Council

6 July 2023

Standards of Conduct Performance and Ethics Review – Initial analysis of consultation feedback

Executive Summary

The consultation on the proposed changes to the standards of conduct, performance and ethics (SCPEs) opened on 27 March 2023 and closed on 16 June 2023. We consulted on the revised Standards and the guidance on social media that sits alongside it. There were five main proposed areas of change:

1. Equality diversity and inclusion
2. Communication
3. Duty of candour
4. Upskilling and training responsibilities
5. Managing existing health conditions and disabilities in the workplace

We also discussed sustainability as a possible future area for change, specifically exploring a future standard on sustainability.

We have had 218 responses to the consultation across all stakeholder groups – registrants (76%), professional bodies (6%), service users and members of the public (5%), education providers (2%), students (2%), trade unions and employers (1%).

This paper provides an overview of the responses to the consultation and an initial analysis of some of the key themes and discussion points raised. A detailed analysis is underway, we will host a workshop with the Education and Training Committee (ETC), and we will bring a full report to Council in September 2023.

At this stage, we would like to invite Council to discuss the following issues:

a) the relationship between registrant social media posts and government messaging

b) registrant and service user suggestions to include the words ‘civility’, ‘reciprocity’, ‘mutuality’ or ‘empathy’ in the Standards

Council will be asked to consider:

1. How best can the guidance on social media and the Standards support registrant’s in evaluating government messaging and expressing their views?
2. How can the Standards be best utilised to keep the public safe from misinformation?

3. How can we balance service user suggestions alongside the need to have accessible language?

4. Are values of reciprocity, mutuality and empathy currently present in the Standards, or could they be present following revision, without reference to the specific words?

Previous consideration	The launch of a consultation on the Standards of conduct, performance and ethics and the guidance on social media was approved by Council on 23 March 2023.
Decision	Council is invited to give their views on two key themes evident in the consultation responses: social media and communicating appropriately.
Next steps	Following Council discussion, we will host a workshop on the Standards of conduct, performance and ethics and guidance on social media with ETC on 2 August 2023. This will focus on some of the other key themes in the consultation; e.g., sustainability We will present the final proposed Standards to Council on 21 September 2023 for approval. We are currently planning for the new Standards to be published in September 2023 and the implementation period to run until September 2024.
Strategic priority	Strategic priority 2: enable our professions to meet our standards so they can adapt to changes in health and care practice delivery, preventing harm to service users. Strategic priority 4: we regulate, take and communicate decisions which are informed by a deep understanding of the environment within which our registrants, employers and education providers operate. Strategic priority 5: Employees feel valued and supported, and fully able to contribute. The organisation is resilient and able to quickly adapt to changes in the external environment
Financial and resource implications	This work is being carried out by the Policy and Standards team within existing resources and does not require further resource or financial commitment.
EDI impact	The Standards of conduct, performance and ethics will impact HCPC processes and our stakeholders. We carried out a detailed EIA (Council paper 23 March 2023, appendix F, page 68-78) that discussed the possible impact of the proposed changes to any person with protected characteristics.

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Summary

5. The consultation on the Standards of conduct, performance and ethics and social media guidance ran from 27 March 2023 to 16 June 2023. The proposed revisions to the standards and guidance were made based on evidence gathered from desk research on health and care practice and extensive pre-consultation stakeholder engagement. The consultation responses were shaped around 10 questions covering the six key themes of the review.

6. Dependent on Council approval of the revised standards, we intend to publish the updated Standards in September 2023. A year-long implementation period will follow and bring the Standards into effect in September 2024. We will work with other departments to coordinate implementation.

7. This paper provides an overview of our engagement during the consultation, a summary of the key themes emerging from our initial analysis of the consultation responses and highlights the post-consultation activities that we have planned. The paper will form the basis for a discussion at Council on 6 July 2023.

Engagement

8. To support the consultation period, we hosted six public workshops. These explored each key theme of the consultation with a range of different stakeholders from the following groups:

    1) Registrants

    2) Professional bodies

    3) Education Providers

    4) Trade Unions

    5) Employers

    6) Service users and service user representatives

9. The aim of the workshops was to encourage discussion of each key theme and communicate our rationale for the proposed changes to the Standards and guidance on social media.

10. In total, 244 people took part in the workshops, with an average of 50 people in each workshop. Interaction with participants was through Slido and Teams chat. To keep the workshops accessible to those who could not attend, we uploaded a recording of each workshop on the HCPC website.

11. We also hosted workshops with individual stakeholder groups, where requested. For example, we hosted workshops for professional bodies and the Welsh AHP committee.

12. To better understand the views of patients, service users and family carers, we commissioned the Patients' Association to conduct an online focus group of diverse participants who could share their lived experience of health and care. We have provided a summary of this engagement in appendix A and the Patient's Association report for this work in appendix B.

Consultation responses – key themes

13. We received 218 responses to the consultation across all stakeholder groups – registrants (76%), professional bodies (6%), service users and members of the public (5%), education providers (2%), students (2%), trade unions and employers (1%).

14. An initial analysis of consultation responses showed that the changes we have proposed were received positively by most respondents. Many of the revised standards are clearer and promote better understanding and easy reading. We heard from respondents that they were appreciative of the expansion of our standards on social media use and the active language applied in the standards for example, in our standards on equality, diversity and inclusion. The following sections highlight some of the key themes emerging from our analysis so far.

Social media

15. We made several revisions to our guidance on social media. These proposed changes were part of our consultation and there were eight questions included that were specifically related to the guidance on social media. One question asked whether the proposed updates made it clear that the HCPC supports registrants' freedom of expression.

16. There were a significant number of comments relating to this question, many of which expressed concern about the guidance on social media's reference to registrants not contradicting government messaging:

> "When using social media, think about the accuracy and truth of the content that you share or circulate. Check that the information originates from people and/or organisations that are trustworthy and does not contradict government public health messages."

17. Many of the respondents to this question stated that these proposed changes would hinder their freedom of speech and expression.

18. They were also concerned that the wording in the new guidance hinders them from fulfilling their role as experts in their profession and to challenge government messaging using evidence – for example, during the COVID-19 pandemic.

19. **We invite Council to consider the following questions and provide a steer.**

    1) **How best can the guidance on social media and the Standards support registrant's in evaluating government messaging and expressing their views?**

    2) **How can the Standards be best utilised to keep the public safe from misinformation?**

Communicate appropriately and effectively

20. We have proposed changes to Standards 2.1 – 2.12, referring to how registrants interact with colleagues, service users and carers. This includes an expansion of these standards to make it clear that registrants must use all forms of communication appropriately and responsibly when communicating with service users and colleagues.

21. We have also proposed changes that ascertain how registrants must raise concerns if their colleagues have experienced bullying, harassment and discrimination. The aim of this addition is to promote a supportive and inclusive environment that avoids disrespect, bullying or harassment between colleagues.

22. A few responses and participants in the consultation workshop on communication, suggested we include the word 'civility' within our standards relating to communication. Helpfully, several of these responses referenced further materials that explain the evidence that civility can improve the mental well-being and productivity of colleagues and patient outcomes.

23. For example, the website civility saves lives has several videos from NHS Trusts that anecdotally discuss the positive impact that civility has had on the work of different health and care professionals working in the NHS. Further material shows that incivility has a negative impact on performance in health and care. For example, research simulating an operating room showed that vigilance, diagnosis, communication and patient management were all negatively impacted when health and care professionals experienced rudeness.

24. Our engagement with service users found that words like 'civility however, did not capture 'good communication' clearly and were open to interpretation. Instead, they suggested the words 'reciprocity', 'mutuality' and 'empathy' be referenced in the standards – see above (appendix A).

