Investigating Committee 12 February 2008

Standards of conduct, performance and ethics: consultation responses and revised standards

Executive summary and recommendations

Introduction

The Council consulted between 1 June 2007 to 7 September 2007 on revised standards of conduct, performance and ethics. The responses to the consultation have been analysed and the standards updated.

It is proposed that the new standards should become effective from 1 July 2008 (this will allow sufficient time for publication and for stakeholders to be informed about the changes). The standards will be publicised by:

- A letter to all registrants
- A mail out of the new standards to professional bodies and any other relevant stakeholders
- A press release and news item on the HPC website
- Articles in the HPC newsletter

The standards will undergo extensive proofing prior to publication.

Decision

The Committee is asked to agree the following:

- To recommend to council the text of the consultation responses document
- To approve the text of the revised standards pending editing necessary to achieve the Plain English Campaign Crystal Mark
- To agree that the revised standards should be effective from 1 July 2008

Background information

Resource implications

- Type-setting and publication of new standards (if appropriate) online and in hard-copy
- Organising mail outs

Financial implications

- Type-setting and publication of new standards
- Letter to registrants
- Mail out to professional bodies

These financial implications are accounted for in the 2007/8 budget.

Appendices

The following are appended:

Appendix 1: Consultation responses document
Appendix 2: Revised standards of conduct, performance and ethics

Date of paper

7 January 2008

Standards of conduct, performance and ethics consultation

Responses to our consultation and our decisions

Introduction

We consulted on our standards of conduct, performance and ethics from 1 June 2007 to 7 September 2007.

We sent a copy of our consultation document to over 300 organisations on our consultation list. Our consultation list includes employers, education providers and professional bodies. In addition, the consultation document was published on our website and we sent out hard copies on request.

The review of our standards was led by our Conduct and Competence Committee, with input from our Investigating Committee and Health Committee. The Committees considered information from a number of sources, including the standards set by other regulators, and information from the chairs of fitness to practise panels who have experience of using the standards in fitness to practise hearings.

We also held two meetings in September 2006 to discuss the standards with representatives from patient groups, professional bodies, unions and other stakeholders.

At an early stage of the review, we established the following broad principles which have influenced the standards. We decided that the standards should:

- focus where possible on providing guidance to registrants based on our expectations of their behaviour;
- be based on over-arching principles with some further detail on key points (with more detailed guidance available elsewhere if necessary);
- be applicable to all registrants (as far as possible) including those engaged in research, clinical practice, education and roles in industry; and
- be written in broad terms to accommodate changes in best practice, technology, legislation and in wider society.

In this document, we first consider comments made about the standards as a whole, including comments on the introduction, language and function of the standards. We then consider comments made about each of the individual standards. After each section, we then outline the decisions that we have taken following your comments.

We would like to thank all of those who took the time to respond to the consultation.

You can download a copy of the consultation document from our website: http://www.hpc-uk.org/aboutus/consultations/

Alongside the consultation on the revised standards, we have also consulted on guidance we have produced for registrants on confidentiality. The outcome of the consultation on the confidentiality guidance will be published on our website.

The Standards

Article 21 (1) (a) of the Health Professions Order 2001 says that we must:

'...establish and keep under review the standards of conduct, performance and ethics expected of registrants and prospective registrants'

The standards have a number of different roles:

- They provide useful guidance to registrants which can help them in making decisions about their practice.

- They apply to prospective registrants. When someone applies to become registered with us, or when they apply to renew their registration, they are required to inform us if they have received any criminal convictions or cautions. This information is considered by registration panels that refer to the standards when they decide whether we are able to register someone or renew their registration.

- They are also used by panels that consider complaints as part of our fitness to practise process. Panels refer to the standards when deciding whether we need to take any action to protect members of the public.

Analysing your responses

Now that the consultation has ended, we have analysed all the responses we received. We considered carefully each suggestion we received, taking into account whether similar comments were made by other respondents.

Changes to other publications

These standards are quoted in a number of our other publications. When we change the standards, we will therefore make corresponding changes to any other publications.

Overall comments

In this section, we respond to comments relating to the standards as a whole, including the function of the standards and the language used.

General comments

The majority of comments we received about our revised standards were positive, with most respondents saying that the revisions we suggested were improvements. The Society of Sports Therapists said: 'The revised standards of conduct, performance and ethics are well thought out and produced.' Both The British Psychological Society and The Pharmaceutical Society of Northern Ireland recognised that the guidance was written in broad terms so that it was applicable to changing practices and to a range of professions. Several respondents, including the Welsh Scientific Advisory Committee, commented that they were pleased that we were reviewing the standards to ensure that the standards were fit for purpose and that we were inviting feedback from stakeholders. However, Buckinghamshire Chilterns University College said: 'The consultation document on Standards of Conduct, Performance and Ethics gives little guidance to educationalists about the role of students in health care delivery.'

A small number of respondents asked how the standards fit within the NHS Knowledge and Skills Framework (KSF) and whether the standards should be reformatted so that they can be used as a performance management tool. The Royal College of Speech and Language Therapists said: 'The KSF process requires different Bands of SLTs to work at different levels of standards according to band. How do the HPC standards account for this in their general standards format?' The Picker Institute said: '…standards are increasingly seen, not only as 'guidance to registrants' to help in their practice decisions, but as the standards against which professional performance should be measured.'

Our comments

When we began the process of drafting the standards we established some broad principles that the standards should meet. One of these principles was that the standards should apply to all registrants as far as possible. The phrase 'all registrants' encompasses both registrants and prospective registrants who are applying to join the Register. Students are expected to know and follow these standards throughout their period of study and particularly when undertaking practice placements. When joining the Register, they also sign a declaration to state that they will abide by the standards. However, the standards are not intended to provide guidance to educationists about the role of students in health care delivery.

We understand the comments from some respondents about how the standards link to other standards and frameworks. We recognise that registrants do not work 'in a vacuum' and must comply with employer protocols and national protocols (including the KSF). We acknowledge that registrants working in more senior positions have increased responsibilities. However, our standards of conduct, performance and ethics provide principles and guidance which all registrants must comply with, irrespective of their seniority or their KSF banding.

In addition, many of our registrants do not work within the NHS and therefore the KSF does not apply to them.

We believe that it is important to recognise that the standards of conduct, performance and ethics have a very specific regulatory function. The NHS KSF has a related, but very specific function about learning and development of staff within the NHS. We also think that it is important that the standards do not lose clarity by the addition of too much information about how they relate to other standards and frameworks.

However, in order to explain better how the standards link to other frameworks, we intend to publish a separate document on our website which maps the standards of conduct, performance and ethics against the standards of proficiency. The KSF Group of the NHS Staff Council has undertaken work to map the standards of conduct, performance and ethics and standards of proficiency against the NHS Knowledge and Skills Framework. You can find out more information by visiting: www.e-ksfnow.org

Language

Several respondents welcomed the language used throughout the standards. The Registration Council for Clinical Physiologists said that the document was: '…very comprehensive, written in a sensible, easily understandable language and not ambiguous.'

