

Professional Liaison Group (PLG) - Review of the standards of conduct, performance and ethics, 7 November 2014

## Review of Recommendations

### Executive summary

#### **Introduction**

At its meeting on 28 July, the PLG requested that a record of agreed recommendations be included on the agenda as a standing item to note.

#### **Meeting 1 – 6 June 2014**

##### **Overview of research**

- Ethical values set out in the NHS constitution could be of use in reviewing the standards.
- The language of standard one, requiring registrants to act in the ‘best interests’ of a service user, raises capacity issues.
- Formal care workers should be included in the consultation on the revised standards.

##### **Social media**

- Standards or guidance in this area should not be spread amongst all standards and should be clear and focused and easy to access.
- Standard 3 could be expanded upon to clarify its relevance to all personal, professional, real and virtual situations.
- Signposting to specific guidance should be included.
- SCPE should remain strategic and high level, with accompanying guidance which could be more regularly updated to keep up with technology changes as social media is too important to not be included in the standards in some way.
- Case studies could be used to make the guidance more accessible.

##### **Collaborative approaches to care**

- Service user control ‘where appropriate’ should be addressed within the SCPE.
- Carers should be utilised by registrants to facilitate understanding and informed choice where possible.

- Principles may be strengthened by changing the format of the standards to bullet points.
- A number of further principles should be included;
  - registrants must treat service users as individuals;
  - they must listen to service user's needs and wishes;
  - they must check service users' understanding of their care;
  - they must communicate with those who know the service users well;
  - they should empower and support service users to maintain their health and wellbeing; and
  - make informed decisions about their health and social care.

## **Meeting 2 - 28 July 2014**

### **Format and accessibility**

- Reformat standards into bulleted sub standards which are clearly labelled.
- Consider merging standards 3 and 13, and 7 and 14.
- Balance between 'must' and 'should' is right in current standards.
- Seek legal advice on use of 'best interests' given its meaning in relation to Mental Capacity Act.
- Change name from SCPE to something like 'Code'.
- When considering easy read formats, be aware that pictures can sometimes be difficult to understand.
- There should be a summarised version of the standards for service users and carers.
- The more accessible formats the better, as per SSSC as example.
- Ensure more visibility as organisation with service users and carers.

### **Raising concerns and dealing with mistakes**

- Include a dedicated standard covering reporting and escalating concerns, dealing with mistakes and handling complaints. This standard should include following principles:
  - Report concerns related to service user safety promptly and appropriately
  - Follow up concerns and escalating where necessary
  - Be open and honest about mistakes with service users
  - Should apologise when things go wrong where appropriate
  - Be proactive in putting matters right wherever possible
  - Respond constructively and honestly to anyone who complains about the care they have received
  - Cooperate with any investigation or formal inquiry
- Agreed that neither 'candour' nor 'whistleblowing' should be used.
- Should be framed as positively and proactively as possible.

## **Inter-professional and team working**

- Suggestion that SCPE mention communicating without discriminating under standard 7 – to apply to all, not just service users and carers in standard 1.
- Suggestion that standard 7 is broadened, and not refer to service user or practitioner to apply to all.

## **Leadership and management**

- Inappropriate to be more prescriptive in relation to standard on supervision.
- Against introducing specific standard aimed at managers or registrants with extra responsibilities.
- Forward should include mention of leadership at every level to uphold the standards/standards are the ethics of leadership.

## **Meeting 3 – 19 September 2014**

### **Professional conduct**

- Emphasis should be on a positive reminder to registrants of their duty to inform the HCPC of issues related to conduct and competence.
- Agreed that the example list needed refreshing.
- The consequences for a student accepting a caution should be made more explicit in the standards.
- The standards should require registrants to be open to constructive feedback and actively seek out feedback to improve their practise.
- The standards should encourage a culture of positive intervention and personal responsibility.
- Standards 3 and 13 should be combined.

### **Infection and risk control**

- It was agreed that the dedicated standard should be removed.
- The HCPC should require registrants to take responsibility in controlling the risk of and spread of infection.
- Personal responsibility should be to colleagues as well as service users and carers.
- It was agreed that standards 1 or 12 could be enhanced to cover the principles of standard 11.
- The anti-discrimination emphasis of standard 11 is important to include elsewhere in the standards.

### **Decision**

This paper is to note.

**Background information**

None

**Resource implications**

None

**Financial implications**

None

**Appendices**

None

**Date of paper**

30 October 2014