25. **We invite Council to consider the following questions and provide a steer.**

    3) **How can we balance service user's suggestions alongside the need to have accessible language?**

4) **Are values of ‘reciprocity’, ‘mutuality’ and ‘empathy’ currently present in the Standards, or could they be present following revision, without reference to the specific words?**

26. For reference, these questions relate to our proposed Standards 2.1 – 2.5:

> ***“Communicate with service users and carers***
> *2.1 You must be polite and considerate.*
> *2.2 You must listen to service users and carers and take account of their needs and wishes.*
> *2.3 You must give service users and carers the information they want or need, in a way they can understand.*
> *2.4 You must make sure that all practicable steps are taken to meet service users’ and carers’ language and communication needs.*
> *2.5 You must use all forms of communication responsibly when communicating with service users and their carers.*

Other issues raised

27. Other feedback that we received from our consultation respondents included:

5) comments from people concerned about gender and that they are worried about the protection of their right to express their views.

6) whether sustainability should be a part of the Standards of conduct, performance and ethics, what a standard on sustainability would look like, and what that would mean for registrant practice.

7) Maintaining appropriate boundaries and how this relates to a registrant’s life outside of work and on social media.

28. We are continuing our analysis of these responses and will be exploring issues further with the Education and Training Committee at a workshop in August.

Next steps

29. Following the consultation, we are now in the process of establishing two working groups to facilitate our commitment to EDI through the Standards:

1) Pre-launch reading group

2) Explanatory materials design group

30. The purpose of the pre-launch reading group will be to proofread the Standards before their publication. Members will be asked to consider and provide feedback on how the revised Standards may impact people because of the protected characteristics that they hold. The group will be made up of ten members who may be impacted by the revised Standards because of their race, nationality, age or disability.

31. The purpose of the explanatory materials design group will be to identify what explanatory materials will be needed to ensure the Standards are accessible.

The group will advise on the structure and topics of explanatory materials and support the policy team in their drafting of the explanatory materials.

32. Members of the explanatory materials design group will also be asked to consider and advise what further guidance will be necessary to ensure understanding and appropriate implementation of the Standards. The group will be made up of ten members who may be impacted by the revised Standards because of their race, nationality, age or disability.

33. Following Council’s discussion, we will host a workshop with ETC in August and return to Council to discuss the final Standards in September 2023.

Appendix A: Summary of service user engagement

1. To better understand the views of patients, service users and family carers, we commissioned the Patients' Association to conduct an online focus group of diverse participants who could share their lived experience of health and care. We were particularly interested in hearing from people who are at risk of experiencing health inequalities. The focus of the discussion was the following proposed Standards:

    a. Maintain appropriate boundaries (Standard 1.8 – 1.12)

    b. Communicate with Service users and carers (Standard 2.1 – 2.5)

    c. When things go wrong (Standard 8.1 – 8.2)

2. The 10 participants in the focus group were:

    a. Four males and six females

    b. Six people aged 54 and over including three people aged over 70

    c. Five people from minority ethnic communities

    d. Five people with experience as family carers

    e. One member of the LGBTQ+ community

3. Participants had a wide range of disabilities, illnesses and health conditions, including both physical and mental health problems

4. As part of the work, the Patients Association have produced a report and blog post about the focus group discussion (the draft of this report is in appendix A).

5. Focus group participants were positive about the changes proposed to Standards 1.8 – 1.12 (maintain appropriate boundaries). They felt that the revised Standards were clearer and that it was helpful that the standard now focuses on the impact of maintaining boundaries on service users.

6. To implement the standard effectively, the participants recommended that information and training be provided to professionals about Standard 1.10 to clarify with examples what "appropriate methods of communication" means.

7. In relation to Standard 2.1 – 2.12 (communication), the participants focused on testing language that helps to better understand what good communication looks like. They were asked to consider words like 'civility', 'kindness' and 'respect' in relation to good communication. They felt that these words were old-fashioned in some cases and not always applied in a way that demonstrates good communication.

8. Instead, participants recommended that words such as 'reciprocity', 'mutuality' and 'empathy' be referenced in the standards. Participants found that all these words expressed shared understanding of what it looks like to receive good

communication. They said that they highlight the two-way nature of communication between a registrant, service user and/or their carer(s).

9. Participants were in favour of a standard on apologising when things go wrong however, they recommended that we consider adding the word “meaningful” and / or “sincere” before the word “apology”. Additionally, they recommended that consideration should be given to making a reference to resolving issues according to agreed timelines.

Appendix: B Report on a patient, service user and carer focus group for the Health and Care Professions Council on proposed changes to their professional Standards for Conduct, Performance and Ethics

the patients association

Hearing the views of people with lived experience on standards for healthcare professions

Report on a patient, service user and carer focus group for the Health and Care Professions Council on proposed changes to its professional Standards for Conduct, Performance and Ethics

Toby Williamson

Project Manager – Patients Association

June 2023

Acknowledgments

The Patients Association would like to thank:

- All the focus group participants for their openness and willingness to share their experiences and expertise (as well as those who expressed an interest in taking part but were not selected to attend the event).
- The Health and Care Professions Council (HCPC) for inviting and commissioning the Patients Association to undertake the work.
- Adam Haxell and Rosemary Flowers-Wanjie at HCPC for advising the Patients Association about the work.

Contents

Executive summary

This report describes an online consultation facilitated by the Patients Association for the Health and Care Professions Council (HCPC). HCPC is currently reviewing its Standards for Conduct, Performance and Ethics (SCPE) for the health professions it regulates. The review involves a public consultation about proposed changes to some of the Standards.

The HCPC asked the Patients Association to facilitate an online focus group involving patients, service users and family carers to gather their views about the proposed changes. HCPC particularly wanted to hear people's views about the proposed changes to the Standards covering 'Maintaining appropriate boundaries', 'Communication', and 'What to do when things go wrong'.

The focus group met on the 13th June 2023 with eight participants. Participants had been selected to be a diverse but representative group, particularly including older people, people at risk of health inequalities, and family carers.

Key themes identified from the focus group included the following:

- Support for the increased focus in the Standards on patients, service users and family carers; it was suggested that this could be increased further, and people with lived experience should be involved in the delivery of training when the new Standards are rolled out.
- A need for greater clarity around certain Standards relating to Maintaining appropriate boundaries.
- Strong support for words like 'reciprocity', 'mutuality' and 'empathy' to be included in the Standard about Communication to help develop a shared understanding between professionals and people who use health services of what good communication involves.
- Strong support for the emphasis on apologising when things go wrong but making sure that this is meaningful and sincere, lessons are learned, and deadlines are adhered to.
- There could be added a reference in the Standards or their implementation to equality, diversity and inclusion (EDI).
- When the Standards are finalised and publicised, clear information is given on how to raise a concern or complain, with links to organisations that can help with this, and there should be feedback mechanisms for people using health services to inform the next review of the Standards.
- A 'family and friends' test is included in the Standards or their implementation.
- A variety of helpful suggestions were made about how the new Standards could be publicised and promoted when they are finalised, especially to raise awareness among patients, service users and family carers. The suggestions also included framing the Standards in as positive a light as possible, emphasising the benefits they brought to staff as well as patients.

Introduction and background

The Health and Care Professions Council (HCPC) protects the public by regulating 15 health and care professions in the UK. Everyone who works in one of these professions must be registered with the HCPC. The HCPC's regulation includes setting Standards of Conduct, Performance and Ethics (SPCE), which people working in these professions must follow.

The HCPC is currently reviewing the SPCE and have proposed a number of revisions to the Standards. The HCPC has conducted a public consultation on the proposed changes to the Standards.

As part of the public consultation, the HCPC commissioned the Patients Association to bring together an online focus group of diverse participants who have experience as patients, service users and family carers. The goal was to get a deeper understanding of people's views of the proposed changes to the Standards. The HCPC was particularly interested in hearing from older people and people who are at risk of experiencing health inequalities.

In total there are 10 standards within the SPCE but the HCPC is not proposing to revise all of them. Although the HCPC was interested in hearing the views of participants in the focus group on all the proposed changes. It particularly wanted to hear their views on the following:

- Proposed changes to Standard 1.7; 'Maintaining appropriate boundaries between professionals and service users or carers'.
- Proposed changes to Standards 2.1–2.5; 'Appropriate and effective communication'.
- Proposed changes to Standards 8.1 and 8.2; 'Being open when things go wrong'.