However, we also received a number of comments relating to specific language used in the standards. Several respondents questioned the definition of service users cited within the standards. The Society of Chiropodists and Podiatrists suggested that the term 'service user' should apply to the patient or client of the health professional, whilst 'stakeholder' should apply to staff, carers and others. The British Psychological Society expressed concern that staff were included within the definition of 'service user' and said: 'As some registrants are likely to be working outside of a health care setting and to have institutions, rather than individuals, as their clients the term [service user] may need to be broadened in its definition or even abandoned'. The British Dietetic Association raised concerns that the broad definition of service users created confusion when it is applied to a number of the standards, for example the standard relating to the keeping of records. They said: 'Is a Dietetic Manager, for example, expected to keep a record of all professional advice given at high level strategic meetings? Are tutors/ lecturers expected to keep records of all interactions with their students?'

A small number of respondents questioned the language used to describe the functions carried out by registrants. The British Association for Counselling and Psychotherapy asked whether the word 'treatment' meant that the guidance was too focused on health matters and they suggested that: '… a more generic word could be used in the alternative, or it could be included in the Glossary with a more wide ranging descriptor'. The Society of Radiographers agreed and suggested that the phrase 'diagnostic procedure' should be inserted after the word 'treatment'.

Our comments

Language was an area we considered in detail when drafting the revised standards. Our standards apply to all registrants, irrespective of their profession or the environment in which they work. As a result, the standards must be written using language which is sufficiently broad so that it encompasses all registrants. We have taken the definition of service users from the Continuing Professional Development documents we have produced to ensure consistency between our documents. In communicating our CPD requirements to registrants we have received good informal feedback that this definition is sufficiently broad in scope to reflect the variety of environments in which registrants work. We recognise that not all registrants may have patients or clients but that their actions may still affect other individuals, for example when working in a research or management capacity. In certain circumstances, 'service users' may also include organisations. We will amend our definition of service user to include organisations.

We recognise that the word 'treatment' may be perceived to have medical connotations. On the majority of occasions when the word 'treatment' is used it is as part of the phrase 'treatment or advice' to encompass the variety of functions carried out by registrants. However, in the revised Standards of Proficiency, we use the phrase 'diagnostic or monitoring procedures, treatment, therapy or other actions' to incorporate the variety of functions carried out by registrants. To ensure consistency between the two documents, we will add a definition to the SCPE to state that treatment incorporates diagnostic or monitoring procedures, advice, therapy or other actions.

After consideration of the comments we received, we have added two sections to the introduction incorporating information on language and how the standards relate to a registrant's practice.

The Standards

In this section we consider comments relating to the individual standards.

Introduction

The majority of respondents stated that the revised introduction to the standards clearly explained the role and purpose of the standards. The Institute of Biomedical Scientists said: ‘The introduction is clear and concise and indicative of how the standards are to be used.’

Several respondents were pleased that the introduction to the standards had been revised so that there was less focus on the role of the standards in fitness to practise cases. The Picker Institute said: ‘We support the shift in emphasis from the role of standards in fitness to practice towards their role in providing guidance for registrants, and agree that it is important still to mention their application to fitness to practice cases.’ However, one respondent asked for more clarity on how it is established ‘whether registrants meet the standards’.

A small number of respondents asked whether the principles which influenced the standards as laid out in the document should be incorporated within the revised standards when they are published. The Society of Radiographers said: ‘…the principles listed on page 2 could usefully be titled as such and be part of the document.’

Several respondents commented on the section in the introduction entitled ‘informed and reasonable’. This section was welcomed by both the Standards Department at the General Dental Council and the Board of Community Mental Health Councils of Wales who stated that they believed the section would be useful to registrants. However, the Picker Institute said: ‘…the “informed and reasonable” section begins with the suggestion that it will help resolve dilemmas posed when something a registrant has been asked to do, or a policy they are expected to adhere to, contradicts the guidance, yet it fails to do so. It would be more useful if it concluded with a stronger statement about how such contradictions should be resolved.’

Our comments

We are pleased that the changes we made to the introduction have been welcomed by the majority of respondents. We believe it is important that the introduction highlights the role and purpose of the standards, whilst providing some clear information about how registrants can use and meet the standards.

We have considered the comments that we received asking us to incorporate the principles on page 2 of the consultation document within the introduction to the standards. We will instead add a foreword to include these principles.

We are pleased that most respondents welcomed the section entitled ‘informed and reasonable’. The standards are designed to create a framework of clear principles which function as guidance to registrants. We added the section entitled ‘informed and reasonable’ because the information in this section often forms the basis of the information we give to registrants who contact us because

they have concerns about something they have been asked to do. We do not believe it would be possible or useful for us to provide detailed information explaining what health professionals should do in every situation that they may face. This section is designed to provide broad guidance which can assist individuals to make decisions. However, we believe those decisions are best resolved by the individual professional, taking into account the individual circumstances. Having considered the comments we have received, we have decided to make no further amendments to this section.

Standard one

1. You must act in the best interests of service users

Several respondents suggested that standard one should incorporate information on the importance of engaging with service users and involving them in their care. The Picker Institute said: '…ideally we would like to see a separate standard on working in partnership with service users.' The Chartered Society of Physiotherapy said that it might be helpful to convey 'a stronger spirit of working in partnership with service users and the complexities of this'.

A small number of respondents suggested that the standard should include guidance to registrants on respecting service users and treating them with dignity. The Picker Institute said: 'This would reflect a core principle of the NHS, which features in the professional standards of other health professional groups, and about which questions are routinely asked in patient experience surveys.'

Several respondents asked whether the standard should incorporate information on conflicts of interest and abuse of professional positions. The British Psychological Society said: '…this Standard would benefit from information about the fact that the best interests of those affected by the work of a registrant may conflict, and that the registrant will have to balance those interests and come to a justifiable decision about an ethical course of action.'

A small number of respondents asked whether, in situations where a service user is at risk, it is sufficient that registrants should discuss the matter with a senior colleague. Both Action against Medical Accidents and The Association of Clinical Embryologists suggested that, when a service user may be at risk, registrants should be advised to report directly to another body including the police, HPC or their professional body.

A number of respondents asked whether the guidance on this standard stating '…you are responsible for… any tasks you ask someone else to carry out' needed to be changed in light of the proposed amendment to Standard 8. One respondent said: 'This paragraph states that a registrant is responsible for any tasks he/she asks someone else to do. This should be reworded so that there is no conflict with the proposed amendment on page 14, standard 8.'

The Chartered Society of Physiotherapists suggested two changes to the language used in this standard. They suggested that the words "the people you

care for" should be replaced with "the service users" and also the words "when providing care" should be replaced with "when providing a service"'.

Our comments

We recognise the importance of engaging with service users and involving them in their care. We will amend this standard to say that registrants must 'work in partnership with their service users and involve them in their care as appropriate'. We will also amend the standard to say that registrants must 'treat service users with respect and dignity'.

We have carefully considered the comments we received about incorporating information into this standard on dealing with conflicts of interest. We understand that this is an area of concern for some registrants. We believe that the principle of conflicts of interest is implicit within a number of standards, including standard one and standard fourteen. Standard one states that registrants must promote and protect the best interests of their service users. Standard fourteen states that potential financial rewards should not play a part in any advice or recommendations of services that registrants provide to service users. In addition, it would be difficult to produce guidance on conflict of interest situations which remains relevant to all registrants. We have carefully considered the comments we received and have decided to make no additions to this section of the standard.

We have added additional information to this standard about the responsibilities of registrants to take appropriate action if they believe a child or vulnerable adult is at risk. We recognise that this is an area in which registrants may seek more guidance. We will publish additional information for registrants on our website regarding the protection of children and vulnerable adults. We will amend the standard to reflect that registrants may also wish to discuss a situation that puts a service user at risk with other relevant groups.

