and young people
	- understand the power imbalance between practitioners and clients and how this can be minimised
	- understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients
Counselling Psychologists	- be able to recognise appropriate boundaries and understand the dynamics of power
	- understand the power imbalance between practitioners and clients and how this can be minimised
	- understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients
Educational Psychologists	- understand their duty of care with regard to safeguarding children and young people
	- understand the power imbalance between practitioners and clients and how this can be minimised
	- understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients
Forensic Psychologists	- understand the power imbalance between practitioners and clients and how this can be minimised
	- understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients
Sport and Exercise	- understand their duty of care with regard to safeguarding children and young people
	- understand the power imbalance between practitioners and clients and how this can be minimised

Psychologists	- *understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on clients*
1a.2	**be able to practise in a non-discriminatory manner**
1a.3	**understand the importance of and be able to maintain confidentiality**
1a.4	**understand the importance of and be able to obtain informed consent**
1a.5	**be able to exercise a professional duty of care**
1a.6	**be able to practise as an autonomous professional, exercising their own professional judgement**
	- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
	- be able to initiate resolution of problems and be able to exercise personal initiative
	- know the limits of their practice and when to seek advice or refer to another professional
	- recognise that they are personally responsible for and must be able to justify their decisions
1a.7	**recognise the need for effective self-management of workload and resources and be able to practise accordingly**
1a.8	**understand the obligation to maintain fitness to practise**
	- understand the need to practise safely and effectively within their scope of practice
	- understand the need to maintain high standards of personal conduct
	- understand the importance of maintaining their own health
	- understand both the need to keep skills and knowledge up to date and the importance of career-long learning
	- *be able to manage the physical, psychological and emotional impact of their practice*

	Professional relationships
1b.1	**be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers**
	- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
	- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
	- be able to make appropriate referrals
Counselling Psychologists	*- be able to understand therapy from the perspective of the client*
	- understand the dynamics present in therapeutic and other relationships
1b.2	**be able to contribute effectively to work undertaken as part of a multi-disciplinary team**
1b.3	**be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers**
	- be able to communicate in English to the standard equivalent to level [x] of the International English Language Testing System, with no element below [x]
	- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
	- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
	- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
	- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
	- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible
	- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

	- be able to select the appropriate means for communicating feedback to clients - be able to provide psychological opinion and advice in formal settings, as appropriate - be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences
Clinical Psychologists	- be able to plan, design and deliver teaching and training which takes into account the needs and goals of the participants - be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures - be able to explain the nature and purpose of specific psychological techniques to clients - be able to summarise and present complex ideas in an appropriate form
Counselling Psychologists	- understand how empathic understanding can be helped by creativity and artistry in the use of language and metaphor - understand explicit and implicit communications in a therapeutic relationship
Educational Psychologists	- be able to plan, design and deliver teaching and training which takes into account the needs and goals of the participants - be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures - be able to explain the nature and purpose of specific psychological techniques to clients - be able to summarise and present complex ideas in an appropriate form
Forensic Psychologists	- be able to plan, design and deliver teaching and training which takes into account the needs and goals of the participants - be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures - be able to plan and implement assessment procedures for training programmes - be able to plan and design training and development programmes - be able to promote awareness of the actual and potential contribution of psychological services - be able to provide psychological advice to aid policy decision making
Health Psychologists	- be able to plan, design and deliver teaching and training which takes into account the needs and goals of the participants - be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures

	- be able to plan and implement assessment procedures for training programmes
Occupational Psychologists	*- be able to promote psychological principles, practices, services and benefits* *- be able to provide psychological advice to aid policy decision making*
Sport and Exercise Psychologists	*- be able to promote psychological principles, practices, services and benefits*
1b.4	**understand the need for effective communication throughout the care of the service user** - recognise the need to use interpersonal skills to encourage the active participation of service users
Clinical Psychologists	*- be able to initiate, develop and end a purposeful therapeutic alliance*
Counselling Psychologists	*- be able to initiate, develop and end a purposeful therapeutic alliance*