The HCPC provided the funding for this work, including small payments by way of thanks for participants in the focus group and to cover any costs of care that family carer participants might have incurred in order to attend the group.

Aims and objectives

The aim was for the Patients Association to support the HCPC with patient insights to feed into the HCPC's consultation on proposed changes to its Standards of Conduct, Performance and Ethics (SCPE).

The objectives were as follows:

- To set up and facilitate a focus group with a diverse range of participants including patients and service users, and family carers, to explore the proposed changes to SCPEs through patient insights and experiences of healthcare.
- To produce a report highlighting the key findings and recommendations based on an analysis of the focus group.
- To produce a blog post highlighting how the HCPC has worked in partnership with the Patients Association to support patient engagement.

Methodology

Recruitment to the focus group was done by the Patients Association with a call for expressions of interest placed in its weekly e-newsletter, Weekly News, which gets sent to more than 3,000 subscribers. People who were interested in participating were asked to provide some information about themselves, including any disabilities and health conditions they had, in order that the Patients Association could ensure the group was diverse and included older people, people at risk of health inequalities, and family carers.

Twenty five people expressed interest in participating in the focus group. Ten people were selected and invited to participate. From the information they shared about themselves in advance of the group or during the group, the ten people included:

- Four males and six females
- Six people aged 54 and over including three people aged over 70
- Five people from minority ethnic communities
- Five people with experience as family carers
- One member of the LGBTQ+ community
- A wide range of disabilities, illnesses and health conditions, including both physical and mental health problems.

Unfortunately two people were unable to attend the group although all the characteristics described above were still represented by the eight people who did attend.

Background information about the event (including information about consent, confidentiality, and an outline of the questions to be discussed) was drafted by the Patients Association, in consultation with the HCPC, and sent to the people invited to attend the group (see Appendix A). This included links to the public consultation about the Standards and a document that explained the changes in the three Standards the HCPC was particularly interested in hearing peoples' views. Consent forms were included with the information and participants were asked to sign and return these to the project manager, Toby Williamson, before the event.

The focus group took place on the 13th June 2023. The event was held via Zoom and scheduled for a maximum of 2¼ hours with a brief comfort break in the middle.

Using questions from a semi-structured topic schedule, agreed in advance with the HCPC (see Appendix B), Toby facilitated a discussion. The questions aimed to get participants' views about the proposed changes to the Standards. The discussion focused particularly on the three Standards already mentioned but with time to get participants' views on the other proposed changes and how patients, service users and family carers might be made aware of the new Standards when they had been finalised.

Before the discussion began Toby ensured that all participants understood the purpose and structure of the discussion and that they were still consenting to take part.

The discussion was transcribed and analysed to identify key themes and views (especially on points of agreement among participants). Participants were also encouraged to post comments via the chat function and these were included in the analysis.

Findings

Findings in relation to the three Standards the HCPC was particularly interested in are described first. These are followed by comments about other specific Standards, then general comments, and finally the views of participants about promoting and publicising the Standards, especially for people who use health services.

A brief appendix has been added with some comments from a couple of participants about the actual experience of taking part in the focus group (Appendix C).

Standards 1.8-1.12 – Maintaining appropriate boundaries

Focus group participants made a number of positive comments about the proposed changes to this Standard. The proposed additions to the Standard, compared to the current Standard, were seen as helpful.

> *It covers more things and just lays everything out more clearly so I think it's good… I think having that extra detail clarifies things more*. (Participant A)

Another participant felt that the additions also gave it a better focus on service users.

> *I think it was too narrowly drawn before - the focus on impact on service users is important*. (Participant B)

Reference to appropriate methods of communication (1.10) was commented on positively by one participant.

> *I think having that in there is quite powerful because it's making them [healthcare professionals] look at things like, 'does this person have things like, do they understand, do they have capacity if they have delirium or dementia' so it actually goes further. So, I'm quite pleased to see that put in.* (Participant C)

However, participants also expressed various concerns about the proposed changes. For example, some participants were unclear about what the term "appropriate methods of communication" really meant, pointing out that this varied enormously depending on the individual, the situation, different communities, and the means of communication.

> *A healthcare professional may be communicating with your relatives because you have dementia and you can't communicate yourself… I think it's important to have a level of communication that's appropriate to the group you are dealing with… I worked in a community that had every ethnic group so you are often working through communicators [interpreters] so it's difficult and it takes a long time. Different communities react differently to how you say things and you don't always know that until you say it. It can be quite a minefield.* (Participant D)

There was no suggestion that 1.10 should not be included as a new Standard and one participant attempted to flesh out what they thought it meant (which another participant agreed with).

> *There needs to be communication which is effective and sufficient, and appropriate according to who they communicate to, and in what form*. (Participant E)

But participants comments about 1.10, both indirect and direct, suggested that it required quite a lot of work, such as training, to ensure this Standard was properly implemented.

> *What's appropriate for one is not necessarily appropriate for another. And what's appropriate in some cases for one, on one day is not appropriate for that same person on another day … healthcare professionals need a lot more training and a lot more set in writing about what that means, "appropriate methods".* (Participant F)

One participant gave a good example of the type of training in appropriate methods of communication that might be needed, where a healthcare professional had excellent face-to-face communication skills but when online communication during the COVID pandemic was required things changed (though it was not a profession regulated by the HCPC).

> *When it came to the COVID and I had online communication, he was absolutely terrible. He was looking out of the window, he was playing with the cat, he was having a sandwich, and there was a meeting [where he was] in a car park. It wasn't his fault because he wasn't a bad consultant but the health profession hadn't been given training, they had not been given training on online communication and what makes good online [communication].* (Participant E)

It is worth noting that there is a separate Standard for communication (discussed below) and it's possible that the concerns raised about 1.10 might be mitigated if consideration was given to whether it should be moved to the communication Standard. However, this was not suggested by participants and it's recognised that 1.10 may be intended to serve a particular purpose in relation to boundaries. Assuming this to be the case, then consideration should be given to perhaps fleshing out the wording to make it clearer and more meaningful.

Two participants were unclear about the proposed new Standards concerning personal relationships (1.11 and 1.12). One person was unclear about what the explanation referring to registrants being unsure of how to respond to personal requests from service users meant, and which Standard it related to, though presumed it was 1.12.

> *I don't know what that [explanation] means … what was it that professionals were unhappy about or unsure about?* (Participant F)

The other person thought the difference between 1.11 and 1.12 to be confusing, with the former seeming to apply to existing relationships but the latter only applying to future relationships.

> *If I'm reading that right it says that existing relationships [1.11] are fine as long as it doesn't affect professional decisions [1.11] but any new relationship that might crop up would be considered as abuse [1.12].* (Participant A)

While this may not be the intention or thinking behind the two Standards, the fact that it caused this confusion might indicate the wording could be revised to make them clearer and more consistent.

Recommendations

1. Information and training provided to professionals about Standard 1.10 must clarify with examples what "appropriate methods of communication" means.

2. The HCPC considers expanding the wording of 1.10 to give it greater clarity or whether it may be more appropriate to include it in Standard 2 on 'Communication'.

3. The HCPC considers the wording of Standards 1.11 and 1.12 to make them clearer and more consistent in the way they relate to both current and future relationships.

Standard 2 – Communicate appropriately and effectively

As well as getting general feedback about this Standard, the HCPC was keen to know participants' views on whether including words like 'civility', 'kindness' and 'respect' could help develop a shared understanding between professionals and people using healthcare services of what constitutes good communication.

Participants didn't comment specifically about the proposed new Standards although there were several comments and examples given where participants felt they had not been treated with kindness, civility or respect, or properly communicated with by healthcare professionals.

One person described a situation when they had been in hospital and a healthcare professional had started treating them, and what the person said to the professional.

> *How would you feel if you were me, able-bodied one minute, stuck in a bed the next, I can't move, and a strange bloke comes up to you and starts doing stuff to you, with no introduction, no 'good morning', no nothing? I said 'you've just scared the living daylights out of me'.* (Participant B)

Another participant described what good communication should include.