We will amend the section which states that registrants are 'responsible… for any tasks you ask someone else to carry out' so that it is consistent with the changes that have been made to standard eight.

Standard two

2. You must respect the confidentiality of service users

We received a small number of comments relating to various sections of this standard. Several respondents asked whether the standard should contain guidance on the sharing of information with others providing care and the need to inform service users of how that information will be shared. The Centre for the Advancement of Interprofessional Education said: '…in the current team working environment you may like to consider guidance here on the sharing of information within a team for effective service user care.'

A number of respondents asked whether the standard should include a brief statement on public disclosure interests (in particular, disclosure to prevent

significant harm to a child or young person or vulnerable adult). NHS Tayside said: ‘Although the issue of sharing information in the interests of public protection etc is dealt with and expanded upon in the ‘confidentiality’ document, it would be useful to highlight this within the standards. The practitioner could then cross reference for more detail. Inclusion of some guidance on the position in relation to protection of children or vulnerable adults would be helpful.’

Both The Association of Clinical Embryologists and the British Dietetic Association suggested that the final sentence of the standard should be rewritten. They said that, at present, the sentence suggests that confidential information stored on computers is particularly vulnerable. They suggested that the sentence should focus on the importance of taking care not to reveal confidential information, irrespective of where it is stored.

The Chartered Society of Physiotherapists suggested that ‘continue to care for that person’ should be replaced with ‘provide a service’ to ensure consistency with the language used throughout the document.

Our comments

We have not included guidance on sharing information within a team because we recognise that not all registrants work as part of a team. The standards are designed to provide general guidance with sufficient information whilst avoiding being prescriptive. The importance of communicating effectively with other individuals involved in the care of the service user is covered under standard seven.

We have added information to standard one in relation to the responsibilities of registrants to take appropriate action if they believe that a child or vulnerable adult is at risk. More information on public interest disclosures can be found in our Confidentiality: Guidance for Registrants document. We will therefore not incorporate information on the protection of children and vulnerable adults or public interest disclosures to standard two.

We have removed the final sentence as we believed that this sentence duplicated information elsewhere within the standard.

Standard three

3. You must keep high standards of personal conduct

We received a number of comments relating to the function of this standard and its perceived impact on registrants. The Speech and Language Therapy Occupational Advisory Committee said: ‘…as written [this standard] is potentially in breach of the right to privacy provided by the Human Rights Act.’ The Picker Institute said: ‘The title of Standard 3 “You must keep high standards of personal conduct” suggests that the guidance is concerned with wider aspects of personal conduct (e.g. financial probity, substance use/ intoxication), whereas the text only refers to breaches of the law. Does HPC’s remit include protecting public confidence in the profession, or upholding the moral rectitude of registrants,

beyond situations in which the public needs direct protection from a registrant's behaviour in their personal life?' However, The Chartered Society of Physiotherapists said: 'The sentences in this Standard – "You must keep high standards" and "You must not do anything that may affect someone's treatment by, or confidence in, you" - do not adequately convey the message that personal conduct of a serious nature and/or serious criminal offences such as set out in the list are all relevant and must be disclosed to protect service users.'

We received a small number of comments suggesting that we should remove the sentence stating that we have arrangements in place to be told about convictions and cautions involving registrants. Respondents suggested this removal because the standard states that registrants have a duty to inform HPC of any convictions or cautions they receive. Respondents also suggested that we should move the section about convictions to standard four as that would separate issues of conduct from convictions.

Several respondents questioned whether drink driving offences should be removed from the list of convictions or cautions. They expressed concern that drink driving offences where someone was hurt or killed would not normally result in removal from the Register.

Several respondents asked that 'supplying drugs' in the list of types of behaviour which might result in removal from the Register should be amended to 'supplying illegal substances' to prevent any confusion for those registrants who prescribe drugs within their scope of practice.

Our comments

We have added to this standard to clarify that poor conduct outside the course of a registrant's professional life may still affect public confidence in them, the services they provide and their profession. The majority of the complaints that we dealt with in 2006-7 were either convictions or misconduct cases. Misconduct can include poor conduct which, though outside a registrant's professional life, could nevertheless affect the public's confidence in the services they provide. It is important therefore, that the standard reflects the fact that some of the allegations we receive relate to misconduct outside a registrant's professional life. In addition, information on convictions is also considered when individuals apply to join the Register. You can find more information on the allegations we received during 2006-7, including convictions in the Fitness to Practise Annual Report for 2006-7. You can download this from: http://www.hpc-uk.org/publications/reports/index.asp?id=136

We decided to remove the section about drink driving offences from the list of actions that might lead to registrants being struck off the Register. Drink driving offences do not always result in removal from the Register or the rejection of an application to join the Register. We consider each case on an individual basis taking into account the particular circumstances behind the allegation, for example whether the individual was on call when the incident occurred. When someone has been hurt or killed as a result of drink driving, it is likely that the individual responsible would have received a conviction for the offence. They would therefore fall into the category of criminal offences for which an individual has received a prison sentence. The fitness to practise panels would consider

these cases to be serious matters. In addition, the list of offences or cautions is not designed to encompass all the offences which may result in removal from the register but instead offers guidance on the convictions or cautions we most frequently receive. We have carefully considered the comments we have received in relation to this amendment and have decided that the amendment should remain. We will however, move the section on convictions to standard four.

We will replace ‘supplying drugs’ with ‘supplying drugs illegally’ on the list of behaviours which may result in removal from the Register or the rejection of an application to join the Register. This will help to provide clarity to those registrants who prescribe drugs within their practice.

Standard four

4. You must provide any important information about your conduct and competence

In the existing standards, we say that registrants should tell us about any significant changes to their health. Following much discussion, our consultation document suggested we should remove this requirement. We asked respondents for their views on our decision to remove the requirement that registrants must inform us of significant changes to their health.

We received a large number of comments from respondents about our decision to remove the requirement. A number of respondents, including The Speech and Language Therapy Occupational Advisory Committee, agreed with this change. The British Psychological Society said: ‘We agree that those registrants who respect an instruction to inform the regulator about a change in their health are unlikely to be those who have continued to practise where action needs to be taken, and so agree that the amendment to this standard is appropriate.’ Guild HE said: ‘… there is a DDA [Disability Discrimination Act] aspect also to be considered, which this change may assist.’

The majority of respondents did not agree with the decision to remove this requirement. The Association of Clinical Embryologists (ACE) said: ‘ACE feels it might be useful to keep this standard. The maintenance of this standard emphasises that any attempt to practise knowingly with a health condition that impairs practice is unacceptable.’ The Royal Pharmaceutical Society of Great Britain said: ‘While the Society recognises that an appropriate balance must be sought with regard to the information that registrants are required to provide about changes to their health, we believe that it is important that regulators are informed of circumstances that may call a registrant’s fitness to practise into question.’ One respondent questioned why we removed this requirement from the standards when registrants were still required to declare any changes to their health at renewal or when registering. The Institute of Chiropodists and Podiatrists suggested that the guidance should include information on the possibility of a registrant developing a mental illness without either the registrant or their GP realising.

