Consultation on revised standards of conduct, performance and ethics

Analysis of responses to the consultation and our decisions as a result.

Contents

1. Introduction

About the consultation

1.1 We consulted between 1 April 2015 and 26 June 2015 on revised standards of conduct, performance and ethics.

1.2 We informed a range of stakeholders about the consultation including professional bodies, employers, and education and training providers, advertised the consultation on our website and also issued a press release.

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

About us

1.4 We are a regulator and were set up to protect the public. To do this, we keep a register of health and care professionals who meet our standards for their professional skills and behaviour. Individuals on our register are called 'registrants'.

1.5 We currently regulate 16 health and care 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
- Speech and language therapists

About this document

1.6 This document summarises the responses we received to the consultation.

1.7 The document starts by explaining how we handled and analysed the responses we received, providing some overall statistics from the responses. Section three provides an executive summary of the responses we received. Section four is structured around the comments we received to specific questions. Our

responses and decisions as a result of the comments we received are set out in section five.

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

2. Analysing your responses

2.1   Now that the consultation has ended, we have analysed all the responses we received.
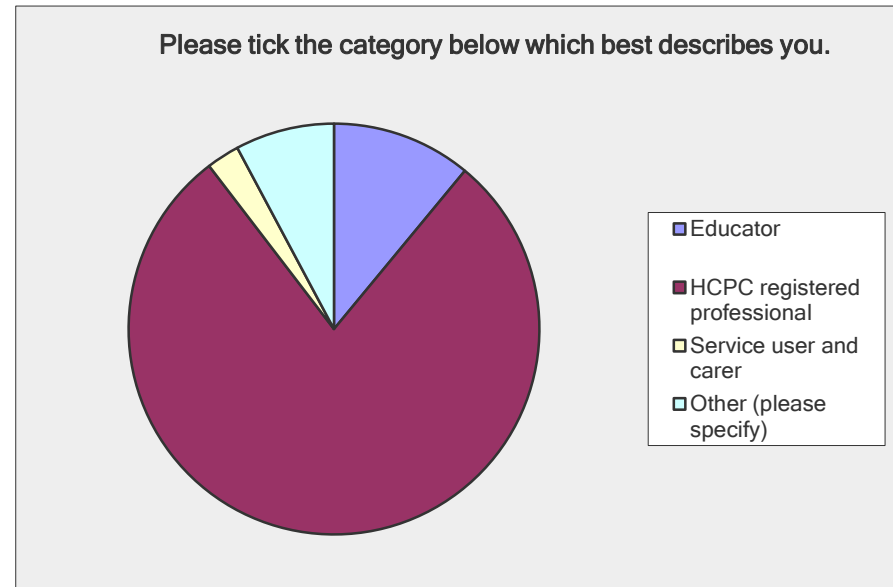
Method of recording and analysis

2.2   The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. yes; no; partly; don't know as applicable). They were also able to give us their comments on each question.

2.3   In addition, during the consultation period we held four workshops in Belfast, Birmingham, Cardiff and Edinburgh to seek the views of service users and carers about the standards. In total 140 service users and carers attended the events. We recorded their feedback and have included it alongside the responses to the consultation.

2.4   Where we received responses by email or by letter, we recorded each response in a similar format.

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

Statistical analysis

2.6   We received 217 responses to the consultation document. 154 responses (71%) were made by individuals, of which 121 (79%) were HCPC registered professionals, 17 (11%) were educators and 4 (3%) were service users or carers. 63 responses (29%) were made on behalf of organisations. 21 (33%) of these were professional bodies, 15 (24%) were education providers, 9 (14%) were charities and/or voluntary sector organisations and 8 (13%) were employers.

2.7   The breakdown of respondents and responses we received to each question are shown in the graphs and tables that follow.

Graph 1 – Breakdown of individual respondents

Respondents were asked to select the category that best described them. Four of the respondents who selected 'other' identified themselves as students not yet registered with the HCPC.

Please tick the category below which best describes you.