> *It’s important for healthcare staff to explain what they are doing and why. E.g. if you go in for a test/scan. [Staff] shouldn’t assume that patients know what is involved and they should allow that some patients may be a bit slow*. (Participant A)

There were mixed views about the three words the HCPC had suggested, particularly ‘civility’. One participant thought it rather old-fashioned and many people wouldn’t know what it meant, while another participant rather liked it.

> *I like the idea of civility / good manners. In my experience, there has been a trend towards over familiarity/friendliness eg staff using only your first name, or even shortening names*. (Participant A)

The same person (but none of the other participants) commented on the term ‘kindness’, with mixed views.

> *Kindness is fine as long as it doesn’t become patronising / talking down to people. Or [imply] pity*. (Participant A)

Several participants felt what was important was that there was reciprocity in the way communication between professionals and people using services took place. References in the consultation about abuse of professionals by service users and how this could be seen in hospitals and clinics that had signs saying abuse of staff by service users would not be tolerated were felt to be too one-sided and there needed to be a better balance. Good communication is a “two-way street” (a phrase used by several participants) and this should be reflected in the Standards. ‘Mutual’ and ‘mutuality’ were words used by several participants.

> *Some kind of understanding of that mutual position [is needed], recognition that abuse actually happens from these practitioners towards patients and there have been examples of this*. (Participant F)

> *Mutual respect is important, sort of ‘we are all human beings’ and if you are not going to tolerate members of the public being rude to a receptionist it should be the other way round as well. Whatever words they go with, make it clear that it applies to everybody*. (Participant A)

> *Mutuality is really in terms of messages about respecting healthcare professionals [but] that message doesn’t seem to go the other way*. (Participant G)

A couple of participants also thought the word ‘empathy’ was important as an aid to good communication, to impress upon professionals the importance of understanding the situation from the patient’s, service user’s or family carer’s point of view and to build trust. Another participant was less keen on the term ‘empathy’ as they saw it as an innate personal characteristic that people either have or don’t have, and it can’t be learnt. They also suggested that ‘empathy’ may not translate well into other languages or be understood in the same way (the same participant had an alternative suggestion, a 'family and friends' test, which is discussed below in). However they, together with another participant, recognised that poor communication might not always be the fault of the individual professional but be caused by factors that they had little control over.

> *I think their empathy is not supported by the system and empathy is generally lacking due to time constraints and task focused system.* (Participant B)
>
> *You have to consider the environment in which people are operating in and obviously it's no secret that the NHS is struggling with service demands … you would be missing the big picture if you didn't consider that the pressures on the NHS are affecting how the services are delivered*. (Participant G)

The words suggested by the HCPC didn't generate much support. However, other terms suggested by participants that emphasised the importance of good communication, requiring reciprocity like 'mutuality' and 'empathy', and giving clear explanations, could be considered for incorporation into the communication Standard. However, it is recognised that there is always the risk that single words can be interpreted differently and therefore relying too much on them to convey important concepts is not always advisable.

Recommendations

4. If the HCPC wishes to use specific words to convey important concepts it considers including words such as 'reciprocity', 'mutuality' and 'empathy' in the communication Standard to express shared understandings of good communication.

Standard 8 – Be open when things go wrong

In their discussion of this Standard most participants agreed that apologising was essential, endorsing the inclusion of the proposed new Standard, 8.2.

> *Whenever things go wrong, I feel there should be an apology immediately*. (Participant H)

Several participants gave examples of situations where an apology and acknowledgement that things hadn't gone to plan had worked well as an response. One participant was a retired health professional.

> *I found that by actually talking to the patient, apologising and explaining, they understood that… I think that whatever profession you are in or job you do, if you do something wrong you should apologise and you really only have got that one chance to do it*. (Participant D).

The same participant contrasted this with an experience of supporting a friend through a lengthy hospital complaints procedure, which would not have been necessary had there been an apology at the time of the incident. They also pointed out that by making a swift apology it may also mean that it is easier to learn from these situations.

> *The other thing I pointed out was that when I made these two mistakes, I had learnt from it and won't do it again, and 99 times out of 100 people will respect that.* (Participant D)

They gave further examples of where they had received medical letters including inappropriate information, which they had complained about, and how these had led to positive outcomes.

> *They were both things that should never ever have happened. They did tell me they've altered the procedure because of that and I did get an apology. So, there is a positive side of it*. (Participant D)

Another participant described being at the receiving end of an apology after an operation that didn't go as planned and finding this to be a satisfactory response.

> *When he came to see me, the first thing he said was 'I'm sorry you went through this operation and it didn't work out as I planned' and just saying that to me, I didn't hold him to account for it really, but I think again it comes back to the empathy, understanding and being transparent*. (Participant C)

It is interesting to note how the reference to empathy and understanding reinforce earlier comments about the communication Standard. This was echoed by another participant.

> *Apologies go back to things being a two-way street - both staff and user need respect and understanding.* (Participant B)

Participant C contrasted their experience of the operation with one from their work where they had made a mistake and would have been quite happy to apologise but were required by policy to go through a lengthy complaints procedure instead.

Another participant had a more mixed experience where receiving the apology was satisfactory, but believing it had not resulted in any systemic changes was frustrating.

> *I had a private physio make a big mistake which he owned immediately and apologised - his superiors failed me by not using it to change practices and learn from it, so my complaint isn't about the physio and his error but the systems and bosses' way of handling it.* (Participant B)

The HCPC might consider the emphasis that participants placed on learning from where things have gone wrong to be given more weight in the Standards. For example, the fourth bullet point under the new proposed Standard 8.1 refers to "taking action to correct the mistake" but this could have additional wording (or a separate bullet point) that emphasises using learning from what has happened to prevent it from happening again in the future..

Two participants did express some reservations about apologies. One participant found it "horrifying" (Participant F) that there even needed to be a Standard requiring an apology as they thought this so obvious it should not need stating, although they did not suggest the Standard should be removed. Another participant said that if a healthcare professional truly believed they hadn't done anything wrong they would prefer the professional to defend their position rather than give an insincere apology.

> *An apology is all well and good but an insincere apology is more harmful than no apology.* (Participant A)

The same participant also made the point that apologies could sometimes sound patronising or even making it feel like the blame is being put back onto the person using a health service, neither of which were acceptable.

> *'Oh I'm sorry you felt that way' can be quite patronising. It's like a half apology or a non-apology, 'I'm sorry you felt you got a poor service', it's kind of putting it back on you, like you are at fault.* (Participant A)

They also suggested that the Standard could include a reference to resolving issues in accordance with an agreed timeline that was adhered to. They described supporting a family member through an NHS complaints process and how "*deadlines are like a puff of smoke, they come and go, and come and go*" (Participant A).

Finally, one participant provided a useful framework for expressing an apology.

> *Apologising isn't admitting any liability - I apologised professionally by invoking Ho'Oponopono principles (Hawaiian forgiveness method) which is by saying "I would not choose or wish to cause anyone any upset or distress and apologise if I have done so - how may help make this better".* (Participant B)

Recommendations

5. The HCPC consider additional wording for the fourth bullet point of 8.1 (or include a separate bullet point) so it reads, "*Taking action to correct the mistake if possible, or where this is not possible, identifying learning from what has happened which can be used to prevent it from happening in the future*".

6. The HCPC consider adding the word "meaningful" and / or "sincere" before the word "apology" in this Standard and provides examples of this in information and training that supports the implementation of the new Standards.

7. Consideration should be given to making a reference to resolving issues according to agreed timelines.

Other specific Standards discussed at the focus group

Several participants wanted to discuss the Standards about 'Challenging discrimination' (1.5-1.7). These were felt to be important Standards but quite difficult to implement for a number of reasons.

It was pointed out that when people are receiving healthcare they are often at their most vulnerable and, therefore, may find it hard to ask questions or raise concerns. One participant pointed out that this can apply particularly to many older people, including older people from minority ethnic communities, some of whom may take the view that one should just be grateful for receiving free healthcare. They described their own experience of receiving healthcare and how they had felt unable to ask questions.

