

Professional Liaison Group for the review of the standards of conduct, performance and ethics – 2 June 2014

Overview of research

Executive summary and recommendations

### **Introduction**

The first stage of the review of the standards of conduct performance and ethics has centred on research with a range of stakeholders to ensure that our approach to revising the standards is evidence informed.

The research period, outlined in this paper, comprised of a combination of internal and external research activities to seek the views of key stakeholders, including registrants and employers, on the content and accessibility of the existing standards. This also included work with service user organisations and charities to explore the expectations service users and their carers have of health and care professionals.

This paper also summarises and synthesises the findings of the research into eight main themes, which are to be discussed by the professional liaison group at its meetings between June and December 2014.

### **Decision**

This paper is to note; no action is required of the professional liaison group.

### **Background information**

None

### **Resource implications**

None

### **Financial implications**

None

### **Appendices**

None

### **Date of paper**

19 May 2014

## **Overview of research for the review of the standards, conduct, performance and ethics**

### **1. Introduction**

- 1.1 The Council agreed to a three stage review of the standards of conduct, performance and ethics at its meeting in July 2012. The review consequently consists of a research period, a professional liaison group and a consultation phase.
- 1.2 We have recently concluded the first phase of this review which has comprised of a range of internal and external research activities to seek the view of key stakeholders on the content and accessibility of the existing standards.
- 1.4 This paper provides an overview of the activities undertaken during this period and their findings, which are to be considered by the Professional Liaison Group formed for the next stage of this review.

### **2. Research activities**

- 2.1 The following section breaks down the first phase of the review into the research activities undertaken during this period.

#### Commissioned research

- 2.2 The Focus Group were commissioned to carry out research with a range of registrants and service users about the use and accessibility of the standards in practice through focus groups, workshops and telephone interviews. They engaged with 210 participants and recommended changes to us based on their findings.
- 2.3 A team from the charity Connect were commissioned to undertake a project to determine the expectations held of health and care professionals by service users with aphasia and their carers, whether the current standards reflect these expectations and explore the accessibility of the standards.
- 2.4 Shaping Our Lives were commissioned to explore the understanding and accessibility of the standards in relation to the expectations of social care service users and carers and to consider any further principles that may need to be included.

#### Workshops and events

- 2.5 We have worked with charitable organisations to run joint workshops in order to engage with specific groups of service users and their carers. This has

included working with Macmillan to run workshops for service users with cancer and their carers and with Hearing Link aimed at service users with hearing impairments.

- 2.6 We have hosted three events to engage directly with employers about the standards of conduct, performance and ethics and their experience of using them in practice. Through these events in London, Glasgow and York we engaged with approximately 250 employers.
- 2.7 We have held a number of workshops aimed primarily at gathering other stakeholders' views and expectations of the standards. This includes a registrant workshop at the 'Meet the HCPC' event in Llandrindod Wells in March 2014, and a service user and carer workshop at the 'Cancer Voices' conference in October 2012.
- 2.8 In March 2014 we also hosted a stakeholder event around the new standards to audience made up of mainly professional body representatives. This focused on discussing themes that have arisen from previous research activities and identifying any further topics for review.

#### Internal research

- 2.9 We have designed and carried out an online survey aimed at panel chairs, case teams and other members of the fitness to practise department to incorporate the experience of colleagues using these standards in hearings into our review.
- 2.10 We have also undertaken work around the codes and equivalent standards of other health and care regulators in the UK. This has included an extended piece of desk research identifying similarities and differences in these sets of standards, as well as involvement in events hosted by regulators also currently reviewing their standards.

### **3. Research findings**

- 3.1 The findings and recommendations of these research activities have been synthesised into a number of key themes, outlined below.

#### Reporting concerns and dealing with mistakes

- 3.2 Findings from each research activity made mention of requirements for registrants to report concerns and deal with mistakes appropriately. Many of the comments made were in relation to the professional 'duty of candour' derived from the Francis Report in relation to the inquiry into the failures of care at the Mid-Staffordshire NHS Foundation Trust.
- 3.3 Registrants, service users and employers focused primarily on the need for registrants to 'whistleblow' and report concerns when appropriate to protect service users. Registrants also highlighted the tension between requirements and support for 'whistleblowers' in practice. All participants considering these issues considered that these principles need to be explicitly referred to in the

standards to both support registrants in taking problems forward and protect service users from further failures in care.

- 3.4 The term 'duty of candour' is an umbrella term which is often used to refer to openness and honesty in identifying, reporting and acting to remedy mistakes and failures. Many participants considered there to be overlap between these requirements and the requirements relating to 'whistleblowing' and reporting and escalating concerns, and as such these themes have been considered together.
- 3.5 Aspects of the duty of candour' covered by research participants included the need for the standards to cover handling complaints and dealing with mistakes honestly and openly. Some service users also focused on the issue of redress or putting things right wherever possible. Like with the issue of reporting and escalating concerns, the majority of participants felt these issues should be also included in the revised standards.
- 3.6 Some participants also suggested that the standards further reference self-reporting. FTP colleagues and employers focused on the issue of reviewing health, whereas registrants who mentioned this topic discussed the pressure from employers to work. These participants recommended statements in the standards to support registrants in disclosing, self-reporting and limiting their practise.

