Council of Deans of Health Response to the HCPC Consultation on Revised Standards of Conduct, Performance and Ethics

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Council of Deans of Health

The Council of Deans of Health (CoDH) is the representative voice of all 85 UK university health faculties engaged in education and research for nursing, midwifery and the allied health professions. Further information about us can be read at: http://www.councilofdeans.org.uk/.

We welcome the opportunity to respond to this consultation.

Principles underpinning the Standards of conduct, performance and ethics

Our comments are based on the following principles:

- The vast majority of allied health professionals (AHPs) are highly committed, mature and professional, educated and trained to apply their judgement across a range of complex situations.
- The *Standards of conduct, performance and ethics* (the 'Standards') must be drafted such that they can be easily read and understood by registrants, other health and social care professionals and the public.
- Since they are only revised from time to time, the Standards should be as 'future proof' as possible. This means that the Standards must shape more immediate policy pressures into principles that will stand the test of time.
- The register comprises a wide range of diverse professions, working across different contexts and settings. The Standards must therefore be applicable to all registrants working in a myriad of roles and organisations, including those in education, research and policy.

Consultation questions

Q1. 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?

Yes. No suggested improvements.

Q2. Do you agree that the new structure is more accessible? If not, how could we improve it?

Yes, the revised Standards are significantly shorter in length and are structured in a clearer way, which should help ensure that the Standards are understood by registrants, service users and the public. The new structure is also more consistent with the standards of proficiency.

Q3. 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?

- Members have fed back that 8 could be improved by adding text about registrants actively seeking feedback on whether service user/carers feel safe. Members have commented that Standards 7 and 8 emphasise reporting and escalating concerns, rather than how practitioners can learn from service user feedback on feelings of safety, and then adapt their practice for each individual accordingly.

- Registrants have a responsibility to service users/carers to be honest and open when something goes wrong but they also have a duty to protect service users/carers from potential harm. Disclosure of information has the potential to cause distress to service users and the Standards could be more explicit on how registrants should best handle this in the context of their legal and ethical responsibilities.

- The Standards also do not mention registrants' responsibility to be open and honest with service users about 'near misses'. There will be circumstances where services users and carers will want to be told and not doing so could damage the service user-professional relationship. In other cases, informing service users/carers could cause unnecessary distress and harm. It would be helpful if the Standards could provide additional information to support this point.

- Standard 8.4 – We are concerned that the wording of this standard is potentially ambiguous. It is proper that service users and carers are supported to raise concerns about the care they have received; however, if the complaint is about a registrant, it may be inappropriate for them to 'support' service users and carers to raise concerns. In this case it may be more appropriate for the task to be delegated to another healthcare professional.

- We suggest that there should be additional text stating that registrants must cooperate with formal investigations and that any complaint should not affect the care provided to patients.

Q4. Do you have any comments on any of the other standards?

Complaints procedure (p3)

The Standards currently direct service users who have concerns about the behaviour of practice of a registrant to the HCPC fitness to practise process. Many issues can be resolved through local complaints procedures without having to escalate to fitness to practise. We would suggest that the Standards should additionally mention the context of local complaints procedures, as well as the option to refer an issue to fitness to practise.

Links to guidance and standards (p2)

We would suggest that the Standards should make it clear that registrants understand and meet them in conjunction with the other standards that are required for HCPC registration, such as the standards of proficiency. This could be achieved by adding links in the Standards and to any other guidance mentioned e.g. 'Guidance on conduct and ethics for students'.

Standard 2.7 (p5)

Examples of what would constitute inappropriate use of social media and networking would be helpful and would provide additional clarification.

Standard 3.2 (p6)

We suggest an amendment to the standard: 'You must refer a service user to another practitioner if the care, treatment of other services they require are beyond your scope of practice **and competence**'.

Standard 3.5 (p6)

We suggest the wording of this standard could be strengthened to include a requirement to reflect and learn/act on feedback from others to improve and inform practice.

Standard 4.3 (p7)

We suggest an amendment to the standard: 'You must not ask other people to do work which is outside their scope of practice **or competence**.'

7. Reporting concerns about safety (p10)

The standards are clear about the duty to report concerns, however, they are relatively weak on the duty to show leadership and take necessary action where appropriate to deal with any concerns. We suggest the Standards could be strengthened in this respect.

Q5. Do you think that any additional standards are necessary?

Yes, we suggest there should be a Standard on the requirement for registrants to have a professional indemnity arrangement in place as a condition of their registration.

Contact for further information:

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