Education and Training Committee

6 September 2023

Standards of Conduct Performance and Ethics Review

Executive Summary

The review of the Standards of conduct, performance and ethics (the Standards) began in May 2022. Following a period of initial engagement, we consulted on revised Standards and guidance on social media from 27 March 2023 – 16 June 2023.

There were five main 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, specifically exploring whether sustainability should be incorporated into the Standards in the future.

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%).

We have analysed the consultation feedback and held initial discussions with ELT, ETC and Council on some of the key issues raised. We have subsequently produced a draft consultation outcomes document outlining responses to the consultation and our decisions (Appendix B) and further revised the Standards and guidance (Appendix A). We have also updated the EIAs for the Standards and guidance (Appendix C).

Previous consideration	We provided an overview to Council on 6 July 2023 and discussed issues surrounding social media and communication. We held a workshop with ETC members on sustainability within the Standards on 2 August 2023. We have taken these discussions into account in refining our approach post-consultation.
Decision	ETC is invited to: a) Review the attached summary paper and appendixes A-C and recommend to Council for approval on 5 October 2023 b) Subject to Council approval, approve the launch of the revised Standards and guidance on social media in the week

commencing 9 October and bring them into force in September 2024.

c) Agree the following post- consultation activities:
    - Implementation activities including workshops exploring each of the Standards.
    - The development of online materials on working sustainably in health and care and drafting a new Standard on sustainability to be consulted upon in the SETs review 2024 – 2026.

Next steps

Following ETC discussion of this paper, we plan to present the draft consultation analysis document for the Standards and social media guidance to Council on 5 October. This will include a full EIA for the Standards and the social media guidance. We are currently planning for the revised Standards to launch week commencing 9 October 2023 with an 11 month-long implementation period.

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 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. Included in this paper is a detailed EIA (Appendix C) that discusses the possible impact of the proposed changes to any person with protected characteristics.

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Appendix A: Revised Standards and guidance

Standards of conduct performance and ethics

1. PROMOTE AND PROTECT THE INTERESTS OF SERVICE USERS AND CARERS

2. COMMUNICATE APPROPRIATELY AND EFFECTIVELY

3. WORK WITHIN THE LIMITS OF YOUR KNOWLEDGE AND SKILLS

4. DELEGATE APPROPRIATELY

5. RESPECT CONFIDENTIALITY

6. MANAGE RISK

7. REPORT CONCERNS ABOUT SAFETY

8. BE OPEN WHEN THINGS GO WRONG

9. BE HONEST AND TRUSTWORTHY

10. KEEP RECORDS OF YOUR WORK

1. Promote and protect the interests of service users and carers

Treat service users and carers with respect

1.1 You must treat service users and carers as individuals, respecting their privacy and dignity.

1.2 You must work in partnership with service users and carers, involving them, where appropriate, in decisions about the care, treatment or other services to be provided.

1.3 You must empower and enable service users, where appropriate, to play a part in maintaining their own health and well-being and support them so they can make informed decisions.

Make sure you have consent

1.4 You must make sure that you have valid consent, which is voluntary and informed, from service users who have capacity to make the decision or other appropriate authority before you provide care, treatment or other services.

Challenge discrimination

1.5 You must treat people fairly and be aware of the potential impact that your personal values, biases and beliefs may have on the care, treatment or other services that you provide to service users and carers and in your interactions with colleagues.

1.6 You must take action to ensure that your personal values, biases and beliefs do not lead you to discriminate against service users, carers or colleagues. Your personal values, biases and beliefs must not detrimentally impact the care, treatment or other services that you provide.

1.7 You must raise concerns about colleagues if you think that they are treating people unfairly and/or their personal values, biases and beliefs have led them to discriminate against service users, carers and/or colleagues or they have detrimentally impacted the care, treatment or other services that they provide. This should be done following the relevant procedures within your practice and maintain the safety of all involved.

Maintain appropriate boundaries

1.8 You must consider the potential impact that the position of power and trust you hold as a health and care professional may have on individuals when in social or personal settings.

1.9 You must take action to set and maintain appropriate professional boundaries with service users and/or carers and colleagues.

1.10 You must use appropriate methods of communication to provide care and other services related to your practice

1.11 You must ensure that existing personal relationships do not impact professional decisions.

1.12 You must not abuse your position as a health and care practitioner to pursue personal, sexual, emotional or financial relationships with service users and/or carers, or colleagues.

2. Communicate appropriately and effectively

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.

Work with colleagues

2.6 You must work in partnership with colleagues, sharing your skills, knowledge and experience where appropriate, for the benefit of service users and carers.

2.7 You must share relevant information, where appropriate, with colleagues involved in the care, treatment or other services provided to a service user.

2.8 You must treat your colleagues in a professional manner showing them respect and consideration.

2.9 You must use all forms of communication with colleagues and other health and care professionals responsibly including media sharing networks and social networking sites.

Social media and networking sites

2.10 You must use media sharing networks and social networking sites responsibly.

2.11 You must make reasonable checks to ensure information you share is accurate, true, does not mislead the public and is in line with your duty to promote public health when sharing information on media sharing networks and social networking sites.

2.12 You must use media sharing networks and social networking sites responsibly, maintaining professional boundaries at all times and protecting service user/carer privacy.

3. Work within the limits of your knowledge and skills

Keep within your scope of practice

3.1 You must only practise in the areas where you have the appropriate knowledge, skills and experience to meet the needs of a service user safely and effectively.

3.2 You must undertake additional training to update your knowledge, skills and experience if you wish to widen your scope of practice.

3.3 You must refer a service user to an appropriate practitioner if the care, treatment or other services they need are beyond your scope of practice. This person must hold the appropriate knowledge, skills and experience to meet the needs of the service user safely and effectively.

Maintain and develop your knowledge and skills

3.4 You must keep your knowledge and skills up to date and relevant to your scope of practice through continuing professional development.

3.5 You must keep up to date with and follow the law, our guidance and other requirements relevant to your practice.

3.6 You must ask for feedback and use it to improve your practice.

4. Delegate appropriately

Delegation, oversight and support

4.1 You must only delegate work to someone who has the knowledge, skills and experience needed to carry it out safely and effectively.

4.2 You must continue to provide appropriate supervision and support to those you delegate work to.

5. Respect Confidentiality

Using information

5.1 You must treat information about service users as confidential.

Disclosing information

5.2 You must only disclose confidential information if:

- you have permission;
- the law allows this;
- it is in the service user’s best interests; or
- it is in the public interest, such as if it is necessary to protect public safety or prevent harm to other people.

6. Manage risk

Identify and minimise risk

6.1 You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible.

6.2 You must not do anything, or allow someone else to do anything, which could put the health or safety of a service user, carer or colleague at unacceptable risk.

Manage your health

6.3 You must take responsibility for assessing whether changes to your physical and/or mental health will detrimentally impact your ability to practise safely and effectively. If you are unsure about your ability to do so, ask an appropriate health and care professional to make an assessment on your behalf.

6.4 You must adjust your practice if your physical and/or mental health will detrimentally impact your ability to practise safely and effectively. These adjustments must promote safe and effective practice. Where it is not possible to make these adjustments within your scope of practice, you must stop practising.

7. Report concerns about safety

Report concerns

7.1 You must report any concerns about the safety or well-being of service users promptly and appropriately.

7.2 You must support and encourage others to report concerns and not prevent anyone from raising concerns.

7.3 You must take appropriate action if you have concerns about the safety or well-being of children or vulnerable adults.

7.4 You must make sure that the safety and well-being of service users always comes before any professional or other loyalties.

7.5 You must raise concerns regarding colleagues if you witness bullying, harassment or intimidation of a service user, their carer or another colleague. This should be done following the relevant procedures within your practice or organisation and maintaining the safety of all involved.

Follow up concerns

7.6 You must follow up concerns you have reported and, if necessary, escalate them.

7.7 You must acknowledge and act on concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so.

8. Be open when things go wrong

Openness with service users and carers

8.1 You must be open, honest and candid when something has gone wrong with the care, treatment or other services that you provide by:

- Where applicable, alerting your employer of what has gone wrong and following the relevant internal procedures.
- Informing service users and/or where appropriate, their carer or where you do not have direct access to these individuals, the lead clinician, to inform them that something has gone wrong,
- Providing service users and/or their carer with a detailed explanation of the circumstances in which things have gone wrong and the likely impact
- Taking action to correct the mistake if possible and detailing this action to the service user and/or where appropriate, their carer.

8.2 You must apologise to a service user and/or their carer when something has gone wrong with the care, treatment or other service that you provide.

Deal with concerns and complaints

8.3 You must support service users and carers who want to raise concerns about the care, treatment or other services they have received.

8.4 You must give a helpful and honest response to anyone who complains about the care, treatment or other services they have received.

9. Be honest and trustworthy

Personal and professional behaviour

9.1 You must make sure that your conduct justifies the public’s trust and confidence in you and your profession.

9.2 You must be honest about your experience, qualifications and skills.

9.3 You must take reasonable steps to make sure that any promotional activities you are involved in are accurate and are not likely to mislead.

9.4 You must declare issues that might create conflicts of interest and make sure that they do not influence your judgement.

Important information about your conduct and competence

9.5 You must tell us as soon as possible, and in any event, of being notified if:

- you accept a caution from the police or you have been charged with, or found guilty of, a criminal offence;
- another organisation responsible for regulating a health or social-care profession has taken action or made a finding against you; or
- you have had any restriction placed on your practice, or been suspended or dismissed by an employer, because of concerns about your conduct or competence.

9.6 You must co-operate with any investigation into your conduct or competence, the conduct or competence of others, or the care, treatment or other services provided to service users.

10. Keep records of your work

Keep accurate records

10.1 You must keep full, clear, and accurate records for everyone you care for, treat, or provide other services to.

10.2 You must complete all records promptly and as soon as possible after providing care, treatment or other services.

Keep records secure

10.3 You must keep records secure by protecting them from loss, damage or inappropriate access.

Guidance on social media

Contents

Introduction

About this document

We have written this document to provide guidance to registrants who use social media. Registrants must meet our standards when using social media. In this guidance we explain more about how they can do this when using professional and personal accounts. When registrants use their personal accounts, they should be mindful of the impact their posts may have on their professional practice and their profession.

Social media is an important way for registrants to express their opinions, beliefs and share information. Our standards and this guidance respect and uphold registrant's right to freedom of expression. This right, which is set out in Article 10 of the European Convention of Human Rights, is not an absolute right, and can be restricted in certain circumstances. You can find out more information about freedom of expression at the Equality and Human Rights Commission (EHRC) website.

This document cannot deal with every issue that might come up. The examples and information provided will enable registrants and all HCPC stakeholders to build their understanding and use their professional judgement to identify the appropriate behaviour when registered professionals use social media.

This guidance is focused on our Standards of conduct, performance and ethics. Some professional bodies publish social media guidelines to support their members to get the most from this technology. If you are employed, your employer may also have relevant policies or guidance that apply to you.

How this document is structured

This document is divided into three sections.

- Section 1 provides guidance on how our standards relate to using social media and some relevant issues you may come across.
- Section 2 contains some top tips for using social media.
- Section 3 contains information about how to find out more.

Throughout the document, you may see sections like this. These text boxes provide extra definitions for some of the phrases we are using.

Language

Throughout this document:

- 'we' and 'us' refers to the Health and Care Professions Council (HCPC);
- 'registrant' refers to a professional on our register;
- 'you' or 'your' refers to a registrant;

- ‘service user’ refers to anyone who uses or is affected by the services of registrants, for example, patients or clients; and
- ‘social media’ refers to media sharing websites and applications and networking websites and applications that allow you to create and share content and to interact with other users. This includes, but is not limited to, websites such as Facebook, Twitter and YouTube, media sharing applications such as Instagram and TikTok and networking applications such as WhatsApp, as well as online forums and blogs.

About us

We are the Health and Care Professions Council. Our statutory role is to protect the public by regulating healthcare professionals in the UK. To do this, we keep a register of professionals who are required to meet our standards for their professional skills, knowledge and behaviour. Individuals on our Register are called ‘registrants’. We currently regulate 15 professions; you can find out which professions we regulate here.

We promote high quality professional practice, regulating over 300,000 registrants by:

- setting standards for professionals' education and training and practice;
- approving education programmes which professionals must complete to register with us;
- keeping a register of professionals, known as 'registrants', who meet our standards;
- acting if professionals on our Register do not meet our standards; and
- stopping unregistered practitioners from using protected professional titles.

About the standards

We set Standards of conduct, performance and ethics, which set out how we expect registrants to behave. We use the standards:

- to help us to make decisions about the character of professionals who apply to our Register;
- if someone raises a concern about a registrant’s practice; and
- when things go wrong, they help us to decide whether it is necessary to act.

As a registrant, you must make sure you are familiar with the standards and that you continue to always meet them.

The current Standards of conduct performance and ethics can be found at the HCPC website: Standards of conduct, performance and ethics | (hcpc-uk.org).

Section 1: Using social media

Benefits of social media

Registrants have told us that when using social media in a professional capacity, they are able to:

- develop and share their skills and knowledge;
- help the public understand what they do;

- network with other professionals nationally and internationally; and
- raise the profile of their profession.

In a personal capacity, we have heard from registrants that social media is a helpful way to:

- connect with friends and family;
- share their personal views and opinions to other individuals; and
- gain better understanding of the world around them,

Most registrants who use social media already do so responsibly, in line with our standards, and without any difficulties at all. However, we know that registrants sometimes have questions or concerns about using social media because they want to make sure they always meet our standards.

The standards and social media

This guidance explains how to meet our standards when using social media in a professional and/or personal capacity. We have set out the guidance below under the areas of our standards which apply to the appropriate use of social media.

You should note that historic social media activity may be considered against our standards, even if you were not a registered professional at the time of that social media activity. It is important that you consider whether any historic social media activity may call into question your compliance with the standards considering the guidance below. If it might do, you should take action (for instance, by removing historic social media posts or deleting accounts).

Challenge discrimination

Our Standards of conduct, performance and ethics say:

1.6 You must take action to ensure that your personal values, biases and beliefs do not lead you to discriminate against service users, carers or colleagues. Your personal values, biases and beliefs must not detrimentally impact the care, treatment or other services that you provide.

Our guidance:

Your services must be available to all service users and/or their carers. When you share content on social media you must do so in a way that does not hinder people’s access to your services. This means that you should be aware of the impact that your personal views, biases and beliefs may have on people’s access to your services.

This applies whether you are using a personal or professional social media account.

Maintain appropriate boundaries

Our Standards of conduct, performance and ethics say:

1.9 You must take action to set and maintain appropriate professional boundaries with service users and/or carers and colleagues.

1.10 You must use appropriate methods of communication to provide care and other services related to your practice

1.11 You must ensure that existing personal relationships do not impact professional decisions.

1.12 You must not abuse your position as a health and care practitioner to pursue personal, sexual, emotional or financial relationships with service users and/or carers or colleagues.

Our guidance:

Social media can blur the boundaries between your personal and professional life. It is just as important to maintain appropriate professional boundaries when using social media as it would be if you were communicating by any other method. You must always communicate with service users in a professional way. You might decide to set up a separate professional account where you provide general information for service users and the public. If you are employed and plan to use this account to have direct contact with service users, you should first agree with your employer whether this is appropriate.

Keep in mind that service users may still be able to find and contact you through your personal account. If this happens, we recommend that you refuse friend requests. If appropriate, say that you cannot mix social and professional relationships. If you want to follow up any contact you receive, consider using a professional communication channel, such as your professional email account.

If you include content relating to your professional role on a personal account or vice versa, think about the impact of the content that you will share on these different audiences when they see the material you post. Think carefully about what you share and who can see it.

Bear in mind the personal material you intend to share only with friends or family on a personal account could be accessible to a much wider audience, and once uploaded, it may not be possible to delete it or control how widely it is shared.

What are professional boundaries?

Professional boundaries are there to keep service users and registrants safe. They set out the rules around how registrants and service users interact to keep their relationship only about the health and care of a service user.

Communicate appropriately

The Standards of conduct, performance and ethics say:

2.10 You must use media sharing networks and social networking sites responsibly.

Our guidance:

When using social media, you should apply the same standards as you would when communicating in other ways. You must always be polite and respectful to others when communicating in a professional capacity

2.11 You must make reasonable checks to ensure information is accurate, true, does not mislead the public and is in line with your duty to promote public health when sharing information on media sharing networks and social networking sites.

Our guidance:

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. When engaging in online debate, ensure that your views are evidenced based, and that they are accurate to the best of your knowledge. Correct yourself if you have shared false, inaccurate, or misleading information.

What is misinformation?

Misinformation – refers to inaccurate or false information shared online without the intention to cause harm. For example, inaccurate photos, dates or news reports.

2.12 You must use media sharing networks and social networking sites appropriately and responsibly, maintaining professional boundaries at all times and protecting service user/carer privacy.

Our guidance:

You must also be careful that the information you share on social media does not reveal personal information about service users and/or their carers. Use your professional judgement in deciding whether to post or share something. Remember that comments or posts may be taken out of context or made visible to a wider audience than originally intended.

Respect confidentiality

Our Standards of conduct, performance and ethics say:

5.1 You must treat information about service users as confidential.

Our guidance:

When you post information about another person on social media, think about whether it is appropriate to share that information. If the information could allow a service user to be identified, you must not put it on a site without their permission. This information could include details about their personal life, health or circumstances, or images relating to their care. This applies whether you are sharing information to your personal connections or to the public.

Be honest and trustworthy

Our Standards of conduct, performance and ethics say:

9.1 You must make sure that your conduct justifies the public's trust and confidence in you and your profession.

Our guidance:

This means you need to think carefully about what you share online. Throughout your use of social media make sure that what you share does not bring your professional practice or your profession into disrepute. When using either a professional or personal account, your conduct should continue to respect service users, their carers and/or your colleagues and maintain fair access to services for all.

Our Standards of conduct, performance and ethics say:

9.3 You must make take reasonable steps to make sure that any promotional activities you are involved in are accurate and are not likely to mislead.

Our guidance:

If you use social media to advertise or share information related to your professional practice, you must make sure it is accurate and true, by making reasonable checks to verify it. You may choose to include a disclaimer on your profile that your views are your own, and that they do not represent the views of your employer or anyone who contracts your services.

What are reasonable checks?

Reasonable checks are steps that you can take to check that information is accurate and true. This includes checking sources of information, checking dates and assessing information against your professional knowledge.

Section 2: Top tips

The following are some top tips for using social media in a way that meets our standards. You can find information about how to put these into practice in the next section of this document.

- Meet the HCPC standards on communicating on social media and networking sites, Standards 2.10 – 2.12. **Think about what you say, not where you say it.** Before you post, think about the language you are using – would you use the same language in a face-to-face situation.

- **Think before you post.** Assume that what you post could be shared and read by anyone.

- **Think about who can see what you share** and manage your privacy settings accordingly.

- Remember that privacy settings **cannot guarantee** that something you post will not be publicly visible.

- Make **reasonable checks to ensure that information is true and accurate.** You should be aware of government public health messaging and ensure that any views you express about it are evidenced-based, responsible, and professional.

- Think carefully about **what links you post, and who you associate with, acknowledge or endorse/support** online.

- Maintain **appropriate professional boundaries** if you communicate with colleagues, service users or carers on social media.

- Do **not post information which could identify a service user and/or their carer.**

- If you are employed, **follow your employer's social media policy.**

- Do **not post discriminatory or offensive material.**

- Use **your professional judgement** in deciding whether to post or share something.

- When in doubt, **get advice.** Appropriate sources might include experienced colleagues, trade unions and professional bodies. If you think something could be inappropriate or offensive, do not post it. You can also contact us for further information about the standards.

- **Remember that the professional standards expected of you do not change just because you are communicating on social media.**

- **Keep on posting!** We know that many registrants find using social media beneficial and do so without any issues

Section 3: More information

You can contact us if you have any questions about this guidance or our standards. However, we cannot offer legal advice. Our contact details are below.

The Health and Care Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU
Phone: +44 (0)300 500 6184
You can download copies of our standards documents and other publications from our website at www.hcpc-uk.org

Other sources of guidance

We recognise the valuable role professional bodies play in representing and promoting the interests of their members. This often includes guidance and advice about good practice which can help you meet the standards that we set.

To request this document in Welsh or an alternative format, email publications@hcpc-uk.org.

Appendix B: Consultation outcome

Consultation outcome: consultation on revised standards of conduct, performance and ethics and the guidance on social media

Analysis of responses to the consultation and our decisions as a result.

Contents

Foreword

The Health and Care Professions Council (HCPC)'s Standards of conduct, performance and ethics, and the guidance that accompanies them, are integral to ensuring high quality professional practice in the 15 professions we regulate. We keep the Standards under regular review to ensure that they remain up-to-date, and we began our most recent review in May 2022. The aims of this review were:

1. To make any necessary updates to the Standards to reflect changes to practice.
2. To ensure that the Standards are fit for practice, particularly taking accessibility and relevance into account.
3. To gain insight into how we can better communicate the Standards and promote them to ensure they are fully understood by registrants.
4. To make any necessary updates to our guidance on social media to keep pace with the developments in the use of social media over the past few years.

Following a period of engagement with our stakeholders, we developed a set of revised Standards and revised guidance on social media, which we consulted on from 27 March 2023 – 16 June 2023.

Following on from our recent review of the SOPs, we proposed changes in five main areas:

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 and questioned whether the Standards should include sustainability in the future.

We are extremely grateful to the external and internal stakeholders that have participated in the review and provided the valuable insights that have informed the changes to the Standards and guidance. This engagement has been integral to our understanding of how the Standards and guidance are used in practice, how they are perceived by service users, their families and carers, and how they can be improved.

We want to continue the conversations that we have started with our stakeholders during the review. We especially look forward to supporting registrants in the effective implementation of the new Standards and further engaging with all our stakeholders during the implementation phase of the review and beyond.

This review fits into a wider review of our Standards, which began with the Standards of Proficiency in 2019. Following the review of the Standards of conduct, performance and ethics and guidance on social media, we will review the remaining guidance and online materials that support them. We will also commence a review of our Standards of Education and Training in early 2024.

1. Introduction

About the consultation

We consulted between 27 March – 16 June 2023 on revised Standards of conduct, performance and ethics and revised guidance on social media.

We informed a range of stakeholders about the consultation including registrants, service users, professional bodies, employers, education and training providers and trade unions. We also advertised the consultation on our website and social media and issued a press release.

As part of our consultation engagement, we held several events to discuss the proposals. This included six public workshops which explored each key theme of the consultation with a range of different stakeholders from the following groups:

a. Registrants

b. Professional bodies

c. Education Providers

d. Trade Unions

e. Employers

f. Service users and service user representatives

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 the guidance on social media. We received positive feedback and facilitated challenging discussions about key issues impacting the health and care sector. These discussions included:

- how to implement effective change in health and care structures
- meeting the Standards with limited resources and under stress
- the impact of an apology on a service user and a registrant’s liability
- registrants’ rights to participate in climate protests and the impact on their registration with the HCPC

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.

