

Consultation on changes to the profession-specific standards of proficiency for clinical scientists

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1. Introduction

- 1.1 This document seeks the views of stakeholders on proposed changes to the profession-specific standards of proficiency for clinical scientists.
- 1.2 We are conducting our review of the profession-specific standards on a rolling basis by reviewing the standards of proficiency for groups of professions at a time. More information about the review process is set out below.
- 1.3 At the same time as this consultation we are also consulting on the profession-specific standards for biomedical scientists.
- 1.4 These consultations will be of interest to members of these professions, as well as relevant education providers, employers, professional bodies and those who use the services of these professions.
- 1.5 The consultations will run from **Monday, 31 March 2014 to Friday, 20 June 2014**.

2. About the Health and Care Professions Council

- 2.1 We are a regulator and were set up to protect the public. To do this, we keep a register of professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called 'registrants'.
- 2.2 We currently regulate 16 professions: arts therapists, biomedical scientists, chiropodists/podiatrists, clinical scientists, dietitians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists/orthotists, radiographers, social workers in England, and speech and language therapists.

3. About the standards of proficiency

- 3.1 The standards of proficiency are the standards that we consider necessary for the safe and effective practice of each of the professions we regulate. They describe what professionals must know, understand and be able to do at the time they apply to join our Register. The standards play an important role in public protection. When a professional applies for or renews their registration, or if concerns are raised about their competence while they are registered with us, we use the standards of proficiency to check whether they have the necessary knowledge and skills to be able to practise their profession safely and effectively.
- 3.2 Article 5(2)(a) of the Health and Social Work 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 [the Council] considers necessary for safe and effective practice under that part of the Register”.

- 3.3 This means that we must publish standards for each of the professions which are the ‘necessary’ or ‘minimum’ that we consider to be required for safe and effective practice.
- 3.4 There are separate standards of proficiency for each of the professions we regulate. The standards of proficiency complement our other standards as well as policies developed by employers and guidance produced by professional bodies.

Structure of the standards

- 3.5 The standards of proficiency are divided into generic standards (which apply to all the professions) and standards specific to each of the professions regulated. The purpose of the generic standards is to recognise commonality across all the professions that we regulate. The purpose of the profession-specific standards is to set out additional standards for each profession relevant to the generic standard.
- 3.6 We consulted on changes to the generic standards of proficiency between July and October 2010.¹ The new generic standards have now been agreed by our Council and are not the subject of this consultation. Under the new structure, most of the standards of proficiency will be profession-specific, listed under the 15 new generic standards.

Order of the standards

- 3.7 The standards of proficiency are not hierarchical and are all equally important in practice. When we were considering an appropriate order for the generic standards, we felt that there are certain standards—such as the requirement to ‘practise safely and effectively within their scope of practice’—that set the highest-level requirements for all registrants, and that should logically be placed at the beginning of the list. In considering the order of the profession-specific standards of proficiency, we have continued this approach by listing standards that are about more general principles first under the relevant generic standards, followed by standards that address more specific competencies.

Language used in the standards

- 3.8 As mentioned above, the standards of proficiency are the minimum standards for safe and effective practice. This means that they have to be relevant and

¹ You can find more information about the consultation on our website here: www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=110

applicable to prospective registrants applying to come on to the Register for the first time, as well as existing registrants and their practice.

- 3.9 The language used in the standards plays an important role in ensuring that they meet the above requirements. We intentionally use verbs such as ‘understand’, ‘know’ and ‘be able to’ rather than ‘must’.
- 3.10 For example: *be able to practise within the legal and ethical boundaries of their profession*. By using ‘be able to’ we can ensure that:
- the standard is applicable to prospective registrants - i.e. those who have not yet started practising and are applying to be registered for the first time; and
 - the standard is relevant and applicable to existing registrants. It could also be used in a fitness to practise case where a registrant’s conduct or competence was called in to question.
- 3.11 If we changed the wording of this standard, for example, to ‘registrants must practise within the legal and ethical boundaries of their profession’ it could no longer be met by prospective registrants who have not yet practised in their profession.
- 3.12 We write the standards in a way that means they are relevant to all registrants in a profession, regardless of their area of practice. We also use language that can take into account changes in the law, technology or working practices which might take place over time.
- 3.13 We have received some feedback to suggest that the language and terminology used in the profession-specific standards for some professions needs to be amended to better reflect the practice of those professions. We hope that the new draft standards will address these concerns.