> *I was just nodding my head with everything and not challenging, or asking, or showing I was afraid… And I'm thinking I'm quite an articulate person and I was thinking that, what it must be like for people who are not very articulate, who don't understand the system, who don't understand, and I think in some of that culture plays a part, because the culture of my Mum and Dad is that if something is for free, you appreciate it and you don't challenge professionals*. (Participant E)

The same participant, who supported the inclusion of these Standards, nevertheless posed the question of how they could be actually implemented.

> *How can we empower the staff to challenge discriminatory practices but also create spaces, empowering spaces for patients and carers to bring forward practices or situations that they have witnessed that have promoted discrimination?* (Participant E)

This question was partly answered by another participant who emphasised the importance of staff being aware of different cultures and communities in relation to healthcare, for example how religious beliefs may require different healthcare approaches and practice.

> *For minorities these are very, very important and a lot of organisations don't know about them*. (Participant D)

Another participant described how their appearance did not meet the assumptions some professionals made about older people of mixed heritage.

> *I can go and see one of these health professionals and they make assumptions of the complete opposite of those things* [the person's age and ethnicity]. (Participant F)

The same participant described how they had experienced similar (unhelpful) assumptions and stereotyping being made about their health conditions and disabilities (early onset arthritis and a wheelchair user).

> *I had arthritis at the age of 30, the assumption was that I didn't … it's the stereotype of being an older person that we are all kind of doolally by now, which is so awful … because I'm also a wheelchair user… I can go into one of these places and I find they look past me because they are looking for someone who has come with me.* (Participant F)

Another participant described the difficulties they experienced with disclosing their sexual orientation in healthcare settings.

> *Do I need to disclose myself, do I need to tell them what I am, how will they react, how will I use services, and sadly, not all professionals are very inclusive or LGBT friendly … we really need to make healthcare professionals understand the importance of inclusivity and why they hold a big responsibility around inclusion.* (Participant E)

This led on to a discussion about what should be included in patient records to help address potential discrimination or stereotyping. Some participants were of the view that it was important to include information about a person's religious beliefs, language, sexual orientation, invisible impairments, etc. but this required trust and might involve a "*difficult conversation*" (Participant D).

> *It's important to indicate in the patient's record if he/she is a member of LGBT community, the person's religion, ethnicity and disability status*. (Participant H)

> *It's a two-way thing, if you want [healthcare professionals] to respond to a particular thing you have to let them know. I think it's better to let them know before they have to ask*. (Participant D)

Two participants described the difficulties of challenging discrimination associated with disabilities, including practical problems of accessing services and feeling that different assumptions made about them depending on whether they are using a wheelchair or a walker. Both participants pointed out that the Equality Act 2010 was supposed to help deal with discrimination but this was not always the case.

> *We've got the Equality Act in the UK and there is a duty to make reasonable adjustments but people sometimes sort of, if they've ever tried and it's gone nowhere, they are reluctant to make those requests… There's a lot of work to be done in that respect and ultimately it comes down to what's reasonable and what isn't, but people might be reluctant to request it if they think it's not going to happen*. (Participant A)

Taken together, these views perhaps are mainly about the implementation of the Standards on 'Challenging discrimination' and several participants referred to the importance of training around equality, diversity and inclusion (EDI). However, EDI is becoming increasingly commonplace as a key principle in workforce and service development, and its links with the Equality Act and ensuring practice is lawful, might be worth referring to in the Standards themselves.

Recommendations

8. The HCPC considers including in the Standards on 'Challenging discrimination' reference to EDI along the lines of "*ensuring your practice is lawful in relation to equality and human rights legislation and reflects good practice in EDI*".

9. If the HCPC does not wish to include a reference to EDI in the Standards then they ensure it is included in the training and information associated with the implementation of the Standard. This should include issue around personal information on patient records and 'reasonable adjustments' under the Equality Act.

General comments and suggestions

In the course of the discussion participants made a number of more general comments and suggestions about the Standards.

Raising concerns and complaints about the Standards

Reference was made to the vulnerable position that people who use health services can be in (and note the reference to 'civility' and 'respect' in the first quote).

> *It is exhausting constantly being judged and having to engage with different professionals when you're not at your best – they're quick to judge rather than offer civility and respect themselves. I've been on receiving end of rude disrespect because staff [was] task focused not person focused*. (Participant B)
>
> *When someone is unwell and is receiving care they are in a very vulnerable state where the first thing on their mind is not reporting a healthcare professional*. (Participant G)

Partly because of this, it was felt important that there should be a clear link between the Standards and processes whereby patients, service users and family carers could raise a concern or make a complaint. This information is on the HCPC's website but participants felt the consultation on the Standards had been done too much in isolation from the concerns and complaints processes. One participant described a particularly difficult situation involving a physiotherapist.

> *This physiotherapist insisted every session I had symptoms I do not suffer from but she insisted I had to because I've had a stroke… I had to conform to her limitations and ideas… I ended up dreading seeing her*. (Participant B)

However, when they decided to raise a concern it did not appear that they were provided with much helpful information.

> *The only complaints procedure for me was to raise it with the actual physiotherapist, which I did in writing, asking for change of member of staff and never heard anything further at all. None of my concerns addressed or the complaint acknowledged as received*. (Participant B)

This participant, supported by others, felt very strongly that much clearer links need to be made between the Standards and processes for raising concerns and complaints.

> *[What's] missing are the consequences for breaching these standards and who to contact and raise concerns with – the system as is, fails in accountability and transparency… It is very frightening being at the mercy of these professionals and gatekeepers of services – no idea 🤷‍♀️who to complain to?* (Participant B – emoji included in original comment)

> *I don't think that patients know where these things exist or what they can do when it comes to complaints and issues.* (Participant G)

> *[Information about the Standards] doesn't dovetail with any form of complaints procedure … there doesn't seem to be a body for you to take the breaches to or ask advice of… I think there's no point in having Standards, you can have the poshest Standards in the world if you don't have anyone to speak to about them.* (Participant B)

These issues partly relate to how to raise awareness and promote the new Standards when they are finalised but other participants made some useful observations about raising concerns and complaints.

One participant felt it was important to keep complaints in proportion and try and get them dealt with locally in the first instance, rather than report them to the HCPC or their professional body.

> *I think that unless someone has done something really terrible, I think that's an overstep*. (Participant D)

However, the same participant also thought that wherever the Standards were publicised there should be a clear link and explanation about how to raise a concern or complaint.

> *[If] someone said they weren't happy, you could go to the standards and the standards could lead you, a link to where basically you could take it further or complain. There's no good knowing about the standards unless you know what you can do about it… Tell people what the standards are, and then what to do if you are not happy*. (Participant D)

Another participant had used the NHS's Patients Advice and Liaison Service (PALS), and independent advocacy organisations to help them when they were making a complaint (though it was noted that PALS are a hospital-only service). It was suggested that information about PALS and patient organisations like the Patients Association could be usefully included with the Standards if people required support in raising a concern.

One participant described how there should be different ways of enabling patients, service users and family carers to raise concerns such as through a "*system of feedback, or checking if someone is ok*" (Participant G). This linked with comments from other participants about a more general need to evaluate the Standards.

> *I think it's great that we've got these standards and it's brilliant that they are written but sometimes I think, there is no kind of measurement of how they are being implemented or being practiced*. (Participant E)
>
> *It needs to be a lot more like [name] says, evaluation, and patient satisfaction, that's the biggest evaluation tool that you have; 'would you say that you had a good service?', 'were you treated with dignity?' and things like that, that need to be measured more*. (Participant C)

Comments about concerns or complaints being raised by people using healthcare services were echoed by a couple of questions about how staff would whistleblow if they observed or became aware of a Standard being broken or disregarded.

Although the consultation about the Standards was not about the HCPC's processes for raising concerns and complaints, with the benefit of hindsight, it would have been useful to include reference to these processes for information and awareness purposes.

Recommendations

10. When the new Standards are finalised, any publicity and promotion by the HCPC, professional bodies, the NHS and other healthcare providers should include clear information for people who use services (and staff) about how to give feedback, raise concerns or complaints if they feel a Standard has been broken or disregarded. This information could include the contact details of organisations who can help patients, service users and family carers, such as PALS and the Patients Association.