We also hosted workshops with individual stakeholder groups, where requested, for example, with professional bodies and the Welsh AHP committee. The Office of the Chief Sustainability Officer invited us to participate in their #GreenerAHP workshop and we used that opportunity to discuss our approach to sustainability in the review.

We would like to thank all those who took the time to respond to the consultation document and participated in our consultation workshops. You can download the consultation document and a copy of this responses document from our website: {insert link}

About us

The HCPC's statutory role is to protect the public by regulating healthcare professionals in the UK. We promote high quality professional practice, regulating over 300,000 registrants across 15 different professions by:

- setting standards for professionals' education and training and practice;
- approving education programmes which professionals must complete to register with us;
- keeping a register of professionals, known as 'registrants', who meet our standards;
- acting if professionals on our Register do not meet our standards;
- and stopping unregistered practitioners from using protected professional titles

We regulate 15 health and care professions:

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

About this document

This document summarises the responses we received to the consultation and our decisions.

The document begins by explaining how we handled and analysed the responses we received, providing some overall statistics from the responses (Section two). Section three provides an executive summary of the responses we received to the Standards consultation. Section four provides an executive summary of the responses we received to the guidance consultation. Section five provides a list of respondents and section six discusses the themes we heard from some of our external stakeholder activity during the consultation.

2. Analysing your responses

The following sections describe how we analysed responses to the consultation and provide an overall breakdown of responses.

Method of recording and analysis

Most respondents used our online survey tool to respond to the consultation. They self-selected which stakeholder group they belong to (e.g., registrant, service user, trade union as applicable), and, where answered, selected their response to each consultation question (e.g., yes; no; partly; don’t know as applicable). They were also able to give us their comments on each question.

In addition, during the consultation period we held six online workshops to seek the views of service users and carers about the standards. We recorded the feedback we received and have included it alongside the responses to the consultation.

Where we received responses by email, we recorded each response in a similar format to those from the online survey.

When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses and indicates the frequency of arguments and comments made by respondents.

Statistical analysis

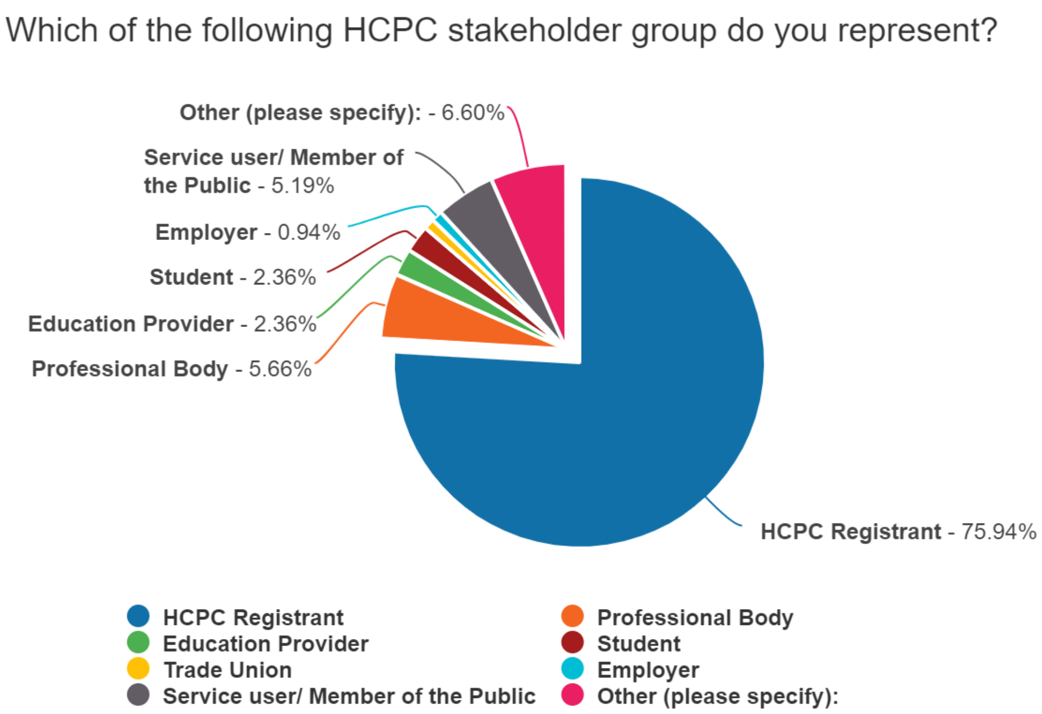
We received 218 responses to the consultation. We received 190 responses (87%) from individuals and 28 responses (13%) from organisations. Of the 190 individual responses, 161 (84%) were HCPC registered professionals.

Respondents were asked 4 questions about the stakeholder group they belonged to:

1. Which of the following HCPC stakeholder group do you represent?
2. What is the name of the organisation you represent?
3. When did you last access a health or care service provided to you by a profession regulated by HCPC?
4. What is your profession?

In question 1, we asked them to select the category that best described them. The following graph shows the full breakdown of responses across all stakeholder groups:

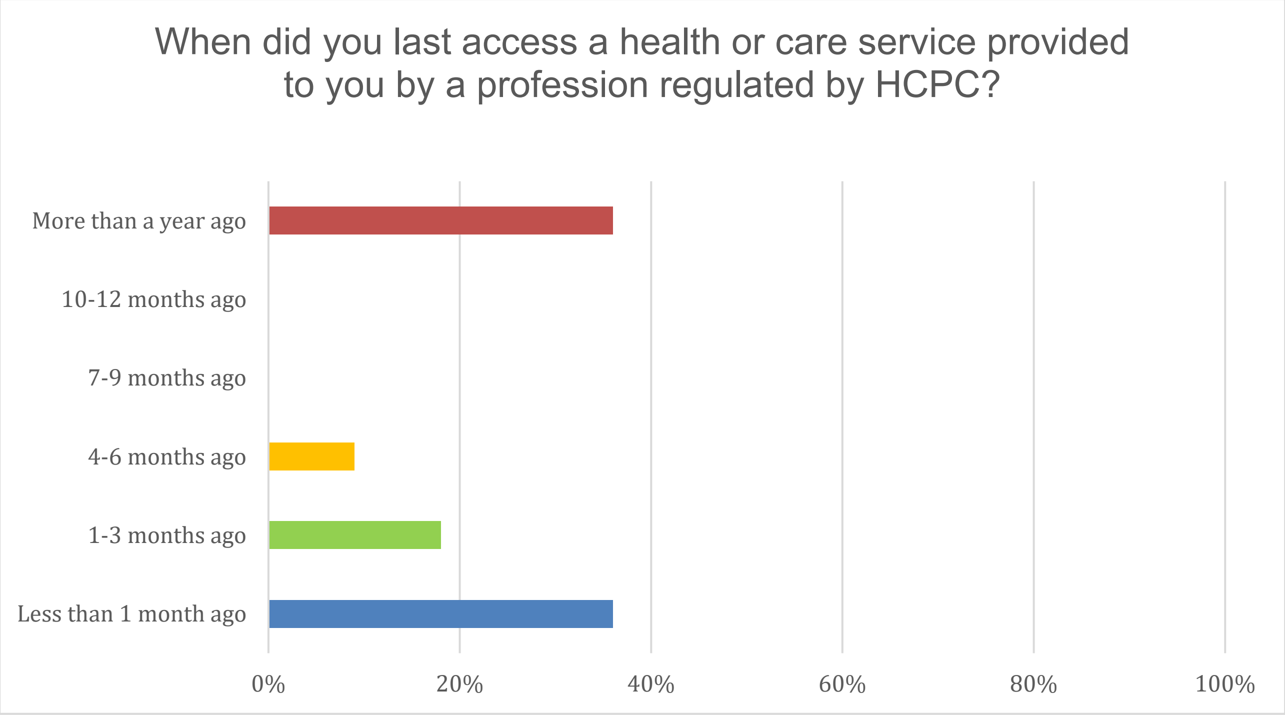
Graph 1 – Breakdown of respondents



Of the respondents who selected ‘other’ 8 identified themselves as health and care professionals not registered with the HCPC.

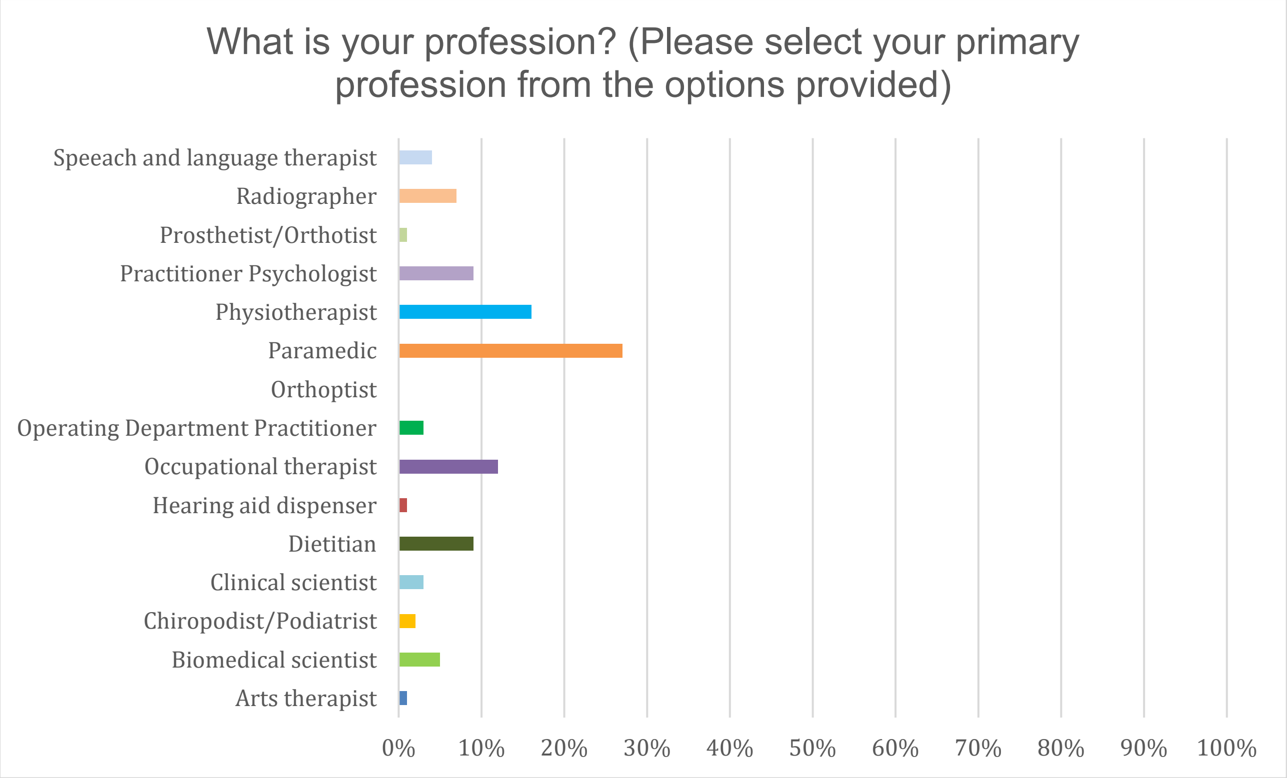
In question 2, we asked service users when they last accessed the services of our registrants. The following graph shows the full breakdown of responses across the 11 service users that responded:

Graph 2 – Breakdown of service user respondent’s access to health and care services



In question 3, we asked registrants to tell us about their profession. The following graph shows the full breakdown of responses across the 161 registrants that responded:

Graph 3 – Breakdown of professions



We asked 10 questions about our proposals to revise the Standards of conduct performance and ethics and 8 questions about our proposals to revise our guidance on social media. A breakdown of responses by question is provided in Tables 1 (Standards) and 2 (Guidance on social media) below.

Table 1 – Breakdown of responses to each question standards of conduct, performance and ethics
*Percentages in the table below have been rounded to the nearest whole number and therefore may not add to 100 per cent.

Questions	**Yes**	**No**	**Sometimes**	**Total**	**Comments**
Question 1: Do the revised Standards make it clear what the appropriate boundaries are between a registrant and service users or carers?	72% (155)	13% (28)	15% (32)	215	70
Questions	**Yes**	**No**	**Somewhat**	**Total**	**Comments**
Question 2: Do the revised Standards support registrants in maintaining their own wellbeing?	41% (89)	28% (61)	30% (65)	215	104
Question 3: Do the revised Standards ensure that registrants maintain a practice that promotes equal, fair, and inclusive treatment?	55% (119)	20% (42)	25% (54)	215	95
Question 4: Are the revised Standards clear about what registrants must do when things go wrong?	65% (141)	12% (26)	23% (49)	216	69
Question 5: Is the language used in the revised Standards accessible and clear?	60% (130)	30% (64)	10% (22)	216	70
Question 6: Does the structure of the revised Standards promote understanding and easy reading?	60% (129)	29% (63)	11% (24)	216	62
Question 7: Are the revised Standards clear about the appropriate use of social media and how this relates to registrant practice?	49% (106)	25% (53)	26% (56)	215	106
Questions	**Yes**	**No**	**Maybe**	**Total**	**Comments**
Question 8: Should improving sustainability in health and care practice be a part of the Standards? a) If so, what ought to be included in the Standard?	56% (122)	19% (42)	25% (54)	218	119
Questions	**Yes**	**No**	**Undecided**	**Total**	**Comments**
Question 9: Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics – age, disability, gender reassignment, marriage and civil	34% (74)	37% (79)	29% (63)	216	78

partnership, pregnancy and maternity, race, religion or believe, sex, or sexual orientation – as defined by the Equality Act 2010?					
Question 10: Do you have additional comments about any of the proposed changes to the Standards, or regarding the Standards of conduct, performance and ethics in general?	103 comments				

Table 2 – Breakdown of responses to each question guidance on social media

*Percentages in the table below have been rounded to the nearest whole number and therefore may not add to 100 per cent.

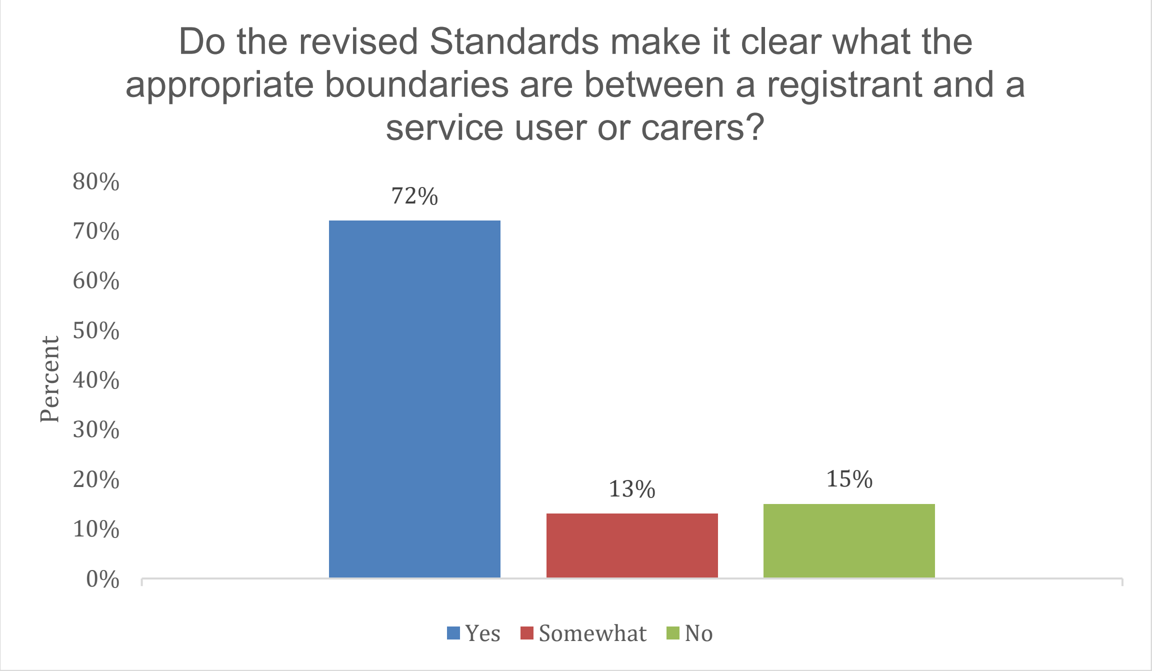
Questions	**Extremely sufficient**	**Sufficient**	**Neither sufficient nor insufficient**	**Insufficient**	**Extremely Insufficient**	**Total**	**Comments**
Question 1: Do the proposed updates to the HCPC social media guidance provide sufficient advice regarding the application of Standard 2.7 in practice?	6% (13)	43% (92)	27% (59)	12% (25)	12% (26)	215	63
Questions	**Extremely clear**	**Very clear**	**Somewhat clear**	**Not so clear**	**Not at all clear**	**Total**	**Comments**
Question 2: Do the proposed updates make it clear the circumstances that could lead to a registrant's social media posts to be considered by HCPC?	6% (12)	27% (58)	36% (77)	19% (40)	13% (28)	215	62
Question 3: Do the proposed updates make clear the circumstances in which a registrant's social media posts may call into question their fitness to practise?	7% (14)	24% (52)	37% (80)	18% (39)	14% (30)	215	58
Question 4: Do the proposed updates make it clear how a registrant must use social media in a way that protects a service user's privacy?	16% (35)	39% (83)	33% (70)	5% (11)	7% (16)	215	37
Question 5: Do the proposed updates make it clear how a registrant must use social media in a way that does not lead to the unfair treatment of service users or their carers?	13% (29)	37% (80)	32% (68)	9% (20)	8% (18)	215	31
Question 6: Do the proposed updates make it clear that HCPC supports a registrant's right to freedom of expression?	6% (13)	21% (46)	26% (56)	14% (30)	33% (70)	215	72
Question 7: Do the proposed updates clearly distinguish between the use of social media in a professional and non-professional capacity?	5% (11)	24% (52)	35% (75)	20% (42)	16% (35)	215	44
Question 8: Do you have any other comments related to guidance on social media?	61 comments						

3. Responses to consultation questions – Standards

This section provides an analysis of responses to questions on the revised Standards of conduct, performance and ethics and identifies key themes.

Question 1: Do the revised Standards make it clear what the appropriate boundaries are between a registrant and a service user or carers?

Most respondents (72%) agreed that the proposed changes were clear regarding what the appropriate boundaries are between a registrant and service users or carers.



There were 64 further comments provided in response to this question, the following key themes were present:

Clarity

There were 15 comments that referred to the improved clarity of the standards. These comments referred to the positive impact that these changes would have to practise. For example, one respondent noted that the additions helped registrants to understand their responsibilities towards service users and support informed decision-making. Another found that the extra detail on maintaining appropriate boundaries made it clear that they had a duty to be aware of the potential impact of their position of power.

There were 26 responses to this question that highlighted the standards being open to interpretation– for example around requiring registrants to be “aware” and what to do in specific circumstances such as following service user influencers on social media.

Furthermore, some respondents questioned whether service user understanding of professional boundaries would be the same as registrants’ understanding. We received positive feedback from our service user engagement regarding professional boundaries in the proposed Standards. We are confident therefore, that our approach is consistent with registrant and service user understanding.

We have reflected on the issues raised in response to this question. Given the high level of overall support for the clarity provided by the revised Standards we do not think it appropriate to make further changes to the Standards themselves. We will address the issues raised through changes to the guidance on social media. We will also provide further clarity in our planned implementation workshops that will explore the thematic changes to the Standards.

Right to private life

A small number of respondents (4) raised concerns that new Standard 1.8 restricts their right to private life. The proposed Standard 1.8 reads as follows:

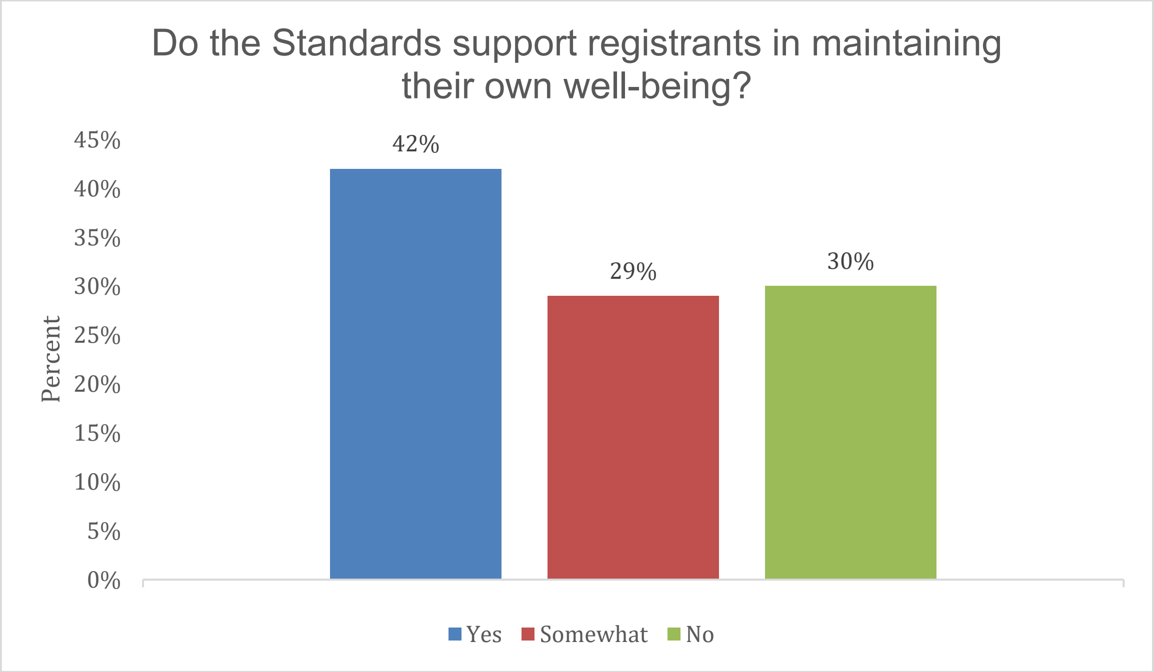
> *"You must be aware of the potential impact that the position of power and trust you hold as a health and care professional may have on individuals when in social or personal settings."*

The Standard does not seek to prohibit or restrict a particular relationship. It refers to the potential impact that a position of power and trust held may have over the individual concerned. Considering this, we have retained the original sentiment of the Standard. However, in recognition of the consultation feedback and to help make the Standard clearer, we have changed some of the language used in the Standard – "be aware" to "consider". This language is more in line with the active language used elsewhere in the standards and highlights to registrants that there may be an impact to consider.

Additional comments questioned whether the proposed wording allows for consensual romantic relationships and social interactions between colleagues. Some comments also questioned why the HCPC would seek to define boundaries between colleagues. The wording of the Standard relates to abusing one's position as a health and care practitioner to pursue such relationships. We have not made any further changes to the Standard. However, this is an area where we will provide further clarification during the implementation of the standards.