- Educator
- HCPC registered professional
- Service user and carer
- Other (please specify)

Graph 2 – Breakdown of organisational respondents

Respondents were asked to select the category that best described their organisation. The majority of organisations who selected 'other' identified themselves as trade unions.
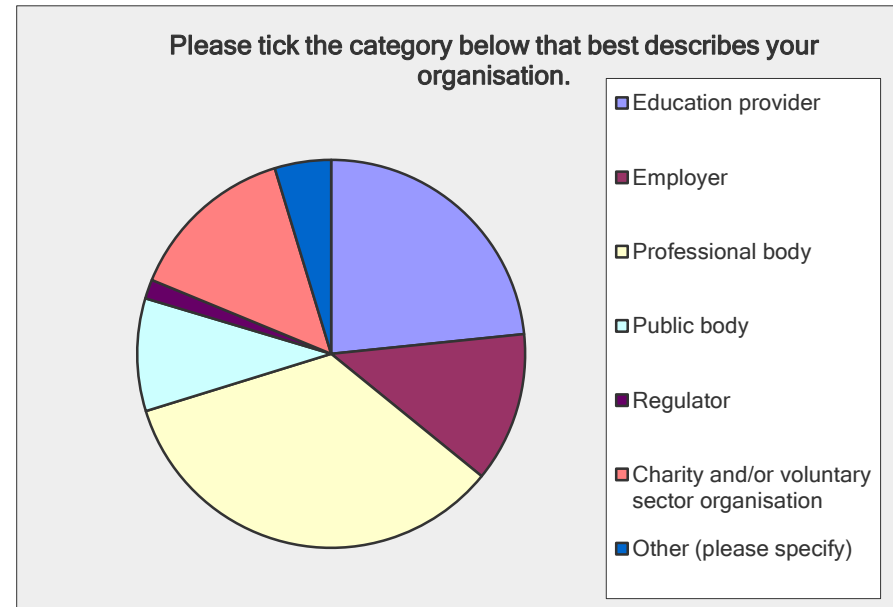
Please tick the category below that best describes your organisation.

- Education provider
- Employer
- Professional body
- Public body
- Regulator
- Charity and/or voluntary sector organisation
- Other (please specify)

Table 1 – Breakdown of responses to each question

Questions	Yes	No	Partly	Unsure	No answer
Question 1: Do you think that the introduction clearly explains the role and purpose of the Standards for different groups who might be interested in them? How might we improve it?	86% (175)	3% (6)	9% (18)	3% (5)	14
Question 2: Do you agree that the new structure is more accessible? If not, how could we improve it?	83% (169)	3% (5)	7% (14)	8% (16)	14
Question 3: Do you agree with the proposed standard on being open when something goes wrong (standard 8)? If not, why not, or how could we improve it?	78% (161)	2% (4)	17% (35)	3% (7)	11
Question 4: Do you have any comments on any of the other standards?	44% (90)	56% (116)	-	-	12
Question 5: Do you think that any additional standards are necessary?	26% (52)	74% (151)	-	-	15

- Percentages in the tables above have been rounded to the nearest whole number and therefore may not add to 100 per cent.

3. Summary of responses

Introduction to the Standards

3.1   A large majority of respondents (86%) welcomed the introduction as drafted. They found it clear and helpful for explaining the purpose of the Standards and how they relate to different groups of people.

3.2   There were some who considered the role of the Standards could be made more explicit within the introduction and sought clarity on how they relate to other sets of standards, such as the standards of proficiency.

Structure and accessibility

3.3   The vast majority of respondents (83%) welcomed the new structure of the draft standards. They generally considered it was a big improvement which made the Standards clearer and more accessible.

3.4   A few respondents felt that the document is still lengthy and suggested areas for further clarification, in addition to providing suggestions about the order of standards and online accessibility of the document.

Being open when things go wrong

3.5   The new standard on being open when things go wrong was strongly welcomed by most respondents. It was generally considered to be an important addition that reflects a more transparent culture in health and care services.

3.6   There was a mixture of opinion on whether apologising should be included in the standards, some felt it may amount to accepting liability while others considered it an important part of working respectfully with service users and carers.

3.7   Many agreed that remedial action is important and welcomed the standard on this.

3.8   A significant number of respondents were concerned that the Standards should work alongside employer policies and procedures.

Other standards

3.9   Overall respondents supported the Standards as drafted or commented on those which they felt could be strengthened.

3.10   Important messages that came through in feedback included;

- Service user and carer interests should be promoted throughout the standards

- It should be clear how the standards apply in practice and to different groups of people

- The standards should support open and collaborative working between professionals, employers and service users and carers.

- The language used in the standards must be clear and accessible to all audiences.

4. Responses to consultation questions

4.1   This section contains comments made in response to the questions within the consultation document.

Question 1: Do you agree that the introduction clearly explains the role and purpose of the Standards for different groups who might be interested in them? How might we improve it?

4.2   A large majority of respondents (86%) agreed that the introduction clearly explains the role and purpose of the standards for different groups who might be interested in them.