	Identification and assessment of health and social care needs
2a.1	**be able to gather appropriate information**
2a.2	**be able to select and use appropriate assessment techniques**
	- be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
Clinical Psychologists	- be able to choose and use a broad range of psychological assessment methods, appropriate to the client, environment and the type of intervention likely to be required - be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment - be able to assess social context and organisational characteristics
Counselling Psychologists	- be able to conduct psychological assessments and make formulations of a range of presentations
Educational Psychologists	- be able to choose and use a broad range of psychological assessment methods, appropriate to the client, environment and the type of intervention likely to be required - be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment - be able to develop appropriate psychological assessments based on an appraisal of the influence of the ecology of the learning environment on the experiences of thinking, learning and behaving in a range of educational and other settings for both individuals and groups
Occupational Psychologists	- be able to choose and use a broad range of psychological assessment methods, appropriate to the client, environment and the type of intervention likely to be required - be able to use formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment - be able to assess individuals, groups and organisations in detail
2a.3	**be able to undertake or arrange investigations as appropriate**
2a.4	**be able to analyse and critically evaluate the information collected**
Clinical Psychologists	- be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models

	- be able to conduct risk assessment
Counselling Psychologists	-understand the use and interpretation of tests and other assessment procedures
Educational Psychologists	- be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models - be able to conduct risk assessment
Forensic Psychologists	- be able to conduct risk assessment
Sport and Exercise Psychologists	- be able to conduct risk assessment

	Formulation and delivery of plans and strategies for meeting health and social care needs
2b.1	**be able to use research, reasoning and problem solving skills to determine appropriate actions** - recognise the value of research to the critical evaluation of practice - be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures - be aware of a range of research methodologies - be able to demonstrate a logical and systematic approach to problem solving - be able to evaluate research and other evidence to inform their own practice
	- *be able to initiate, design, develop and conduct psychological research* - *understand a variety of research designs* - *be able to understand and use applicable techniques for research and academic enquiry, including qualitative and quantitative approaches* - *understand research ethics and be able to apply them*
Clinical Psychologists	- *be able to conduct service evaluation*
Educational Psychologists	- *be able to carry out and analyse large scale data gathering including questionnaire surveys* - *be able to work with key role partners to support the design, implementation, conduct, evaluation and dissemination of research activities and to support evidence-based research*
Forensic Psychologists	- *be able to research and develop psychological methods, concepts, models, theories and instruments in forensic psychology*
Health Psychologists	- *be able to conduct systematic review*
Occupational Psychologists	- *be able to conduct systematic review* - *be able to research and develop psychological methods, concepts, models, theories and instruments in occupational psychology* - *be able to use psychological theory to guide research solutions for the benefit of organisations and individuals*
2b.2	**be able to draw on appropriate knowledge and skills in order to make professional judgements** - be able to change their practice as needed to take account of new developments

	- be able to demonstrate a level of skill in the use of information technology appropriate to their practice - be able to apply psychology across a variety of different contexts that draws creatively and flexibly from a range of evidence-based and theoretical models, frameworks, and psychological paradigms - be able to use professional and research skills in work with clients based on a scientist-practitioner and reflective-practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation - be able to make informed judgements on complex issues in the absence of complete information - be able to work effectively whilst holding alternative competing explanations in mind - be able to recognise when (further) intervention is inappropriate, or unlikely to be helpful - be able to establish requirements for and the benefits of applications and interventions
Clinical Psychologists	- be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations - be able to decide how to assess, formulate and intervene psychologically from a range of possible models and modes of intervention with clients, carers and service systems - be able to draw on knowledge of development, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities - understand therapeutic techniques and processes as applied when working with a range of different individuals in distress including those who experience difficulties related to: anxiety; mood; adjustment to adverse circumstances or life events; eating; psychosis; use of substances; and those with somatoform, psychosexual, developmental, personality, cognitive and neurological presentations - be able to adapt practice to take account of organisational and cultural contexts
Counselling Psychologists	- be able to contrast, compare and critically evaluate a range of models of therapy - be able to critically evaluate theories of mind and personality - understand therapy through their own life experience - be able to adapt practice where necessary to take account of social and cultural factors and the nature of relationships throughout the lifespan - be able to formulate clients' concerns within the chosen therapeutic models - be able to critically evaluate psychopharmacology and its effects from research and practice - be able to critically evaluate theories of psychopathology and change

