



Standards of conduct,
performance and ethics

consultation document

Standards of conduct, performance and ethics – consultation document

Introduction

I am pleased to introduce this consultation on revised standards of conduct, performance and ethics.

The standards of conduct, performance and ethics explain our expectations of the behaviour of the health professionals we register. The standards also apply to people who are applying to us to become registered. We first published the standards of conduct, performance and ethics in July 2003.

In July 2006 we decided to review the standards so that we could make sure that they continued to be fit for purpose and that they conformed to the expectations of the public, registrants and other stakeholders.

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.
- The standards 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.
- The standards 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.

You can download a copy of the existing standards document by visiting our website at: www.hpc-uk.org/publications/standards

About the review

The review was led by our Conduct and Competence Committee, with input from our Investigating Committee and Health Committee. The Committees considered a variety of different pieces of information, including information from registrants who replied to articles on our website and in our newsletter, the standards produced by other regulators, and information from chairs of fitness to practise panels.

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

At an early stage of the review, we established some broad principles which have influenced the standards laid out in this document.

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.

The changes we have made to the standards are relatively minor in nature and reflect our experience in using the standards and the types of queries we receive from registrants.

Changes to other publications

Following the end of the consultation period, the final text of the standards will be agreed. At this time we will make corresponding changes to the following publications, where they quote the standards:

- Managing your fitness to practise: a guide for registrants and employers
- Information about the health reference

About this document

Where we think that this might be helpful, we have included some explanation of the reasons behind the changes we have proposed.

Acknowledgements

We are very grateful for the feedback we received from our stakeholders, which has informed our review of the standards.

In particular, we would like to thank the following organisations for their input:

Alliance of Private Sector Chiropodists and Podiatrists
Association for Perioperative Practice
Association of Clinical Embryologists
Association of Clinical Scientists
Association of Professional Ambulance Personnel
British and Irish Orthoptic Society
British Association of Art Therapists
British Association of Prosthetists and Orthotists
British Chiropody and Podiatry Association
British Dietetic Association
British Paramedic Association
British Psychological Society
Chartered Society of Physiotherapy
College of Occupational Therapists
Council for Healthcare Regulatory Excellence
Disability Rights Commission
Institute of Biomedical Science
Institute of Chiropodists and Podiatrists
Mind
National Association of Patient Participation Groups
Prince's Foundation for Integrated Health
Royal College of Speech and Language Therapists
Society and College of Radiographers
Society of Chiropodists and Podiatrists
Unison

Your responses

We would welcome your responses to the consultation in any format that is convenient for you. However, you might wish to address the questions below:

1. How far do you think that the standards meet the principles outlined on page 2?
2. Do you think the introduction clearly explains the role and purpose of the standards?

3. Do you agree with the changes we have made to the existing standards?
4. Do you think any additional standards are necessary?
5. Do you think that there are any standards which might be re-worded?
6. On page 11, we explain that we decided to remove the requirement for registrants to inform us of significant changes to their health. What are your views about this change?
7. On page 14, we explain that we think it is more appropriate to say that registrants are responsible for the appropriateness of a decision to delegate tasks to assistants, colleagues and students, rather than that they are directly accountable for the outcome following delegation. Is this appropriate? Or should the lines of responsibility be different for different groups?

Any further comments on the content of the standards would be very welcome.

This consultation will put the HPC's proposed standards before a wide range of stakeholders, including professional bodies, employers, higher education institutions and others with an interest in our work. We would like to invite any individual or organisation with an interest in these issues to respond to this consultation. The consultation will run until **7 September 2007** and further copies of the document will be available on our website to download.

If you would like to respond to this consultation, please send your response to:

Standards of conduct, performance and ethics consultation
Policy and Standards Department
Health Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU

Email: consultation@hpc-uk.org
Phone: 020 7840 9815
Website: www.hpc-uk.org/aboutus/consultations

If you would prefer your response not to be made public, please indicate this when you respond.