4.3   There was no significant overall difference between responses from individuals compared to those from organisations. The proportion of respondents agreeing with this question was higher for educators and education providers, compared to service users and charities and/or voluntary sector organisations.

Clarity

4.4   There was widespread agreement across respondents that the introduction is clearer and easier to understand than in the existing version. Several added that it is briefer and more to the point.

4.5   A number of respondents commented that the introduction as drafted is relevant and accessible to the target audience.

4.6   However, others suggested that the introduction should be simplified further, for example by shortening it or by using clearer language. In particular, a few respondents felt that the paragraph for service users, carers and the public should be simplified.

4.7   Several respondents sought further clarity on how the Standards relate to different professions and settings. Suggestions to achieve this included the following.

- Explicitly stating that the standards apply to practice across all settings and sectors.

- Including case studies to illustrate how the 16 professions are expected to meet the standards and to help the public understand how they apply.

Further information

4.8   Several respondents sought further information within the introduction on how the Standards are used in fitness to practise proceedings and by employers, for example during appraisals.

4.9   A number of respondents sought further information about how the Standards work alongside other HCPC standards that registrants must meet, such as the standards of proficiency.

Question 2: Do you agree that the new structure is more accessible? If not, how could we improve it?

Summary

4.10   The vast majority (83%) of respondents agreed that the new structure is more accessible than in the existing version.

4.11   There was a higher level of agreement with this question among organisations compared to individuals. The proportion of respondents who responded 'yes' to this question was considerably higher for employers and education providers compared to service users and carers.

Support

4.12   Although a small number of registrant respondents felt that the revised standards were not significantly different from the existing version, many others felt that the new structure of the document improved clarity of the standards. Several respondents particularly welcomed having fewer standards. This was felt to improve usability of the document.

4.13   Common areas that respondents welcomed included the following.

- Formatting the standards into numbered points.

- Grouping the standards by theme into overarching standards with subheadings.

- The order of the standards focussing on the service user's experience.

4.14   A few respondents considered that the new structure is more consistent with other standards, such as the Standards of proficiency and the Nursing and Midwifery Council (NMC) Code.

4.15   Several respondents commented on the structure of the communication accessible version of the draft standards (published alongside the consultation draft). They all agreed that it is clear and accessible. One respondent specifically commented that it is helpful for people with aphasia and welcomed the format, layout and images used.

Need for additional clarity

4.16   A small minority of respondents (3%) considered that the new structure is not sufficiently clear. Their comments on this included the following.

- There is a lot of information included which sometimes needs to be read forward or back to be reminded of the context and detail.

- There is inconsistency in the role of subheadings. Some provide a clear instruction, for example 'make sure you have consent', while others are vague, such as 'work with colleagues'.

4.17 A few respondents suggested including further information about each standard to help readers understand how they are applied to practice and the issues they should consider.

Order of standards

4.18 A few respondents sought to amend the order of standards to emphasise key messages and the relationship between certain standards. Suggestions included the following.

- Relocating the standard on record keeping to follow the standard on respecting confidentiality.

- Placing the standards on reporting concerns and confidentiality together to highlight their relationship in practice.

Online access

4.19 A few respondents suggested ways in which to increase accessibility to the standards online, such as embedding hyperlinks to link related parts of the document, making them available in audio format and providing a smart phone app.

Question 3: Do you agree with the proposed standards on being open when something goes wrong (standard 8)? If not, why not, or how could we improve it?

Summary

4.20   The majority of respondents (78%) agreed with the proposed standard on being open when something goes wrong.

4.21   The proportion of respondents who agreed with the question was slightly higher for individuals compared to organisations. A much greater proportion of professional bodies and educators agreed with the question compared to education providers. A similar proportion of registrants and service users agreed with the question.

Overall support

4.22   A large number of respondents commented that this is an important addition to the standards.

4.23   Several respondents welcomed the standard as a means of building public confidence and ensuring public protection, and a few commented that being open underpins transparent practice and professional accountability.

4.24   A number of respondents commented that being open about when things go wrong plays a vital role in ensuring lessons are learnt and future risks can be minimised.

4.25   The vast majority of service users and carers who attended the consultation workshops expressed their support for this standard. Openness was one of their top priorities. Service users and carers felt that it is important to see that professionals acknowledge when something has gone wrong. This was seen to be an important aspect of treating service users and carers with respect.

4.26   A number of respondents considered that it was consistent with current practice and policy among employers and other regulators. Some respondents referred to the joint statement from the Chief Executives of statutory regulators of healthcare professionals on the professional duty of candour.[1]

When things go wrong

4.27   The terms 'when things go wrong' or 'when something has gone wrong' were considered to be unclear by some respondents and it was reasoned that they may mean different things to different people which could cause confusion about when the standard applies. In contrast, one respondent welcomed the proposed wording as an alternative to 'duty of candour' and considered it removed ambiguity about when it applies.