Educational Psychologists	- be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations - be able to formulate interventions that focus on applying knowledge, skills and expertise to support local and national initiatives - be able to develop and apply effective interventions to promote psychological well-being, social, emotional and behavioural development and to raise educational standards - be able to decide, using a broad range of evidence and knowledge, how to assess, formulate and intervene psychologically, from a range of possible models and modes of intervention - be able to adapt practice to take account of organisational and cultural contexts
Forensic Psychologists	- be able to evaluate and respond to change in forensic psychology and in consultancy and service delivery contexts
2b.3	**be able to formulate specific and appropriate management plans including the setting of timescales** - understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
Clinical Psychologists	- be able to use psychological formulations to plan appropriate interventions that take the client's perspective into account - be able to use psychological formulations with clients to facilitate their understanding of their experience - be able to use formulations to assist multi-professional communication and the understanding of clients and their care - understand the need to implement interventions and care plans in partnership with clients, other professionals and carers
Educational Psychologists	- be able to demonstrate effective professional management and organisational skills - be able to use formulations to assist multi-professional communication and the understanding of clients, their development and learning - understand the need to implement interventions and care plans in partnership with clients, other professionals and parents/carers
2b.4	**be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully** - understand the need to maintain the safety of both service users and those involved in their care
	- be able to conduct consultancy

Clinical Psychologists	- be able to implement interventions and care plans through and with other professionals and/ or with individuals who are formal (professional) carers for a client, or who care for a client by virtue of family or partnership arrangements - understand the need to implement interventions and care plans in partnership with clients, other professionals and carers - be able, on the basis of psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client - be able to integrate and implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy, including the use of cognitive behavioural therapy
Counselling Psychologists	- be able to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client
Educational Psychologists	- be able to implement interventions and care plans through and with other professions and/or with parents/ carers - be able to apply, review and evaluate a range of appropriate counselling and therapeutic skills - be able to adopt a pro-active and preventative approach in order to promote the psychological wellbeing of clients - be able to choose and use a broad range of psychological interventions, appropriate to the client's needs and setting
Forensic Psychologists	- be able to direct the implementation of applications and interventions carried out by others
Occupational Psychologists	- be able to direct the implementation of applications
Sport and Exercise Psychologists	- be able to direct the implementation of applications
2b.5	**be able to maintain records appropriately** - be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines - understand the need to use only accepted terminology in making records
Occupational Psychologists	- be able to record and handle commercially sensitive information

	Critical evaluation of the impact of, or response to, the registrant's actions
2c.1	**be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly** - be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care - be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user - recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes - be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
Clinical Psychologists	*- be able to revise formulations in the light of ongoing intervention and when necessary re-formulating the problem*
Educational Psychologists	*- be able to revise formulations in the light of ongoing intervention and when necessary re-formulating the problem*
Occupational Psychologists	*- be able to monitor agreements and practices with clients, users, groups and organisations*
2c.2	**be able to audit, reflect on and review practice** - understand the principles of quality control and quality assurance - be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures - be able to maintain an effective audit trail and work towards continual improvement - participate in quality assurance programmes, where appropriate - understand the value of reflection on practice and the need to record the outcome of such reflection - recognise the value of case conferences and other methods of review
Clinical Psychologists	*- recognise the role and value of supervision*

Counselling Psychologists	- recognise the role and value of supervision - be able to critically reflect on the use of self in the therapeutic process
Educational Psychologists	- recognise the role and value of supervision - be able to audit and review the practice of other professionals

	Knowledge, understanding and skills
3a.1	**know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice** - understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction - be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process - recognise the role of other professions in health and social care - understand the theoretical basis of, and the variety of approaches to, assessment and intervention
	- understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing

Clinical Psychologists	*- understand the role of the clinical psychologist across a range of settings and services*
	- understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation
	- understand more than one evidence-based model of formal psychological therapy
	- understand psychological models related to how biological, sociological and circumstantial or life-event related factors impinge on psychological processes to affect psychological well-being
	- understand psychological models related to a range of presentations including:
	  • *clients with presentations from acute to enduring and mild to severe*
	  • *problems with biological or neuropsychological causation*
	  • *problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions*
	- understand psychological models related to:
	  • *clients from a range of social and cultural backgrounds*
	  • *clients of all ages*
	  • *clients across a range of intellectual functioning*
	  • *clients with significant levels of challenging behaviour*
	  • *clients with developmental learning disabilities and cognitive impairment*