Question 2: Do the Standards support registrants in maintaining their own wellbeing?

Responses to this question were mixed. Most respondents answered affirmatively (42%) or felt that the standards went some way to supporting registrants in maintaining their wellbeing (28%). However, a significant proportion (30%) felt that the revised Standards did not support wellbeing.



There were 98 respondents who provided comments in response to this question. The following themes were raised.

Individual responsibility

Issues raised by respondent comments included that there was too much emphasis being placed on individual responsibility rather than acknowledging the external pressures that registrants experience that make managing wellbeing more challenging. External pressures that respondents referred to included; time pressures to engage in CPD, short-staffed working environments, perceived scrutiny of one’s behaviour on social media and employer/manager responsibilities.

We have heard and understand that many health and care professionals are working in high-pressured environments. Unfortunately, we have little control over the resources that registrants have access to. Meanwhile, our standards must continue to seek to protect the public in all health and care environments. These Standards are about ensuring that registrants understand that it is their responsibility to only practise in a way that is safe and effective. We will continue to work with employers and our other stakeholders including across the NHS, to ensure there is support for registrants’ and their wellbeing.

We also have several resources on our website to support registrants to manage their wellbeing daily and during times of stress. We advise our registrants to seek support from their professional body, managers or occupational health colleagues, when needed.

Some of the changes that we have made to our Standards on communication – for example the addition of Standard 2.8 (see below) are intended to better the relationships that health and care professionals have with their colleagues – this includes between managers and their teams. We hope that putting these new Standards into practice will create a more equitable and supportive working environment for HCPC registrants.

> *2.8 You must treat your colleagues in a professional manner showing them respect and consideration.*

Support

Another suggestion from the comment responses to this question was to include requirements for there to be protected time for registrants to be involved in climate change work. Whilst this may align with NHS net zero goals, as we regulate professionals rather than their employers it would not be within our regulatory remit to include these requirements within our standards.

Instead, this is feedback that we will pass onto our colleagues working on sustainability within health and care – for example, the Office of the Chief Sustainability Officer and Greener NHS. We will also be taking action to address the points made in response to our question on sustainability – please see pages 29-31 – these will help to address the issues raised, within our regulatory remit.

Self-referral

Under the current Standard 9.5, all our registrants have a professional responsibility to tell us if there are concerns about their conduct and competence as soon as possible.

> *“You must tell us as soon as possible, and in any event, of being notified if: you have had any restriction placed on your practice, or been suspended or dismissed by an employer, because of concerns about your conduct or competence.”*

We call this process self-referral. There were 10 respondents who shared that they wanted to see changes made to Standard 9.5. Four of these responses discussed paramedics and NHS employers placing neutral non-prejudicial restrictions on a registrants practice if a serious incident occurs or a complaint is received. There was one response representing physiotherapists that also discussed this. When paramedics and some other registrant groups self-refer in these circumstances, HCPC investigations can result in further restrictions on practice even once the initial NHS investigation is closed. These respondents asked that “a substantive restriction” be added to the standard or that the standard refer only to restrictions lasting longer than a specified period – i.e. 28 days.

We have considered the issues raised with our internal teams, including our fitness to practice team. Our fitness to practise team complete a preliminary review of all self-referrals and those that are of a non-serious nature do not continue onto an investigation. We think it important that where a registrant’s practice has been restricted, we ensure that there is no need for further investigation to ensure public safety.

Any substantial change to the meaning of the Standard would require public consultation and therefore is outside the scope of this review. Currently, we are therefore not able to make further changes to Standard 9.5. However, during the implementation phase, we will ensure a workshop is available that discusses self-referrals to ensure that all our registrants understand when to complete a self-referral and what happens afterwards. We will also continue to work with employers on the interpretation of Standard 9.5.

Civility

One respondent also discussed the impact of incivility in the workplace. They suggested that the word civility be included in the Standards to promote kind working environments and to support registrant wellbeing. The respondent linked this to NHS multi-disciplinary training and human factors teaching.

Freedom of expression

A few respondents (6) expressed concern that the social media guidance would impose restrictions on registrant freedom of expression. They expressed that being able to share their opinions and beliefs on social media was important to maintaining their mental wellbeing and that restrictions placed on this would be detrimental to their mental health. Respondents were particularly concerned about the need to align with government messaging. We have discussed these issues at question 7, see pages 27-28.

Other comments and suggestions

An additional issue arose within the comments relating to whether registrants could assess whether their health is impairing their practice in all circumstances. Instead, these respondents (3) felt that it may be necessary to seek another health professional's opinion if there was uncertainty.

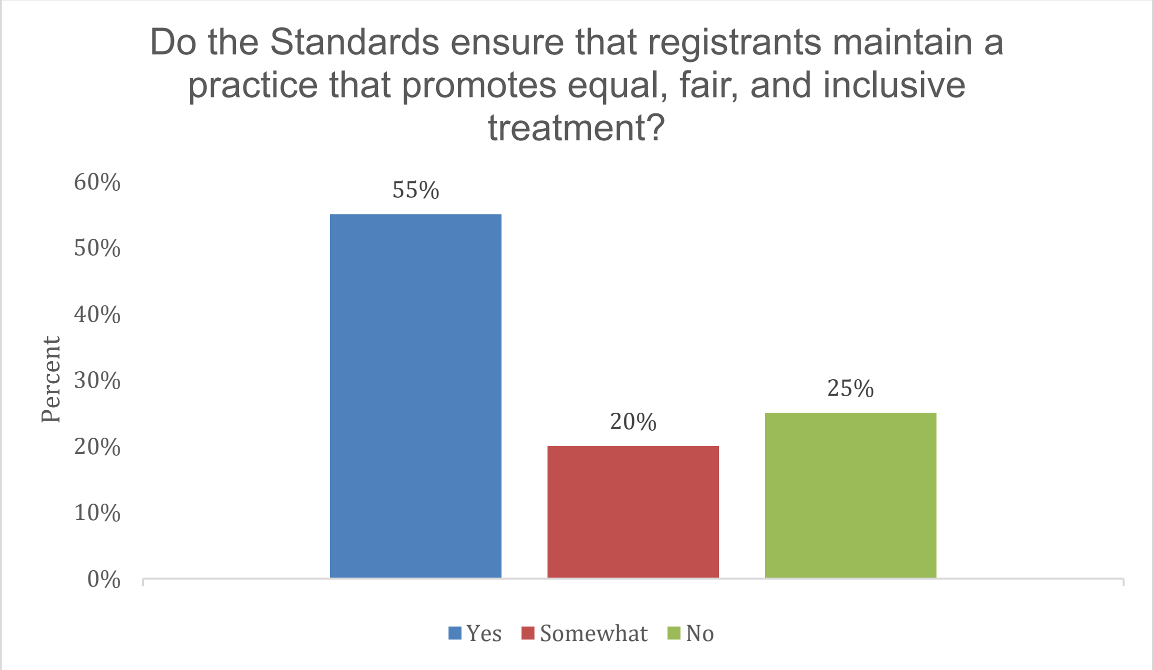
We have added the below wording to Standard 6.3 to address this issue:

> *If you are unsure about your ability to do so, ask an appropriate health and care professional to make an assessment on your behalf.*

An additional suggestion was a standard requiring registrants to raise concerns about their colleague's health or mental wellbeing where necessary, including when witnessing a colleague suffering from fatigue or experiencing symptoms of menopause. We have not made any further changes relating to this suggestion as the proposed Standard 7 - Report concerns about safety - covers this eventuality.

Question 3: Do the revised Standards ensure that registrants maintain a practice that promotes equal, fair, and inclusive treatment?

Respondents provided positive feedback in relation to whether the Standards ensured that registrants maintain a practice that promotes equal, fair and inclusive treatment – 55% of respondents answered affirmatively to the question. However, a significant percentage answered somewhat (26%) or no (20%).



There were 88 respondents that provided comments in response to this question. The following themes were raised.

Clarity

Commentary positively highlighted the increased focus on this area in the Standards and respondents felt that several of the Standards promoted equality and inclusivity. Respondents appreciated the removal the requirement to challenge discrimination, the inclusion of more active language and the addition of Standard 1.5 to treat people fairly. One respondent specifically said that this is a higher standard than previously, and requires more introspection.

Equity

Some respondents to this question wished to see more focus on equity (17) either through reference to equity in the Standards or through a standard on sustainability. We discuss a standard on sustainability later in this document (see pages 29-31).

Those that wished to see equity focused on in the standards (3) highlighted the need to emphasise the continual nature of creating inclusive environments. Suggestions included focusing on allyship, anti-racism, tackling queerphobia, and the promotion of cultural humility. Some of these respondents highlighted the importance of employers and HCPC in promoting equity, for example ensuring the availability of reasonable adjustments for disabled registrants and providing CPD opportunities to learn more about equity.

We agree that HCPC and employers have an important role to play in promoting equity and ensuring the fair treatment of health and care professionals. Many of the updates to our Standards have had this in mind, for example the inclusion of more active language in Standards 1.5 – 1.7. The overall response to this question supports that the inclusion of active language works towards equity. We will keep in mind the comments from these respondents to continue to advocate for equity and will ensure that this is a key focus of our work on our explanatory materials and guidance.

Sustainability

Sustainability and climate change were the most popular topics in the text analysis for this question. Respondents highlighted the link to climate change and widening health inequalities. They advocated that a standard on sustainability would help HCPC registrants to move towards a fairer and more equitable way of providing health and care. Several respondents referred to the UKCCC (Climate Change Commission) Health equity Report. We included a specific question on sustainability within the consultation and we have provided responses to those comments later in this document – see pages 29-31.

Individual responsibility

Many respondents appreciated and understood the need to expand our standards on equality diversity and inclusion, however, some respondents (7) raised concerns about the added responsibility that this put on individual registrants. They highlighted the role that employers and workplaces play in providing equal and fair treatment. Some of these respondents (3) felt that the standards did not encourage registrants to consider how the healthcare system is set up to meet the needs of a specific group of people and that treating people from different backgrounds may require a different approach. Others (4) suggested that ensuring the provision of equal, fair and inclusive treatment was more suited to employer responsibilities rather than in their professional standards of conduct.

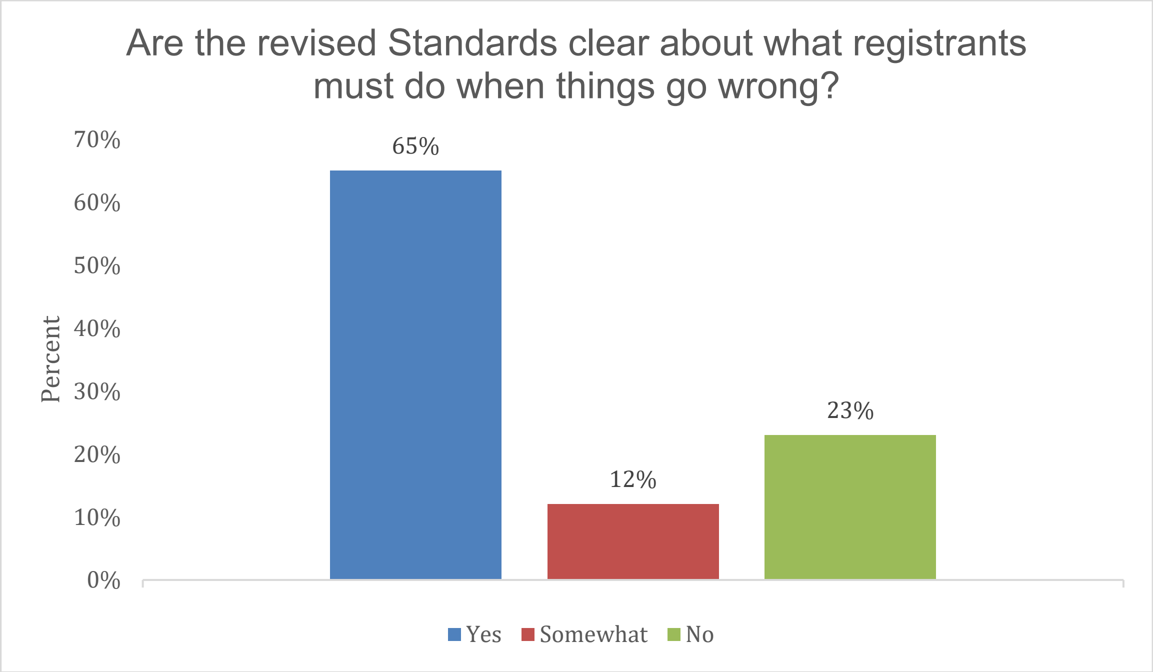
We agree that moving towards a more equitable future is beyond the sole responsibility of registrants. It is a collective effort between registrants, the organisations that they work for, regulators and beyond. The specific purpose of the Standards is to set out how we expect registrants to behave. The changes that we have made relating to equality, diversity and inclusion highlight registrant’s responsibilities in ensuring that they treat people fairly and equitably.

Consideration and respect for colleagues’ health and wellbeing

Two respondents referred to disability rights and the lack of a standard ensuring that registrants respect their colleagues’ reasonable adjustments. Respondents also discussed the increasing prevalence of anxiety, burn out and fatigue and felt that the standards did not ensure that registrants consider their colleagues’ wellbeing. Some respondents suggested adding a standard to raise concerns about colleagues’ health and wellbeing where necessary. We discuss registrant wellbeing above in relation to question 2, please see pages 17-19.

Question 4: Are the revised Standards clear about what registrants must do when things go wrong?

The response to this question was overwhelmingly positive. Most respondents answered ‘yes’ (65%) and only a small number replied ‘no’ (12%) or ‘sometimes’ (23%).



There were 63 respondents who provided comments in response to this question. The following key themes were present:

Self-referral and liability

A few respondents to this question raised an issue about the self-referral process and when it was appropriate to self-refer. This was closely related to some respondents questioning whether an apology would be considered an admission of guilt in fitness to practise procedures.

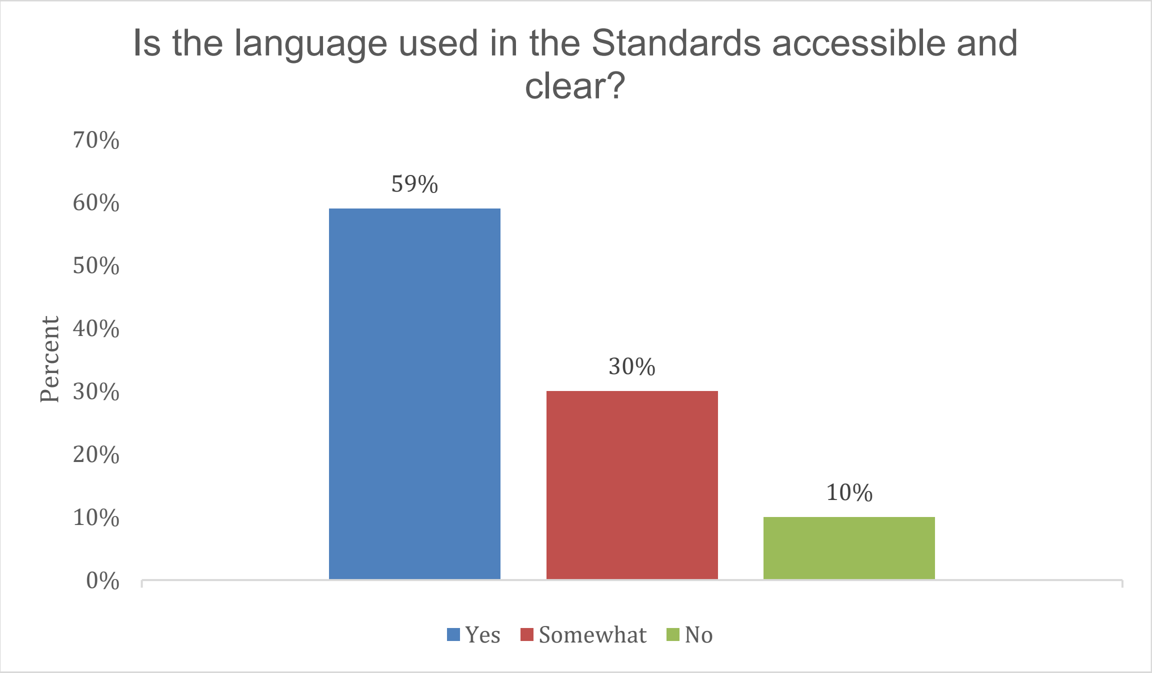
Another respondent reflected that it “seems a bit scary to make small mistakes”. We will aim to allay these fears and anxieties during the implementation period workshops. Specifically, we will focus on the crux of Standards 8.1 and 8.2, which is that making mistakes is a normal part of practice, and these standards aim to build confidence and recognition that to say something has gone wrong is to meet one’s Standards. Our online materials clearly state that an apology is not an admission of legal liability.

Other

One respondent noted that each of the four nations has a different approach to duty of candour. The respondent asked that this difference be reflected in the Standards. The standards are not prescriptive and apply to all the professions that we regulate across the UK. We will ensure that the differences between the four nations’ approaches to duty of candour is discussed in our implementation workshops. We will also consider this during our guidance and online materials review, which will include reviewing our online materials on duty of candour. Our guidance and online materials review is scheduled to follow the review of the Standards of conduct, performance and ethics.

Question 5: Is the language used in the Standards accessible and clear?

When asked whether the language used in the Standards is accessible and clear, most respondents responded positively (60%). A minority of respondents replied “no” (10%), and a small but significant proportion answered “somewhat” (30%).



There were 66 respondents who provided comments in response to this question. The following themes were raised.

Clarity

Text feedback on the accessibility and clarity of the proposed new standards was very positive. These positive comments (27) said that the revised standards were clear for most people. A selection of some of the words and phrases that these respondents used to describe the revised standards were: “unambiguous” (3), “plain/simple English” (3), “neutral” (1) and “comprehensible” (1).

Some respondents (9) who commented that the revised standards were clear also mentioned that additional explanatory materials would further improve them. For example, 2 respondents suggested an audio version, and 3 others suggested a glossary. A small number noted that new registrants or inexperienced registrants may find the Standards a little confusing (2).

There was a request from 1 respondent that we reference the need for civility. They said that the word civility is reflective of current themes and difficulties facing the healthcare profession. This respondent referenced an online platform civilitysaveslives that discusses the positive impacts civility can have in health and care settings.

A few issues were also raised in the text responses. There were 18 respondents who said that the revised standards were unclear. Some of these respondents (4) suggested additional materials would be helpful to further explain the standards for example, a glossary or guidance. We are planning a review to our explanatory materials and guidance that accompanies the Standards and will take the feedback provided into account.

In response to the general comments about the clarity of the Standards, we have added additional wording where we think it will make a Standard clearer. For example, we have added the words “you share” to new Standard 2.11, and the words “or organisation” to Standard 7.5. The former is more specific about social media use and the latter is more representative of the variety of environments that registrants may work in. We have also added the words “or responsible clinician” to Standard 8.1 to better include registrants who may not have direct access to service users to inform them when something has gone wrong.

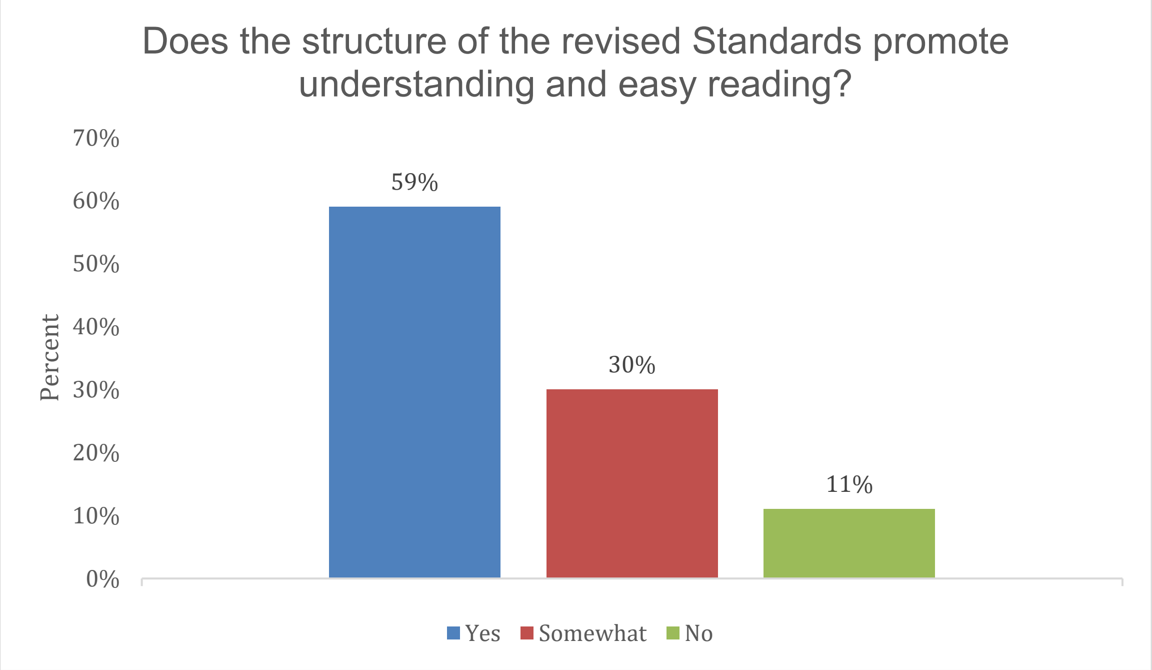
We received 3 responses from organisations that suggested the Standards include specific reference to relevant legislation, for example the Equality Act 2010 relating to Standards 1.5 – 1.7. Whilst we see that this could be helpful to direct readers towards relevant legislation, we think these references are more appropriate to our guidance and supporting documents for the Standards.

Sex and gender

There was 1 comment on the words the HCPC has used to describe sexuality and pregnancy. We have not referred to sexuality or pregnancy in the revised standards or the consultation document. We have referred to these protected characteristics in our Equality Impact Assessment. The language that we use in the equality diversity and inclusion section of the consultation is in line with Office of National Statistics (ONS) datasets.

Question 6: Does the structure of the revised Standards promote understanding and easy reading?

Most respondents (60%) agreed that the structure of the Standards promoted understanding and easy reading. There were 29% of respondents who answered “somewhat” and 11% who answered “no”. Comments were focused on the structure of the document and the impact of the structure on how easy it is to read.