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[1] http://www.gmc-uk.org/Joint_statement_on_the_professional_duty_of_candour_FINAL.pdf_58140142.pdf

4.28 A number of respondents suggested improving the consistency between this standard and the requirements relating to the 'duty of candour' used by other organisations.

Scope of standard

4.29 A significant number of respondents sought further clarity about the scope of the standard, including the following areas.

- Whether the standard refers to care, treatment or services the registrant personally delivers and has control over, or those provided by third parties.

- Who registrants are required to be open with, such as colleagues who are affected by something going wrong for a service user they also provide care for.

- Which aspects of care, treatment and services the standard refers to. For example, just clinical outcomes or overall service user experience.

4.30 A few respondents sought clarification about whether this standard includes telling service users and carers about near misses.

Apologising

4.31 There was a significant response to the specific standard on apologising to service users and carers when things go wrong (8.2), but opinion was divided on whether apologising should be included in the standards.

4.32 A few respondents considered it important that service users and carers should receive an apology. They felt that apologising is important for reassuring service users and showing them respect. A small number felt that the standard should be strengthened from 'should' to 'must'.

4.33 A number of service users and carers who attended the consultation workshops felt that receiving an apology was not their foremost expectation, although it was appreciated. Others saw it as crucial and a logical next step after a service user or carer had been informed of an error, even where that error had been made by another professional.

4.34 In contrast, the majority of those who commented on this issue considered it inappropriate for registrants to apologise where they are not at fault or otherwise responsible, for example where a colleague has made an error. It was considered important that apologies come from the person responsible. A few suggested clarifying in the standard that registrants should only apologise where appropriate, for example for errors they have personally made.

4.35 A few respondents were concerned that apologies would seem less sincere if given only because required by a standard, especially where a registrant is not personally responsible for something having gone wrong.

Liability

4.36   A significant number of respondents were concerned that apologising may inappropriately imply that they are accepting responsibility for an error they may not have made.

4.37   A number of respondents were concerned that telling service users about something going wrong may result in more legal proceedings.

4.38   To address this, some suggested making it explicit that apologies should be a way of displaying compassion and kindness, rather than admitting legal liability.

Organisational context

4.39   Several respondents considered that registrants should be given additional support and guidance to meet this standard. For example, managers can have an important part to play in supporting registrants to be open when things go wrong.

4.40   Several respondents highlighted the need for registrants to comply with organisational policies and procedures on dealing with complaints and sharing information about things going wrong. A number of respondents raised concerns about the potential that this standard will contradict employer policies and procedures. For example, a registrant may be prevented from being open with a service user about an error if their employer is carrying out an investigation.

4.41   Several respondents suggested including a reference within the Standards, or guidance on how to handle the two requirements.

Culture of candour

4.42   Many respondents felt that this standard was important to promoting culture change and supporting openness within health and care services.

4.43   Several respondents sought to broaden the standard in the following ways.

- Requiring registrants to be open with colleagues and employers.

- Requiring registrants to support others to be open when things go wrong.

- Emphasising the need for registrants to act as role models to students and newly qualified registrants.

4.44   Several respondents emphasised that employers should be open and honest but recognised that there may be difficulties for registrants who work within organisations with a less open culture. Common comments around this included the following.

- Registrants may face pressure at work to be less open than the standards require.

- Complying with this standard could conflict with employers who do not support openness and compromise employer relations.

- The standard may place registrants at risk of being scapegoated by colleagues and employers.

- There are concerns that apologising may affect employer legal or insurance processes.

Remedial action

4.45 A number of respondents considered that registrants taking action was the most important part of openness with service users and carers. A few respondents suggested splitting the requirement to tell service users and carers when something gone wrong, and taking action to put matters right, into two separate standards.

4.46 Other suggested amendments to the standard included:

- adding that service users and carers should be informed of any follow up action or outcomes as a results of their concerns or complaints; and

- explicitly referring to feedback and learning within the standard.

4.47 On the other hand, a small number of respondents commented that registrants may not be in a position to put things right, for example where it is beyond their scope of practice or outside their power to within the work setting.

Impact on service users

4.48 Several respondents sought language within the standard that takes into account the individual needs of service users and carers and highlights the importance of working in partnership. For example, there should be greater emphasis on respect and working in partnership with service users and carers, for example by 'discussing' rather than 'telling' service users about something going wrong, and providing information on making formal complaints.