	• clients with communication difficulties
	• clients with substance misuse problems
	• clients with physical health problems
	- understand psychological models related to:
	  • working with individual clients, couples, families, carers, groups and at the organisational and community level
	  • working in a variety settings including in-patient or other residential facilities with high dependency needs, secondary health care, and community or primary care
	- understand change processes in service delivery systems
	- understand social approaches such as those informed by community, critical and social constructivist perspectives
	- understand leadership theories and models, and their application to service delivery and clinical practice
	- understand the impact of psychopharmacological and other clinical interventions on psychological work with clients

Counselling Psychologists	- understand the philosophical bases which underpin those psychological theories which are relevant to counselling psychology - understand the philosophy, theory and practice of more than one model of psychological therapy - understand the therapeutic relationship and alliance as conceptualised by each model - understand the spiritual and cultural traditions relevant to counselling psychology - understand the primary philosophical paradigms that inform psychological theory with particular regard to their relevance to, and impact upon, the understanding of the subjectivity and inter-subjectivity of experience throughout human development - understand theories of human cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology - understand different theories of lifespan development - understand social and cultural contexts and the nature of relationships throughout the lifespan - understand theories of psychopathology and of change - understand the impact of psychopharmacology and other interventions on psychological work with clients

Educational Psychologists	- understand the role of the educational psychologist across a range of settings and services
	- understand psychological theories of, and research evidence in, child and adolescent development relevant to educational psychology
	- understand the structures and systems of a wide range of settings in which education and care are delivered for children and young people
	- understand psychological models related to the influence of school ethos and culture, educational curricula, communication systems, management and leadership styles on the cognitive, behavioural, emotional and social development of children and young people
	- understand psychological models of the factors leading to underachievement and disaffection amongst vulnerable groups, social exclusion and poor behaviour
	- understand theories and evidence underlying psychological intervention with children and young people, their parents/carers, and education and other professionals
	- understand psychological models related to the influence on development of children and young people from:
	    • family structures and processes
	    • cultural and community contexts
	- understand the theoretical basis of, and the variety of approaches to, consultation and assessment in educational psychology

Forensic Psychologists	- understand the legal framework of the law and the civil and criminal justice systems
	- understand the applications of psychology to processes in the justice system, including:
	    • psychology applied to the process of investigation
	    • psychology applied to the legal process
	    • psychology as applied to the court dispersal system including community and custodial practices
	- understand the psychological interventions related to different client groups including victims of offences, offenders, litigants, appellants and individuals seeking arbitration and mediation

Health Psychologists	- understand context and perspectives in health psychology
	- understand the epidemiology of health and illness
	- understand psychological models relating to:
	    • biological mechanisms of health and disease
	    • health-related cognitions
	    • stress, health and illness

Occupational Psychologists	- *understand applications of health psychology and professional issues*
	     • *chronic illness and disability*
	     • *individual differences in health and illness*
	     • *lifespan, gender and cross-cultural perspectives*
	 - *understand the following in occupational psychology:*
	     • *human-machine interaction*
	     • *design of environments and work*
	     • *personnel selection and assessment*
	     • *performance appraisal and career development*
	     • *counselling and personal development*
	     • *training*
	     • *employee relations and motivation*
	     • *organisational development and change*	

Sport and Exercise Psychologists	- *understand the following related to performance:*
	     • *motor skills*
	     • *practice skills*
	     • *cognition, learning and perception*
	 - *understand the following related to psychological skills:*
	     • *arousal and anxiety*
	     • *confidence*
	     • *coping and techniques such as relaxation*
	     • *goal setting*
	     • *biofeedback*
	     • *imagery*
	     • *stress*
	     • *inoculation*
	 - *understand the following related to life-span issues and social processes:*
	     • *team cohesion*
	     • *group identity*	

	• *trust*
	• *co-operation and competition*
	• *leadership*
	
	- understand the following related to exercise and physical activity:
	  • *determinants*
	  • *outcomes in relation to mood, self esteem and cognition*
	  • *problems of addiction and injury*
	
	- understand the influence of individual differences such as personality, motivation, gender and special groups such as the elite, disabled and talented

3a.2	**know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities**
3a.3	**understand the need to establish and maintain a safe a practice environment** - be aware of applicable health an safety legislation, and any relevant safety policies and procedures in force in the workplace, such as incident reporting, and be able to act in accordance with these - be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation - be able to select appropriate protective equipment and use it correctly - be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

From the British Association for Counselling and Psychotherapy (BACP)

HPC Generic Standards of Proficiency are in black font. The draft BACP Standards for Counsellors / Psychotherapists are in blue.