Several respondents questioned whether registrants should be required to inform HPC when they have been suspended by their employer. One respondent said:

‘…It is entirely possible that there are a moderate number of professionals around the country who are inappropriately suspended; in which case it seems also to be inappropriate to have to notify the HPC... I was told that suspension was a neutral act.’ The Institute of Medical Illustrators suggested that registrants and employers should also disclose information relating to individuals who might leave their employment prior to the completion of any disciplinary investigation or action by the employer.

Our comments

We removed the requirement that registrants should inform us of any significant changes to their health after considerable discussion in our pre-consultation meetings. We believe that removing the health requirement is a pragmatic step which balances protection of the public against the rights of disabled people. We produce some guidance on managing health related fitness to practise issues in our ‘Managing Fitness to Practise’ brochure. This document outlines some of the steps that registrants can take to manage and maintain their fitness to practise as part of the process of professional self-regulation. After careful consideration of the comments we have received, we have decided that the requirement that registrants should tell us about any significant changes to their health should be removed from the standard.

The Disability Rights Commission (DRC) published a report in 2007 entitled ‘Maintaining Standards: Promoting Equality’. The report was concerned with professional regulation within nursing, teaching and social work and disabled people’s access to professions. The report recommended the revocation of the legislation, regulations and statutory guidance laying down requirements for good health or fitness of professionals. The DRC cited two reasons for this: the negative impact of such legislation on disabled people; and their belief that the legislation offers no real protection to the public.

The DRC report commended HPC for demonstrating good practice within the constraints of generalised health standards. More information on the DRC report ‘Maintaining Standards: Promoting Equality’ can be found at: http://www.maintainingstandards.org. We believe that removing the requirement that registrants should inform us of any significant changes to their health is consistent with the DRC report.

Registrants often inform us when they have been suspended or placed under a practice restriction by an employer or similar organisation. These registrants are acting professionally and showing insight into their fitness to practise by informing us of a change in their status. When registrants provide this information to the HPC it is not automatically treated as if it was an allegation concerning the registrant’s fitness to practise. When registrants inform us that they have been suspended, we normally wait for the outcome of the disciplinary procedures before we decide whether we need to take any action to protect members of the public. In a very small number of cases where we receive information which causes immediate concern about protection of members of the public, we may ask a panel to consider making an interim suspension order or conditions of practise order whilst we continue to investigate the case. We have carefully considered the comments we received in relation to this part of the standard but we have decided to make no amendments.

Standard five

5. You must keep your professional knowledge and skills up to date

We received a small number of comments relating to this standard. Buckingham Chilterns University College said: ‘Standard 5 on keeping professional knowledge and skills up to date is very explicit and helpful, especially in clarifying the position of professionals in management and education roles.’

Both the Hospital Physicists’ Association and the British Association for Counselling and Psychotherapy suggested that the words ‘high quality’ should be removed from the first sentence of this standard. They said that the guidance stated that registrants had to meet the standards of proficiency within their scope of practice. As the standards of proficiency are threshold standards, both organisations argued that they could not be considered ‘high quality’.

Our comments

We have considered the comments we received regarding the statement that a registrant’s ‘knowledge, skills and performance are of a high quality’. We will revise this statement in light of the comments that we received to state that a registrant’s ‘knowledge, skills and performance are of a good quality’.

Having considered the small number of other comments we received in relation to this standard, we have decided to make no further changes.

Standard six

6. You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner

Several respondents asked for clarity on issues relating to scope of practice. The Hospital Physicists’ Association questioned how the standard related to carrying out research and developing new products. They said: ‘You cannot be trained or experienced in something that is newly developed’. NHS Tayside commented similarly that the standard needed to balance working within a scope of practice and working within a learning environment. They said: ‘To remain entirely within the field in which you have appropriate education, training and experience limits learning.’

A number of respondents asked for clarity on issues relating to referral. The Royal College of General Practitioners said: ‘Section 6 states that patients are entitled to referrals. This should be changed to state that patients are entitled to “appropriate” referral. Referrals must be made in the context of the wider health service and all requests for referrals can not feasibly be granted.’ One respondent said: ‘…since referral could be to an unregulated “practitioner”, the paragraph should include a statement that the referrer should receive no financial

or other benefit from the referral and referral should only be for the service user's benefit.' The British Society of Hearing Aid Audiologists said: 'Under the HAC [Hearing Aid Council] Code of Practice, Dispensers who are not registered medical practitioners must advise a client to seek medical advice where the client reports or the Dispenser finds, any of a defined list of referable conditions. There is otherwise no right of a client to be referred for a second opinion.'

Our comments

We recognise that a registrant's scope of practice does not remain static over their working life. Our main concern is that registrants work safely within their scope of practice by ensuring that they have the education, training and experience necessary. It is not the intention of this standard to limit a registrant's scope of practice by preventing their ability to work in an emerging area of their profession or their ability to learn. We will review this standard to ensure that there is clarity on this issue.

We understand the comments we received about ensuring that referrals are appropriate. Whilst we recognise the potential difficulties in handling the need to act in the best interests of service users with finite resources and the requirements of employers, it is not the role of these standards to negotiate such problems or to provide guidance.

We have considered the comments that we received about adding guidance that a registrant should not benefit from the decision to refer a service user. We believe that this is incorporated within standard one and have decided not to make this addition. We will, however, amend this standard to ensure that it reflects the fact that, in some circumstances, service users may not have a right of referral for a second opinion.

Standard seven

7. You must maintain proper and effective communications with service users and other professionals

We received a small number of comments about this standard. The Picker Institute asked whether the standard could incorporate guidance on the importance of involving service users '…as much as possible in the process of care and treatment, and in decisions affecting that care and treatment.'

Several respondents asked whether the standard should make further reference to the importance of maintaining proper and effective communications with other health practitioners. The Chartered Society of Physiotherapists said: '…it seems essential that this standard is expanded to acknowledge the broader range of individuals with whom registrants have to maintain "proper and effective communications."' The British Dietetic Association asked whether the word professionals should be replaced with the word practitioners.

Our comments

We acknowledge the importance of engaging service users within the process of care and treatment. We have amended standard one to incorporate the

importance of service user engagement and therefore, will not amend this standard. To ensure consistency with standard six we will replace the word ‘professionals’ in this standard with the word ‘practitioners’. This recognises the fact that registrants must maintain proper and effective communications with individuals who are not considered service users but may also not be statutorily regulated, for example assistant practitioners.

Standard eight

8. You must effectively supervise tasks you have asked others to carry out

In the existing standards, we say that registrants stay responsible for the outcomes of tasks which they have asked others to carry out for them. In our consultation, we proposed that registrants should be responsible for the appropriateness of the decision to delegate a task rather than the outcome. The majority of respondents agreed with the proposed change to the standard. The Hospital Physicists’ Association said that the proposed change was a ‘…great improvement and identifies the true responsibility of a registrant in this situation.’ The British Psychological Society said: ‘The amendment to this standard seems sensible. The enhanced responsibility retained by a registrant where he or she delegates a task to a student or very junior colleague is covered by the requirement to give adequate and appropriate supervision.’ However, some respondents did not agree to the change to the standard. The Board of Community Mental Health Councils in Wales said: ‘…registrants who delegate tasks should remain directly accountable for the outcome’.