4.49 A few respondents raised concerns that aspects of the standard may not be in service users and carers' best interests. For example, it may cause greater distress than necessary to tell service users about something going wrong in an emergency situation, or go against their wishes to take remedial action.

Question 4: Do you have any comments on any of the other standards?

4.50 The responses to question four have been organised into key overall areas that affected many parts of the standards, followed by a summary of specific issues under each relevant standard.

Summary

4.51 Overall, the majority of respondents (56%) said that they did not have comments on any of the other standards. The proportion of respondents who did have further comments was considerably higher for organisations (64%) compared to individuals (35%). However the vast majority of service users and carers also had further comments on the standards.

Clarity and language

4.52 A few respondents expressed their support for the standards and considered they were appropriate and clear. Other comments in support of the standards included the following.

- They reflect the lessons learned over the last few years.

- They appear robust and 'future proof'.

- They effectively communicate what is expected from HCPC registrants.

4.53 There was support for the positive wording of the standards which indicate what should be done, rather than what should not.

4.54 A significant number of respondents commented on the use of 'must' and 'should' through the standards. Comments were made both about the general approach of distinguishing standards as 'must' and 'should' and also about the terms in relation to specific standards.

4.55 In many instances respondents sought the use of 'must' to strengthen the level of public protection the standard gave, for example the standard on apologising to service users and carers when something has gone wrong. Others sought to ensure the standard was fair to registrants who have good reason to not meet standards in a certain situation. For example where employer resources or policies restrict registrants. Some respondents considered that the Standards should give registrants the opportunity to justify why they have not met certain standards.

4.56 Several respondents sought clarity around what 'appropriate' means when used in different standards. Some thought that the term may be open to interpretation and lead to inconsistency in applying the standards. Examples are discussed further under the specific themes below.

Dignity and respect

4.57   A significant number of respondents sought greater emphasis throughout the standards on the importance of upholding service user dignity and respect. The vast majority of these comments were provided by service users and carers and service user organisations.

Applicability to professions

4.58   Several respondents commented on the relevance of the Standards overall across professions, for example that they are relevant to paramedic practice, but less so for social workers. Additionally, some terms are not commonly used in certain professions, for example 'service users' within sport and exercise psychology.

Implementation of standards

4.59   Service users expressed strong interest in the implementation of the standards within practice and as part of HCPC fitness to practise processes. They expected to see that the Standards are effectively implemented and that cases where registrants have not met a standard are identified and addressed. Some suggested promoting the standards to managers and employers to support practitioners meeting the standards.

Standard 1 promote and safeguard the interests of service users and carers

4.60   Many respondents expressed strong support for the standard on promoting and safeguarding the interests of service users and carers. Responses on this came from across the different respondent types.

Working in partnership with service users and carers

4.61   The dedicated standard on working in partnership with service users and carers was welcomed by many as an important part of promoting the interests of service users and carers. Most of these responses were from service users and charities and/or voluntary sector organisations.

4.62   Several respondents felt that the importance of person-centred care should be emphasised, for example by strengthening the need to take into account and respect service user preferences, values and strengths.

Consent

4.63   A few respondents sought further information about what fully informed consent is considered to be, and who can provide this where service users lack capacity.

Challenging discrimination

4.64 Several respondents expressed overall support for the specific standards on challenging discrimination but sought further clarity to ensure the expectations on registrants are clear and reasonable. This included the following.

- Who registrants are expected to challenge, for example colleagues and service users. (With concern from some that if it was intended that registrants should challenge service users, this could be detrimental to their care.)

- How widely this standard should be applied, for example just instances that negatively impact on care outcomes for service users, or generally any that a registrant becomes aware of.

- How registrants should challenge discrimination safely and in line with employer policies and procedures.

Professional boundaries

4.65 Several respondents supported the inclusion of a duty to maintain professional boundaries with service users and carers and suggested extending this to colleagues. A small number suggested strengthening the standard by adopting the language used in the communication accessible version which was considered to be clearer.

Standard 2 communicate appropriately and effectively

4.66 There was widespread support for the new standards on communication across all respondent groups, who considered the content and wording was clear and appropriate.

Communication with service users

4.67 A few respondents emphasised the importance of good communication in treating service users and carers with respect. In particular, attendees at the service user and carer workshops favoured further emphasis on showing respect and treating service users as individuals through communication.

4.68 A few concerns were raised that it may not always be appropriate or possible for registrants to provide service users and carers with information they request. For example information may not be available or there may be a conflict with confidentiality requirements where carers request information about the service user.