We look forward to receiving your comments.

Yours sincerely

Keith Ross
Chair of the Conduct and Competence Committee

Introduction

We felt that the existing introduction focused too much on the role of the standards in fitness to practise cases. Whilst we believe that this information is important, we want to make sure that the introduction clearly explains the role and purpose of the standards, whilst providing some clear information about how registrants can use and meet the standards.

In particular, we have added more information about how the standards apply to prospective registrants, explained the importance of informed and reasonable decisions, and moved the section on fitness to practise to the back of the document.

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 professionals.
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.
14. You must make sure that any advertising is accurate.
15. You must make sure that your behaviour does not damage public confidence in you or your profession.

Introduction

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 a minimum 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.

Meeting the standards

Our role as a regulator is to make sure that registrants are practising safely and effectively in a way which poses no risk to service users or themselves. 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 best 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.

Service users

We recognise that our registrants work in a range of different settings, which include clinical practice, education, research and roles in industry. We recognise that different professions sometimes use different terms to refer to those who use or who are affected by their practice and that the use of terminology can be an emotive issue.

We have tried to use a term which is as inclusive as possible. Throughout the standards we have used the term 'service users' 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. The term also includes other people who might be affected by your practice, such as carers and relatives.

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

We have added additional information to this standard about the responsibilities of registrants to take appropriate action if they believe that a child or vulnerable adult is at risk. This might include following the policy of their employer or the guidance published by the Departments of Health in the home countries.

We have also added to the third paragraph to clarify that an important part of professional autonomy and accountability is the ability of registrants to justify their decisions if asked to.

You are personally responsible for making sure that you promote and protect the best interests of the people you care for. You must respect and take account of these factors when providing care, 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 or religious beliefs to affect the way you treat them or the professional advice you give.

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, any failure to act and any tasks you ask someone else to carry out. You must be able to justify your decisions if asked to.

You must protect service users if you believe that any situation puts them at risk. 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 at risk, you should discuss the matter with a senior colleague.

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. You must be particularly careful not to reveal, deliberately or accidentally, confidential information that is stored on computers.

3. You must keep high standards of personal conduct

We have added to this standard to make it clearer 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.

We always consider every case we receive individually to decide whether we need to take any action to protect the public. However, in this standard we want to give registrants and prospective registrants a clear indication of the types of convictions that might lead to us striking someone off the Register or rejecting an application for registration.

We have removed the bullet point 'Drink driving offences where someone was hurt or killed' following comments at our discussion meetings. Whilst we recognise that drink driving offences are in themselves serious, they do not normally result in removal from the Register or an application for registration being rejected, unless there are aggravating factors. This might include if they were part of a continuing pattern of offences, or if a registrant was on duty or on call at the time of the offence. However, we will always consider each case individually.

We have also added child pornography offences to this list. We have recently considered a number of cases concerning child pornography. We also feel that adding this is consistent with our indicative sanctions guidance which explains that such offences are normally incompatible with remaining registered.

You can download a copy of our indicative sanctions guidance by visiting our website: www.hpc-uk.org/complaints/hearing

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.

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
- 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.

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.

We are often informed by registrants who have taken a break from practice or changed their practice in some way because of a health condition. Such registrants are showing insight and understanding their condition by maintaining their own fitness to practise. They are also meeting standard 12. As long as registrants maintain their own fitness to practise we will not need to take any action to protect members of the public.

In a small number of cases our Health Committee considers whether a registrant's health is impairing their fitness to practise and therefore whether we need to take any action to protect the public. However, these cases relate to circumstances where a registrant has failed to maintain their fitness to practise and continued to practise when not able to do so in a way which is safe and effective.

After much discussion, we decided to remove this requirement from the standard.

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, convicted of a criminal offence for which you receive a conditional discharge 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 co-operate 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.