The majority of respondents who agreed with the proposed change also suggested that the lines of responsibility should be different for different groups. Respondents, including the Association of Clinical Scientists, Chartered Society of Physiotherapists and the University of Teeside, suggested that if registrants delegated to other health professionals then the responsibility for the outcome should move to the health professional that had been delegated to. However, if a registrant was delegating to an individual who was not a professional (for example a student) then responsibility for the outcome of the decision remained with the registrant. The Royal College of Speech and Language Therapists recommended that registrants should be advised to risk assess each delegation in terms of the level of competence of the person taking on a task and to set out explicit agreement of the limitation of the tasks and the level of supervision.

Several respondents asked for clarification whether the registrant who delegates a task is still responsible for the overall management of the service user. Gwent Healthcare Wales (Physiotherapy Directorate)said: ‘…it is recommended that there is something within the standard that states this is a dual responsibility, as the more senior health professional will often retain responsibility for the overall outcome. Maybe the standard should outline that overall continuing responsibility should be agreed as part of the delegation process.’

The Society of Radiographers said: ‘…within the box is a very clear statement on delegation – *someone delegating a task would be responsible for the appropriateness of the decision to delegate rather than the outcome.* We would like to see this statement within the text of the standard.’

Our comments

We have carefully considered the comments we received in response to the proposed amendment to this standard. We recognise that supervision and delegation can be areas of concern for registrants. We will therefore, retain the proposed amendment so that registrants are responsible for the appropriateness of the decision to delegate rather than the outcome. We have also thoroughly considered the comments we received asking that lines of responsibility should be different for different groups. We believe that drafting guidance outlining differing lines of responsibility for different groups would render the guidance too prescriptive. Given the variety of environments in which registrants work, it would be very difficult to draft guidance outlining differing lines of responsibility for each individual within that environment. The guidance is designed to be written flexibly to enable a registrant to make an appropriate decision about how and when to delegate. In addition, the language would then allow a panel to make an appropriate decision bearing in mind the individual circumstances of the case. If we received an allegation about a task that was delegated to another individual the panel would also consider the outcome, as part of considering whether the decision to delegate was appropriate. Having considered the comments we received, we have decide to make no further amendments to this section of the standard.

The phrase ‘you will remain responsible for the appropriateness of the decision to delegate’ is contained within the amended standard. We will not therefore, add the additional phrasing requested.

Standard nine

9. You must get informed consent to give treatment (except in an emergency)

We received a number of comments relating to this standard. The Standards Department at the General Dental Council suggested that, at present, the standard could be read to suggest that there was no need to obtain consent in an emergency situation. Several respondents asked whether the standard should include information on issues of consent outside emergency situations where the service user involved is unable to provide consent. Gwent Community Health Council said: ‘There should be a clear indication of what should happen when a person is unable to give consent’.

Action against Medical Accidents, NHS Education for Scotland and the Royal Pharmaceutical Society of Great Britain all questioned whether registrants should try to ‘persuade’ individuals who refuse treatment. They requested that the guidance should be altered to reflect the importance of respecting an individual’s right to refuse treatment.

Several respondents asked whether issues relating to consent extend beyond solely the provision of treatment. The Picker Institute said: ‘The emphasis on consent should be more attuned to the patient engagement and enablement

agenda of today. This standard should emphasise the importance of the service user's right to be fully involved in decisions about their care'.

Our comments

We acknowledge that there are a number of issues around obtaining informed consent. Our standards are designed to be based on overarching principles and written in broad terms to accommodate changes in best practice and legislation. This may be an issue that we would consider producing detailed guidance on in the future. However, in doing so we would not want to duplicate existing guidance available elsewhere.

We will amend our standard in relation to the issues around refusal of treatment. We believe that registrants must attempt to obtain informed consent in these circumstances by ensuring that the service user is made fully aware of the risks of refusing treatment. However, we recognise the importance of respecting a consenting individual's right to refuse treatment and will amend the standard to reflect this.

We believe that issues around patient engagement and enablement are covered in standard one. We will not therefore, make any additional changes to this standard.

Standard ten

10. You must keep accurate records

In our consultation document, we have amended this standard to remove the requirement that registrants should sign any entries by students in a service user's notes. This change was welcomed by several respondents, including the University of East Anglia Nursing and Midwifery department who said the change was the 'sensible way forward'. However, several other respondents stated that they did not agree with the amendment to the standard. Bedfordshire Primary Care Trust Speech and Language Therapy Service said: 'We still feel that the best way to ensure that records completed by students meet the required standards is for professionals to countersign them'. NHS Education for Scotland said: 'If standards are not going to state that registrants should sign any students entries in the notes, perhaps it should be stated that this decision should be taken at a local level by education provider and practice placement provider'.

Several respondents asked whether the standard should be updated to reflect that records are increasingly likely to be computerised rather than in paper format. The Royal College of General Practitioners said: 'Some of the statements made here also assume that paper records will be held, some of these should be adapted to better fit those that keep electronic records as will increasingly be the case'.

British Dietetic Association said 'This is too vague (as mentioned in comment above re language of service users) '....you must keep records for everyone you treat or who asks you for your advice or services' - this is so broad and needs to be narrowed down to patient/client/carer records. Need to re-phrase as electronic

records cannot be written/signed. It may be better to keep this section broader and refer to “follow guidance issued by the employer, professional body or guidance published by the appropriate authority in the country in which you practise”'.

An individual registrant said: ‘In general, all the comments relate to direct interaction with a patient/service user. For example section 10 'You must keep accurate records'. Should this (and other sections) not also apply to indirect contact e.g. laboratory based practitioners who may not be in direct contact with patients but do carry out testing on patient samples? The need to keep records of testing/test procedures/reagent batch numbers etc is certainly covered by CPA [Clinical Pathology Accreditation] requirements but should perhaps at least be mentioned in the guidance’.

Our comments

We have carefully considered the comments we received in relation to our decision to change the requirement that a registrant must sign the entries in the notes made by students under their supervision. We believe that deciding whether or not notes made by students should be signed is a decision made best at a local level by the practice placement provider. We have decided to keep the amendment to this standard and remove the requirement that a registrant should sign entries made by students in the notes.

We recognise that some of the records kept by registrants may be computerised rather than paper based. The standards are written in broad terms so that they can accommodate changes in best practice, technology, legislation and wider society. We have amended this standard to say that ‘if you are using paper based records they must be legible and you should write, sign and date all entries’.

The standard on maintaining records applies to all those who registrants treat, or offer advice or services to. We believe therefore, that this standard incorporates those who may have indirect contact with patients but who are still required to keep accurate records as part of the service they provide.

Standard eleven

11. You must deal fairly and safely with the risks of infection

We received a small number of comments from respondents relating to this standard. Two respondents asked whether the standard could include examples of types of infection that might stop a registrant from practising. The Royal College of GPs said that ‘…the sentence which refers to preventing service users from infecting each other is unclear and examples of how this could happen and be prevented would be helpful to illustrate’.

Gwent Community Health Council suggested that the second paragraph of this standard should be bullet pointed so that the information contained within it is clearer. The British Dietetic Association said: ‘… the wording should be

strengthened to read “you **must** [original emphasis retained] seek advice from a consultant in occupational health or another’.

Our comments

Having considered the small number of comments we received about this standard, we have decided to make no changes to this standard.

Standard twelve

12. You must limit your work or stop practising if your performance or judgement is affected by your health

We received a small number of comments relating to this standard and our suggestion that we might remove the part of the standard which described the action we might take as part of our fitness to practise process. Both The Hospital Physicists’ Association and the Speech and Language Therapy Occupational Advisory Committee said that they supported the change to this standard. The Chartered Society of Physiotherapists asked whether a situation might arise in which a registrant whose performance or judgement is affected by their health does not seek the advice of a consultant or might not act on the advice.