Work with colleagues

4.69 Several respondents expressed their support for the standards on working with colleagues (2.5 and 2.6), and felt it to be important for ensuring service users receive safe, effective and joined-up care.

4.70 A few respondents acknowledged situations where there may be difficulties for registrants to meet this standard, such as restrictive information sharing policies or colleagues who will not reciprocate.

Social media

4.71 A significant number of respondents commented specifically on the standard about use of social media (2.7). This was generally welcomed and considered to be an important addition to the Standards that brings them up to date.

4.72 Further information was sought by several respondents about social media and networking. Common areas included the following.

- What the terms "appropriately and responsibly" refer to.

- How this standard refers to the use of social media in personal and professional life.

- The effects of inappropriate use of social media on a profession.

Standard 3 work within the limits of their knowledge and skills

4.73 A few respondents sought to strengthen the message about maintaining and developing skills and knowledge. There were concerns that the requirement to practise within their scope of practice may restrict registrants from expanding their expertise in new areas.

4.74 Other suggestions to strengthen this standard included the following.

- Including explicit reference to keeping up to date with the evidence base and applying this to practice.

- Emphasising the importance of using feedback to reflect on, and make improvements to practice.

- Explicitly referring to the role of working with colleagues and learners in developing knowledge and skills.

Standard 4 delegate appropriately

4.75 The standard on delegating work raised a few concerns that supervision is not referred to. They considered this weakened the standard since supervision is important for supporting safe and effective practice. A number of respondents also sought to emphasise that registrants must remain accountable whilst providing oversight.

Standard 5 respect confidentiality

4.76 Several respondents considered the standards about confidentiality could be strengthened and provided a few suggestions to achieve this, including the following.

- Include references to information governance laws and guidelines.

- Clarify who registrants should seek permission from to disclose confidential information.

- State that the best interests of the service user may be a reason for disclosing confidential information about them.

Standard 6 manage risk

4.77 The new standard on risk was generally considered to be more applicable across all the professions than in the existing standards.

4.78 However, some respondents considered the standards too risk averse. They felt that the standards should allow for positive risk-management, rather than focussing on minimising risk.

4.79 Several respondents considered that there should be more emphasis on registrants managing their own health through prevention and seeking support, rather than simply stopping practising.

4.80 Several respondents sought further clarity around whom registrants are expected to minimise risk for and to prevent from putting others at risk, for example immediate team members or members of the public passing through the work setting.

Standard 7 report concerns about safety

4.81 There was strong support for the new standard on reporting concerns about safety. This was widely considered to reflect the importance of whistleblowing and taking action to address safety concerns.

4.82 Several respondents were concerned about how these standards relate to employer policies and procedures and suggested ways to address this, including the following.

- Explain how concerns should be reported, and to whom, for example for independent practitioners who do not work within the NHS structure.

- Clarify what professional loyalties are, to emphasise the importance and relevance of this standard to reporting concerns about safety.

- Explain how registrants should follow up concerns in the context of an organisation. For example it may be employer policy for managers to take

responsibility for following up concerns, who may not feed back to the registrant who reported the concern.

4.83 A few respondents also sought to widen the standard to cover the safety and wellbeing of colleagues and other people in the system.

Standard 9 be honest and trustworthy

4.84 The standard on being honest and trustworthy was welcomed overall, and considered to be important for promoting integrity and professionalism.

4.85 A number of respondents sought further clarity on the standard that requires registrants' conduct to justify public trust and confidence in their profession and suggested including examples to illustrate the standard.

4.86 A few respondents suggested changes to the listed conduct and competence issues that registrants must declare, in order to make sure the standard is clear and appropriate. These included the following.

- Clarifying the types of minor offence that must be declared, such as speeding offences.

- Removing suspension by an employer since this is a neutral stage during a disciplinary investigation.

Standard 10 record keeping

4.87 A number of respondents commented on the standards on record keeping and considered there should be explicit reference to electronic records.

4.88 A number of respondents suggested other ways to strengthen the standards on record keeping, including the following.

- Emphasising the need to maintain confidentiality.

- Explaining what is considered secure record keeping.

4.89 A small number of respondents commented that the standard on keeping records secure should only apply to those that registrants have responsibility for and control over. Overall data security was seen as an employer responsibility.

Question 5: Do you think that any additional standards are necessary?

4.90　The vast majority (74%) of respondents who answered this question did not consider that any additional standards are necessary.