11. The HCPC has in place a clear process for the ongoing evaluation of the Standards and using this information to inform the next review.

Focus on lived experience

A number of participants commented on the importance of including people's lived experience as patients, service users and family carers, represented in the Standards.

> *I was really impressed there were standards that talk about service users and carers and that is really ground-breaking. For a long time, it's just about professionals doing*

> *their job but I think it's good that they are now looking at that part of it*. (Participant E)

One participant suggested that any training provided about the new Standards, especially Standard 1, should include people with lived experience, and this sentiment was echoed by other participants.

> *I just wanted to add that I think what I said about the training, I think maybe it needs to involve patients with lived experience so that the health professionals get that viewpoint and they get those life stories in a way of how it's affecting people and how they were treated*. (Participant C)

Some participants felt that there could be more emphasis given to ensuring patients and service users were treated as the priority when they came into contact with health professionals. One participant suggested emphasis could be given to the importance of supporting and respecting patient choice and control. They did not feel they had to share the reasons why they wanted to exercise choice about who they are treated by and felt that healthcare professionals should not take offence when they exercised their right to choose. When they wanted to record their physiotherapy sessions to have their own measure of progress they were told they weren't allowed to do this. They also suggested, supported by other participants, that patients and service users could complete sections on their medical records asking for personal information themselves, such as sexual orientation, gender identity, religious beliefs and invisible disabilities. They felt that the Standards were lacking in this respect.

> *Nowhere does it say that the person with the lived experience is the expert in their condition and should be respected as such – professionals are facilitators not experts!* (Participant B)

Recommendations

12. Any training for professionals to support the implementation of the Standards, particularly Standard 1, involves people with lived experience as patients, service users and carers.

13. The HCPC considers how can be given to patient, service users and family carer involvement, empowerment, control and choice in the Standards.

'Family and friends' test

One participant who had several negative experiences at the hands of healthcare professionals felt strongly that there should be a Standard based on the principle of the 'family and friends' test, and this was supported by other participants.

> *The thing I don't get is that [healthcare professionals] don't think about what it would be like if they were on the receiving end… I can't find any wording that says 'treat*

> *others as you would like to be treated' or that says, 'if you were on the receiving end of your words and behaviour, how would you feel?'* (Participant B)

The same participant had attempted this when first raising a complaint about a healthcare professional (not regulated by HCPC).

> *And you say to them, 'this is what you've done as far as I'm concerned, how would you feel if you were me?', and I have to say that male nurse was horrified, but when I raised the complaint at the time, the concern was about the fact that that male nurse was upset, not about how I was traumatised by it. They couldn't have given a stuff about me, it was 'how dare you raise a complaint because he will be upset'.* (Participant B)

However, a 'family and friends' test like this would not necessarily be effective because it relies on a subjective measure; for example, a healthcare professional could respond that the language deemed inappropriate by a service user was language that the professional and their family used every day with each other without causing offence. On the other hand, it is potentially a powerful way of impressing upon professionals Standards such as these and it would be worth HCPC investigating to see if a family and friends test is used by any other similar organisations in this way. One way of possibly getting round the subjectivity of the test would be to explicitly reference the Standards in relation to the family and friends test to give the test a more objective measure.

Recommendations

14. The HCPC investigates whether a 'family and friends' test is used by other similar organisations for similar purposes involving conduct, performance and ethics.

15. The HCPC considers including in the Standards a 'family and friends' test along the following lines: "*if you or a member of your family were receiving care or treatment from an HCPC regulated professional how would you want or expect them to act in accordance with the Standards?*"

Framing the Standards positively

Several participants made comments about how the Standards should be framed as positively as possible, rather than presenting them more negatively in terms of the sanctions if they are broken. They also thought (and one participant had experience of this) that by indicating the benefits the Standards brought for staff, was more powerful than just focusing on the benefits for patients, service users and carers.

> *Are standards positive – [i.e.] compliance helps minimise exclusion and achieve best practices and outcomes for everyone?* (Participant B)

> *The language used around it should really not be antagonistic. We should not pit healthcare professionals against patients. It should be about the benefit of basically adhering to the standards, the benefit that provides for everyone*. (Participant G)

This also linked partly with the idea of the 'family and friends' test because this could shift how professionals might perceive the Standards, but also more widely in terms of bringing benefits to staff as well as users of healthcare services.

> *I made the point, [name] made the point, others have made the point, that it's not just about 'compliance or else', it's actually about promotion of best outcomes for all of us…We all know how lovely it is to go to work, have a really grim day but the client makes it, because the client being happy or the client giving positive feedback to you or you having a good rapport with them makes all the difference. I think that's how these Standards should be seen; that they aid the best outcomes and rapport, which not only gives your clients, your patients, the best for them, but also gives you better emotional and mental health as staff.* (Participant B)

Recommendations

16. The HCPC should carefully consider the language they use to promote and publicise the new Standards to professionals, emphasising that the Standards are not only important for patients and service users, but will also benefit staff.

Other comments about the Standards

Participants had a few other questions and comments about the Standards which are worth noting.

One participant wanted to know if the Standards applied to staff supervised by a professional regulated by the HCPC. For example, would a receptionist in a private physiotherapy or chiropodist practice by expected to abide by the Standards?

> *Receptionists can be extraordinarily helpful when they want to be and are supported to be helpful, and also can be extremely unhelpful…Who else is in the team and is supported by that [HCPC] professional, and whether these standards apply to them too?* (Participant F)

It would be helpful for patients, service users and family carers to know whether or not the Standards for the HCPC regulated professions also applied to staff working with or for them.

Another participant raised the issue of there being different sets of Standards for different groups of health professions and the confusion this could cause patients, service users and family carers.

> *It seems ridiculous to me as the service user that I have to research all these different bodies and standards in order to find out whether there's been compliance and with*

> *which and whom to quote and bring action against where there's a breach. For me it's unworkable and unprofessional as by fragmenting professional standards between them they're seeking to evade responsibility and accountability by it being unworkable and impractical*. (Participant B)

Their preference was for a universal set of Standards although it is recognised that this is outside the HCPC's control. However, the person did make perhaps a more practicable suggestion to ensure greater consistency involving a "*a parallel…set of good practice reminders and ethics which should be a fundamental given by all concerned*". They also made the useful point that there was a further benefit of simplicity and consistency.

> *Make it as simple and easy as possible for consumers because every complaint or breach would be seen as valuable for contributing to improvement and betterment of services*. (Participant B)

The NHS Constitution, for example, does provide some universal Standards for all staff working for the NHS and the HCPC might consider how they might provide links to other relevant and universal sets of healthcare Standards.

Another participant raised the issue of incorrect information on a patient's record placed there by a third party and the difficulty of getting this removed. This could potentially lead to discrimination or exclusion, so was relevant to the implementation of Standard 1 and Standard 10 on record keeping.

The importance of training, as already mentioned, was emphasised to help ensure the Standards are properly understood and implemented. One participant pointed out the need for refresher training for staff who had worked in health services for some time.

> *I think the problem is if you've been in the NHS for a while you may lapse into doing things not as per the standards, so that's why I've written down refresher training and I think it's a cultural change in the NHS, you've got people who've come in at different levels, at different times, from different backgrounds, people were just doing what they were normally doing and it doesn't get, you might have training but it doesn't actually impact on the way they deliver care.* (Participant C)

Even if a 'family and friends' test is not included in the Standards it could be a useful awareness raising tool or training method for the HCPC regulated professions.

Recommendations

17. The HCPC to make it clear when promoting the new Standards whether or not they also apply to staff working with the HCPC regulated professions or for them.

18. The HCPC considers how they might provide links to other relevant and universal sets of healthcare standards when promoting their own Standards.

19. The HCPC uses the family and friends' test as a useful awareness raising tool and training method for HCPC regulated professions.

Raising awareness of the new Standards among patients, service users, and family carers

Participants were asked for their suggestions about how the Standards could be promoted and publicised once they had been finalised, especially among patients, service users and family carers. This was clearly important as participants believed there was a low level of awareness of the Standards, including among healthcare professionals. Some participants indicated that they had no awareness that the Standards even existed before being contacted by the Patients Association about this work.