#### Social media

- 3.7 The topic of social media and its use by professionals was discussed by a range of stakeholders in a number of research activities.
- 3.8 The majority stated that the HCPC should issue more advice about using social media appropriately in practice. There was a difference of opinion as to whether this should be included within the standards or as separate guidance.
- 3.9 All agreed that the issues concerned were about keeping high standards of professional conduct and maintaining appropriate professional boundaries. Many also mentioned maintaining confidentiality, advertising services and the public's confidence in their profession in relation to social media.

#### Collaborative approach to care

- 3.10 Findings from research with service users and their carers in particular emphasised the importance of care being a partnership; a principle that they recommended was more strongly conveyed in the standards.
- 3.11 Some concern was expressed about the language of standard one, requiring registrants to act in the 'best interests' of service users and considered that the emphasis instead should be on personalised care according to service users' needs and wishes, which was more empowering to service users.
- 3.12 In line with this, some research participants suggested that the values that underpin a person-centred approach to care should be reflected in the

standards. This included an emphasis on: compassion, respect, patience, disability-awareness and transparency. There was some suggestion that the standards include a 'core values' section.

- 3.13 Some participants argued that the standards adopted language which reinforced a patient-practitioner model. Others also suggested that what they considered to be an implicit emphasis on 'health' to be less appropriate to social care.

#### Infection and risk control

- 3.14 This theme refers specifically to standard 11 and its focus on 'dealing fairly and safely with the risk of infection'. A number of service users considered this standard relevant but most considered it out of their remit to comment on this issue.
- 3.15 The majority of other stakeholders commented on the outdated nature of this standard. Several considered HIV prevention to be the context of this standard and most considered it not relevant to all professions in the way that it was currently expressed. As a result a number of participants suggested that this standard be removed.
- 3.16 Many other participants suggested broadening the standard to a more general requirement about risk management, which would be appropriate to each profession in different ways. Others suggested broadening the standard by focusing on the need to provide care without prejudice or discrimination.

#### Inter-professional working

- 3.17 A number of registrant and employer participants commented that registrants are increasingly required to work in integrated settings and the standards needed to explicitly reference the importance of inter-professional learning.
- 3.18 Service user and carer participants emphasised that inter-professional communication with the wider care team and other organisations involved in care is a crucial component to delivering good care. They recommended that requirements around this element of practice needed to be strengthened as they are often neglected in practice.

#### Professional conduct

- 3.19 Many research participants discussed professionalism as part of considering standard 3 about keeping 'high standards of personal conduct' and standard 13 about maintaining the 'public's confidence'. Few concrete recommendations were made on this issue but participants commented that guidance on this issue in the standard needed to be further explored.
- 3.20 Service user participants in commissioned research focus groups attempted to breakdown the concept of professionalism which included being reliable, organised and punctual. Several service users narrated instances where they had experienced fragmented care, were excluded from decision making and left uncertain about their care.

- 3.21 Some colleagues from the Fitness to Practise department recommended that the standards reaffirm the importance of maintaining professional boundaries given recent cases around this issue. Discussion with registrants and organisations working in social care indicated that a statement about conflict of interests would also be a welcome addition

#### Leadership and managerial accountability

- 3.22 There was some suggestion from a range of research participants that a standard dedicated to leadership and managerial accountability would be useful in practice.
- 3.23 Some participants suggested that a standard or substandard be introduced to reflect that managers have responsibilities in terms of supporting, enabling and protect the staff they manage.
- 3.24 Other participants suggested that the current standards around delegation and supervision be extended to provide further guidance around supervision. They considered that it should also cover accountability issues and mention reflective practice.

#### Format and accessibility of standards

- 3.25 Alongside considering the content of the standards and their applicability research participants also considered the format and accessibility of the standards.
- 3.36 We received a range of comments on the format of the standards and a number of recommendations for simplifying them and making them easier to refer to in practice. This included: cutting down paragraphs and introducing sub-bullet points, merging similar standards and including a list of the professions that we regulate.
- 3.37 Some participants also commented on the language of the standards and suggested it be strengthened to convey the authority of the requirements. This included changing references from 'should' to 'must'.
- 3.38 The majority of participants were in agreement that the standards should be more accessible to service users. Recommendations of a version for service users – such as a document articulating what service users can expect from health and care professionals – were strongly emphasised.
- 3.39 A number of the research activities undertaken also found support for a number of different versions of the standard including an Easy Read and British Sign Language version, for example.
- 3.40 The format and accessibility of the standards are to be addressed at the second meeting of the PLG. Though 3.37 and 3.38 outline considerations beyond the scope of the group, the Executive intends to take these recommendations forward when considering the communications strategy for the dissemination of the revised standards.

#### **4. Consideration of research**

- 4.1 The Professional Liaison Group for the review of the standards of conduct, performance and ethics is tasked with considering these key themes drawn from the research at their meetings between June and December 2014.