

**Standards of Conduct, Performance and Ethics
Professional Liaison Group (PLG)**

Public minutes of the 2nd meeting of the Standards of Conduct, Performance and Ethics Professional Liaison Group (PLG) held as follows:-

Date: Monday 28 July 2014

Time: 10.30am

Venue: HCPC, Park House, 184 Kennington Park Road, London, SE11 4BU

Present: Elaine Brookes (PLG Chair)
Mary Clark-Glass
Sheila Drayton
Anna Gupta
Steve McNeice
Dreengah Lyle
Henny Pearmain
Nanik Pursani
Joy Tweed
Caroline Waterfield

In attendance:

Claire Amor, Secretary to the Group
Selma Elgaziari, Policy Officer
Anna van der Gaag, Chair of Council

Item 1. Welcome and Introductions

- 1.1 The Chair welcomed members to the second meeting of the Standards of Conduct, Performance and Ethics (SCPE) Professional Liaison Group (PLG).

Item 2. Apologies for absence

- 2.1 Apologies for absence were received from Steve Wordsworth and Helga Pile.

Item 3. Approval of agenda

- 3.1 The PLG approved the agenda.
- 3.2 The PLG agreed that a record of all recommendations from the PLG would be included in the items to note of all future agendas.

Item 4. Minutes of the meeting of the Standards of Conduct, Performance and Ethics Professional Liaison Group held on 2 June 2014 (report ref:- PLG 08/14)

- 4.1 The PLG approved the minutes subject to the addition of a bullet point in paragraph 8.3 which referenced the professionalism agenda and associated reports.

Item 5. Review of the standards of conduct, performance and ethics: Format and accessibility (report ref:- PLG 09/14)

- 5.1 The PLG received a paper for discussion from the Policy Officer.
- 5.2 The PLG noted that the SCPE are intended to provide a framework for ethical decision making for registrants and a guide to what service users can expect from treatment and care provided by registrants. The format of the standards must therefore ensure that the standards continue to facilitate this purpose and ensure they are accessible to both audiences.
- 5.3 The PLG noted the following research findings and stakeholder suggestions regarding the format and accessibility of the SCPE
- it was suggested paragraph content should be broken down into bullet points, with key information highlighted. Service users considered that the principles in the standards were 'hidden' in the paragraph heavy text;
 - it was felt that bulleted standards would make the document more accessible to those with communication difficulties as well as making the standards more generally accessible;

- with regards to their use in the fitness to practise process, stakeholders have expressed the need for the standards to be expressed in numbered sub-bullets, for ease of reference in hearings and when providing advice;
- some stakeholders suggested replacing references to 'should' with 'must' to strengthen the requirements. However, some registrant participants were uncomfortable with the use of the term 'must' being applied to autonomous professionals;
- similar standards should be merged together to avoid repetition;
- a list of all the professions regulated by the HCPC should be included in the introduction to the standards for further clarity;
- interactive online tools related to the standards, including mobile applications could increase accessibility for service users; and
- the standards should be published in a range of accessible versions. Stakeholders suggested the use of short sentences, one key idea per standard, large font, highlighted key words and pictures to illustrate text.

5.4 The PLG discussed the possibility of producing the standards in different formats for different audiences. It was noted that whilst decisions about alternative versions of the standards are beyond the scope of the PLG, the Executive is committed to considering further accessible versions of the standards as part of the dissemination strategy of the revised standards. The PLG recommended that the standards should be produced in varied formats. It considered that a summarised version of the standards would be helpful to service users.

5.5 The PLG discussed the approaches of the other health and care regulators in the UK to standard formatting. It was noted that only the HCPC formats its standards in block paragraphs. Other regulators codes and standards are formatted in numbered bullet points. The PLG agreed that the reformatted standards should use bullet points, clear labelling, sub-standards and avoid text heavy paragraphs.

5.6 The PLG discussed the name of the standards. It agreed that consideration should be given to renaming them a 'code', following the NMC example. It was felt that this was more recognizable to members of the public. The PLG agreed that a summary of the standards at the front of the document would enable quick referencing.

5.7 The PLG discussed the use of 'must' and 'should' in the standards. It was agreed that the current balance was appropriate.

5.8 The PLG discussed language of the requirement to 'act in the best interests' of service users given its meaning in relation to the Mental

Health Capacity Act. The Executive agreed that legal advice would be sought on this point. The PLG suggested striving for the 'best outcomes possible' may be more universal.

- 5.9 The PLG discussed reducing the number of standards by merging those that are similar. It was agreed that consideration should be given to merging standards 3 and 13 and standards 7 and 14 whilst enhancing the scope of standard 7 to any 'forum or format, public or private' to encompass previous PLG recommendations around the use of social media.
- 5.10 The PLG agreed that standard 10 should be amended to include the requirement for records to also be kept in a 'timely' manner.
- 5.11 The PLG agreed that standard 11 was dated and should be considered for removal. The PLG noted that a paper would be presented at the next PLG meeting discussing the options for this standard.
- 5.12 The PLG noted the paper.