4.91　A few respondents commented that additional standards would make the document too long and reduce its usability.

4.92　Others suggested areas they considered should be emphasised within the draft standards or included as a separate standard.

Management

4.93　A few respondents considered that there should be standards that relate specifically to managers. It was considered important that managers should support registrants to meet the standards. A few areas where this was raised included the following.

- Protecting registrants who raise concerns.

- Supporting registrants to meet the Standards while complying with employer policies.

Learners

4.94　Several respondents commented that the role of registrants in supporting students and other learners is an important aspect of professional practice which should be emphasised within the Standards.

4.95　A few respondents suggested adding a separate standard on supporting learners, for example that registrants must show respect and care for learners and their education.

4.96　The majority of those who commented on this issue suggested including references to learners within a number of the draft standards, including the following.

- Collaborating with students and learners in addition to colleagues.

- Teaching others as part of developing knowledge and skills.

- Acting as role models for students and learners in relation to being open and honest.

- Raising concerns and managing risk where a learner's performance may negatively impact on service users, carers or colleagues.

Service user capacity

4.97   Several respondents considered that there should be greater reference to service user capacity and clarity on how this affects interpretation of certain standards including the following.

- Gaining informed consent from service users.

- Being open with service users when things go wrong, for example where service users lack mental capacity and this would cause more harm than benefit.

- Sharing information with colleagues.

- Disclosing confidential information with permission.

Registrant appearance

4.98   A significant number of service users commented on the importance of registrant appearance and hygiene. They considered this should be addressed within the Standards to emphasise the importance of presentation to the role of the professional.

Proficiencies

4.99   A large number of respondents referred to specific capabilities they considered to be missing from the Standards, which are found in relevant Standards of proficiency, including the following.

- Meeting a required grade of language proficiency.

- Understanding and recognition of the power imbalance between registrants and service users.

- Contributing to equality and social justice.

- Contributing to research.

5. Our comments and decisions

5.1   We have considered carefully all the comments we received to the consultation and have used them to revise the draft Standards. We are pleased that, overall, the Standards were very well received by respondents.

5.2   The following explains our decisions in some key areas.

Be open when things go wrong

5.3   We are pleased that the majority of respondents were positive about the draft standards which would require registrants to tell service users and carers when something goes wrong with care, treatment or other services.

5.4   However, we received some suggestions for how the draft might be refined, largely concerning three key issues.

- Whether we should require registrants to apologise, and, if we did, whether that should be an absolute 'must' requirement.

- The extent to which the requirement to be open with service users when something goes wrong should extend to the care or treatment that other professionals are responsible for.

- The extent to which the draft was consistent with the joint regulators' statement on the duty of candour, avoiding different expectations being set for HCPC registrants than for the health and care professionals they work with.

5.5   We received mixed views on our proposed standard for registrants to apologise. We proposed that registrants 'should' rather than 'must' apologise, because we were concerned about how sincere a mandated apology would be. Some respondents, including some service users and carers at our consultation events, considered that apologising was a 'must' because, though simple and easy to give, apologies made a huge difference to service users even where the person apologising had not made the mistake. It was argued that saying sorry was an inevitable next step for any professional telling a service user that a mistake had been made.

5.6   We have carefully considered all the comments, and continue to consider that it is important that apology is included within the standards as it is an integral part of being open when things go wrong. We have also decided that it will become a 'must' requirement.

5.7   The standard as drafted requires registrants to tell service users and carers that something has gone wrong with the 'care, treatment or other services that you provide…'. Some respondents asked whether the requirement to be open should extend to errors made in the care or treatment carried out by others but which came to the registrant's attention. There are a variety of different approaches to this in the equivalent standards of other regulators. For example, the General

Medical Council's 'Good medical practice' is specific in expecting doctors to be open in respect of patients 'under your care'.

5.8 This is a difficult balancing act – on the one hand, some respondents were concerned that the expectation was not strong enough because they may well become aware of errors that are a result of another professional's practice. However, in proposing the standard, we listened to arguments which said that it was important that we didn't draft the standard in a way which would empower registrants to inappropriately intervene in the care or treatment of a service user being managed by another professional or profession. We have decided to retain the proposed draft wording, but will re-consider this the next time the standards are reviewed.

5.9 We agree that it is important, as far as possible, that the expectations we place on the health and care professionals we register are consistent with those in place for other professionals working in health and care. We decided not to become a signatory to the joint statement on the duty of candour agreed by some of the health and care professional regulators because we had reservations about mandating apologies and because of some of the language used. However, we were and are fully committed to the underlying principles that our registrants should be open with service users when things go wrong and have tried to reflect this in the draft standards. There are a variety of differently worded standards in this area set by the different regulators.