A REGISTRANT COUNSELLOR / PSYCHOTHERAPIST MUST:

Expectations of a health professional

1a Professional autonomy and accountability

1a.1 be able to practise within the legal and ethical boundaries of their profession
- understand the need to act in the best interests of service users at all times
- understand what is required of them by the Health Professions Council
- understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
- be aware of current UK legislation applicable to the work of their profession
    I. maintain the ethical principles of counselling and psychotherapy
    II. be able to analyse ethical dilemmas and work with others to formulate solutions in accordance with guidelines for safe and ethical practice
    III. demonstrate capacity to recognise and manage the dynamics of power and authority
    IV. understand the role of the counsellor / psychotherapist across a range of settings and services
    V. be able to contract clearly and appropriately with the client
    VI. be aware of potential conflict of interest issues when working with clients

1a.2 be able to practise in a non-discriminatory manner
    I. review the effect of own values, beliefs, attitudes and behaviours when working as a therapist

1a.3 understand the importance of and be able to maintain confidentiality

1a.4 understand the importance of and be able to obtain informed consent
    I. be able to communicate essential information about the client to other professionals when required and with client consent, where this is possible, achievable and in the best interests of clients
    II. be able to assess the appropriateness of communication about the client when consent is not achievable

1a.5 be able to exercise a professional duty of care
    I. understand their duty of care with regard to the legislation on safeguarding children, young people and vulnerable adults

1a.6 be able to practise as an autonomous professional, exercising their own professional judgement
- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
- be able to initiate resolution of problems and be able to exercise personal initiative
- know the limits of their practice and when to seek advice or refer to another professional
- recognise that they are personally responsible for and must be able to justify their decisions

1a.7 recognise the need for effective self-management of workload and resources and be able to practise accordingly
  I. participate in support networks for the benefit of self and others
  II. demonstrate the ability to work as a reflective practitioner
  III. demonstrate self awareness through the use of personal therapy and / or other chosen activities that encourage personal development and reflective practice

1a.8 understand the obligation to maintain fitness to practise
- understand the need to practise safely and effectively within their scope of practice
- understand the need to maintain high standards of personal conduct
- understand the importance of maintaining their own health
- understand both the need to keep skills and knowledge up to date and the importance of career-long learning
  I. be able to demonstrate a consistent commitment to personal development including self-awareness in relation to the client, and awareness of fitness to practice
  II. be able to recognise own professional strengths and limitations that affect therapeutic practice and make referrals where appropriate
  III. be able to recognise own distress or disturbance and develop self-care strategies
  IV. be able to recognise their personal needs and find ways of ensuring that these are met outside the therapeutic relationship with clients

Professional relationships

1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers
- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
- be able to make appropriate referrals
  I. understand the role of the therapist within the broader social and cultural context
  II. be able to demonstrate sensitivity to the organisational context
  III. be able to facilitate collaboratively with the client an appropriate referral if the therapeutic process does not facilitate change, if it is unhelpful or if the context of the therapeutic relationship places a limit on the scope or depth of work that is feasible

1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers
- be able to communicate in English to the standard equivalent to level 8 of the International English Language Testing System, with no element below 7.5
- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others

- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible
- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

    I. understand explicit and implicit communications in the therapeutic alliance
    II. communicate empathic understanding to clients
    III. be able to explain the nature, purpose and techniques of therapy to clients and the process through which the chosen therapeutic perspective may help
    IV. be able to demonstrate a clear strategy for pre-assessment communication with clients consistent with the theoretical perspective including provision of clear information in an accessible format to potential clients about services on offer
    V. be able to use appropriate formulations when communicating with other professionals about the client and proposed therapeutic work
    VI. be able to provide information to clients about the other types of available therapy for their particular presentation

1b.4 understand the need for effective communication throughout the care of the service user
- recognise the need to use interpersonal skills to encourage the active participation of service users

The skills required for the application of practice

2a Identification and assessment of health and social care needs

2a.1 be able to gather appropriate information

2a.2 be able to select and use appropriate assessment techniques
- be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
    I. be able to devise a strategy and conduct and record the assessment process that is consistent with the theoretical framework, setting and client group

2a.3 be able to undertake or arrange investigations as appropriate
    I. be able to appraise the client's ability to benefit from the particular type of counselling or psychotherapy offered by the counsellor / psychotherapist and /or the service

