

**Health Professions Council**  
**Conduct and Competence Committee, 30<sup>th</sup> January 2007**  
**Standards of conduct, performance and ethics review: consultation document**

## **Executive Summary and Recommendations**

### **Introduction**

At their meetings in November, the Health, Investigating and Conduct and Competence Committees considered a first draft of the revised standards.

This paper includes a copy of the draft consultation document, which incorporates a second draft of the standards.

A summary of the discussion points at the last round of meetings is included at appendix 1. The draft timetable for the consultation is outlined in appendix 2 (assuming that the revised draft receives committee approval).

### **Decision**

The Committee is invited to recommend to the Council the text of the consultation document and recommend that we should consult on the revised standards.

### **Background information**

None

### **Resource implications**

None

### **Financial implications**

None

### **Background papers**

None

### **Appendices**

Appendix 1: Summary

Appendix 2: Outline timetable

### **Date of paper**

17 January 2007

# 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 convictions or cautions. This information is considered by registration panels which use the standards when they decide whether we are able to register someone or renew their registration.
- The standards are also used by panels which consider complaints as part of our fitness to practise process. Panels refer to the standards in deciding whether we need to take any action to protect members of the public.

You can download a copy of the existing standards by visiting our website: [www.hpc-uk.org/publications/standards](http://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 around our expectations of their behaviour;
- be based on overarching 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 practice: 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. This is shown in the boxes.

## 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

However, we would like to emphasise that this document remains the property of the Health Professions Council; any queries about its content should be directed to us.

## Your responses

We would welcome your responses to the consultation in any format which 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 x?
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 that any additional standards are necessary?
5. Do you think that there are any standards which might be reworded?

6. On page x, 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 x, 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 responsible 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 Council'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 **xx/xx/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

E-mail: [consultation@hpc-uk.org](mailto:consultation@hpc-uk.org)

Phone: 020 7840 9815

Website: [www.hpc-uk.org/aboutus/consultations](http://www.hpc-uk.org/aboutus/consultations)

If you would prefer your response not to be made public, please indicate this when you respond. We will publish on our website a summary of the responses we receive, and the decisions we have taken as a result.

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 wanted to make sure that the introduction clearly explained the role and purpose of the standards, whilst providing some clear information about how registrants could 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, 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.

There is normally more than one way in which each standard can be met and 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 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 upon their registration.

We consider that 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 decision 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. So 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  
Health Professions Council  
Park House  
184 Kennington Park Road  
London

SE11 4BU

E-mail: [policy@hpc-uk.org](mailto:policy@hpc-uk.org).

[Back section:]

### **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 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.

### *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 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 last paragraph to make it clear that registrants also have a responsibility to act appropriately if they believe that a policy or system might affect the safety or care of service users. We have found that this issue has come-up frequently in queries we receive from registrants.

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' sex, 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 or a policy or system. The safety of service users must come before any personal and 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. If you feel that you cannot raise the matter with a senior colleague, you can contact our Registrar.

## *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 wanted to give a clear indication to registrants and prospective registrants of the types of convictions which might lead to us striking someone off or rejecting their 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](http://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 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 into 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 practice 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.

We ask a specific consultation question about the change to this 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 colleagues This might be because of specialisation in a certain clinical area or with 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 our discussion meeting with professional bodies and unions. It was felt that it was important that a professional ensured that a referral to another practitioner was 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 under an obligation 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 effectively, 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 junior colleagues, assistants or 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 directly 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 who has the 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 task safely and effectively. You must not ask them to do work which is outside their scope of practice.

Whoever you ask to carry out a task, you must always continue to give adequate and appropriate supervision. 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 them 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 or 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 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 risks 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. We discuss health issues in more detail later in this document.

***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 produce 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.

# Glossary

## **Delegation**

When a health professional asks someone else, normally a junior 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 professional standards for each profession. Health professionals must meet these standards to become registered.