There were 58 respondents that provided comments in response to this question. The following themes were raised:

Language

Most people felt that the structure of the standards made them easy to read. There were 17 positive comments that talked about the structure of the standards. Many of these comments said that the structure of the standards – for example, having defined sections – made them easy to read. Some of the words and phrases that these respondents used included:

- appropriate
- well organised
- jargon free
- uncomplicated language
- do not suffer from ambiguity

A significant proportion of respondents who did not think the standards easy to read commented that the language used in the standards made them hard to read (16). Some of the phrases these respondents used included:

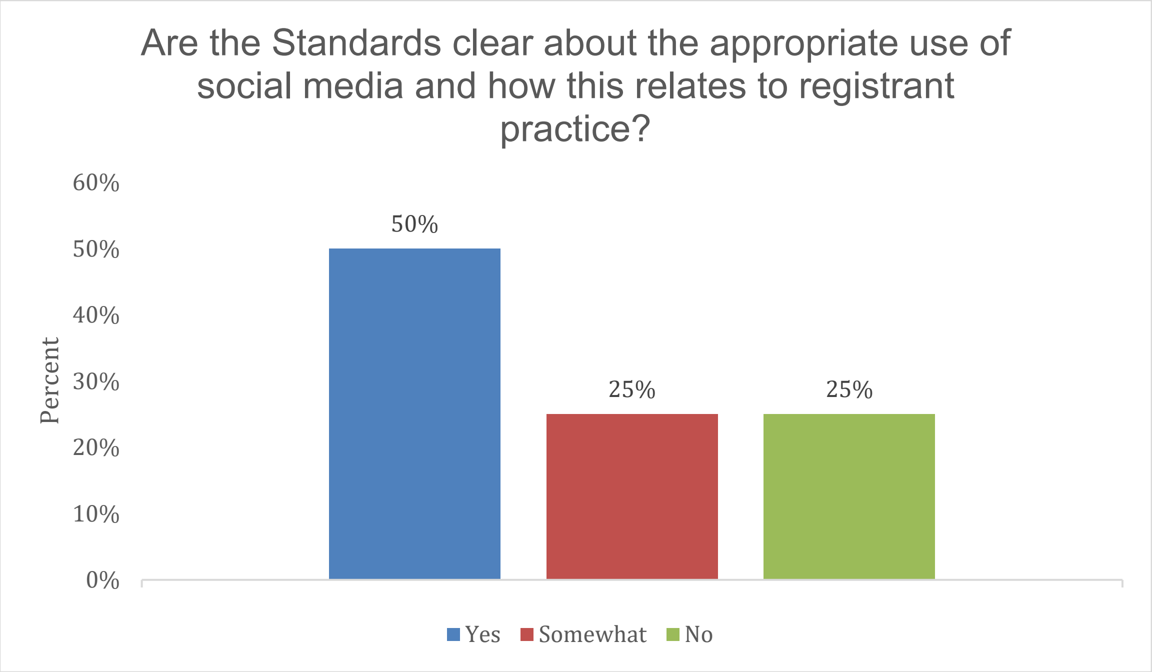
- confusing and circular
- vague in places
- too legalistic, coded and corporate

- long so not easy reading
- repetitive and imprecise

A few respondents (5) suggest that having an additional document or explanatory materials to sit alongside the Standards – such as a shorter document or an infographic – would be helpful. We hope that providing more explanatory materials for the Standards, we will be able to address where some people find the language used confusing or too legalistic. We will therefore pass on this feedback to the explanatory materials design group to discuss.

Question 7: Are the Standards clear about the appropriate use of social media and how this relates to registrant practice?

Responses to this question were mixed although a clear majority answered affirmatively that the revised standards were clear about the appropriate use of social media and how this related to registrant practice – 49% answered "yes" and 26% answered "somewhat". Only 25% answered "no". Commentary helped to identify positive aspects of our standard on social media as well as some areas of concern.



There were 99 respondents who provided comments to this question, the following key themes were present:

Explanatory materials

A significant number of respondents (12) requested more examples of appropriate behaviour on social media. We will address this through our upcoming review of the online materials relating to the Standards. We will also pass on suggestions that we received in the comments to the explanatory materials design team.

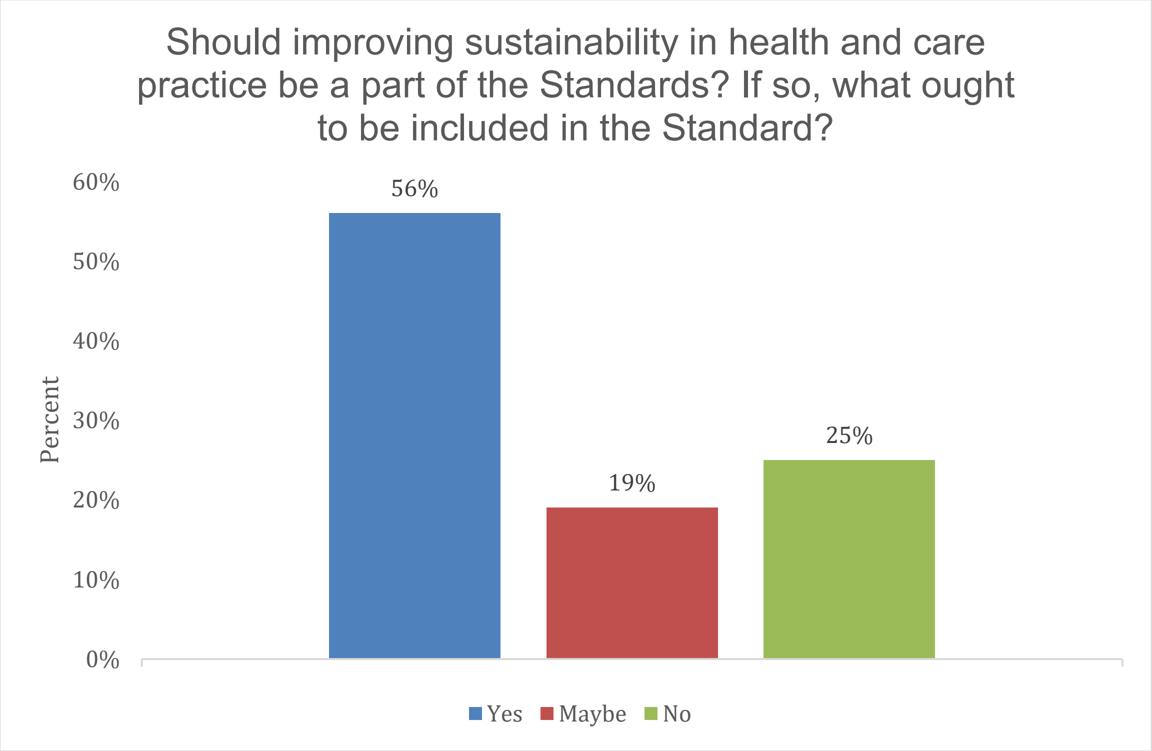
Freedom of expression – government messaging, historic posts

Several respondents (41) were concerned about the guidance on social media's reference to not contradicting government messaging and felt that this could restrict registrants' ability to legitimately challenge government messaging. They particularly referred to the importance of providing constructive criticism of government messaging to encourage evidence-based policy. In response, we have made amendments to the guidance on social media – please see page 27-28 for our response.

A small number of respondents (4) were also concerned about the mention of historic posts. More specifically they raised concerns around their inability to follow the guidance on social media to delete historic posts that could lead to professional disrepute – for example, if they no longer had access to the account. We will be discussing issues like this in workshops throughout the implementation period that will discuss social media. We also hope that additional online materials that will complement the guidance on social media will help to further illustrate how registrants can follow the guidance on social media.

Question 8: Should improving sustainability in health and care practice be a part of the Standards? If so, what ought to be included in the Standard?

Responses to the question of whether sustainability should be a part of the Standards of conduct, performance and ethics was mixed. A majority (56%) of respondents replied that sustainability should be a part of the Standards. However, 19% replied "maybe" and 26% replied "no".



There were 114 respondents who provided comments to this question, the following key themes were raised:

Sustainability – alignment with climate change legislation

Sixty-three respondents provided further comment in favour of a standard on sustainability. Of these respondents, 29 referred to legislation on climate change. These comments referenced the Health and Social Care Act 2022, NHS NetZero commitments and WHO statements that climate change is a health challenge. There was also reference to the impact of environmental sustainability on tackling health inequalities. Many of these respondents also referred to public health narratives and duties of care towards the environment due to climate change challenges.

Sustainability – suggestions

There were 13 respondents who provided specific suggestions to integrate a standard on sustainability into existing Standard 1: Promote and protect the interests of service users and carers. Fifteen respondents suggested the development of a new Standard 11 on sustainability.

Sustainability - beyond the remit of health and care professionals and regulation

Some responses to this question (8) raised concerns that including sustainability in the standards would be an overreach of HCPC's regulatory remit. These respondents understood sustainability as something that was not related to patient safety. Two of these responses suggested that instead, sustainability be included in separate documentation that encourages a registrant to engage with sustainability where they can.

Individual responsibility

There were 17 respondents that said that the focus on individual responsibility for implementing sustainability would make it challenging for registrants to meet a standard on sustainability. They questioned whether the implementation of sustainable practice in health and care would be possible for all health and care professionals because of a lack of appropriate infrastructure. These respondents also referred to the lack choice that some registrants have regarding how they provide services – for example ambulance routes or single-use plastics in operating departments.

Some respondents (5) focused on the support that registrants would need to fulfil their duties towards the environment. For example, one respondent requested protected time for practices that lead towards sustainability and the completion of learning modules on the topic such as NetZero e-learning. We support registrants taking part in educational activities about sustainability in health and care. However, it is not in our remit to manage the resources of our registrants.

In addition, other respondents requested support for health and care professionals taking part in protests and non-violent direct action relating to tackling climate change. It is important that all HCPC registrants maintain the reputation of their profession. Many of these protests are lawful and would not impact a registrant's ability to practice. However, where they are not lawful, registrants are required to inform us if; they accept a caution from the police or they have been charged with, or found guilty of, a criminal offence.

Other

Several respondents did not feel confident providing an opinion on sustainability within these standards. This suggested a lack of engagement with the issue for some health and care practitioners. Furthermore, a few comments reflected on the limitations for specific professions – such as paramedics – to work in a sustainable way.

Our response

From most respondents, we understand that a Standard on sustainability would highlight our purpose to protect the public and would enable us to support registrants to seek sustainable practice. The purpose of including a question on sustainability in the consultation was to understand our stakeholder's thoughts on sustainability in health and care. We were pleased to hear that so many of our registrants are already acting regarding sustainability in their professions.

We also understand that some respondents were worried about implementing a new standard on sustainability and whether they would be able to meet that standard. A standard on sustainability will need careful planning and wording to ensure that it can be met across our professions and does not overburden our registrants.

Whilst we did not include specific wording for a standard to implement now, in the comment section of this question, we have received many suggestions for specific wording for a standard on sustainability in the future.

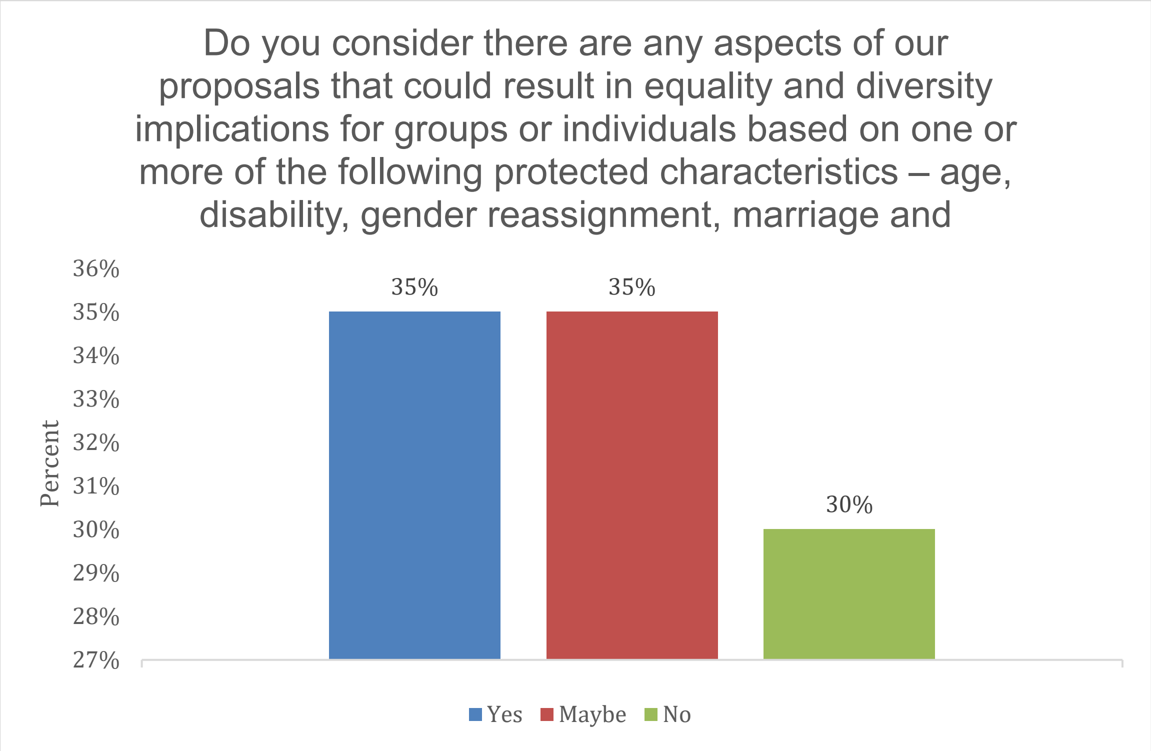
We understand from most respondents that it is important for us to incorporate sustainability into our regulation of health and care professionals. However, it is not clear from the consultation responses, that the Standards of conduct, performance and ethics are the best or only vehicle to introduce such regulation. We will therefore take forward what we have heard from consultation respondents to consider the relationship that sustainability has to our other standards and materials.

To help registrants – and future registrants – benefit from the discussions that we have had throughout the consultation, we will publish online materials to support registrants to start to integrate sustainability into their practice. This will help those who are not familiar with sustainability to become familiar with its link to public protection and health and care. It will also help to demystify the steps that registrants can take to practice more sustainably in environments that are under-resourced, or where they have little control over resources. We will provide examples of good sustainable practice and point to further resources on sustainability.

The feedback from this consultation will also inform our upcoming review of the Standards of Education and Training.

Question 9: Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics – age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation – as defined by the Equality Act 2010?

Responses to this question were mixed across the answer options (no - 37%, yes - 34% and undecided - 29%).



There are 73 text responses that expand upon these responses, the following key themes were present:

Impact on registrant mental health

Several of the respondents raised an issue about the impact of the Standards on those with health conditions and disabilities. For example, the impact of Standard 6.3 on people with mental health conditions, pregnant people and those with disabilities.

One respondent stated that ensuring the safety of practice for those with health conditions or disabilities should be an employer's responsibility. Registrant responsibility for the impact of their health on their practice is existing in the current Standards. The drafted language does not change the current obligations on registrants but seeks to clarify them.

Another respondent suggested that there be a requirement in Standard 2.8 to be mindful of colleagues with underlying challenges to their health, wellbeing or disabilities. Whilst this suggestion may encourage managers or colleagues to better support those with health conditions or disabilities in the workplace, it also raises concerns about a colleagues with health conditions and/or disabilities' right to privacy. We think that Standard 2.8 is sufficient to ensure the respect of colleagues' reasonable adjustments.

Question 10: Do you have additional comments about any of the proposed changes to the Standards, or regarding the Standards of conduct, performance and ethics in general?

There were 91 free-text comments to this question. The following key themes were present:

Self-referral

A few respondents (11) discussed the experience of paramedics who need to self-refer during NHS investigations where their practice has been restricted. We have provided a response to this issue above – see page 18.

Freedom of expression – sex and gender, government messaging and right to protest

Many respondents referred again to the proposed change to the social media guidance restricting them from contradicting government public health messages. Respondents said that this restricted their freedom of expression and could prevent them from carrying out evidence-based health and care services. We have made a change to the guidance to allay these concerns, you can see this on page 30.

Relating to Standard 9.1 and 9.5 and support for sustainability, some respondents asked that HCPC support registrants right to protest more explicitly. They raised a concern that they may be at risk of fitness to practice if the police report them for participation in non-violent protests. You can see our response to this on page 30.

Support for registrants

In this free comment section, some respondents were focused on receiving extra support to meet their Standards. For example, additional training on equity, culture and diversity. Others reiterated their request for support to carry out protest activities and to engage in activities that support sustainability – as above.

There was also a clear trend referring to CPD, focused on employer support, clarity around what “training” means (in Standard 3.2), availability of training relating to new technologies and guidance for taking on managerial/leadership roles.

During our implementation phase, we will be engaging registrants, and other stakeholders, in workshops about the revised Standards. One of the central purposes of these workshops will be to support registrants to put the Standards into practise. To do this the workshops will provide more detail, clarification and examples of what the Standards look like in practise.

Scope of practice

There were 3 comments that mentioned new wording to Standard 3.3:

> *You must refer a service user to an appropriate practitioner if the care, treatment or other services they need are beyond your scope of practice. This person must hold the appropriate knowledge, skills and experience to meet the needs of the service user safely and effectively.*

These comments, and some participants in our consultation workshop on up-skilling and training responsibilities, discussed the uncertainty that registrants may have when referring a service user to another practitioner. They questioned whether a registrant is always able to know about the knowledge, skills and experiences of another practitioner.

We expect that when registrants are referring a service user to another practitioner they are doing so with access to information about that practitioner's knowledge, skills and experience. Where a registrant is unsure whether a practitioner has the appropriate knowledge, skills and experience to meet a service user's needs, we do not expect them to refer the service user to that person.

Standards of Proficiency (SOPs)

Two comments mentioned the overlap between the Standards of Proficiency (SOPs) and the Standards of conduct, performance and ethics. One comment focused on the timing of each review and whether each could have been updated at the same time. Another asked that there be more cross-referencing between the SOPs and these Standards.

During the implementation phase, we will publish information that makes clear the areas in which these Standards overlap with others. Updating the Standards is an important task and the separation of the two reviews ensures that each receives the necessary engagement and attention from our stakeholders.

Minimising Risk

There were two respondents who mentioned the updated Standard 6.1, which outlines that:

> *6.1 You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible.*

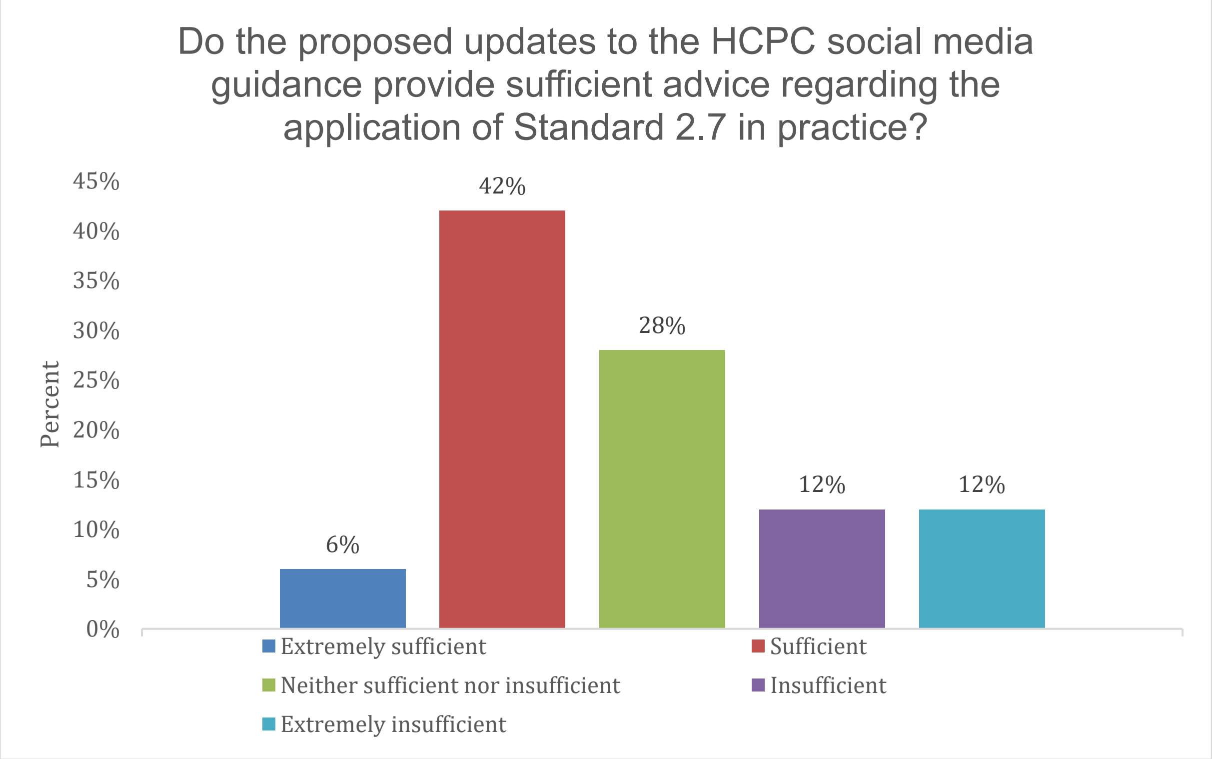
These respondents discussed that the Standard could lead registrants to risk avoidance that would be detrimental to patient care. We understand that balancing risk in health and care can be challenging. The Standard requires registrants to take "all reasonable steps" to "reduce the risk of harm". It emphasises that the aim is for registrants to reduce the risk to harm rather than remove it entirely. We will discuss this more in our workshops and we will be updating our online materials to elaborate on what minimising risk looks like in practice.

4. Responses to consultation questions – guidance on social media

This section contains comments made in response to the questions regarding the guidance on social media within the consultation document.

Question 1: Do the proposed updates to the HCPC social media guidance provide sufficient advice regarding the application of Standard 2.7 in practice?

Responses to this question were positive with 43% of respondents answering that the Standard provides extremely sufficient or sufficient advice. There were 12% of respondents who answered that the Standard provided insufficient advice, 27% responded that the advice was neither sufficient nor insufficient, and 12% responded that it was extremely insufficient.



There were 59 respondents who provided further comment to this question. The following key themes were present:

Detailed updates

When reflecting on whether the updates provided sufficient advice regarding our standards on social media, most respondents wrote that the updates provided sufficient detail. They also said that the updates reflected social media use and the most common applications – such as WhatsApp.

However, some respondents suggested that further examples and case studies would be helpful to better understand what meeting the standards on social media looks like in practice. For example, case studies of when social media posts have led to fitness to practise investigations, examples of what misinformation looks like, and a list of circumstances in which registrants and students may put their registration at risk.

Whether a respondent found that the proposed updates were sufficient did not impact whether they asked for further explanatory materials in their written response. For example, 42% of the respondents that requested extra explanatory materials had answered that the proposed updates were “sufficient”. This highlights the importance of case studies and examples for respondents in seeing how to apply the standards.

As a part of our implementation period, we will be updating our existing online materials. This will include updates to the case studies on our website that refer to social media use. We will consider to the comments received above and use them to inform and guide this work. We will also draw upon the recommendations of our explanatory materials design working group.