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

We approve education and training programmes to make sure that people who complete those programmes meet our standards of proficiency. Our standards of proficiency are threshold standards we consider necessary for safe and effective practice in each of the professions we regulate. If someone successfully completes a programme which we approve, they are eligible to apply to us to become registered.

However, we recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of a newly registered colleague. This might be because of specialisation in a certain clinical area or with a particular client group, or a movement into roles in management, education or research. This might mean that some registrants are unable to demonstrate that they meet all the standards of proficiency for their profession.

In the existing standards, we say that registrants must keep up to date with basic clinical skills, even if they are not in clinical practice. This is inconsistent with our standards of proficiency which say that registrants must continue to meet the standards of proficiency which apply to their scope of practice. We have changed the standards so that they are now consistent.

We have also added a reference to our standards of continuing professional development.

You must make sure that your knowledge, skills and performance are of a high 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 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

We have added to this standard following feedback at a discussion meeting we held with professional bodies and unions. It was felt that it is important that a professional ensures that a referral to another practitioner is appropriate – particularly that the service user understands the reasons behind the referral.

We have also replaced the word ‘professional’ with ‘practitioner’ in recognition that there may be instances where a health professional will refer a service user to a person who is not statutorily regulated and who may not be traditionally considered to be a ‘professional’.

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.

When accepting a service user you have a duty of care. This includes the obligation to refer them for further advice or 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.

A person is entitled to a referral for a second opinion at any time 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 or advice if you believe that this is appropriate. If this is not the case, you must discuss the matter 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 professionals

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

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. Registrants might delegate to colleagues, to support workers, or to students. A junior colleague carrying out a treatment delegated to them would have their own responsibility in making sure that they were capable of carrying out the treatment safely and effectively.

We therefore think that it is more appropriate to say that someone delegating a task would be responsible for the appropriateness of the decision to delegate rather than the outcome.

We ask a specific consultation question about this change.

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. 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.

If someone refuses treatment and you believe that it is necessary for their wellbeing, you must make reasonable efforts to persuade them, 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

In the existing standards, we say:

'If you are supervising students, you should also sign any student's entries in the notes.'

We considered whether this was a necessary requirement, given that a professional may well not be in a position to confirm the veracity of the notes made by a student. We concluded that this was better left as a decision taken by an education provider and practice placement provider.

However, we believe that it is appropriate to say that registrants have a duty of care in ensuring, as far as possible, that records completed by students meet the requisite standards.

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. They should be complete and 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 can use paper or computer based systems for keeping records, but 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, particularly service users. 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

We have removed the part of this standard which described the action we might take as part of our fitness to practise process. We hope that the standards are now more positive in describing the duty of registrants to maintain their own fitness to practise.

We have also removed information about telling us about changes to health (please see standard 4).

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

We decided to remove standard 13 ('You must carry out your duties in a professional and ethical way') in the existing standards because we felt that it duplicated information contained in other standards. In particular, a large part of the existing standard focused on our aims as a regulator rather than the duties of registrants.

We have also rewritten this standard (standard 14 in the existing standards) to recognise that health professionals need to act with integrity and honesty both inside and outside of their professional lives, in order to justify the trust placed in them by service users and wider society.

You must justify the trust that others place in you by acting with integrity and honesty at all times.

14. You must make sure that any advertising is accurate

The existing standard reads: 'You must follow our guidelines for how you advertise your services.' We received feedback that this was misleading, as the guidance on advertising is contained in the text below and is not available elsewhere. We have amended the standard as a result.

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.

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

In the existing standards, this standard refers to the reputation of the profession. We have amended this standard so that it refers to public confidence in health professionals and their professions. We felt that this was more appropriate and consistent with the language used in our fitness to practise proceedings.

You must not get involved in any behaviour or activity which is likely to damage public confidence in you or your profession.

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 also mean that we trust them to act legally.

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 or treatment 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. We also mean that we trust them to act legally.

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 lawfully, safely and effectively.

Service user

A service user is anyone who uses or is affected by the services of registrants. This includes carers and relatives.

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.



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