4. How we use the standards of proficiency

Approval of education programmes

- 4.1 The primary role of the standards of proficiency is in articulating the skills, knowledge and abilities necessary to become registered for the first time.
- 4.2 We conduct approval visits to education providers to ensure that the programmes meet the 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.

Registration and renewal

- 4.3 The standards of proficiency play a central role in how someone becomes and remains registered with us.
- 4.4 Most applicants complete their study within the UK and apply for registration through our UK approved programme route. We assess all approved programmes to ensure that students who successfully complete them meet the standards of proficiency and are therefore eligible for registration.
- 4.5 International applications are also assessed against the standards of proficiency. Each application is assessed by assessors from the relevant profession to determine whether the applicant's education, training and experience mean that they meet the standards.
- 4.6 Every time a registrant 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.

Fitness to practise

- 4.7 If a registrant's competence is called into question we may look at the standards of proficiency in deciding whether we need to take any action. This does not mean that we will take action if a registrant does not meet all of the standards, but we may use the standards to decide whether they are practising safely and effectively within their scope of practice.

Scope of practice

- 4.8 As outlined above, when registrants renew their registration they must sign a declaration to state that they meet the standards which apply to them.
- 4.9 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.
- 4.10 A registrant's scope of practice may change over time and we recognise that the practice of experienced registrants often becomes more focussed and specialised than that of newly registered colleagues. This might be because of specialisation in a particular area of practice or with a particular group, or a movement into roles in management, education or research.
- 4.11 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.

5. Reviewing the profession-specific standards of proficiency

The review process

- 5.1 We invited the professional body for clinical scientists, the Association of Clinical Scientists, to review the standards of proficiency for their profession and tell us whether they considered any changes necessary. We have carefully considered their comments and other feedback we have received on the standards and produced a proposed set of draft standards for the profession.
- 5.2 We are now publicly consulting on the draft standards to seek the view of all our stakeholders. After consultation, we will use the responses we receive to decide if any further amendments are needed.
- 5.3 Once the final set of standards is approved they will be published. We will work with education providers to gradually phase-in the new standards after they are published.

Updating the profession-specific standards

- 5.4 In the new structure of the standards of proficiency most of the standards will be profession-specific. To set out the new draft standards for each profession in the new structure, we mapped all the current standards of proficiency for each profession under the relevant new generic standards. This consultation is not about changes to the approved generic standards, only the profession-specific standards for clinical scientists.
- 5.5 The changes to the standards proposed in each set of draft standards are to:
 - reflect current practice or changes in the scope of practice of each profession;
 - update the language where needed to ensure it is relevant to the practice of each profession and to reflect changes in current use of terminology;
 - reflect the standard content of pre-registration education programmes;
 - clarify the intention of existing standards; and
 - correct omissions or avoid duplication.
- 5.6 The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. No relevant or useful standards will be lost, but the language used may change to ensure the standards are appropriate and applicable to individual professions. Where it is

appropriate to do so, we also aim to maintain as much consistency as possible in the standards between different professions. Our current standards of proficiency are available to download for comparison from our website:

www.hcpc-uk.org/aboutregistration/standards/standardssofproficiency/

- 5.7 We are inviting our stakeholders to consider whether the changes we have suggested to the profession-specific standards of proficiency for clinical scientists are appropriate. In addition to the changes we have suggested there may be other areas we have not considered that need to be reflected in the standards.