> *I would just like to add that a lot of healthcare professionals are not aware of these changes or the patients too*. (Participant H)

> *I've been involved post stroke with a number of the professionals on the list and can say that they have not abided by them nor was I informed these Standards existed! This event is the first I've known both about HCPC and these Standards* (Participant B)

Another participant made a comparison with counselling.

> *The Standards are only effective if patients know about them, take counselling, before the session the BACP standards are explained with where to go if you have a complaint or not happy with the service. Whereas Physio, OT, Nurses e.g. don't communicate anything about the standards*. (Participant C)

Participants made a number of suggestions about how awareness about the new Standards could be raised and responsibility for this was placed firmly in the hands of professionals and healthcare organisations. These included:

- The websites of NHS organisations and the bodies representing the different professions regulated by the HCPC. This should be done in ways that the general public could understand them and also include information about how to raise concerns or complaints. One participant even suggested there should be a statutory obligation to have the Standards listed on NHS websites.
- On letters and emails (with links) sent out by professionals regulated by the HCPC.
- On signs and posters in hospitals and clinics where the HCPC professionals work.
- The websites and relevant information, fact sheets, etc. of patient and carer organisations like the Patients Association.

One participant suggested making short films involving people with lived experience to promote the Standards.

> *One of the most powerful tools for doing that is short patient videos, just something of 20 or 30 seconds saying 'I had this problem and I did this' and I think that would be a way, it's lived experience and without lived experiences it's very sort of, it's not real. I think you need to do that, I think that's critical.* (Participant D)

Finally, one participant described how promotion of the Standards could link with the 'family and friends' test, as well as a positive framing of the Standards.

> *I think the Standards need to be promoted by the professionals because they understand the benefit of them, because the Standards reflect how family/ friends/ all of us wish to be treated – I think they should be seen positively not simply in terms of compliance and avoiding complaints – assertion of good practice helps everyone.* (Participant B)

Recommendations

20. The HCPC considers all the suggestions made by participants in the focus group about raising awareness of the new Standards when they are finalised and how these could be implemented, in order to help professionals, patients, service users and family carers.

Recommendations

The complete list of recommendations are as follows:

1. Information and training provided to professionals about Standard 1.10 must clarify with examples what "appropriate methods of communication" means.

2. The HCPC considers expanding the wording of 1.10 to give it greater clarity or whether it may be more appropriate to include it in Standard 2 on Communication.

3. The HCPC considers the wording of Standards 1.11 and 1.12 to make them clearer and more consistent in the way they relate to both current and future relationships.

4. If the HCPC wishes to use specific words to convey important concepts it considers including words such as 'reciprocity', 'mutuality' and 'empathy' in the communication Standard to express shared understandings of good communication.

5. The HCPC consider additional wording for the fourth bullet point of 8.1 (or include a separate bullet point) so it reads, "*Taking action to correct the mistake if possible, or where this is not possible, identifying learning from what has happened which can be used to prevent it from happening in the future*".

6. The HCPC consider adding the word "meaningful" and / or "sincere" before the word "apology" in this Standard and provides examples of this in information and training that supports the implementation of the new Standards.

7. Consideration should be given to making a reference to resolving issues according to agreed timelines.

8. The HCPC considers including in the Standards on ‘Challenging discrimination’ reference to EDI along the lines of “*ensuring your practice is lawful in relation to equality and human rights legislation and reflects good practice in EDI*”.

9. If the HCPC does not wish to include a reference to EDI in the Standards then they ensure it is included in the training and information associated with the implementation of the Standard. This should include issue around personal information on patient records and ‘reasonable adjustments’ under the Equality Act.

10. When the new Standards are finalised, any publicity and promotion by the HCPC, professional bodies, the NHS and other healthcare providers should include clear information for people who use services (and staff) about how to give feedback, raise concerns or complaints if they feel a Standard has been broken or disregarded. This information could include the contact details of organisations who can help patients, service users and family carers, such as PALS and the Patients Association.

11. The HCPC has in place a clear process for the ongoing evaluation of the Standards and using this information to inform the next review.

12. Any training for professionals to support the implementation of the Standards, particularly Standard 1, involves people with lived experience as patients, service users and carers.

13. The HCPC considers how can be given to patient, service users and family carer involvement, empowerment, control and choice in the Standards.

14. The HCPC investigates whether a ‘family and friends’ test is used by other similar organisations for similar purposes involving conduct, performance and ethics.

15. The HCPC considers including in the Standards a ‘family and friends’ test along the following lines: “*if you or a member of your family were receiving care or treatment from an HCPC regulated professional how would you want or expect them to act in accordance with the Standards?*”

16. The HCPC should carefully consider the language they use to promote and publicise the new Standards to professionals, emphasising that the Standards are not only important for patients and service users, but will also benefit staff.

17. The HCPC to make it clear when promoting the new Standards whether or not they also apply to staff working with the HCPC regulated professions or for them.

18. The HCPC considers how they might provide links to other relevant and universal sets of healthcare standards when promoting their own Standards.

19. The HCPC uses the family and friends’ test as a useful awareness raising tool and training method for HCPC regulated professions.

20. The HCPC considers all the suggestions made by participants in the focus group about raising awareness of the new Standards when they are finalised and how these could be implemented, in order to help professionals, patients, service users and family carers.

Appendix A

Proposals on changes to the Standards of Conduct, Performance and Ethics for certain health professions

The Patients Association would like to hear your views

Background Information for participants at the online focus group consultation event

Introduction

You have received this information because the Patients Association would like you to be part of an online engagement event to hear your views about changes to Standards of Conduct, Performance and Ethics (SCPEs) for certain health professions. We have been asked to do this by Health and Care Professions Council (HCPC) who regulate these professions and are responsible for the SCPEs.

Project Background

The Health and Care Professions Council (HCPC) protects the public by regulating 15 health and care professions in the UK. These are:

- Art therapists
- Biomedical scientists
- Chiropodists /podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists (OTs)
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists

Everyone who works in one of these professions must be registered with the HCPC. HCPC's regulation includes setting Standards of Conduct, Performance and Ethics (SPCEs) which people working in these professions must follow. Please note that the HCPC does **not** regulate doctors or nurses so these Standards do not apply to them.

HCPC are currently reviewing the SPCEs. This review began in 2022 and aims to do the following:

- Make any necessary updates to the current Standards that reflect changes to professional practice.
- Ensure that the current Standards are fit for practice, particularly taking accessibility and relevance into account.
- Gain insight into how HCPC can better communicate the Standards and promote them to ensure they are fully understood by professionals.
- Make any necessary updates to HCPC's guidance on social media to keep pace with the developments in the use of social media over the past few years.

HCPC are proposing revising the Standards. There are five key themes to the proposed revisions:

- equality diversity and inclusion;
- communication with colleagues, service users and carers;
- duty of candour (the duty of professionals to be open and transparent with service users, patients and carers);
- upskilling and training responsibilities; and
- managing existing health conditions and disabilities in the workplace.

HCPC are consulting on the proposed revisions to the Standards. You can read more about the consultation by clicking on this link.

Aim of the online event

HCPC is working with the Patients Association to bring together an online focus group of diverse participants who have experience as patients, service users and family carers to get a deeper understanding of people's views of the proposed changes to the standards. **The focus group will take place on Tuesday 13 June from 10.30am-12.45**.

HCPC is particularly interested in hearing from older people and people who are at risk of experiencing health inequalities.

HCPC has produced this document that describes the existing Standards and the proposed revisions, with an explanation for the changes. They have also produced a consultation document which includes 18 questions about the revisions (you can look at the document here). For the online focus group HCPC would particularly like to hear your views about the following proposed changes (see attached document Appendix A):

- Proposed changes to Standard 1.7; 'Maintaining appropriate boundaries between professionals and service users or carers'.
- Proposed changes to Standards 2.1 – 2.5; 'Appropriate and effective communication'.
- Proposed changes to Standards 8.1 and 8.2; 'Being open when things go wrong'

Please prioritise thinking about these three areas first. There will be some time in the focus group if you want to give your views on other changes to the Standards, such as those on promoting the interests of service users and carers, challenging discrimination, consent and confidentiality.