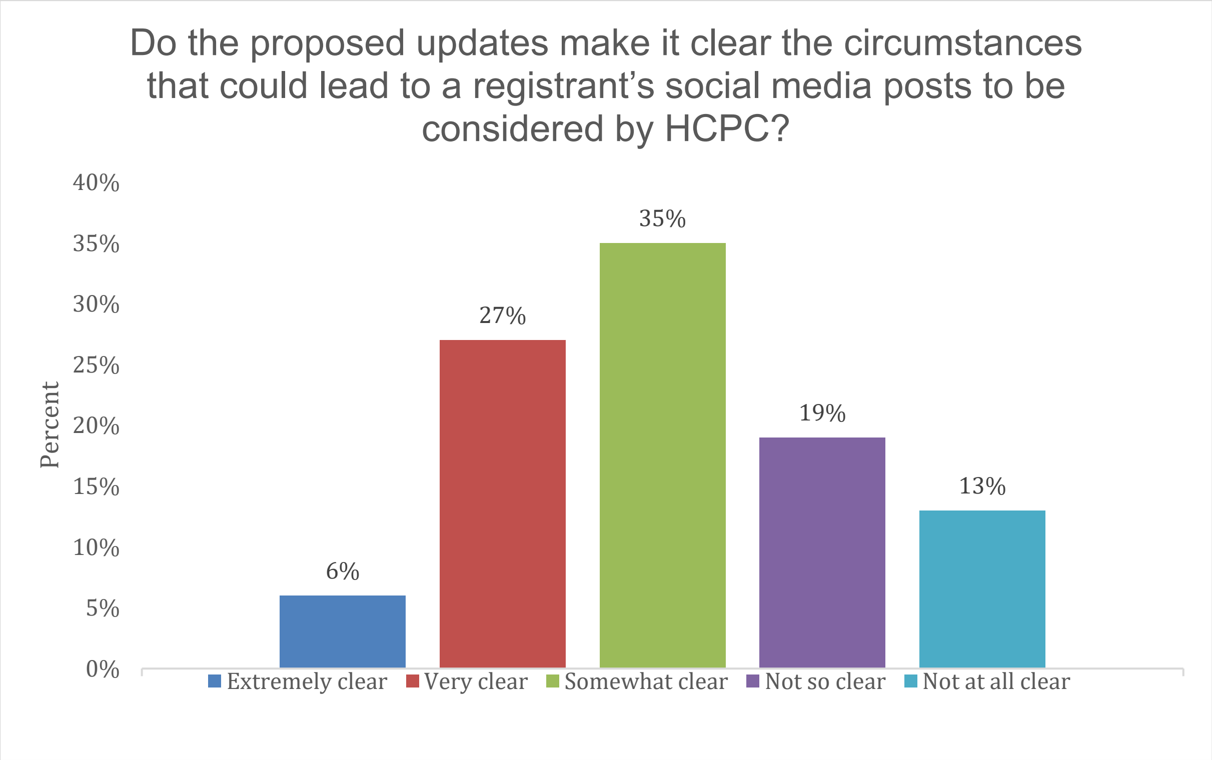
Clarity and explanatory materials

The commentary was generally positive in relation to the clarity of the proposed updates. Some respondents (7) highlighted the importance of the guidance in providing information about what is appropriate to post on social media. Many respondents showed an understanding of the limitations of the guidance in being able to address every circumstance. However, a few respondents (10) requested more specific guidance and better definitions of the words and phrases used in the guidance on social media.

Closely related to the clarity of the proposed updates to the guidance, respondents also note that clearer definitions of words and phrases used in the guidance would be helpful. This is particularly so in relation to what “professional boundaries” are in practice, what misinformation is and what words like “responsibly”, “appropriately” and “truthful” mean in relation to social media posts.

Question 2: Do the proposed updates make it clear the circumstances that could lead to a registrant's social media posts to be considered by HCPC?

The responses to this question were mixed. 33% of respondents felt that the proposed updates were "extremely clear" or "very clear" and 35% felt that they were "somewhat clear", whilst 32% felt that they were "not so clear" or "not at all clear".



There were 57 respondents who provided further comment to this question.

Of the respondents that provided a written comment, 13 explicitly said that the revisions were clear. However, there was also a request from 10 respondents for further examples of the circumstances that a registrant's social media could be considered by HCPC.

The following key themes were present in the comments:

Government messaging and historic posts

Some respondents did not agree with the update made to the Standards that social media posts should not contradict government public health messaging. This is a common theme that respondents also raised in other parts of the consultation. We have considered the feedback received and updated the guidance to be more specific about how we expect registrants to engage in online debate about health and care. We discuss this in more detail on pages 27-28.

A small number of respondents (4) were concerned about the inclusion of historic posts in the guidance:

> *"You should note that historic social media activity may be considered against our standards, even if you were not a registered professional at*

> *the time of that social media activity." – Proposed guidance on social media*

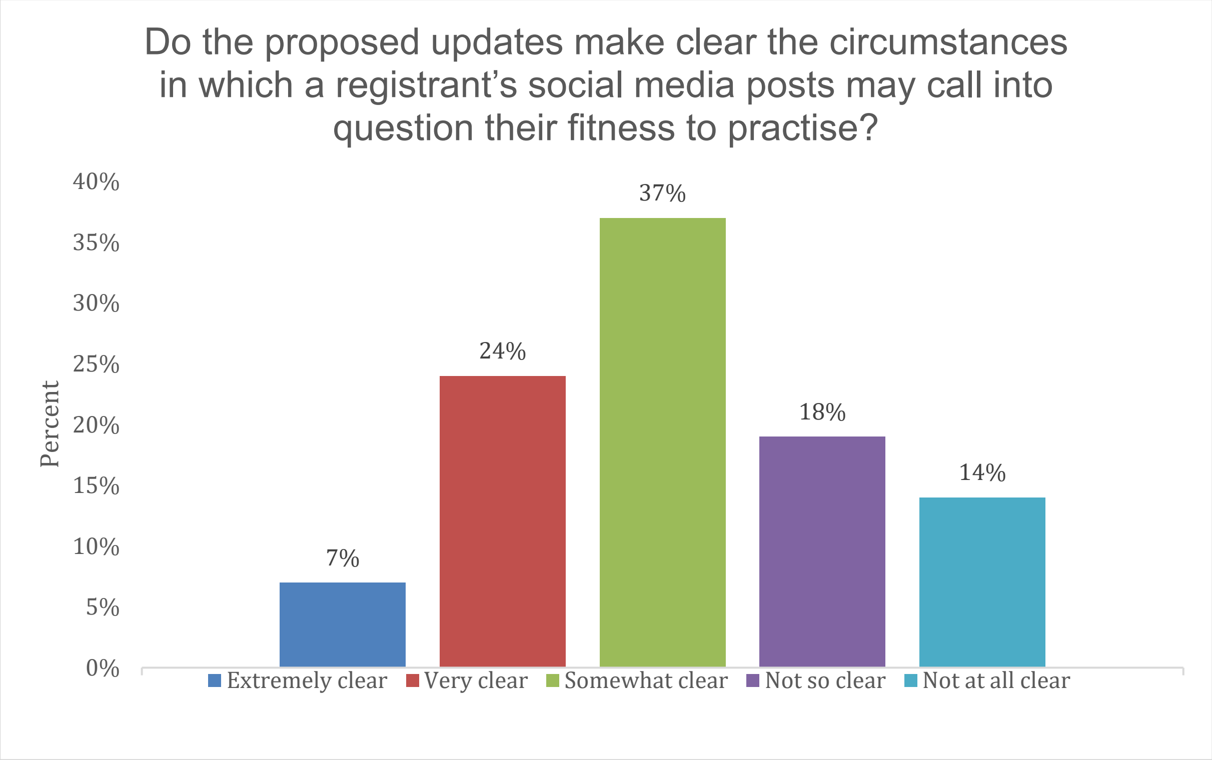
These respondents were concerned that historic posts may be taken out of context, that deleting historic social media posts may be difficult for some registrants – due to access or quantity – and that these posts may not reflect the current views or opinions of the registrant. They felt that historic posts were outside of the HCPC's remit, and it is a high expectation for registrants to delete them prior to registration. We plan to take these concerns forward through the development of additional materials on social media and have provided a detailed response to similar issues raised earlier in this document – see page 40.

Explanatory materials

Many respondents also said that the guidance would be more accessible if it were complemented with examples and case studies. There were 7 respondents who said that the addition of some examples would be beneficial to the guidance. Four of these comments referred to examples of a fitness to practice process that relates to a registrants use of social media.

Question 3: Do the proposed updates make clear the circumstances in which a registrant's social media posts may call into question their fitness to practise?

Again, responses to this question were mixed. Nearly a third of respondents (31%) felt that the proposed updates made the circumstances that a registrant's social media posts may call into question their fitness to practise "extremely clear" or "very clear". 37% of respondents felt that the updates were "somewhat clear", whereas 18% felt that they were not so clear and 14% not clear at all.



There were 54 respondents who provided further comment to this question.

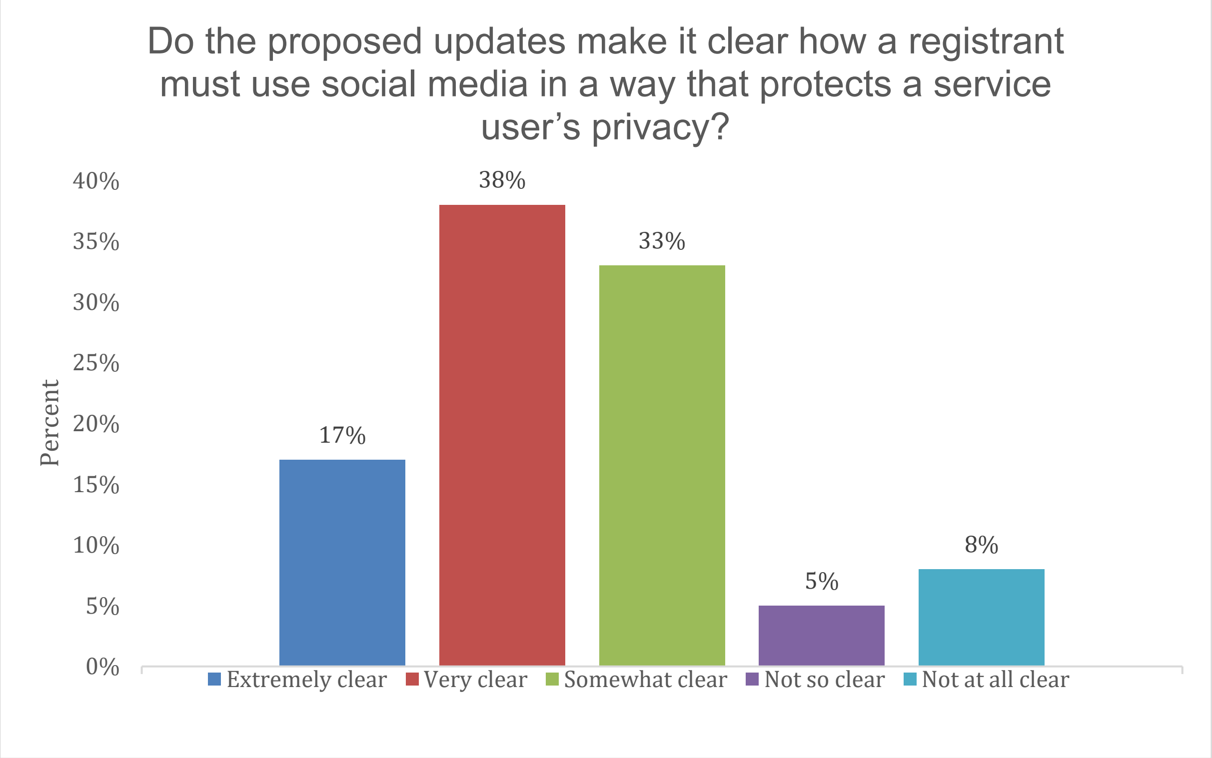
A small proportion of respondents (9) expressed the view that the proposed updates were not clear in defining the circumstances in which social media posts may call into question their fitness to practise. These respondents asked for examples of social media posts that have called a registrant's fitness to practise into question. They also asked for examples of social media posts that do not breach the Standards.

Almost just as many respondents (8) thought that the proposed updates were clear. However, a few of these respondents disagreed with the updates. These respondents also asked for further examples and case studies to improve the clarity of when social media posts may call into question a registrant's fitness to practise.

Following from these comments we have identified that providing more examples would be helpful to support registrants in identifying when historic posts or private posts may become relevant to a fitness to practice investigation. We are reviewing our online materials and will consider developing additional examples on our website. We will also refer to historic posts on social media in our implementation period workshops.

Question 4: Do the proposed updates make it clear how a registrant must use social media in a way that protects a service user's privacy?

Most respondents answered that the proposals made it "very clear" (39%), "extremely clear" (16%) or somewhat clear (33%) how social media must be used in a way that protects a service users' privacy. Only 5% answered that the proposals were "not so clear" and 7% of responses that said the proposals were "not clear at all".



There were 33 respondents that provided commentary to their answer.

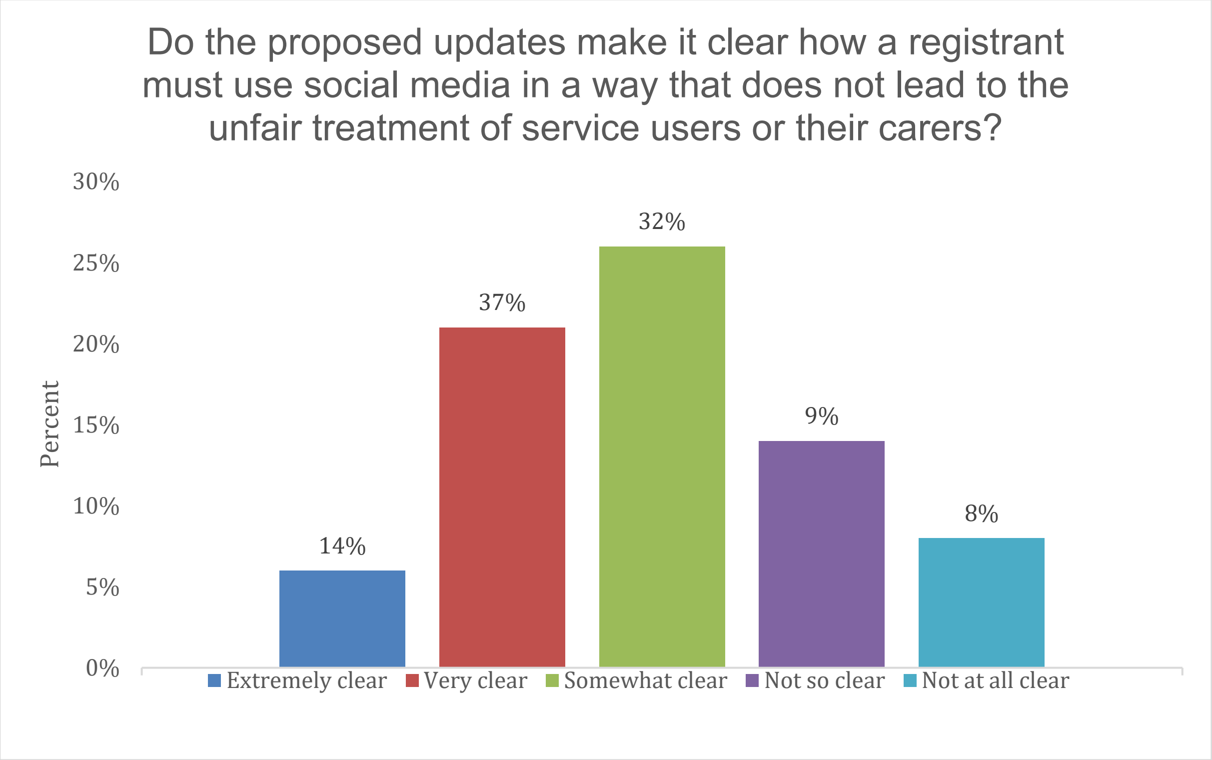
Most respondents expressed that the guidance was clear about how to protect service user privacy and that the updates were appreciated. Of these respondents, 2 suggested that the guidance go further and refer to protecting the privacy of colleagues and other professionals too.

The guidance that we have provided specifically refers to Standard 2.11, which focuses on service user privacy. Our focus on service users is an acknowledgement of the specific position of power that registrants have regarding service user's personal information. This is not information that we expect registrants to hold for their colleagues or other professionals.

Only 2 respondents said that the guidance was unclear, and 3 respondents asked that further information, examples, or guidance be provided to illustrate how to protect a service user's privacy when posting on social media. We do currently have case studies on protecting service user privacy and social media on our website, keeping these comments in mind we will ensure that they are reviewed alongside our other online materials.

Question 5: Do the proposed updates make it clear how a registrant must use social media in a way that does not lead to the unfair treatment of service users or their carers?

The responses to whether the proposed updates make it clear how a registrant must use social media in a way that does not lead to unfair treatment of service users and carers were mixed. Over 50% of respondents answered affirmatively – that the proposals were “extremely clear” (13%), “very clear” (37%) or “somewhat clear” (32%). A small proportion of respondents answered negatively, saying that the proposals were either “not so clear” (9%) or “not at all clear” (8%).



In the comments, 27 respondents further explained their answer.

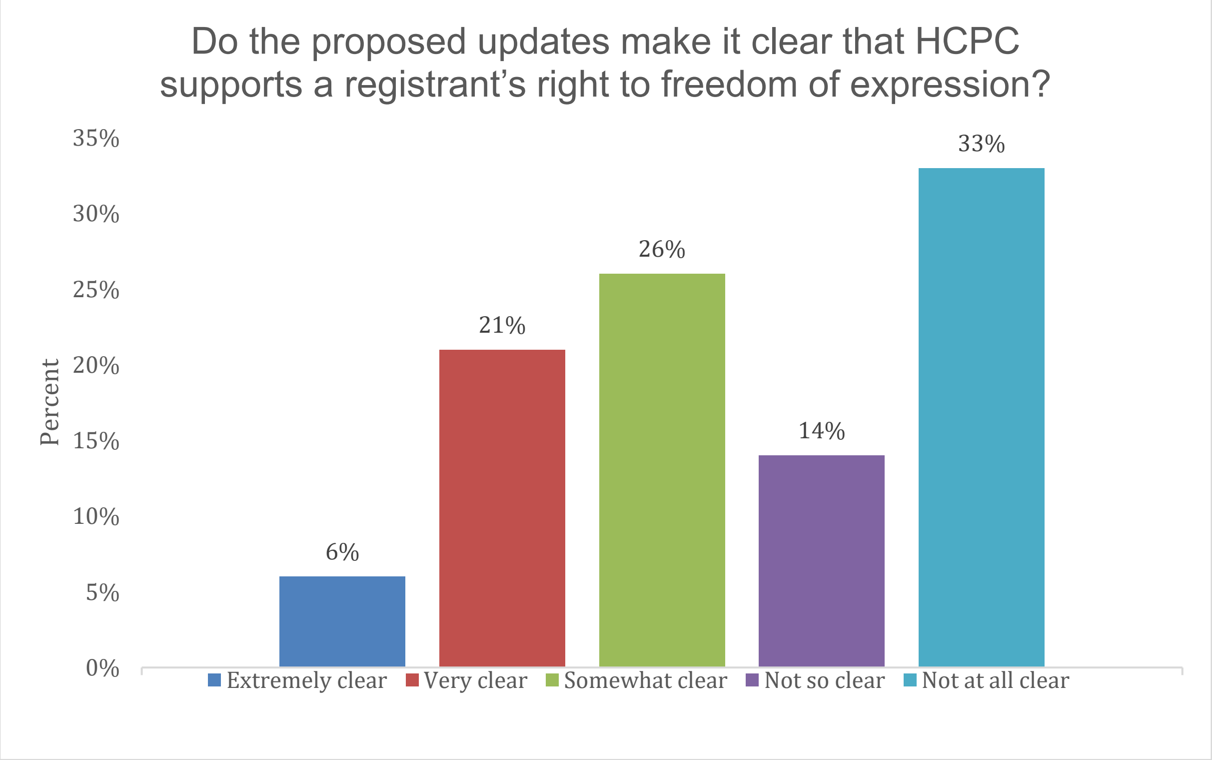
Most of the comments provided were positive and said that the proposed updates were clear. A small number (3) asked for further examples and information about what this looks like in practice.

Respondents also raised that the content of the guidance limited registrant’s freedom of expression. Like elsewhere in the consultation, they reference Article 9 and 10 of the European convention on Human Rights. We have made changes to address these concerns – see page number 27-28.

Question 6: Do the proposed updates make it clear that HCPC supports a registrant's right to freedom of expression?

A significant number of respondents (21%) answered that the proposed updates to the guidance were "very clear" and only 6% answered that they were "extremely clear". There was also a significant proportion of respondents who answered that the proposed updates were "somewhat clear" (26%). Overall, just over half of respondents answered affirmatively.

However, a significant proportion of respondents felt that they did not make our support for freedom of expression clear. For example, 33% of respondents answered that it is "not clear at all" and 14% said they are "not so clear" (14%).