Our comments

Having considered the small number of comments we received about this standard, we have decided to make no further changes.

Standard thirteen

13. You must behave with integrity and honesty

Several respondents, including The Speech and Language Therapy Occupational Advisory Committee and British Psychological Society said that they considered this Standard to be too vague and too broadly worded. Respondents were particularly concerned about the requirement that registrants should act with integrity and honesty at all times. This standard would, therefore, have an impact upon a registrant’s personal life.

A small number of respondents asked for further clarity on the purpose and language of the standard. The Picker Institute questioned whether the purpose of the standard was ‘…to protect service users from poor performance, to maintain the reputation of/confidence in the professions, and/or to uphold the moral rectitude of registrants’. The Chartered Society of Physiotherapy said: ‘This standard does not adequately explain the meaning of integrity and honesty. It could be removed and details of integrity and honesty merged into standard 3.’

Our comments

We have carefully considered the comments we received in relation to this standard. When we reviewed the standards, we removed the original standard 13

and rewrote standard 14 to recognise that health professionals need to act with integrity and honesty both inside and outside of their professional lives.

A number of the allegations that we receive relate to occasions when registrants may not have behaved with integrity and honesty. In particular, this might relate to a conviction for serious theft or fraud. As health professionals, our registrants must act in a way which justifies the trust placed in them by both service users and wider society. Having considered the comments we received during the consultation as well as information looked at during the review itself, we will make no amendments to this standard.

Standard fourteen

14. You must make sure that any advertising is accurate

We received a small number of comments relating to this standard. The British Dietetic Association suggested that the standard should include the requirement that registrants must declare and provide information on conflicts of interest. The Chartered Society of Physiotherapy suggested that the standard should be extended to cover all aspects of a registrant's practice '…that have a financial/commercial dimension and that relate to how they use resources.'

Our comments

Having considered the small number of comments we received in relation to this standard, we will make no changes.

Standard fifteen

15. You must make sure that your behaviour does not damage public confidence in you or your profession

We received a number of comments response to the language and phrasing used within the standard. The Hospital Physicists' Association said: 'This standard uses the phrase "likely to damage public confidence" which is open to interpretation and challenge and we feel that the standard should remove the subjective "is likely to". The standard should state that a registrant should not be involved in behaviour that damages the public confidence in the profession.' One clinical photographer suggested that the phrasing in the original standard should be retained as a registrant's behaviour could damage both the public's confidence in the individual and the profession and also damage the profession's future reputation.

Several respondents asked for additional clarity of the purpose of the standard. The Speech and Language Therapy Occupational Advisory Committee said: '…this is an open ended "catch all" phrase that could mean almost anything. The HPC definition is "You must not get involved in any behaviour or activity which is likely to damage public confidence in you or your profession". What on earth does this mean?' The Society of Radiographers suggested that illustrative

examples should be given to help to define or describe the sorts of behaviour envisaged.

A number of respondents suggested that standard 15 could be amalgamated with standard 13 as there was some overlap between the intentions of the two standards.

Our comments

We have considered the comments we received in relation to this standard. We removed the section about damaging the reputation of a registrant's profession and replaced it with the phrase 'damage public confidence' for a number of reasons. Our primary function is to ensure the protection of the public rather than to protect the reputation of the profession. We believe that the new language more accurately reflects our primary function and our role as a regulator of healthcare professionals. In addition, we believed that the amendment was more consistent with the language used in our fitness to practise proceedings.

The purpose of the standards is to function as positive over-arching principles providing guidance to registrants based on our expectations of their behaviour. Any examples that could be incorporated within this standard would be examples of behaviour which damaged public confidence in either the registrant or their profession. We have therefore decided not to incorporate examples within this standard.

We recognise that there is a potential overlap between standard 13 and 15. After careful consideration of the comments we have received, we have decided to amalgamate the two standards. We will make no further amendments to this standard.

Additional standards

As part of our consultation document, we asked whether respondents thought that any additional standards were necessary. We received a number of suggestions of additional standards. The University of East Anglia suggested that we should add 'more in the standards about dealing with unprofessional behaviour such as bullying and harassment'.

Action against Medical Accidents said: '…it should also be a requirement not to let the fact that a service user has made a complaint or claim against the registrant affect the treatment which is required by a service user. In exceptional circumstances where it is not considered in the best interests of the service user to be treated by the registrant, the registrant has a duty to take reasonable steps to ensure the service user receives the treatment from another suitably qualified registrant'.

The British Psychological Society said: 'The Society's Code of Ethics and Conduct has a Standard which applies to termination of services and continuity of care. While this is partly covered by Standards 1 and 6, we find that it is a useful reminder to members of the need to consider whether a client is obtaining benefit from services, and gives guidance about the way in which termination of services should be handled'.

The Standards Department GDC said: ‘With regard to any additions to the standards in the consultation document, we note that there is no reference to the action that registrants should take if providing a particular service conflicts with their religious or moral beliefs’.

Our comments

We have carefully considered the suggested additions to the standards. We believe that many of the suggested additions are covered by the current standards, in particular standard one and standard six. For example, standard one states that a registrant must ‘promote and protect the best interests of their service users’. This incorporates the requirement not to let the fact that a service user has complained about the registrant affect the provision of services. It also covers the requirement that registrants must ensure continuity of care. We will not, therefore, make any additions to the standards.

List of respondents

Below is a list of those who responded to the consultation. Where a response has been given on behalf of an organisation, we have given the name of the organisation in the text. Where the response comes from an individual, we have not.

We received ten responses from individuals and thirty eight responses from organisations.

Action against Medical Accidents
Association of Clinical Embryologists
Association of Clinical Scientists
Bedfordshire Primary Care Trust (Speech and Language Therapy Service)
Birmingham Eastern and North Primary Care Trust (HPC Registrants)
Board of Community Mental Health Councils of Wales
British and Irish Orthoptic Society
British Association for Counselling and Psychotherapy
British Dietetic Association
British Psychological Society
British Society of Hearing Aid Audiologists
Buckingham Chilterns University College
Centre for the Advancement of Interprofessional Education
Chartered Society of Physiotherapy
General Dental Council (Standards Department)
Guild HE
Gwent Community Health Council
Gwent Healthcare Wales (Physiotherapy Directorate)
Heart of England Foundation Trust (HPC Registrants)
Hospital Physicists' Association
Institute of Biomedical Scientists
Institute of Chiropodists and Podiatrists
Institute of Medical Illustrators
NHS Education for Scotland
NHS Tayside
Pharmaceutical Society of Northern Ireland
Picker Institute
Registration Council for Clinical Physiologists
Royal College of Speech and Language Therapists
Royal College of General Practitioners
Royal Pharmaceutical Society of Great Britain
Society of Chiropodists and Podiatrists
Society of Radiographers
Society of Sports Therapists
Speech and Language Therapists Occupational Advisory Group
University of East Anglia (Nursing and Midwifery)
University of Teeside (School of Health and Social Care)
Welsh Scientific Advisory Committee

Introduction

Your duties as a registrant: the standards of conduct, performance and ethics you must keep to:

1. You must act in the best interests of service users.
2. You must respect the confidentiality of service users.
3. You must keep high standards of personal conduct.
4. You must provide any important information about conduct and competence.
5. You must keep your professional knowledge and skills up-to-date.
6. You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner.
7. You must maintain proper and effective communications with service users and other practitioners.
8. You must effectively supervise tasks that you have asked others to carry out.
9. You must get informed consent to give treatment (except in an emergency).
10. You must keep accurate records.
11. You must deal fairly and safely with the risks of infection.
12. You must limit your work or stop practising if your performance or judgement is affected by your health.
13. You must behave with integrity and honesty and make sure that your behaviour does not damage public confidence in you or your profession.
14. You must make sure that any you do advertising is accurate.