## Summary

This paper summarises changes to the draft of the standards arising from the comments and suggestions made at the last meeting, particularly where there were specific recommendations from the committees.

N.B: The numbering of the standards here relates to that in the existing standards.

### Standard 1

- All three committees felt that it was important that the standard encompassed other vulnerable people. The Conduct and Competence Committee considered that it was important that the terms used in legislation were used. The standard has been updated to refer to ‘children and vulnerable adults’.
- The Health Committee discussed that we might consider removing the list of ‘groups’ from the standard because it was difficult to be inclusive. This was not discussed by the Investigating or Conduct and Competence Committees.

The existing standards say:

“You must not allow your views about patients’, clients’ or users’ sex, age, colour, race, sexuality, social or economic status, lifestyle, culture or religious beliefs to affect the way you treat them or the professional advice you give”.

Statements which include specific reference to all the groups listed above are included in the standards produced by the NMC, GMC and GDC.

#### Recommendation

It is recommended that the wording in the existing standards should be retained.

This would be consistent with the relevant equality legislation and the Council’s ongoing work in producing an equality and diversity scheme which will cover the groups of sex, age, religious, disability, sexual orientation and ethnicity.

‘Sexuality’ has been replaced with ‘sexual orientation’ in the draft, to be consistent with the terminology used in the relevant legislation.

### Standard 2

- No suggestions for change were made about this standard

### **Standard 3**

- The Investigating Committee suggested replacing the reference to ‘Serious drink driving offences where someone was hurt or killed’ with ‘Serious traffic offences’.
- The Health and Conduct and Competence Committees felt that it was appropriate to remove reference to drink driving offences all together.
- ‘Serious drink driving offences where someone was hurt or killed’ has been removed from the bullet point list.

### **Standard 4**

- All the Committees agreed to remove reference to the requirement for registrants to declare changes to their health.

### **Standard 5**

- No further suggestions for change were made to this standard

### **Standard 6**

- The Health Committee discussed whether an alternative word might be found for ‘task’. No similar comments were made at the other meetings.
- Alternatives might include job, undertaking or treatment. However, in order to be as inclusive as possible, it is recommended that the wording should be retained.

### **Standard 7**

- No further suggestions for change were made about this standard

### **Standard 8**

- No further suggestions for change were made about this standard

### **Standard 9**

- No further suggestions for change were made about this standard

### **Standard 10**

- The Health, Investigating and Conduct and Competence Committees agreed that the present requirement to countersign the records of students should be removed.
- The Conduct and Competence Committee suggested replacing this with information about the duty of care for registrants to ensure that records

completed by students whom they are supervising are accurate. This has been added to the draft.

- The Conduct and Competence Committee suggested a minor change so that it was clear that the responsibility of registrants to ensure that records are kept safe from tampering applied to paper-based as well as computer-based methods of record keeping. This has been added to the draft.

### **Standard 11**

- The Health and Investigating Committees felt that the words ‘fairly and safely’ might be removed from the standard heading. The Conduct and Competence Committee disagreed. This wording has been retained in the draft.

### **Standards 12, 13, 14, 15, 16**

- The Conduct and Competence Committee suggested a minor change to the reworded standard 16 (now standard 15). This has been added to the draft.

## Outline timetable

### **30<sup>th</sup> January 2007**

Meeting of the Conduct and Competence Committee – approval of the consultation document.

### **28<sup>th</sup> March 2007**

Meeting of the Education and Training Committee – invited to comment on the revised standards.

### **29<sup>th</sup> March 2007**

Council meeting – approval of the proposed standards for consultation.

### **May/ June/ July 2007**

Consultation on the new standards.

### **19<sup>th</sup> September 2007**

Meeting of the Conduct and Competence Committee – approval of consultation responses document and amended standards.

### **October / December 2007**

Approval of the new standards by council

### **February 2008**

Publication of the new standards.