**Item 6. Review of the standards of conduct, performance and ethics:
Raising concerns and dealing with mistakes (report ref:- PLG 10/14)**

- 6.1 The PLG received a paper for discussion from the Policy Officer.
- 6.2 The PLG noted the following points:-
 - a professional 'duty of candour' for health and care professionals, recommended by the Francis Report. Although the government is not taking forward a statutory duty of candour for individuals, it is taking this forward for organizations;
 - as part of the PSA's commission to the Department of Health about Candour, the HCPC acknowledged that the SCPE are not currently as explicit as they could be in requiring that a registrants should be both open with service users where harm has been caused, and proactive in putting matters right;
 - the HCPC has committed that, as part of the SCPE review, the need to strengthen requirements with concerning reporting and escalating concerns and candour would be addressed;
 - the HCPC is represented on an inter-regulatory working group on the 'duty of candour' to produce a joint statement on the recommendation in the Francis Report that a duty of candour should be a statutory requirement on health and care professionals. This statement is currently in development;

- the HCPC has provided further information for registrants about raising and escalating concerns on its website. This included dedicated sections on whistleblowing and the steps registrants should take to raise concerns; and
 - research participants considered that a separate standard explicitly outlining registrants' obligations in regards to reporting would help to support registrants in environments that do not encourage reporting. Participants recommended that the requirement on registrants should also include proactively following up on concerns they have reported.
- 6.3 The PLG agreed that mandating an apology in the standards would not be an effective or meaningful way of ensuring that registrants are open and honest with service users.
- 6.4 The PLG considered the current threshold within the standards for reporting concerns was too high and that this should be lowered.
- 6.5 the PLG agreed with the Executive's recommendation that the term 'candour' is not used, as it felt that this term is not widely understood or sufficiently clear. The PLG also agreed that the term 'whistleblowing' should not be specifically referred to in the standards and that a wider term to encompass a range of approaches to raise concerns is used.
- 6.6 The PLG agreed with the Executive recommendation that a dedicated standard, referring to reporting and escalating concerns and dealing with mistakes, should be included in the SCPE. The PLG considered that such a standard should cover the following principles:
- reporting concerns related to service user safety promptly;
 - following up concerns and escalating where necessary;
 - being open and honest about mistakes with service users;
 - apologising when things go wrong where appropriate;
 - being proactive in putting matters right wherever possible;
 - responding constructively and honestly to anyone who complains; about the care they have received;
 - cooperating with any investigation or formal inquiry;
- 6.7 The PLG noted the paper.

Item 7. Review of the standards of conduct, performance and ethics: Inter-professional and team working (report ref:- PLG 11/14)

- 7.1 The PLG received a paper for discussion from the Policy Officer.
- 7.2 The PLG noted that the SCPE outline the HCPC's expectations that registrants communicate and work appropriately with colleagues. This

includes sharing information, knowledge and skills to benefit service users.

7.3 The PLG noted the following points:-

- registrants increasingly work as part of multi-disciplinary care teams, which require effective communication between practitioners of different professions;
- the standards currently require registrants to acknowledge the role of other professionals in providing care and treatment to service users and to understand when care would be better provided by another practitioner;
- research participants suggested that that the HCPC should strengthen requirements for sharing information with colleagues and collaborating appropriately through the introduction of a dedicated standard; and
- some employers suggested that the standards should more explicitly emphasise the principles that govern working with colleagues within and outside their profession. This included respecting the skills and contributions of other colleagues and professions, treating everyone they work with fairly and without discrimination.

7.4 The PLG agreed that anti-discriminatory principles should be strengthened within the standards, and that these should apply to all individuals a registrant encounters, not just service user and carers.

7.5 The PLG discussed standard 7. It agreed that this standard should be broadened by removing the specific references to service user or practitioner.

7.6 The PLG noted the paper.

Item 8. Review of the standards of conduct, performance and ethics: Leadership and management (report ref:- PLG 12/14)

8.1 The PLG received a paper for discussion from the Policy Officer.

8.2 The PLG noted that the standards do not currently include statements relating to the responsibilities of registrants in management and leadership roles. This is because the standards are designed to apply across professions to registrants at different stages of their career and working in a variety of environments.

8.3 The PLG noted that the standards of proficiency, which outline the profession-specific threshold level of entry to the Register, include

standards relating to mentoring and a standard requiring registrants to understand the concept of leadership and its application to practice.

8.4 The PLG noted the following points in regards to the research findings on this theme:-

- the number of stakeholders commenting on managerial responsibilities, leadership skills and the requirements around supervision and delegation was small compared to other themes;
- some registrants considered that the standards should include a statement which requires managers to provide staff with appropriate support;
- several professional bodies considered that a general statement about supporting and managing staff appropriately would further public protection.
- professional body representatives and employers in particular felt that the current standard requiring registrants to effectively supervise tasks they have asked other people to carry out should be expanded to include more detail; and
- employers are likely to have policies or mechanisms for providing supervision and keeping skills up to date. In addition a number of professional bodies also include standards relating to extra responsibilities in their codes of practice.

8.5 The PLG discussed the addition of a dedicated management standard. The PLG agreed that this should not be included as it was too 'aspirational' for the standards and that leadership can come from any level. The PLG agreed that the executive should consider including this idea within the foreword to the standards.

8.6 The PLG noted the paper.

The PLG noted the following items;

Item 9. Professional Liaison Group work plan – Update (report ref:- PLG 13/14)

Item 10. The Focus Group research report (report ref:- PLG 14/14)

Item 13. Any other business

13.1 The PLG noted that Selma Elgaziari, Policy Officer, would be leaving the HCPC shortly to take up another post. The PLG thanked Selma for her excellent work in guiding the PLG through its first two meetings.

13.2 The PLG discussed Health Education England's recently published strategic framework and NHS England's accessible information standard consultation. The PLG agreed a link to both documents would be circulated to members.

Item 14. Dates of subsequent meetings

14.1 19 September 2014, 7 November 2014 and 16 December 2014. All meetings to start at 10:30 am and to be held at HCPC, Park House, 184 Kennington Park Road, London, SE11 4BU.

Chair

Date

Unconfirmed