This document sets out the standards of conduct, performance and ethics. The standards explain our expectations of the health professionals we register, in terms of their professional behaviour. The standards also apply to people who are applying to become registered.

If you are registered, you must make sure that you are familiar with the standards and that you keep to them. If you are applying to be registered, you will be asked to sign a declaration to confirm that you have read and will keep to the standards once you are registered.

We also publish **standards of proficiency** which are standards for the safe and effective practice of the professions we regulate. They are set at the threshold level we think is necessary to protect members of the public.

A note about our expectations of you
The standards of conduct, performance and ethics play an important role in making decisions about the character of applicants to our Register, and also in fitness to practise cases.

It is important that you read and understand this document. If your practice is called into question, we will consider these standards (and our standards of proficiency) in deciding whether we need to take any action. Please see the back of this document for more information about how we use the standards when we consider complaints.

The standards and your practice
The standards are written in broad terms and designed to be applicable to all registrants as far as possible. However, we recognise that some of the standards may not be applicable to all the professions that we register or to the practice of some registrants. The standards that might not directly apply to all registrants include standard eleven which states that 'You must deal fairly and safely with the risks of infection'.

If we receive an allegation against a registrant, the fitness to practise panel considers the case on its individual merits. This includes considering the individual circumstances of the case, for example the profession in which a registrant works and their scope of practice.

Meeting the standards
It is important that our registrants meet our standards and are able to practise safely and effectively. We also want to make sure that registrants maintain high standards of personal conduct and do not do anything which might affect the confidence of others in them or in their profession. However, we do not dictate how you should meet our standards.

Each standard can normally be met in more than one way. The way in which you meet our standards might change over time because of improvements in technology or changes in your practice.

As an autonomous and accountable professional you need to make informed, reasonable decisions about your practice to ensure that you meet the standards that are relevant to your practice. This might include seeking advice and support from education providers, employers, professional bodies, colleagues and others to ensure that the wellbeing of service users is safeguarded at all times.

In particular, we recognise the valuable role played by professional bodies in representing and promoting the interests of their members. This often includes providing guidance and advice about good practice, which can help you meet the standards in this document.

Informed and reasonable
We often receive queries from registrants who are concerned that something they have been asked to do, a policy, or the way in which they work might mean that they cannot meet our standards. They are often worried that this might have an impact on their registration.

If registrants make informed, reasonable, professional judgements about their practice, with the best interests of their service users as their prime concern, and can justify those decisions if asked to, then they are very unlikely not to meet our standards.

By ‘informed’ we mean that you have enough information to make a decision. This would include reading these standards and taking into account any other relevant guidelines, guidance or legislation. By ‘reasonable’ we mean that you need to make sensible, practical decisions about your practice, taking into account all relevant information and the best interests of those who use or who are affected by your services. You should also be able to justify your decisions if asked to.

Language

We recognise the use of language can be an emotive issue. Our registrants work in a range of different settings, which include clinical practice, education, research and roles in industry. We have tried to use terms which are as inclusive and as broad as possible.

Throughout the standards we have used the term ‘service user’ to refer to anyone who uses or is affected by the services of registrants. Who your service users are will depend on how and where you work. For example, if you work in clinical practice, your service users might be your patients or your staff if you manage a team. In some circumstances, your service users might be organisations rather than individuals. The term also includes other people who might be affected by your practice, such as carers and relatives.

We have used the word ‘treatment’ in its broadest sense to include a number of actions undertaken by registrants. These actions could include diagnostic or monitoring procedures, therapy or advice.

These standards may change in the future

We have produced this new version of our standards after speaking to our stakeholders about how the standards were working, how they were perceived and how relevant they were to registrants’ practice.

We will continue to listen to our stakeholders and will keep our standards under continual review. We may make changes to the standards in the future to take account of changes in practice or public and professional expectations.

Contact us
If you are not sure how to interpret the standards, you should write to our Director of Policy and Standards at the following address.

Policy and Standards Department
Health Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU
Email: **policy@hpc-uk.org**

1. You must act in the best interests of service users

You are personally responsible for making sure that you promote and protect the best interests of your service users. You must respect and take account of these factors when providing care or a service, and must not exploit or abuse the relationship with a service user. You must not allow your views about service users' gender, age, colour, race, disability, sexual orientation, social or economic status, lifestyle, culture, religion or beliefs to affect the way you treat them or the professional advice you give. You must treat service users with respect and dignity. If you are providing care, you must work in partnership with your service users and involve them in their care as appropriate.

You must not do anything, or allow anything to be done, that you have good reason to believe will put the health or safety of a service user in danger. This includes both your own actions and those of others. You should take appropriate action to protect the rights of children and vulnerable adults if you believe they are at risk, including following national and local policies.

You are responsible for your professional conduct, any care or advice you provide, and any failure to act. You are responsible for the appropriateness of a decision to delegate a task. You must be able to justify your decisions if asked to.

You must protect service users if you believe that any situation puts them in danger. This includes the conduct, performance or health of a colleague. The safety of service users must come before any personal or professional loyalties at all times. As soon as you become aware of a situation that puts a service user in danger, you should discuss the matter with a senior colleague or another appropriate individual.

2. You must respect the confidentiality of service users

You must treat information about service users as confidential and use it only for the purposes for which it is given. You must not knowingly release any personal or confidential information to anyone who is not entitled to it, and you should check that people who ask for information are entitled to it. You must only use information about a service user:

- to continue to care for that person; or
- for purposes where that person has given you specific permission to use the information.

You must also keep to the conditions of any relevant data-protection legislation and follow best practice for handling confidential information relating to individuals at all times. Best practice is likely to change over time, and you must stay up to date.

3. You must keep high standards of personal conduct

You must keep high standards of personal conduct, as well as professional conduct. You should be aware that poor conduct outside of your professional life may still affect someone's confidence in you and your profession.

4. You must provide any important information about your conduct and competence

You must tell us (and any other relevant regulators) if you have important information about your conduct or competence, or about other registrants and health professionals you work with. In particular, you must let us know straight away if you are:

- convicted of a criminal offence, receive a conditional discharge for an offence, or if you accept a police caution;
- disciplined by any organisation responsible for regulating or licensing a health or social care profession; or
- suspended or placed under a practice restriction by an employer or similar organisation because of concerns about your conduct or competence.

You should cooperate with any investigation or formal inquiry into your professional conduct, the conduct of any other healthcare provider or the treatment of a service user, where appropriate. If anyone asks, and they are entitled to it, you should give any relevant information in connection with your conduct or competence.

We can take action against you if you are convicted of a criminal offence or have accepted a police caution. We will always consider each case individually to decide whether we need to take any action to protect the public.

However, as guidance we will consider rejecting an application for registration, or striking you off the Register if you are already registered, if you are convicted of a criminal offence or accept a police caution that involves one of the following types of behaviour.