5.10 We have reviewed the joint statement and the other regulators' standards, in light of the feedback we received. As a result, we have replaced standards 8.1, 8.2, and 8.3 in the draft with a newly structured standard which incorporates this content and which follows more closely the content and structure of the joint statement, whilst still using language which is appropriate and applicable to the 16 professions we regulate.

Report concerns

5.11 Standard seven about reporting and escalating concerns about safety was generally well received in the consultation, with most debate about how the standard would be implemented – for example, whether workplace cultures would support registrants to report concerns.

5.12 We have reviewed the standard in light of the comments we received overall. As a result, we have created a new standard which expects registrants to support and encourage others to report concerns and to not prevent someone from raising concerns. We have amended standard 7.1 as a result.

5.13 We have added an additional standard to the sub-section about following up concerns. 7.4 of the draft says: 'You must follow-up concerns you have reported and escalate them wherever necessary.' Following this, a new standard will expect registrants to acknowledge and act on concerns raised to them, where it is appropriate for them to do so. This will be particularly important for registrants who hold positions of responsibility.

Other changes

5.14   We have made a number of other changes in light of the responses to the consultation. In considering what changes to make, we have been mindful of the role of the standards in setting out clear, 'threshold' expectations of our registrants across all 16 professions we regulate.

- Respondents were concerned that standard 1.6 about challenging discriminatory behaviour was unclear and that it could be interpreted to require registrants to challenge the attitudes of service users which could be detrimental to their care. We have amended the standard so that it is specific to challenging the behaviour of colleagues.

- We have amended standard 1.7 about maintaining appropriate boundaries to use the language used in the communication accessible version of the draft standards which some respondents preferred: 'You must keep relationships with service users and carers professional.'

- We have reworded standard 4.1 about safe and effective delegation and as a result have deleted standard 4.3 in the draft as it is now redundant. We have amended standard 4.2 to add 'supervision' in addition to oversight and support.

- We have amended 6.2 about avoiding actions which would put the health and safety of a service user and carer at risk so that it also extends to colleagues.

- We have removed reference to 'legible' records in standard 10.1 following feedback that this term was not applicable to electronic record keeping systems. The standard already includes 'clear' which encompasses legibility.

- We have reviewed the use of 'must' and 'should' throughout the standards and this has resulted in some minor changes in wording and some standards becoming 'musts'.

- We have made a small number of other minor amendments to the structure and language of the introduction to the standards and to some individual standards for clarity.

6. List of respondents

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

Academy for Healthcare Science
Alliance of Private Sector Practitioners
Association of Ambulance Chief Executives
Association for Clinical Biochemistry and Laboratory Medicine and Federation of Clinical Scientists
Association for Perioperative Practice (AfPP)
Ballynahinch Support Group
Boots Hearingcare
Berkshire Healthcare NHS Foundation Trust
British Association for Counselling and Psychotherapy
British Association of Prosthetists & Orthotists
British Association of Social Workers (BASW)
British Dietetic Association
British and Irish Orthoptic Society
British Society for Rheumatology
British Psychological Society
British Society of Hearing Aid Audiologists
Canterbury Christ Church University (School of Allied Health Professions)
Central Manchester Foundation Trust, Professional development & Education Team
Centre for the Advancement of Interprofessional Education
Chartered Society of Physiotherapy
College of Paramedics
Connect
Council of Deans of Health
East Lancashire Hospitals Trust
East Midlands Ambulance Service
Educational Institute of Scotland
General Naturopathic Council Ltd
Health Education England
Institute of Biomedical Science
Medical Defence Union
National Association of Educators in Practice (NAEP)
National Community Hearing Association
Newcastle University
NHS Education Scotland
Northern Ireland Ambulance Service Health and Social Care Trust
Northern Ireland Rare Disease Partnership
North Wales Community Health Council
Picker Institute Europe
Professional Standards Authority for Health and Social Care
Public Health England
Public Health Agency Northern Ireland
Royal College of Speech and Language Therapists
Shaping Our Lives
Society and College of Radiographers
Society of Chiropodists and Podiatrists

Society of Sports Therapists
UK Council for Informatics Professions
UK Public Health Register
University Campus Suffolk
University of Cumbria
University of East London
University of Essex (Occupational Therapy, School of Health and Human Science)
University of Hertfordshire
University of Nottingham (Division of Physiotherapy and Rehabilitation Sciences)
University of Sunderland (BA Social Work)
University of Surrey
University of West London
UNISON
Your Voice