There were 67 respondents who provided further comment to this question. Freedom of expression was the main theme raised:

Freedom of expression

Most respondents that provided a written response to this question were concerned with the reference in the updated guidance to "not contradicting government public health messaging". This was intended to tackle the spread of harmful content online. Respondents felt that by including this HCPC was not supporting freedom of expression. One respondent noted:

> *"The proposed updates make it clear that the HCPC demands the registrant hold no honest views based on scientific evidence and objective truth. The HCPC has been successful in putting it to colleagues that they must not contradict wrong narratives with facts and truth, especially narratives put out by government and other dubious entities/individuals.*

> *If the aim of the proposed updates was to suppress the registrant's right to freedom of expression, HCPC has achieved its aim a hundred percent.” - Consultation respondent*

We recognise the importance of this issue and understand that registrants play an important role in providing evidence-based debate in health and care. Considering this, we have updated the guidance to be more specific about how we expect registrants to engage in online debate. We have removed reference to government public health messages and focused on requiring registrants to post views that are evidence based and accurate to the best of their knowledge. The guidance now says:

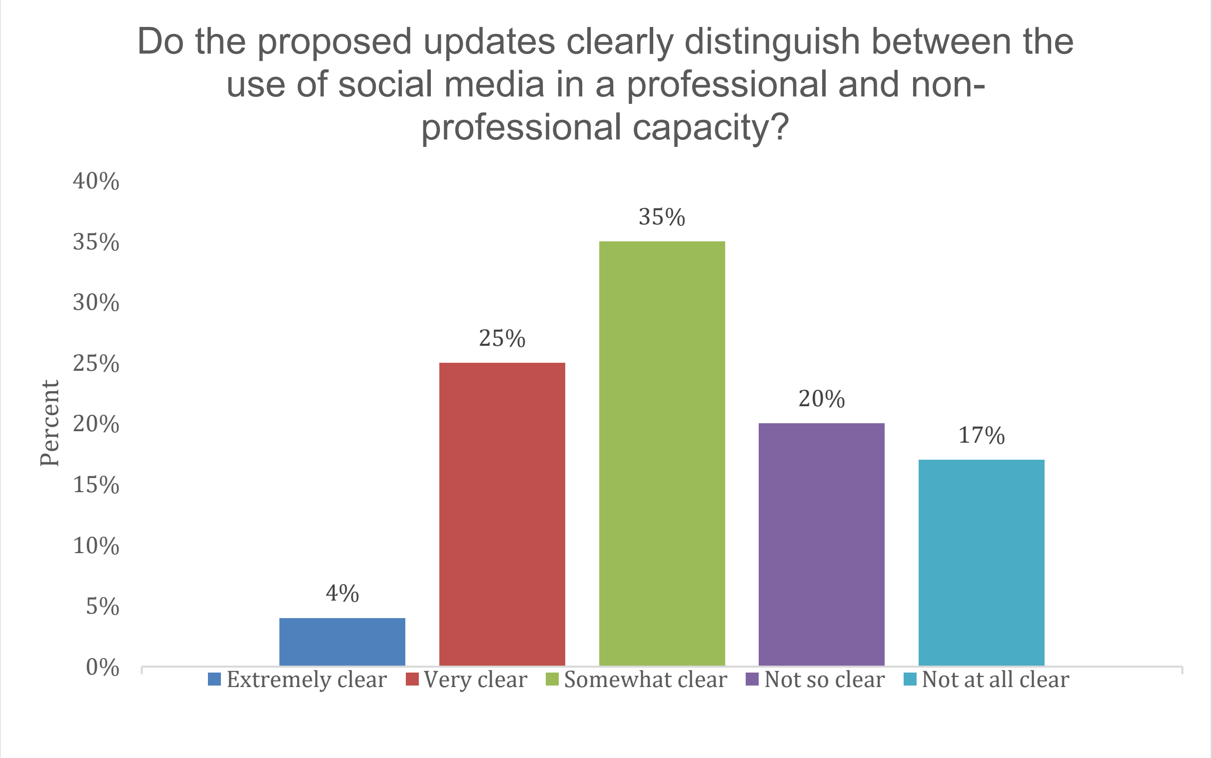
> *When using social media, think about the accuracy and truth of the content that you share or circulate. Check that the information originates from people and/or organisations that are trustworthy. When engaging in online debate, ensure that your views are evidenced based, and that they are accurate to the best of your knowledge. Correct yourself if you have shared false, inaccurate or misleading information.*

Other respondents asked that the HCPC make explicit their support for registrants that participate in acts of non-violent protest or activism. There were 8 responses that asked the HCPC to make this support explicit – 7 of these related to climate protests. Concern was also raised for; those posting about climate change and these posts being seen as ‘political’, and the prevalence of misinformation on climate change. We have provided a response to this under our sustainability question – see page 30.

Question 7: Do the proposed updates clearly distinguish between the use of social media in a professional and non-professional capacity?

Most responses regarding the clarity of the proposed updates and how they distinguish between professional and personal use of social media were positive. Whilst only a small number of respondents (5%) answered that the proposed updates were “extremely clear” on this topic, a significant proportion still answered either that the proposed updates were “very clear” (24%) or “somewhat clear” (35%). This means that over half of respondents answered affirmatively.

Responses that did not find the proposed updates clear were in the minority. Only 20% answered “not so clear” and only 16% answered “not clear at all”.



There were 40 respondents that provided further comment to this question. The following key themes were present:

Clarity and examples

Only a small proportion of respondents (6) who provided further comment emphasised the clarity of the proposed updates in distinguishing between private and personal social media posts. Of these respondents, 3 specifically referred to our top tips section.

There were a significant number of respondents who did not agree that the proposed updates were clear (14). These responses went alongside a concern amongst respondents that personal social media posts may be included in a fitness to practise investigation. Some respondents (5) asked for further examples and case studies demonstrating how they can post responsibly.

To help with the clarity of the guidance, we have provided further definition of the sections between the Standard referred to and the guidance. For example:

The standards of conduct, performance and ethics say:

2.10 You must use media sharing networks and social networking sites responsibly.

Our guidance:

When using social media, you should apply the same standards as you would when communicating in other ways. You must always be polite and respectful to others when communicating in a professional capacity.

We have also added additional definitions of specific words such as; misinformation and professional boundaries. The latter has been specifically included to help registrants understand the relevance of their professional identity and personal posting.

What are professional boundaries?

Professional boundaries are there to keep service users and registrants safe. They set out the rules around how registrants and service users interact to keep their relationship only about the health and care of a service user.

We will also be reviewing our social media online materials including case studies and examples. We have discussed this above, see page 30.

Personal and professional social media use

There continues to be confusion among a small number of respondents (8 respondents) about the difference between personal and professional use of social media and why the HCPC would take an interest in personal social media posts. Some respondents have a clear distinction between personal and professional accounts and do not understand how personal comments, beliefs etc may impact their profession. As discussed above, we have added a definition of professional boundaries to the guidance, and we plan update our online materials to provide further explanation.

Question 8: Do you have any other comments related to guidance on social media?

There were 57 respondents that provided comments to this question. The following key themes were discussed:

WhatsApp and group discussions

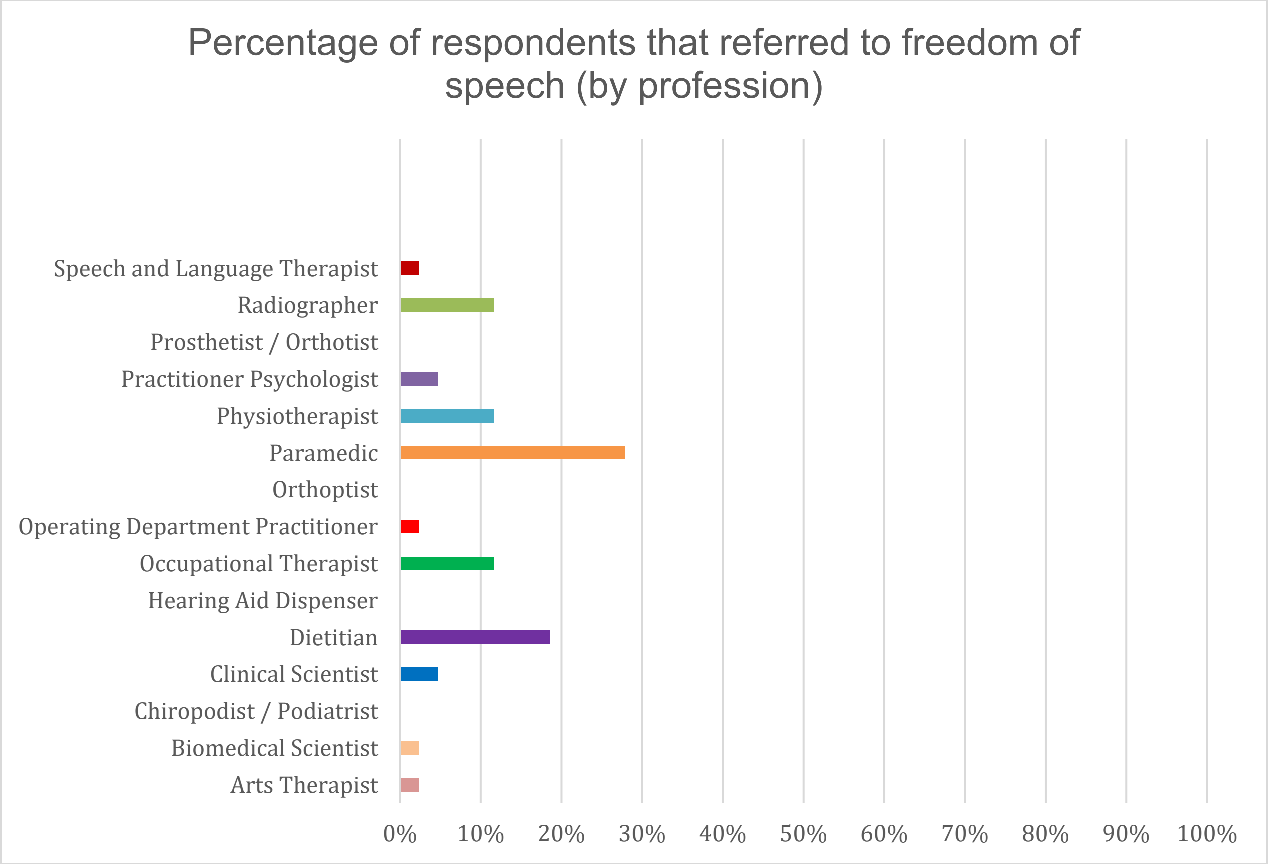
A small number of respondents felt that the guidance did not make it clear how the standards should be implemented across different social media platforms and asked about the inclusion of WhatsApp in the guidance. Some of these respondents asked that the guidance provide explanation of appropriate use of different platforms. For example, some respondents made a distinction between the use of WhatsApp for 1-2-1 conversations and group discussions.

One of the main purposes to update the Standards and guidance is to ensure that they refer to modern practices. Many registrants use a variety of social media applications in their daily lives. WhatsApp is a popular application that registrants use to communicate with their colleagues. It is also an application where the boundaries between personal and professional may blur. We therefore think it important to refer to such applications in our updated guidance.

We will also be reviewing our social media online materials following the launch of the new Standards and guidance. We have also discussed this above, see page 30. This will include updating our case studies and examples on our website to better reflect the types of social media application currently in use.

Freedom of expression

Freedom of expression was a popular topic for registrant respondents. Of the respondents that mentioned freedom of expression, over 75% were registrants. Respondents who mentioned this topic were from a range of professions (see table below).



Respondents had various concerns relating to freedom of expression, however most were concerned about not being able to contradict government public health messages and to engage in evidence-based debate. Like in the consultation on the Standards and in response to question 20, respondents stated that the addition of “do not contradict government public health messages” infringed upon their right to expression. Some respondents also asked that the guidance exemplify what is meant by “misinformation” and were concerned that they would not be able to express their beliefs on social media.

As mentioned above – see page 46 – we have also added additional definitions of specific words such as; misinformation and professional boundaries. The former has been specifically included to help registrants understand the relevance of misinformation to their use of social media.

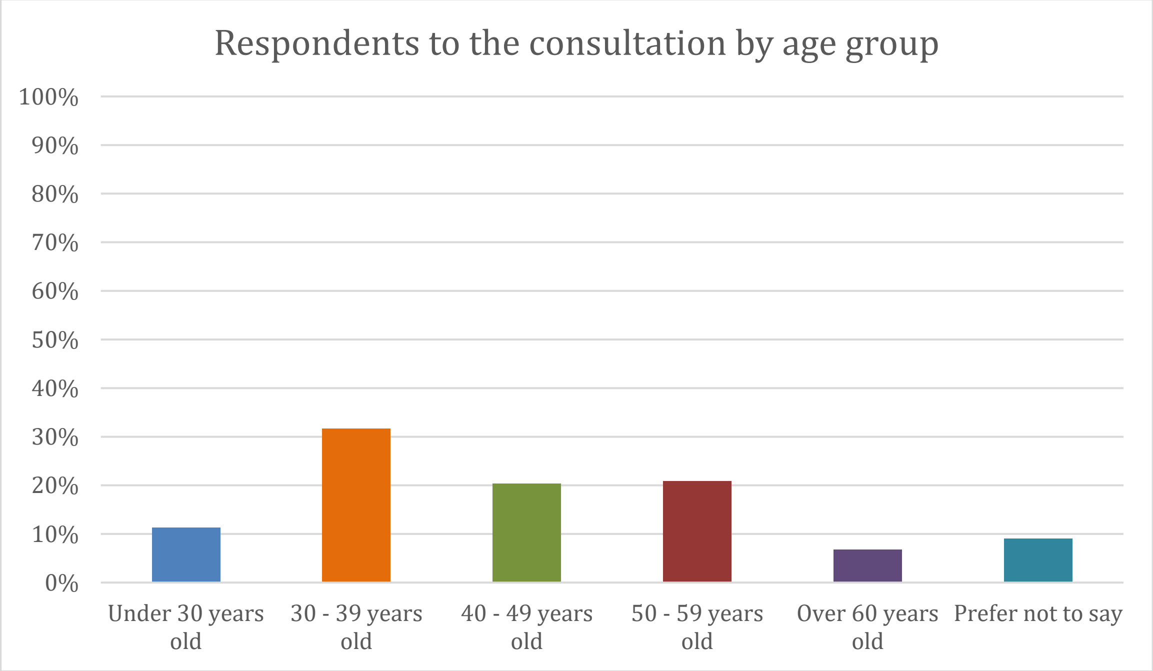
In relation to respondent concerns about contradicting government public health messages, this issue was raised in other parts of the consultation too. We understand the important role that registrants play in presenting evidence-based views on social media. We have therefore removed the reference to government messaging.

A small proportion of respondents requested that the HCPC expressly support registrants expressing their belief through participation in peaceful protest. These respondents specifically related this to climate change activism. They reason that tackling climate change is in the interests of public health and protection. Consequently, participation in peaceful protests is an example of health and care professionals trying to “prevent the negative health impacts of climate change”. They were concerned that participation in such activities may lead to fitness to practice investigations.

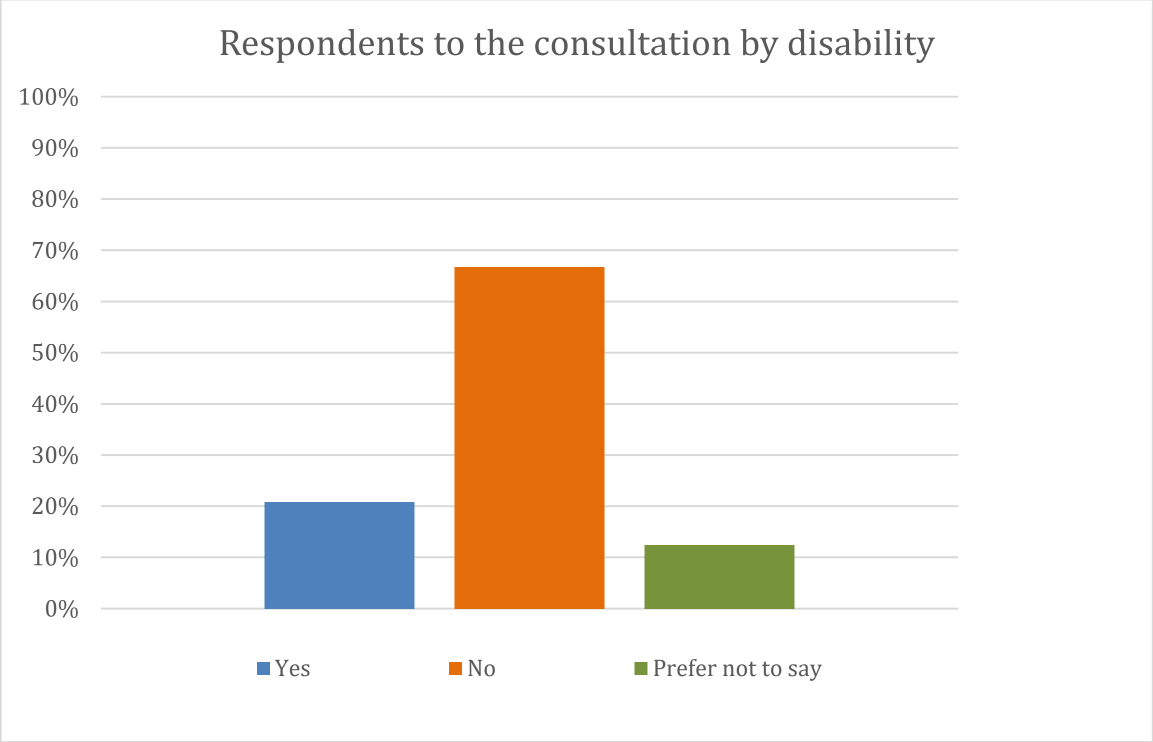
This concern was raised in other parts of the consultation, and we understand that respondents are worried about the impact of non-violent protest on their registration. We have provided a more detailed response to these concerns above, see page 30.

5. Responses to EDI monitoring questions

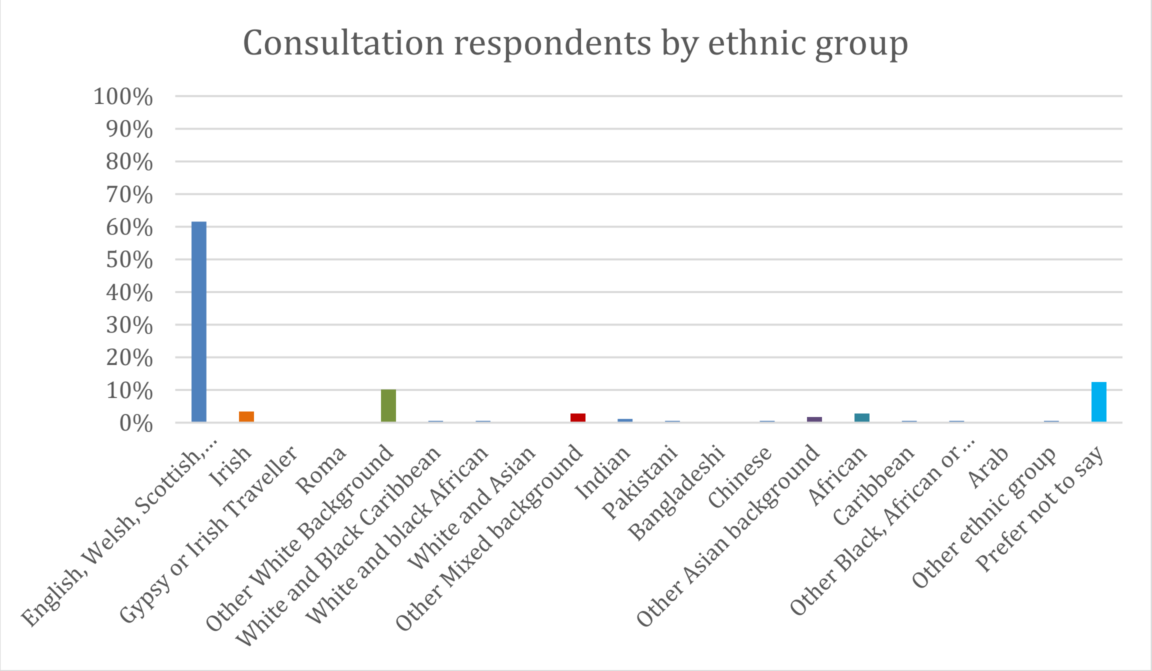
1. Which age group do you belong to?



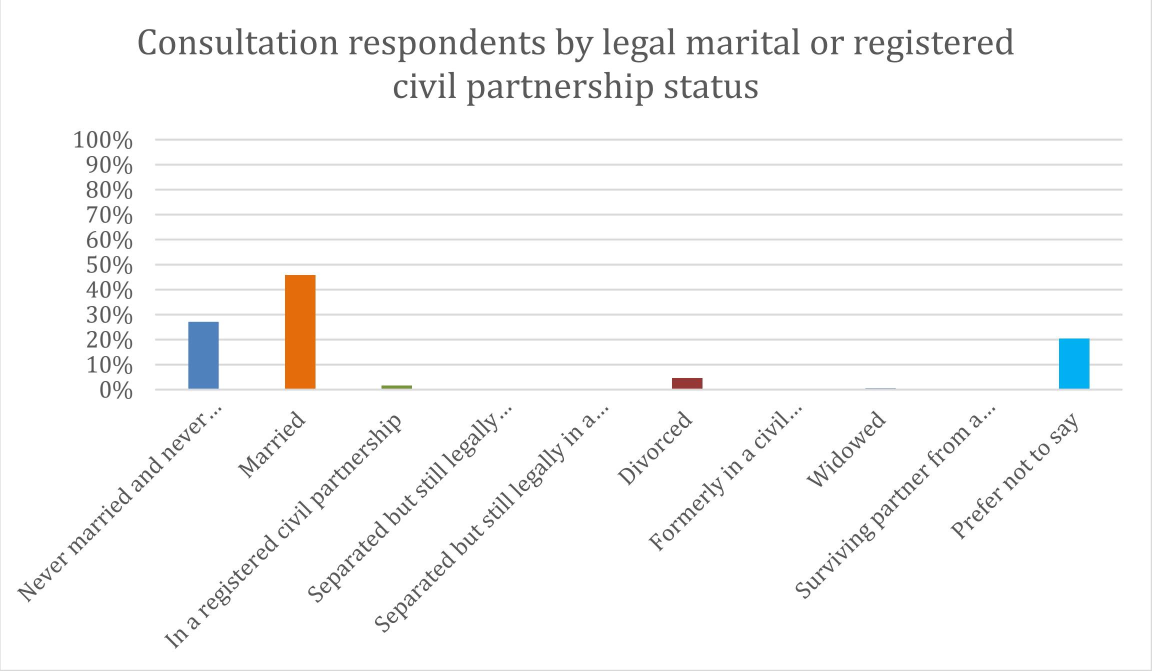
2. Do you consider yourself to have a disability or to be a disabled person? In the UK, a disability is defined as "a physical or mental impairment which has a substantial and long-term (meaning impact has lasted, or is expected to last, for 12 months or more) adverse effect on a person's ability to carry out normal day-to-day activities" You may have none, one, or more conditions that you believe are covered by this definition. Please answer how you feel this definition applies to you.



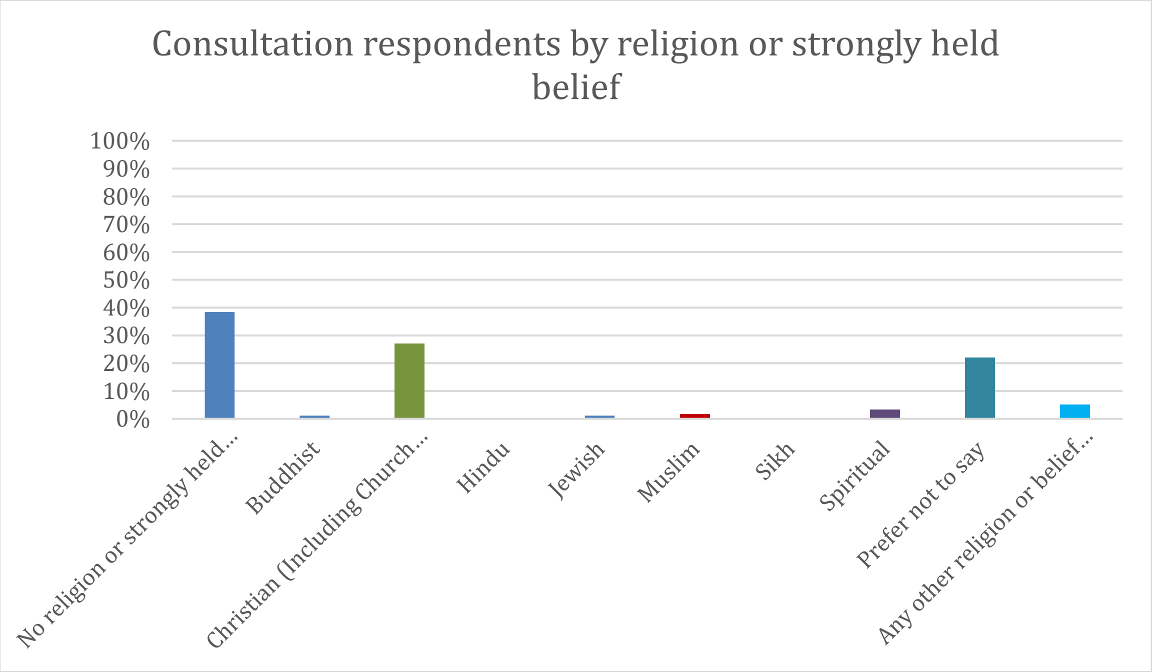
3. Which of the following best describes your ethnic origin? (Ethnicity is defined as including colour, ethnic or national origin, or nationality. Please choose whichever answer best reflects how you think of yourself.)