Format of the online event

The events will be on Zoom (login details below) and facilitated by Toby Williamson from the Patients Association, who is experienced in facilitating events like this. There will also be someone from HCPC at the start of the event to briefly explain the consultation and answer any questions but they will then leave before the discussion starts. This is to allow you to be open and honest in expressing your views. **If you have any questions about the proposed changes or don't understand what the changes mean please ask them before the person from HCPC leaves**.

The discussion will be recorded to ensure the feedback is accurate. The recording will be deleted once the report has been finalised. All the information you give will be kept securely and treated confidentially (except in the unlikely case that it appears that you or someone else is at serious risk of harm). You can withdraw at any time and we will not use any information you give us if you decide you no longer wish to participate.

Your views will be written up by the Patients Association in a report and given to HCPC who will use it to get a deeper understanding of patient and carer views of the proposed changes to the Standards and consider making further revisions.

You will also receive a small payment voucher as a thank you for your time.

Agreeing to take part

If you are still happy to take part in the event please do the following:

1. Read through and sign the consent form below (see Appendix B). An electronic signature is fine or you can scan a copy of the form when you have completed it. Please return the consent form to me before the event if possible, at toby.williamson@patients-association.org.uk. Don't worry if you can't send the form to me before the event as I will check that everyone is consenting to take part at the event before the discussion starts.

2. Please look at Appendix A (attached to the email this document came with) with the proposed changes that HCPC are keen to hear your views on. Then think about the following questions (jot down some notes if it helps):
    a. Do you understand the proposed changes to the Standards?
    b. Do you agree with the proposed changes?
    c. If you don't agree with the changes please make a note of the reasons why.
    d. What might be the effect of the changes on the following (you only need to answer those that you have personal experience of):
        i. people using healthcare services
        ii. family carers

        iii. people at risk of experiencing health inequalities (e.g. age, gender, ethnicity, sexual orientation, etc.)?
    e. Do you have any suggestions for improving the proposed Standards? If so, what are they?
    f. How should the public be made aware of the new Standards when they have been finalised?
    g. Any other comments?

If you have time you could then look at the rest of the proposed changes contained in this document and note down your responses.

3. Please come to the event on the 13 June and bring your answers to the questions above.

Finally

This is a really important opportunity to influence the conduct, performance and behaviour of a wide range of healthcare professionals. The Patients Association is very pleased to have this opportunity to work with HCPC and ensure that the voice of people who use health services is properly represented in this consultation.

If you have any questions or need further clarification, please do email me: toby.williamson@patients-association.org.uk or phone me on 07710 477806 (please leave a message if I cannot answer).

I look forward very much to meeting you and listening to your views on these important proposals.

Toby Williamson

Patients Association Freelance Project Manager

[Zoom log in details]

[Appendix A]

Information about the proposed changes to the Standards

(see the document attached to the email)

[Appendix B]

Consent Form for Participants

Thank you for agreeing to take part in our online focus group event about the proposed changes to HCPC's Standards of Conduct, Performance and Ethics (SCPEs). on the relationship between patients, their data, and the health and social care system. The focus group will be held on the 13 June 2023. The focus group will be facilitated by the Patients Association, working in collaboration with HCPC, who have also funded the work.

Consent to use your data.

Any personal information you give us will not be shared outside of the Patients Association. Any demographic information you have shared has been collected for us to select a group that is representative. This information will only be reported anonymously and will be destroyed once the project is completed.

We will take note of your comments, but outside of this group these will not be linked to you by name. We hope this encourages you to ask and answer questions freely. You can also withdraw at any time. We value the time you are giving to help us improve our understanding of patients' and carers' experience.

Ways of Working

We ask everyone to contribute honestly and to engage in respectful discussions. To respect other people's personal information and ideas, and not to share these with anyone outside of this group.

These guidelines are in place to promote a safe platform for everyone to share their views and experiences without judgement or fear of criticism. However, we agree that everyone in the group is to take responsibility if someone has said something discriminatory, to tackle it straight away.

Always treat all group members with respect and courtesy. Do not attack others. Let others have their say, just as you may.

Any discrimination regarding age, gender, disability, ethnicity, religion, sexual orientation, may result in immediate exclusion from the session. The facilitator has the discretion to give you a single warning, but they have the right to remove you from the group immediately if they feel this is necessary.

By signing this form, I:

- confirm that I have read and understood the information about the focus group and have had the opportunity to ask questions to understand what I am being asked to do.
- will demonstrate respectful and empathetic behaviour during the focus group.

- understand that my comments will be anonymous and that no names will be used, and no individuals will be identified.
- understand that if I join remotely, I must do so in a private place or with headphones.
- have read and agree to adhere to the ‘ways of working’.
- am aware my information will be recorded and stored in line with the Patients Association Privacy Policy.
- agree to take part in the above project and understand that I can withdraw at any time.

Name of Participant [please print] ___________________________________

*Signature*____

*Date*________________________________

It is fine to type your name, date and signature if you are not able to sign and scan this document. If it isn’t possible for you to do that either, please reply to the email that this consent document was attached to, stating that you accept these terms.

Appendix B

Focus group questions

1. Do you understand the proposed changes to the Standards?

2. Do you agree with the proposed changes? ***Prompts:***
    a. In what ways do the proposed changes make the boundaries in the interactions between professionals and service users / patients clearer?
    b. Which words like ‘kindness’, civility’ and ‘respect’ are important for good communication and understanding between professionals and service users / patients?
    c. What do you expect from professionals if things go wrong? What helps in these situations?

3. If you don’t agree with the changes, what improvements do you suggest?

4. What might be the effect of the changes on the following (you only need to answer those that you have personal experience of):
    a. people using healthcare services
    b. family carers
    c. people at risk of experiencing health inequalities (e.g. age, gender, ethnicity, sexual orientation, etc.)?

5. How should the public be made aware of the new Standards when they have been finalised?

6. Any other comments?

Appendix C
Participants' comments on the focus group

As part of this work the Patients Association agreed to contribute to a blog highlighting how HCPC have worked in partnership with the Patients Association to support patient engagement. In relation to this it is worth noting the following comments made by participants during the focus group. The first quote is long but worth citing in its entirety for its endorsement of this type of consultation work.

> *For me, the value of doing this isn't in in the do-goody, 'oh look, you are a volunteer, isn't this all lovely'. No actually, it's a pain in the bloody arse because I'm having to re-traumatise myself, focusing on what's gone wrong that still isn't right, but actually what it does is give me a positive outlet for it all. And really positive engagement with the Patients Association, and positive learning through other people, and it also as I say picks up on these commonalities and patterns and themes, that say actually, if you are on your on with the issues that have happened you could become very depressed and negative, and it could really make life very difficult for you, whereas doing all the volunteering and hearing all the different voices you say 'yes the NHS and everything within it and all the wrongs have got a long way to go but actually there is this small army of us trying to do it right, and push it forwards'. And I know that is so valued by my GP because she's felt very alone at times, and I walk in there and go 'but oh, by the way, I've been with the Patients Association this week and we've done this, or that I've been peer leading and I've done that, and this is what's going on, and oh, have you seen this and you've missed that bit' and she gets excited again it's 'why did I become a GP in the first place, it's wow, look what I can do' and look at all these other people up and down the country are doing. And I think that's the other important thing, we need to take this away and feed it back into our networks, our own families and friends to say 'yes, you may be having a crap experience at some level, or it might not be working for you, but actually trying to affect change and turn around this huge, huge system is slowly, slowly happening, and there are more people wanting it to work and to do good with it than the other way around'.* (Participant B)

> *It's so nice that we are so diverse here and giving different perspectives…It's really good that we came together and looked at this together…I thoroughly enjoyed meeting everyone and hearing different perspectives and it shows that together we can give good contributions that really makes a difference if HCPC takes on board what we said, so thank you so much for bringing us together Toby.* (Participant E)