- Violence
- Abuse
- Sexual misconduct
- Supplying drugs illegally
- Child pornography
- Offences involving dishonesty
- Criminal offences for which you received a prison sentence

This is not a complete list. We will always look at any convictions or cautions we learn of, and we have arrangements in place to be told about convictions and cautions involving registrants.

5. You must keep your professional knowledge and skills up to date

You must make sure that your knowledge, skills and performance are of a good quality, up to date, and relevant to your field of practice.

You must be capable of meeting the standards of proficiency that apply to your scope of practice. We recognise that your scope of practice may change over time.

We acknowledge that our registrants work in a range of different settings, including education, research and clinical practice. You need to make sure that whatever your area of practice you are capable of practising safely and effectively.

Our standards for continuing professional development link your learning and development to continued registration. You also need to meet these standards.

6. You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner

You must keep within your scope of practice. This means that you should only practise in those fields in which you have appropriate education, training and experience. We recognise that your scope of practice may change over time.

When accepting a service user you have a duty of care. This includes the obligation to refer them for further treatment if it becomes clear that the task is beyond your own scope of practice. If you refer a service user to another practitioner you have a duty of care in making sure that the referral is appropriate and that the service user understands why the referral is being made.

In most circumstances, a person is entitled to a referral for a second opinion and you are obliged to accept the request and do so promptly.

If you accept a referral from another practitioner, you must make sure that you fully understand the request. You should only provide the treatment if you believe that this is appropriate. If this is not the case, you must discuss the referral with the practitioner who made the referral, and also the service user, before you begin any treatment or provide any advice.

7. You must maintain proper and effective communications with service users and other practitioners

You must take all reasonable steps to make sure that you can communicate properly and effectively with service users. You must communicate appropriately, co-operate, and share your knowledge and expertise with other practitioners, for the benefit of service users.

8. You must effectively supervise tasks you have asked others to carry out

People who consult you or receive treatments or services from you are entitled to assume that a person with appropriate knowledge and skills will carry out their treatment or provide services. Whenever you give tasks to another person to carry out on your behalf you must be sure that they have the knowledge, skills and experience to carry out the tasks safely and effectively. You must not ask them to do work which is outside their scope of practice.

You must always continue to give adequate and appropriate supervision to whoever you ask to carry out a task. You will remain responsible for the appropriateness of the decision to delegate. If someone tells you that they are unwilling to carry out a task because they do not think they are capable of doing so safely and effectively, you must not force them to carry out the task anyway. If their refusal raises a disciplinary or training issue, you must deal with that separately, but you should not endanger the safety of the service user.

9. You must get informed consent to give treatment (except in an emergency)

You must explain to the service user the treatment you are planning on carrying out, the risks involved and any other possible treatments. You must make sure that you get their informed consent to any treatment you do carry out. You must make a record of the person's treatment decisions and pass this on to all members of the health or social care team involved in their care. In emergencies, you may not be able to explain treatment, get consent or pass on information to other members of the health or social care team. However, you should still try to do all of these things as far as you can.

You must respect the right of a consenting individual to refuse treatment. You must ensure that they are fully aware of the risks of refusing treatment, particularly if you think that there is a significant or immediate risk to their life.

You must keep to your employers' procedures on consent and be aware of any guidance issued by the appropriate authority in the country in which you practise.

10. You must keep accurate records

Making and keeping records is an essential part of care and you must keep records for everyone you treat or who asks for your advice or services. You must complete all records promptly. If you are using paper-based records, they must be legible, and you should write, sign and date all entries.

You have a duty to make sure, as far as possible, that records completed by students under your supervision are legible, accurate and appropriate.

Whenever you review records, you should update them and include a record of any arrangements you have made for the continuing care of the service user.

You must protect information in records against loss, damage, inappropriate access or tampering. If you update a record, you must not erase information that was previously there, or make that information difficult to read. Instead, you must mark it in some way (for example, by drawing a line through the old information).

11. You must deal fairly and safely with the risks of infection

You must not refuse to treat someone just because they have an infection. Also, you must keep to the rules of confidentiality when dealing with people who have infections. For some infections, such as sexually transmitted infections, these rules may be more restrictive than the rules of confidentiality for people in other circumstances. We discussed confidentiality in more detail earlier in this document.

You must take appropriate precautions to protect your service users and yourself from infection. In particular, you should protect your service users from infecting one another. You must take precautions against the risk that you will infect someone else. This is especially important if you suspect or know that you have an infection that could harm others. If you believe or know that you may have such an infection, you must get medical advice and act on it. This may include the need for you to stop practising altogether, or to change your practice in some way in the best interests of protecting your service users.

12. You must limit your work or stop practising if your performance or judgement is affected by your health

You have a duty to take action if your physical or mental health could be harming your fitness to practise. You should seek advice from a consultant in occupational health or another suitably qualified medical practitioner and act on it. This advice should consider whether, and in what ways, you should change your practice, including stopping practising if this is necessary.

13. You must behave with integrity and honesty and make sure that your behaviour does not damage public confidence in you or your profession

You must justify the trust that others place in you by acting with integrity and honesty at all times. You must not get involved in any behaviour or activity which is likely to damage public confidence in you or your profession.

14. You must make sure that any advertising you do is accurate

Any advertising you do in relation to your professional activities must be accurate. Advertisements must not be misleading, false, unfair or exaggerated. In particular, you should not claim your personal skills, equipment or facilities are better than anyone else's unless you can prove this is true.

If you are involved in advertising or promoting any product or service, you must make sure that you use your knowledge, skills and experience in an accurate and responsible way. You must not make or support unjustifiable statements relating to particular products. Any potential financial rewards to you should play no part at all in your advice or recommendations of products and services that you give to service users.

Fitness to practise

When we say someone is ‘fit to practise’ we mean that they have the skills, knowledge, character and health to practise their profession safely and effectively.

We consider complaints about registrants from members of the public, employers, professionals, the police and others and take action to protect the public. This can include cautioning a registrant, placing conditions on their registration, suspending them from practice or, in the most serious cases, removing them from the Register.

When we consider a complaint about a registrant, we take into account whether the standards have been met in deciding whether we need to take any action to protect the public. We will also take account of any guidance or codes of practice produced by professional bodies.

You can find more information about the fitness to practise process in our brochures ‘Making a complaint about a health professional’ and ‘What happens if a complaint is made about me?’. These brochures are available to download from our website or you can contact us to request a copy.

Glossary

Delegation

When a health professional asks someone else, who could be a colleague, student or support worker, to carry out a task on their behalf.

Fitness to practise

When we say that someone is ‘fit to practise’, we mean that they have the skills, knowledge, character and health to do their job safely and effectively.

Informed consent

When a service user has all the necessary information in a form they can understand so that they can make an informed decision about whether they wish to have a particular treatment.

Referral

When a health professional asks another practitioner to take over the care of a service user because it is beyond their scope of practice or when the service user has asked for a second opinion.

Scope of practice

A health professional's scope of practice is the area or areas of their profession in which they have the knowledge, skills and experience to practise safely and effectively.

Service user

A service user is anyone who uses or is affected by the services of registrants.

Standards for continuing professional development

The standards for continuing professional development link a health professional’s ongoing learning and development with their continued registration.

Standards of proficiency

These are the standards for safe and effective practice in each profession. Health professionals must meet these standards to become registered.