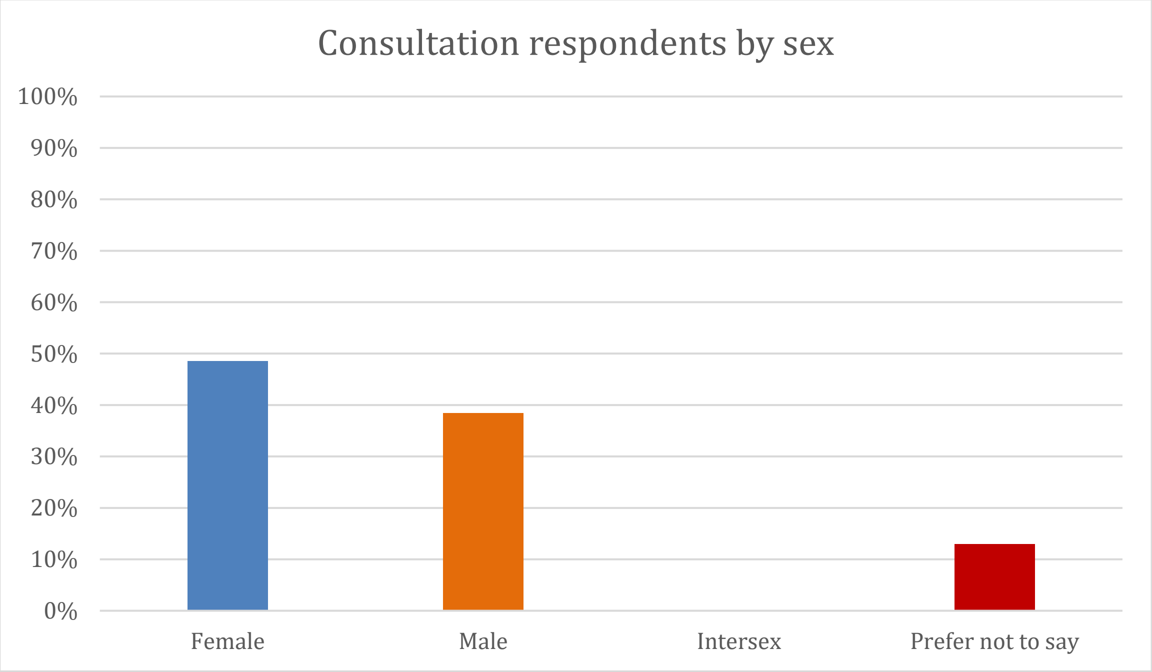
4. What is your legal marital or registered civil partnership status?



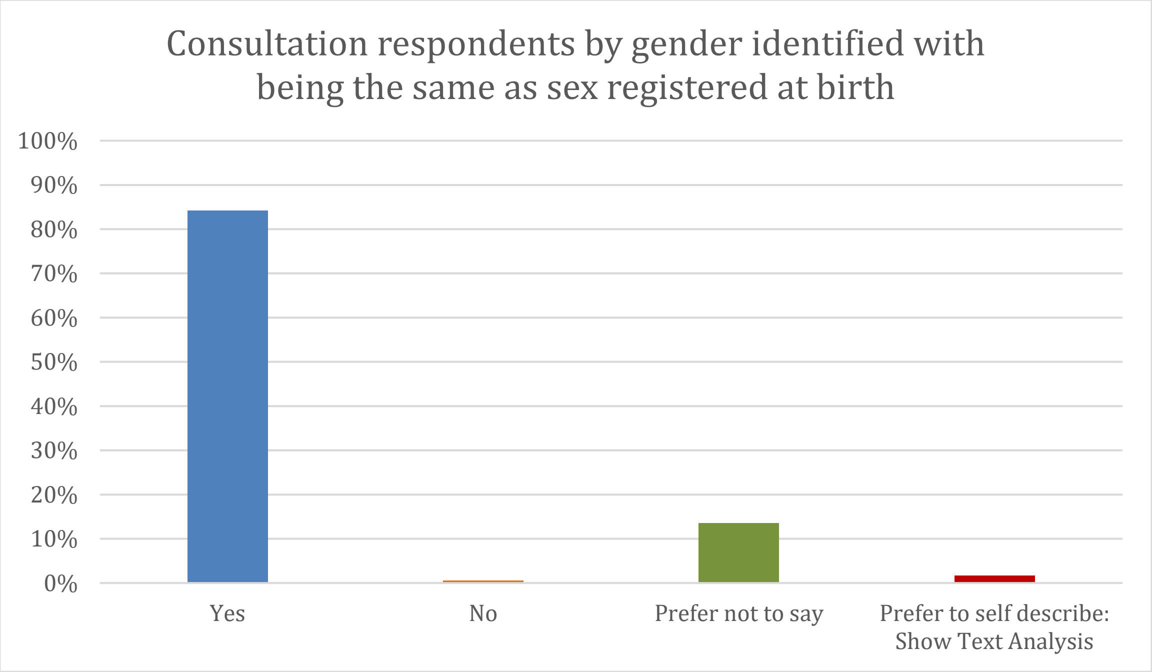
5. What is your religion or strongly held belief, if any?



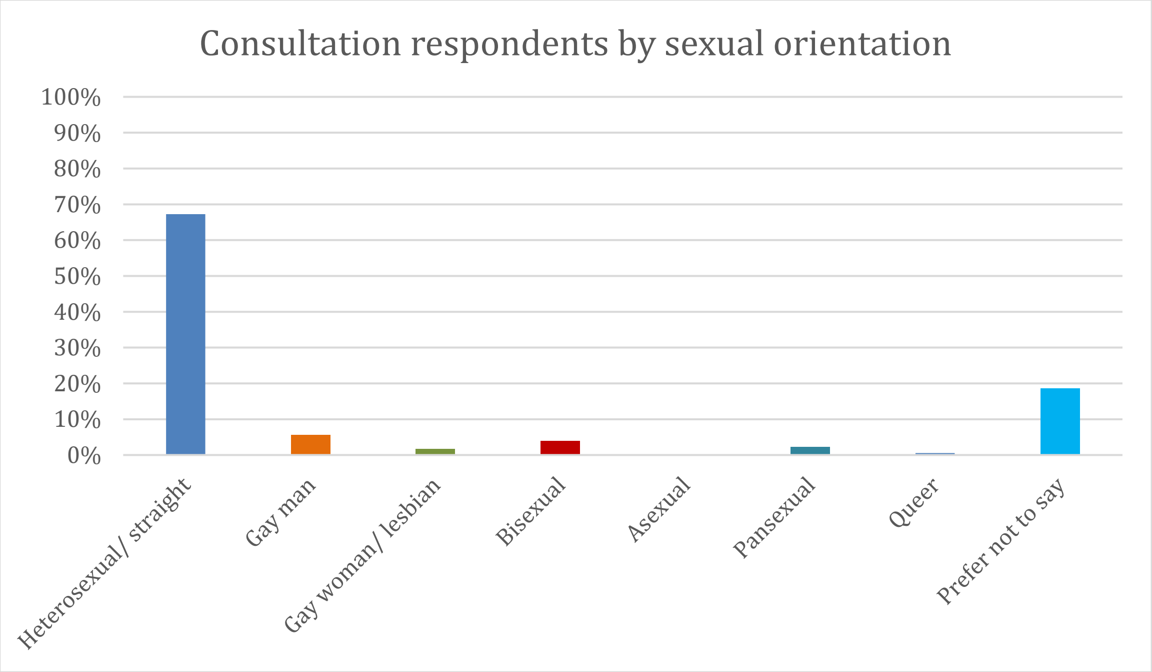
6. What is your sex? For births registered in the UK, this will either be male or female. However, some other countries may include 'intersex' as an option.



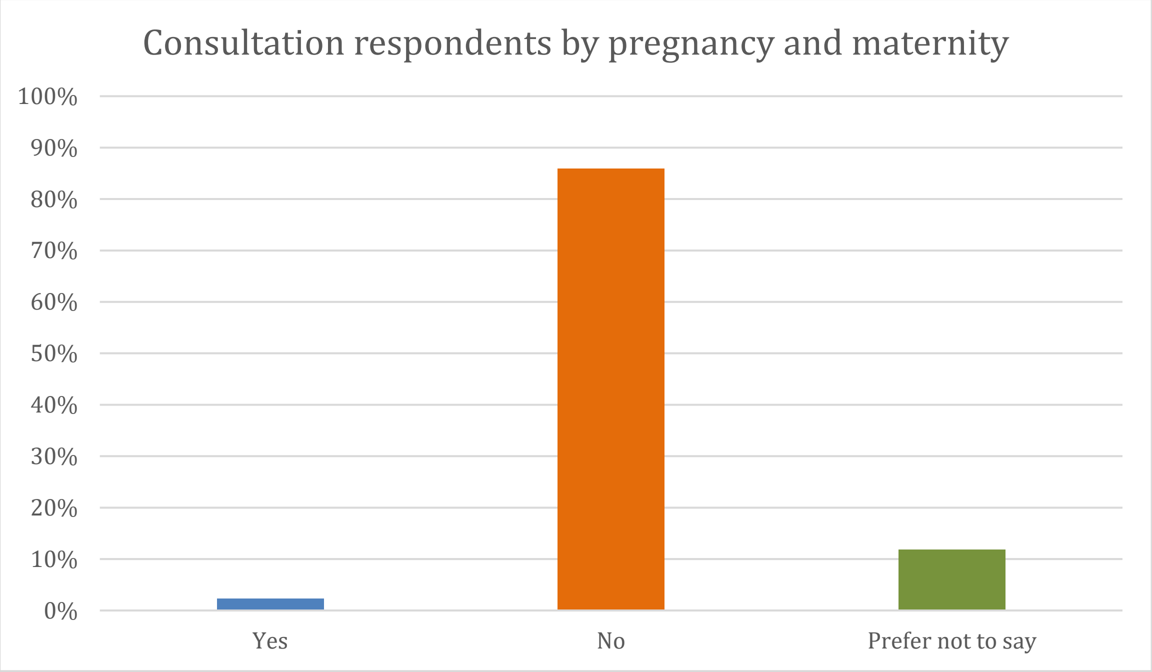
7. Is the gender you identify with the same as your sex registered at birth? Your gender identity may be the same as your assigned sex, but it may be different. You may identify as the opposite gender to your assigned sex, you may identify with neither, or with a self-described gender identity.



8. Which of the following best describes your sexual orientation?



9. Do you consider yourself to fall under the protected characteristic of 'pregnancy & maternity' as per the Equality Act 2010? 'Pregnancy' refers to the condition of being pregnant or expecting a baby, and 'maternity' refers to the period of 26 weeks after birth. The Equality Act 2010 protections also cover a someone who has had a miscarriage.



6. List of organisation respondents

Below is a list of all the organisations that responded to the consultation.

1. Association of Clinical Psychology UK Climate Action Network
2. Association of Education Psychologists
3. Association of Reproductive and Clinical Scientists ARCS
4. Association for Clinical Biochemistry and Laboratory medicine (ACB) and the Federation of clinical Scientists (FCS).
5. British and Irish Orthoptic Society
6. British Dietetic Association
7. Centre for Sustainable Healthcare
8. Chartered Society of Physiotherapy
9. GMB
10. Institute of Biomedical Science
11. Keystone Law
12. National Community Hearing Association
13. NHS Employers
14. Office for the Chief Allied Health Professions Officer
15. Professional Standards Authority
16. PTMF sub-committee (British Psychological Association)
17. Royal College of Occupational Therapists
18. Royal College of Speech and Language Therapists (RCSLT)
19. Stripy Lightbulb CIC
20. The British Psychological Society
21. The College of Paramedics
22. The Society and College of Radiographers
23. UK Health Alliance on Climate Change
24. UNISON
25. Unite the union
26. University of South Wales
27. University of West London
28. Welsh AHP Committee

7. Service user engagement

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:

i. Maintain appropriate boundaries (Standard 1.8 – 1.12)
ii. Communicate with Service users and carers (Standard 2.1 – 2.5)
iii. When things go wrong (Standard 8.1 – 8.2)

The 10 participants in the focus group were:

- 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

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

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).

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.

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.

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.

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).

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 C: Equality Impact Assessments Standards and guidance

Equality Impact Assessment (Level 2)

Section 1: Project overview

Project title: Standards of conduct, performance and ethics	
Name of assessor: Rosemary Flowers-Wanjie	**Version: 2**

What are the intended outcomes of this work?

To make any necessary updates to the current Standards that reflect changes within health and care practice.

To ensure that the current Standards are fit for practice, particularly taking accessibility and relevance into account.

To gain insight into how we can better communicate the Standards and promote them to ensure they are fully understood by registrants.

Who will be affected?

Once any changes to the standards are implemented:

- registrants will have to meet the new standards.
- education and training providers will need to revise their programmes in line with any revisions to the standards.
- prospective students for approved programmes may see changes to their curriculum in line with the revisions to the standards.
- international applicants will have to demonstrate they meet these standards when applying to join the Register.
- employers will need to be aware of the revisions to understand what HCPC registrants will be required to know, do and understand at the point at which they join the Register.
- HCPC employees and partners will need to be aware of the revised standards, such as when considering applications to join the Register or approving education and training programmes.

Section 2: Evidence and Engagement
Lack of data should not prevent a thorough Equality Impact Assessment (EIA). Be proactive in seeking the information you need.

What evidence have you considered towards this impact assessment?

1. The HCPC registrant database has provided us with information regarding the protected characteristics of our registrant population.[1]

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[1] Diversity Data Report 2021 | (hcpc-uk.org)

2. We held workshops (1 – 9 September 2022) and an online survey (12 August – 9 September 2022) to external stakeholders – registrants, students, professional bodies, trade unions, employers, education providers, services users and the public – has provided us with information regarding how the Standards are used and understood in practice. We hosted additional workshops during the consultation period.

3. We held a consultation on the changes to the standards of conduct, performance and ethics (SCPEs), which 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.

4. Included in the consultation was a question on equality, diversity and inclusion (EDI): *Do the Standards ensure that registrants maintain a practice that promotes equal, fair, and inclusive treatment?* There were 212 responses to this question, with 88 further comments attached. Respondents provided positive feedback – 55% of respondents answered affirmatively to the question.

5. We 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%).

6. During the consultation we held six workshops on the main themes of change to the standards. One of these workshops specifically focused on EDI.

7. We sought guidance from the HCPC EDI Forum. Members of the Forum are external stakeholders with expertise in EDI and lived experience. Membership includes registrants and EDI professionals in relevant stakeholder organisations. We will also seek feedback from patients and service users through the consultation period.

8. We sought feedback from the HCPC Professional Bodies Quarterly Forum and through our regular engagement with other health and care regulators.

9. Internal discussions with the HCPC Council and other committees have informed these proposals.

10. We sought legal review of the draft revised standards and have applied their recommendations.

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1. **How have you engaged stakeholders in gathering or analysing this evidence?**

1. There are three stages of our stakeholder engagement: pre-consultation; consultation and post consultation and implementation.
    a. The external stakeholder groups targeted by our engagement include:

- Professional bodies
- Education Providers
- Trade Unions
- Employers
- EDI Forum
- Service users and Patient Interest Groups
- HCPC Partners
- Students

b. External stakeholder activities include:

- Presentation to professional bodies quarterly meeting in June 2022
- Pre-consultation workshops with each identified stakeholder group 1 – 7 September 2022.
- An online pre consultation survey for external stakeholders ran from 21 August 2022 – September 2022 and gathered information regarding the understanding of the Standards and any concerns that stakeholders wish to raise.
- A 12-week public consultation
- Consultation workshops
- Service user focus groups
- Ad-hoc workshops with external stakeholders, as requested

c. We sought feedback on our proposals from the HCPC's Equality, Diversity and Inclusion (EDI) Forum.

d. Proposals and consultation responses have been discussed with HCPC Education and Training Committee (ETC) and Council. The consultation outcome and the revised guidance will be discussed with ETC in September and Council in October.

Section 3: Analysis by equality group

The Equality and Human Rights Commission offers information on the protected characteristics.

Describe any impact to groups or individuals with the protected characteristics listed below that might result from the proposed project. Draw upon evidence where relevant.

For all characteristics, consider **discrimination, victimisation, harassment and equality of opportunity** as well as issues highlighted in the guidance text.

Age (includes children, young people and older people)

We anticipate that service users who are vulnerable, which may include children, young people and older people, are likely to be positively impacted by our proposals. We have made updates to Standards 1.8, 1.9 and 1.10 regarding professional boundaries.

Children and young or older people who are vulnerable, may be more susceptible to inappropriate relationships. These changes highlight registrant responsibilities towards their service users and require registrants to be aware of the potential impact of their position on service users, to take an active role in maintaining professional boundaries, and to not leverage their position to pursue personal, financial, sexual or emotional relationships with service users and/or carers.

Changes to Standard 2.8 and 2.9 on social media may also positively impact young people and children. The changes require registrants to make reasonable checks on the information they share to ensure it is accurate and trustworthy. With these changes, we hope to better protect those who are more vulnerable to misinformation and inappropriate content shared on social media applications from harm.

Following suggestions in our consultation workshops, we have made changes to Standard 1.12 to include students. This is anticipated to positively impact students, to decrease their risk of inappropriate workplace relationships. The change ascertains that registrant’s must not abuse their position as a health and care practitioner to pursue personal, sexual, emotional or financial relationships with service users and/or carers, or colleagues or health and care students.

Our commitment to produce further supporting documentation to the Standards and the setting up of our explanatory materials working group, is likely to positively impact students and younger registrants at the beginning of their careers. Many of the materials will be produced to enhance understanding about how to apply the Standards in practice and will be accessible to education providers for their use.

There will be a period in which education providers are implementing the new Standards in their curriculums and teaching materials. Without careful planning, this could negatively impact students in cohorts either side of the implementation timeframe (2023/24). In our implementation plan, we will be working closely with education providers to set out the required steps to successfully implement the new Standards.

Disability (includes physical and mental health conditions. Remember ‘invisible disabilities’)

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. We anticipate that our proposals will positively impact those with disabilities, including service users and registrants, by better protecting against discrimination for the following reasons.

- The changes use more active language that requires registrants to be aware of the potential impact of their values, biases and beliefs, and to take action to ensure these do not lead to discrimination against service users, their carers and/or colleagues.
- People with disabilities may be vulnerable to inappropriate relationships with registrants. We have made updates to Standards 1.8, 1.9 and 1.10 regarding professional boundaries. These changes highlight registrant responsibilities towards their service users and require registrants to be aware of the potential impact of their position on service users, to take an active role in maintaining professional boundaries, and to not leverage their position to pursue personal, sexual or emotional relationships with service users and/or carers. With these changes, registrant responsibilities are clear.

We have simplified Standard 6.3 regarding maintaining one’s health to relate to a registrant’s fitness to practise more clearly. This is particularly relevant to registrants with disabilities and registrants who develop a disability during their practice. It makes clear to registrants when to perform a health and character risk assessment and when to refer themselves to the HCPC.

Following suggestions raised in the consultation, we have also added that registrants may ask for the opinion of another health and care professional when they are unsure of whether their mental or physical health is detrimentally impacting their practice. This will help those who do not have the capabilities themselves due to a health condition or disability.

The changes that we have made to Standard 6.3 are balanced with our duty to protect public safety. Consequently, there are occasions where registrants with disabilities or health conditions may need to adjust their practice or stop practising if their disability or health condition puts public safety at risk.

Our commitment to produce further supporting documentation to the Standards and the setting up of our explanatory materials working group, is likely to positively impact people with disabilities that impact their comprehension of complex material. Many of these materials will be produced to enhance understanding about how to apply the Standards in practice and provide accessibility to the standards in different formats.

Gender reassignment (consider that individuals at different stages of transition may have different needs)

People undergoing or preparing to undergo gender reassignment could be at risk of discriminatory actions, microaggressions or actions which hinder their access to service.

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. We anticipate our proposals will positively impact people with these protected characteristics for the following reasons.

- The changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues. Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.
- In terms of gender reassignment, this means that where necessary, registrants must take action to respect people undergoing gender reassignment. This includes using service users', carers' or colleagues' chosen pro-nouns.

People with this protected characteristic may be harmed by breaches in privacy or the spread of harmful or misinformation. We anticipate that changes to Standard 2.8 and 2.9 on social media are likely to positively impact people undergoing or preparing to undergo gender reassignment for the following reasons.

- The changes require registrants to make reasonable checks on the information they share to ensure it is accurate and trustworthy.
- They explicitly require registrants to protect the privacy of others when posting on social media.

Marriage and civil partnerships (includes same-sex unions)

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. We anticipate that our proposals will better ensure that people in marriages and civil partnerships are treated equally for the following reasons.

- The changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues.
- Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.

The changes we have made to Standard 1.10 are anticipated to positively impact registrants and service users in marriages or civil partnerships. The new standard requires registrants to maintain professional boundaries with colleagues as well as service users and/or their carers and colleagues. Moreover, registrants must take action to ensure that any spouse who accesses their services is treated the same as other service users.

Pregnancy and maternity (includes people who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding)

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. People who are pregnant, expecting a baby, who have recently had a baby or who are breast feeding may experience discriminatory actions of microaggressions. We anticipate that our proposals will positively impact those with this protected characteristic by better protecting against discrimination for the following reasons.

- The changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues.
- Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.
- Where necessary, registrants must take action to adjust their service to accommodate the needs of someone who is pregnant, expecting a baby, post-natal or breast-feeding.
- Registrants must not restrict access to their services based on a person being pregnant, expecting a baby, being post-natal or breast-feeding.
- The changes also ensure that registrants must not hinder colleagues who are pregnant, expecting a baby, post-natal or breast-feeding from meeting their own needs at work.