6. Your response

Consultation questions

- 6.1 We would welcome your response to our consultation and have listed some questions to help you. The questions are not designed to be exhaustive and we would welcome your comments on any related issue. Please provide reasons alongside your answers where possible.
- 6.2 The questions are listed below for your reference:
1. Do you think the standards are at a threshold level necessary 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 or removed?
 4. Do you have any comments about the language used in the standards?
 5. Do you have any other comments on the standards?

How to respond to the consultation

- 6.3 You can respond to this consultation in the following ways.

- By completing our easy-to-use online survey:
www.research.net/s/standardssofproficiencyforclinicalscientists
- By emailing us at: consultation@hcpc-uk.org
- By writing to us at the following address:

Consultation on changes to the profession-specific standards of proficiency for clinical scientists
Policy and Standards Department
Health and Care Professions Council

Park House
184 Kennington Park Road
London
SE11 4BU

- 6.4 We do not normally accept responses by telephone or in person. We normally ask that consultation responses are made in writing to ensure that we can accurately record what the respondent would like to say. However, if you are unable to respond in writing please contact us on +44 (0)20 7840 9815 to discuss any reasonable adjustments which would help you to respond.
- 6.5 Please complete the online survey or send us your response by **20 June 2014**. We look forward to receiving your comments.

Please contact us to request a copy of this document in an alternative format, or in Welsh.

- 6.6 Once the consultation period is completed, we will analyse the responses we have received. We will then publish a document which details the comments received and explains the decisions we have taken as a result. This will be available on our website.
- 6.7 If you would prefer your response not to be made public, please indicate this when you respond.

Appendix: Draft standards of proficiency for clinical scientists

Notes for interpretation

- The generic standards of proficiency are not the subject of this consultation.
- The current standards of proficiency for clinical scientists are available to download and view for comparison at: www.hcpc-uk.org/aboutregistration/standards/standardsofproficiency/

New generic standard	New proposed profession-specific standards of proficiency
1. be able to practise safely and effectively within their scope of practice	1.1 know the limits of their practice and when to seek advice or refer to another professional
	1.2 recognise the need to manage their own workload and resources effectively and be able to practise accordingly
2. be able to practise within the legal and ethical boundaries of their profession	2.1 understand the need to act in the best interests of service users at all times
	2.2 understand what is required of them by the Health and Care Professions Council
	2.3 understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
	2.4 recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
	2.5 know about current legislation applicable to the work of their profession

	2.6	understand the importance of and be able to obtain informed consent
	2.7	be able to exercise a professional duty of care
3. be able to maintain fitness to practise	3.1	understand the need to maintain high standards of personal and professional conduct
	3.2	understand the importance of maintaining their own health
	3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning
4. be able to practise as an autonomous professional, exercising their own professional judgement	4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
	4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
	4.3	be able to make judgements on the effectiveness of procedures
	4.4	be able to initiate resolution of problems and be able to exercise personal initiative
	4.5	recognise that they are personally responsible for and must be able to justify their decisions
	4.6	be able to make and receive appropriate referrals
	4.7	understand the importance of participation in training, supervision and mentoring
5. be aware of the impact of culture, equality and diversity on practice	5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals

6.	be able to practise in a non-discriminatory manner	
7.	understand the importance of and be able to maintain confidentiality	7.1 be aware of the limits of the concept of confidentiality
		7.2 understand the principles of information governance and be aware of the safe and effective use of health and social care information
		7.3 be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public
8.	be able to communicate effectively	8.1 be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others
		8.2 be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 ²
		8.3 understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability
		8.4 be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
		8.5 be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs

² The International English Language Testing System (IELTS) tests competence in the English language. 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) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.