2a.4 be able to analyse and critically evaluate the information collected
    I. be able to discuss and identify areas of potential risk for the client, such as suicide and self-injury, and possible danger to others

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

2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions
- recognise the value of research to the critical evaluation of practice
- be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures
- be aware of a range of research methodologies
- be able to demonstrate a logical and systematic approach to problem solving
- be able to evaluate research and other evidence to inform their own practice

2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements
- be able to change their practice as needed to take account of new developments
- be able to demonstrate a level of skill in the use of information technology appropriate to their practice
  I. be able to manage therapeutic relationships and make decisions in the face of known fears, risks and uncertainty when professionally required to do so
  II. be able to conceptualise presenting problems or situations by integrating assessment information within a coherent framework of psychological theory and evidence, which incorporates interpersonal, societal, cultural and biological factors
  III. be able to reflect on complex and sometimes contradictory information elicited from the client in order to clearly articulate underlying psychological difficulties and their origins
  IV. be able to make informed judgements on complex issues in the absence of complete information
  V. be able to work effectively whilst holding alternative competing explanations in mind
  VI. be able to recognise when further intervention is inappropriate, or unlikely to be helpful
  VII. be able to critically evaluate theories of mind and personality
  VIII. be able to formulate clients' concerns with reference to relevant theory

2b.3 be able to formulate specific and appropriate management plans including the setting of timescales
- understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors

2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully
- understand the need to maintain the safety of both service users and those involved in their care
  I. be able to establish an effective, collaborative working alliance with the client
  II. be able to demonstrate the ability to deliver safe, legal and effective client centred care
  III. be able to understand and apply therapeutic skills and competencies showing empathy for client experience, needs and aspirations
  IV. be able to facilitate client exploration of experience, meaning and self-understanding

    V. be able to facilitate client problem management, change, planning and decision-making

    VI. be able to enable expression of client emotion

    VII. be able to recognise and work with life transitions and developmental crises

    VIII. be able to take account of the client's capacity for self-determination and ability to reflect on his / her psychological functioning

    IX. be able to manage the development of the therapeutic engagement effectively, from initial contracting to ending the counselling / psychotherapy

    X. be able to apply psychotherapeutic theory consistently, effectively and appropriately

2b.5 be able to maintain records appropriately

- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines
- understand the need to use only accepted terminology in making records

    I. maintain secure and confidential records and reports of clients in accordance with ethical requirements

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

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

- be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately

    I. be able to facilitate client monitoring and self-care

    II. be able to review the process and progress of counselling / psychotherapy regularly with the client to ensure that there is a mutual understanding and commitment to the task

    III. be able to evaluate communication strategies and skills used with their client

2c.2 be able to audit, reflect on and review practice

- understand the principles of quality control and quality assurance
- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
- be able to maintain an effective audit trail and work towards continual improvement
- participate in quality assurance programmes, where appropriate
- understand the value of reflection on practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review

    I. understand models of supervision and their contribution to practice

    II. understand the importance of supervision, contract for supervision and use it to address professional and developmental needs

III. use and review feedback from manager, practice supervisors, other professionals and clients on therapeutic practice
IV. be able to critically reflect on the use of self in the therapeutic process

Knowledge, understanding and skills

3a Knowledge, understanding and skills

3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession specific practice
- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- recognise the role of other professions in health and social care
- understand the theoretical basis of, and the variety of approaches to, assessment and intervention
      I. have an effective working knowledge of a range of theoretical underpinnings to the practice of counselling / psychotherapy
      II. be able to critically evaluate theories of lifespan development
      III. understand social and cultural contexts and the nature of relationships throughout the lifespan
      IV. be able to critically evaluate theories of psychopathology to inform practice
      V. be able to critically evaluate theories of therapeutic change to inform practice
      VI. understand the individual and social conceptualisations of mental and emotional health
      VII. understand theories of the therapeutic relationship to inform practice
      VIII. understand that while counselling / psychotherapy has a number of theoretical approaches, they must adopt a coherent approach to their therapy, including the relationship between theory and practice

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

3a.3 understand the need to establish and maintain a safe a practice environment
- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force in the workplace, such as incident reporting, and be able to act in accordance with these
- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
- be able to select appropriate protective equipment and use it correctly
- be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control