Changes made to Standard 2.8 and 2.9 on social media are anticipated to positively impact people who are pregnant, expecting a baby, post-natal or breast-feeding. The changes require registrants to protect the privacy of others when posting on social media.

Race (includes nationality, citizenship, ethnic or national origins)

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. We anticipate our revisions will positively impact those with racialised identities by better protecting against discrimination for the following reasons.

- The changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues.
- Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.
- In respect to race, this will ensure that where necessary, registrants must take action to adjust their service to accommodate other people’s cultural and language requirements.
- Registrants must not hinder colleagues from practicing their culture at work.
- Registrants must not restrict access to their services based on cultural practices, race, citizenship, ethnic or national origins or nationality.

Religion or belief (includes religious and philosophical beliefs, including lack of belief)

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. We anticipate our proposals will positively impact people’s choice to hold religious belief or retain a lack of belief by better protecting against discrimination for the following reasons.

- The changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues.
- Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.

- In respect to religion and belief, this will ensure that where necessary, registrants must take action to adjust their service for those who practice religious beliefs.

Registrants must not hinder colleagues from practicing their beliefs at work. It also ensures that registrants must not restrict access to their services based on belief or lifestyle choice.

With these changes, people are less at risk of discriminatory actions based on the religious beliefs they hold or if they do not hold any religious belief. They are also less likely to experience microaggressions. For service users, their access to services is less likely to be hindered because of discrimination.

Sex (includes men and women)

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. Our proposals will positively impact people by better protecting against discrimination.

- The changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues.
- Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.
- In respect to sex, this will ensure that where necessary, registrants must take action to adjust their service for those who have different requirements based on their sex.
- Registrants must not treat colleagues differently based on their sex or restrict access to their services based on a service user’s or their carer’s sex.

Sexual orientation (includes heterosexual, lesbian, gay, bi-sexual, queer and other orientations)

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. We anticipate our proposals will better ensure that people of all sexual orientations are treated equally for the following reasons.

- The changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues.
- Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.

The changes to Standard 2.8 and 2.9 on social media are anticipated to positively impact people who do not wish their sexual orientation to be disclosed to others. The changes require registrants to protect the privacy of others when posting on social media.

Other identified groups

There is a lack of HCPC data relating to registrants’ socio-economic group and income. This creates challenges in the assessment of registrants experiencing disadvantage or barriers to access based on socio-economic group or income.

Furthermore, socio-economic group and income were not areas of concern raised during our pre-consultation stakeholder engagement. We therefore have not included this in our review of the Standards.

Four countries diversity

It is not expected that the changes will impact any one of the four countries differently.

Section 4: Welsh Language Scheme

How might this project engage our commitments under the Welsh Language Scheme?

Our new Standards, along with any explanatory documents, will be available in Welsh upon request.

Section 5: Summary of Analysis

What is the overall impact of this work?

We anticipate the changes to the Standards to have an overall positive impact on people’s protected characteristics and their experience of health and care professionals. Our changes to standards 1.5, 1.6 and 1.7 ensure that registrants must be active in ensuring their behaviour is anti-discriminatory.

Our changes to Standards 1.8, 1.9 and 1.10 ensure that registrants understand that they must actively maintain professional boundaries. This is anticipated to positively impact children, young and older people who are vulnerable and people with a disability.

Our changes aim to strengthen our approach to social media ensuring that registrants must make reasonable checks on the information that they are posting, actively maintain professional boundaries and respect the privacy of others. This ensures that registrants understand their role in tackling misinformation relating to protected characteristics such as race, disability and gender reassignment.

There is also the potential that registrants with disabilities, such as people who are neurodivergent or who have comprehension challenges, and students who may be less familiar with HCPC and our Standards may find it challenging to digest the changes. Activities that will help to lessen this impact include two working groups for the Standards focused on equality diversity and inclusion and accessibility and targeted engagement post-consultation through workshops.

Section 6: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this assessment.

Include information about how you will monitor any impact on equality, diversity and inclusion.

Summary of action plan

Throughout the implementation period of the review, we will continue to engage with a diverse range of stakeholders. We have engaged with the HCPC EDI Forum to ensure that EDI issues relating to the Standards are raised and mitigated promptly. We will continue to engage with this group throughout the implementation period. Their input will be particularly helpful to plan the implementation of the changes and to ensure this is done so fairly across protected characteristics and nationally.

Our implementation plan will be especially important and will consider how the new changes are communicated to our external stakeholder groups. We have identified some groups that will need targeted engagement communicating the changes to the Standards.

Moreover, we have created two working groups for the final draft of the Standards. Each group will be specifically made up of people from disadvantaged groups such as registrants with disabilities, people with under-represented ethnicities and nationalities, and people from different cultural backgrounds.

The purpose of the first group will be to read through and assess the Standards and provide feedback on the impact of the Standards on equality diversity and inclusion in health and care. We will make final changes based on their recommendations.

During our pre-consultation work, external stakeholders were keen to see more explanatory material for the Standards developed. The second working group will review the accessibility of the Standards and support the design of explanatory material.

Below, explain how the action plan you have formed meets our public sector equality duty.

How will the project eliminate discrimination, harassment and victimisation?

The action plan ensures that we engage with a diverse group of people with under-represented protected characteristics or who are at risk of being negatively impacted by the changes made. This engagement will help us to develop accessible and fair Standards.

It also ensures that we plan our implementation of the new revised standards appropriately and in a way that does not disadvantage any group based on a protected characteristic. This will help us to maintain a register of fully informed registrants who follow and apply our Standards.

The changes made are intended to help to tackle discrimination, harassment and victimisation in health and care through active engagement with these issues. By implementing an action plan that ensures all external stakeholder groups

understand the changes made, we are ensuring that all service users have access to health and care services in a safe and inclusive environment.
How will the project advance equality of opportunity? The action plan includes the development of explanatory materials through a diverse working group. This provides the opportunity to read and digest the Standards in a way that is suitable to a variety of needs. It also includes further workshops and engagement with external stakeholders throughout the yearlong implementation period.
How will the project promote good relations between groups? The plan includes a wide range of internal and external stakeholder activities. Throughout all these activities, stakeholder groups will be brought together to discuss and collaborate on specific issues. For example, workshops during implementation phase of the review focusing on the thematic areas of the changes made to the Standards. Furthermore, we will publish a review of our engagement to ensure that stakeholders know where the changes that we have made originated and understand other stakeholder groups’ perspectives better.

Equality Impact Assessment (Level 2)

For background information on how to complete this form, read **Appendix 2**. Delete guidance text as you complete the form. Guidance text is suggested (not required) content.

Section 1: Project overview

Project title: Guidance on social media review

Name of assessor: Rosemary Flowers-Wanjie	**Version: 2**

What are the intended outcomes of this work?

The review is intended to:

- make any necessary updates to the current guidance that reflect changes within health and care practice and how health and care professionals use social media.
- ensure that the current guidance is fit for practice, particularly taking accessibility and relevance into account.
- gain insight into how we can better communicate the guidance and promote good use of social media by health and care professionals.

Who will be affected?

Once any changes to the standards are implemented:

- the guidance will be available for registrants to better their understanding of our standards and appropriate ways to use social media.
- prospective students for approved programmes may use the guidance to inform their studies and prepare them for practice.
- employers will need to be aware of the revisions to understand what is expected of HCPC registrants using social media.
- HCPC employees and partners will be able to use the guidance to help inform their work for example, when following fitness to practice procedures.

Section 2: Evidence and Engagement

Lack of data should not prevent a thorough Equality Impact Assessment (EIA). Be proactive in seeking the information you need.

What evidence have you considered towards this impact assessment?

11. The HCPC registrant database has provided us with information regarding the protected characteristics of our registrant population.[2]

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[2] Diversity Data Report 2021 | (hcpc-uk.org)

12. We held workshops (1 – 9 September 2022) and an online survey (12 August – 9 September 2022) to external stakeholders – registrants, students, professional bodies, trade unions, employers, education providers, services users and the public – has provided us with information regarding how the Standards are used and understood in practice.

13. We held a consultation on the changes to the standards of conduct, performance and ethics (SCPEs), which 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.

14. We 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%).

15. During the consultation we held six workshops on the main themes of change to the standards. One of these workshops specifically focused on Equality, Diversity and Inclusion (EDI).

16. We sought guidance from the HCPC EDI Forum. Members of the Forum are external stakeholders with expertise in EDI and lived experience. Membership includes registrants and EDI professionals in relevant stakeholder organisations.

17. We sought feedback from the HCPC Professional Bodies Quarterly Forum and through our regular engagement with other health and care regulators.

18. Internal discussions with the HCPC Council and other committees have informed these proposals.

19. We sought legal review of the draft revised guidance and have applied their recommendations.

How have you engaged stakeholders in gathering or analysing this evidence?

- There are three stages of our stakeholder engagement: pre-consultation; consultation and post consultation and implementation.
- The external stakeholder groups targeted by our engagement include:
    - Professional bodies
    - Education Providers
    - Trade Unions
    - Employers
    - EDI Forum
    - Service users and Patient Interest Groups
    - HCPC Partners

    - Students

- External stakeholder activities include:
    - Presentation to Professional Bodies Quarterly Forum in June 2022
    - Pre-consultation workshops with each identified stakeholder group 1 – 7 September 2022.
    - An online pre consultation survey for external stakeholders ran from 21 August 2022 – September 2022 and gathered information regarding the understanding of the guidance and any concerns that stakeholders wished to raise.
    - A 12-week public consultation
    - Consultation workshops
    - Service user focus groups
    - Ad-hoc workshops with external stakeholders, as requested
- We sought feedback on our proposals from the HCPC's EDI Forum.
- Proposals and consultation responses have been discussed with HCPC Education and Training Committee (ETC) and Council. The consultation outcome and the revised guidance will be discussed with ETC in September and Council in October.

Section 3: Analysis by equality group

The Equality and Human Rights Commission offers information on the protected characteristics.

Describe any impact to groups or individuals with the protected characteristics listed below that might result from the proposed project. Draw upon evidence where relevant.

For all characteristics, consider **discrimination, victimisation, harassment and equality of opportunity** as well as issues highlighted in the guidance text.

Age (includes children, young people and older people)

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We therefore proposed updates to the guidance on Standard 2.8 to tackle misinformation.

Children and young people and older people who are vulnerable are at risk to the spread of misinformation. The changes we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true. We anticipate that these changes will have a positive impact on service users who are children and young people and older people who are vulnerable.

We have updated our guidance on Standard 5.1 to clearly state that registrants must think about confidentiality when using either a personal or professional account. This is especially important for vulnerable service users who may be more at risk if their personal information is shared online.

Our changes to guidance relating to Standard 1.9 are anticipated to have a positive impact on service users who are more vulnerable to inappropriate online relationships. The changes we have made explain that registrants should take an active role in maintaining professional boundaries when online and make registrant responsibilities clearer.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their age. The changes ensure that registrants understand that their personal views shared on social media should not lead to the restriction of services for others.

We recognised from the consultation responses that there was confusion caused by the layout of our guidance. We have added extra headers to define information more clearly. This will help to ensure the accessibility of the revised guidance particularly for young people and health and care students. We have also added definitions of specific words that consultation responses demonstrated were not clearly understood.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidenced based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact children and young people and older people who are vulnerable to misinformation because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact children and young people and older people who are vulnerable because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation and added the words *accurate* and *true* to our guidance relating to Standard 9.3. to better reflect this definition. This highlights the impact that sharing misinformation on social media has on the lives of others. We anticipate this to positively impact children and young people and older people who are vulnerable because it ensures the impact of misinformation is clearly stated in the guidance.

Disability (includes physical and mental health conditions. Remember ‘invisible disabilities’)

Our changes to the guidance are anticipated to positively impact registrants with disabilities by improving the accessibility of the Standards. Furthermore, through an explanatory materials design working group, we intend to engage registrants with disabilities after the consultation. Volunteers in this group will assess the guidance and provide feedback to ensure it is accessible to a diverse group of people with various reading abilities. They will support the design of any further explanatory material on social media.

We have made specific changes to make the guidance easier to follow and understand. For example, we have changed the structure of the guidance to make the primary purpose of the document clearer. We have also simplified the “About the Standards” section to only refer to the standards and their purpose. We have also added links throughout the document to help readers find further information more easily.

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We have therefore updated the guidance on Standard 2.8 to tackle misinformation.

People with disabilities are at risk of being harmed through misinformation concerning their or other’s disabilities. The changes we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true. We anticipate that these changes will have a positive impact on people with disabilities.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their disability. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

We recognised from the consultation responses that there was confusion caused by the layout of our guidance. We have added extra headers to define information more clearly. This will help to ensure the accessibility of the revised guidance particularly for neurodiverse people. We have also added definitions of specific words that consultation responses demonstrated were not clearly understood.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidenced based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact people with disabilities because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact people with disabilities because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation and added the words *accurate* and *true* to our guidance relating to Standard 9.3. to better reflect this definition. This highlights the impact that sharing misinformation on social media has on the lives of others. We anticipate this to positively impact people with disabilities because it ensures the impact of misinformation is clearly stated in the guidance.

Gender reassignment (consider that individuals at different stages of transition may have different needs)

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We therefore proposed updates to the guidance on Standard 2.11 to tackle misinformation.

Service users who are undergoing gender reassignment are at risk of being harmed through misinformation concerning gender reassignment. The changes that we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true. We therefore anticipate that these changes will have a positive impact on service users who are undergoing gender reassignment.

People undergoing gender reassignment may be at risk of harm if their personal information is shared online. We have updated our guidance on Standard 5.1 to clearly state that registrants must think about confidentiality when using either a personal or professional account. We anticipate that these changes will have a positive impact on service users who are undergoing gender reassignment.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their gender reassignment. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidenced based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact people undergoing gender reassignment because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact people undergoing gender reassignment because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation and added the words *accurate* and *true* to our guidance relating to Standard 9.3. to better reflect this definition. This highlights the impact that sharing misinformation on social media has on the lives of others. We anticipate this to positively impact people undergoing gender reassignment because it ensures the impact of misinformation is clearly stated in the guidance.

Marriage and civil partnerships (includes same-sex unions)

People whose personal information has changed because of marriage or civil partnership, may be at risk of harm if this is shared online. We have updated our guidance on Standard 5.1 to clearly state that registrants must think about confidentiality when using either a personal or professional account.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their sexual orientation or marital status. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

Pregnancy and maternity (includes people who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding)

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We therefore proposed updates to the guidance on Standard 2.8 to tackle misinformation.

Service users who are pregnant, expecting a baby or breastfeeding are at risk of being harmed through misinformation concerning pregnancy and breastfeeding. The changes that we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true. We therefore anticipate that these changes will have a positive impact on service users who are who are pregnant, expecting a baby or breastfeeding.

People whose personal information has changed because of pregnancy or maternity, may be at risk of harm if this is shared online. We have updated our guidance on Standard 5.1 to clearly state that registrants must think about confidentiality when using either a personal or professional account. We anticipate that these changes will have a positive impact on service users who are pregnant, expecting a baby or breastfeeding.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on pregnancy or maternity. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidenced based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact people who are pregnant, expecting a baby or breastfeeding because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact people who are pregnant, expecting a baby or breastfeeding because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation and added the words *accurate* and *true* to our guidance relating to Standard 9.3. to better reflect this definition. This highlights the impact that sharing misinformation on social media has on the lives of others. We anticipate this to positively impact people who are pregnant, expecting a baby or breastfeeding because it ensures the impact of misinformation is clearly stated in the guidance.

Race (includes nationality, citizenship, ethnic or national origins)

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We therefore proposed updates to the guidance on Standard 2.8 to tackle misinformation.

People are at risk of misinformation spreading in relation to nationality, citizenship, ethnic or national origins being popularised. This may put people of those nationalities, citizenships, ethnicities or national origins at risk of harm from others. The changes that we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their nationality, citizenship, ethnicity or national origin. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidenced based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact people who are at risk of discrimination based on their nationality, citizenship, ethnicity or national origin because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact people who are at risk of discrimination based on their nationality, citizenship, ethnicity or national origin because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation. This highlights the impact that sharing misinformation on social media has on the lives of others. We anticipate this to positively impact people who are at risk of discrimination based on their nationality, citizenship, ethnicity or national origin because it ensures the impact of misinformation is clearly stated in the guidance.

Religion or belief (includes religious and philosophical beliefs, including lack of belief)

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We therefore proposed updates to the guidance on Standard 2.8 to tackle misinformation.

People are at risk of misinformation spreading in relation to religious practices and beliefs. The changes that we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true.

People may be at risk of harm if their religion or belief is shared online. We have updated our guidance on Standard 5.1 to clearly state that registrants must think about confidentiality when using either a personal or professional account. We anticipate these changes to have a positive impact on people who would be at risk of harm if their religion or belief were shared online.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their nationality, citizenship, ethnic or national origin. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

Furthermore, the changes that we have made to the guidance relating to Standard 1.6 better reflect the limits of HCPC's interest in registrant social media posts. This will ensure that registrants who share their personal beliefs online are able to do so freely within the limits of the law.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidenced based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact people are at risk of misinformation spreading in relation to religious practices and beliefs because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact people are at risk of misinformation spreading in relation to religious practices and beliefs because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation and added the words *accurate* and *true* to our guidance relating to Standard 9.3. to better reflect this definition. This highlights the impact that sharing misinformation on social media has on the lives of others. We anticipate this to positively impact people are at risk of misinformation spreading in relation to religious practices and beliefs because it ensures the impact of misinformation is clearly stated in the guidance.

Sex (includes men and women)

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their sex. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We therefore proposed updates to the guidance on Standard 2.8 to tackle misinformation.

People who are at risk of being harmed through misinformation concerning sex becoming popularised. The changes that we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidenced based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact people who are at risk of being harmed through misinformation concerning sex because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact people who are at risk of being harmed through misinformation concerning sex because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation and added the words *accurate* and *true* to our guidance relating to Standard 9.3. to better reflect this definition. This highlights the impact that sharing misinformation on social media has on the lives of others. We anticipate this to positively impact people who are at risk of being harmed through misinformation concerning sex because it ensures the impact of misinformation is clearly stated in the guidance.

Sexual orientation (includes heterosexual, lesbian, gay, bi-sexual, queer and other orientations)

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We therefore proposed updates to the guidance on Standard 2.8 to tackle misinformation.

Ppeople who are at risk of being harmed through misinformation concerning sexual orientation becoming popularised. The changes that we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true. We anticipate that these changes will have a positive impact on people's understanding of sexual orientation.

People may be at risk of harm if their sexual orientation is shared online. We have updated our guidance on Standard 5.1 to clearly state that registrants must think about confidentiality when using either a personal or professional account. We anticipate these changes to have a positive impact on people who would be at risk of harm if their sexual orientation were shared online.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their sexual orientation. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidenced based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact people who are at risk of being harmed through misinformation concerning sexual orientation because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact people who are at risk of being harmed through misinformation concerning sexual orientation because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation and added the words *accurate* and *true* to our guidance relating to Standard 9.3. to better reflect this definition. This highlights the impact that sharing misinformation on social media has on the lives of others. We anticipate this to positively impact people who are at risk of being harmed through misinformation concerning sexual orientation because it ensures the impact of misinformation is clearly stated in the guidance.

Other identified groups

There is a lack of HCPC data relating to registrants' socio-economic group and income. This creates challenges in the assessment of registrants experiencing disadvantage or barriers to access based on socio-economic group or income. Furthermore, socio-economic group and income were not areas of concern raised during our pre-consultation stakeholder engagement. We therefore have not included this in our review of the guidance on social media.

People may be at risk of harm if their resident status is shared online. We have updated our guidance on Standard 5.1 to clearly state that registrants must think about confidentiality when using either a personal or professional account. We anticipate that these changes to have a positive impact on people who would not want their resident status shared online.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their resident status. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

Four countries diversity

It is not expected that the changes made will impact any one of the four countries differently.

Section 4: Welsh Language Scheme

How might this project engage our commitments under the Welsh Language Scheme?

Our revised guidance on social media, along with the commentary and consultation documents, will be available in Welsh upon request.

Section 5: Summary of Analysis

What is the overall impact of this work?

Our changes aim to strengthen our approach to social media ensuring that registrants better understand the circumstances in which the guidance and our Standards apply to their use of professional and personal use of social media. The changes balance HCPC respects a registrant's right to freedom of expression and our duty to protect the public.

By making these changes we are ensuring that registrants are better equipped to use social media in a way that protects people from misinformation, restrictions on their access to health services and discriminatory views and language. This is particularly important for people who are vulnerable, who would be at risk from personal information being disclosed and people who are at risk of discrimination based on their protected characteristics.

There is also the potential that registrants with disabilities, such as people who are neurodivergent or who have comprehension challenges, and students may find it challenging to digest the changes made. Activities that will help to lessen this impact include workshops on social media during the implementation phases of the Standards review and additional explanatory materials.

Section 6: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this assessment.

Include information about how you will monitor any impact on equality, diversity and inclusion.

Summary of action plan

Throughout the implementation period of the review, we will continue to engage with a diverse range of stakeholders. We have engaged with the HCPC EDI Forum to ensure that EDI issues relating to social media are raised and mitigated promptly. We will continue to engage with this group throughout the implementation period. Their input will be particularly helpful to plan the implementation of the changes and to ensure this is done fairly across protected characteristics and nationally.

Our implementation plan will be especially important and will consider how the new changes are communicated to our external stakeholder groups.

During our stakeholder engagement throughout the review so far, we have seen that people are keen to see the development of more explanatory material for the Standards. This guidance sits within HCPC's suite of explanatory materials of the Standards. They carry out an important function to explain how registrants can apply the Standards to their practise.

Below, explain how the action plan you have formed meets our public sector equality duty.

How will the project eliminate discrimination, harassment and victimisation?

The action plan ensures that we engage with a range of stakeholders and target our communications towards those who are at risk of being negatively impacted by the changes made. This engagement will help us to develop accessible and fair guidance.

It also ensures that we plan our implementation of the new revised guidance appropriately and in a way that does not disadvantage any group based on a protected characteristic. This will help us to maintain a register of fully informed registrants who follow and apply our Standards.

The guidance is intended to help to tackle discrimination, harassment and victimisation in health and care through active engagement with these issues. By implementing an action plan that ensures all external stakeholder groups understand the changes made, we are ensuring that all service users have access to health and care services in a safe and inclusive environment.

How will the project advance equality of opportunity?

The action plan includes the hosting of workshops on social media. These ensure that there is an opportunity for diverse groups of stakeholders to engage and discuss the new guidance. This will help to lessen the impact of change on those who may find change challenging.

How will the project promote good relations between groups?

The plan includes a wide range of internal and external stakeholder activities. Throughout all these activities, stakeholder groups will be brought together to discuss and collaborate on specific issues. For example, workshops during the implementation phases will specifically discuss the use of social media in the context of the revised guidance.

Furthermore, we will publish a review of our engagement to ensure that stakeholders know where the changes that we have made originated and understand other stakeholder groups' perspectives better.