	8.6	understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions
	8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible
	8.8	recognise the need to use interpersonal skills to encourage the active participation of service users
	8.9	be able to communicate the outcome of problem solving and research and developmental activities
	8.10	be able to summarise and present complex scientific ideas in an appropriate form
9.	be able to work appropriately with others	9.1 be able to work, where appropriate, in partnership with service users, other professionals, support staff and others
	9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
	9.3	understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
	9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team
10.	be able to maintain records appropriately	10.1 be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines
	10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines
11.	be able to reflect on and review practice	11.1 understand the value of reflection on practice and the need to record the outcome of such reflection
	11.2	recognise the value of case conferences and other methods of review

12. be able to assure the quality of their practice	12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures
	12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
	12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
	12.4	be able to maintain an effective audit trail and work towards continual improvement
	12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate
	12.6	understand the importance of participating in accreditation systems related to the modality
	12.7	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
	12.8	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
	12.9	be able to use quality control and quality assurance techniques, including restorative action
	12.10	recognise the need to be aware of emerging technologies and new developments
13. understand the key concepts of the knowledge base relevant to their profession	13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession
	13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
	13.3	recognise the role of other professions in health and social care
	13.4	understand the structure and function of health and social care services in the UK

	13.5	understand the concept of leadership and its application to practice
	13.6	understand the theoretical basis of, and the variety of approaches to, assessment and intervention
	13.7	know the basic science underpinning the modality in which they practice, understand relevant basic clinical medicine and be aware of the fundamental principles of clinical practice
	13.8	understand the wider clinical situation relevant to the service users presenting to the speciality
	13.9	understand the clinical applications of the speciality and the consequences of decisions made upon actions and advice
	13.10	understand the evidence base that underpins the use of the procedures employed by the service
	13.11	understand the principles associated with a range of techniques employed in the modality
	13.12	know the standards of practice expected from techniques
14.		be able to draw on appropriate knowledge and skills to inform practice
	14.1	be able to change their practice as needed to take account of new developments or changing contexts
	14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively
	14.3	know how to position or immobilise service users for safe and effective interventions
	14.4	be able to perform a range of techniques employed in the modality
	14.5	understand the need to conform to standard operating procedures and conditions
	14.6	understand the need to work with accuracy and precision
	14.7	be able to solve problems that may arise during the routine application of techniques
	14.8	be able to formulate specific and appropriate management plans including the setting of timescales

	14.9 be able to develop an investigation strategy which takes account of all the relevant clinical and other information available
	14.10 be able to gather appropriate information
	14.11 be able to identify the clinical decision which the test or intervention will inform
	14.12 be able to select and use appropriate assessment techniques
	14.13 be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
	14.14 be able to undertake or arrange investigations as appropriate
	14.15 be able to analyse and critically evaluate the information collected
	14.16 be able to demonstrate a logical and systematic approach to problem solving
	14.17 be able to use research, reasoning and problem solving skills to determine appropriate actions
	14.18 recognise the value of research to the critical evaluation of practice
	14.19 be aware of a range of research methodologies
	14.20 be able to evaluate research and other evidence to inform their own practice
	14.21 be able to conduct fundamental research
	14.22 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
	14.23 be able to search and to appraise scientific literature and other sources of information critically
	14.24 be able to develop the aims and objectives associated with a project

	14.25	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
	14.26	be able to perform the required experimental work and be able to produce and present the results including statistical analysis
	14.27	be able to interpret results in the light of existing knowledge and the hypothesis developed, and be able to formulate further research questions
	14.28	be able to present data and a critical appraisal of it to peers in an appropriate form
	14.29	be able to use information and communication technologies appropriate to their practice
15.		understand the need to establish and maintain a safe practice environment
	15.1	understand the need to maintain the safety of both service users and those involved in their care
	15.2	be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
	15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation
	15.4	be able to select appropriate personal protective equipment and use it correctly
	15.5	be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control
	15.6	understand sources of hazard in the workplace, including specimens, raw materials, clinical and special waste and equipment
	15.7	be aware of immunisation requirements and the role of occupational health
	15.8	know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly