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## Revisions to the Standards of Proficiency

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### Paper Summary

Following a public consultation, this paper presents revised Standards of Proficiency (SOPs) for all 15 HCPC regulated professions for the Council's approval.

The paper provides background to the consultation as well as an overview of the proposed changes to the generic and to the profession specific standards. It also provides an overview of a draft implementation plan. The Equality Impact Assessment (EIA) for the changes is appended to this report

Also annexed in a separate file, is the full consultation analysis and as well as the proposed new Standards for each profession and a table outlining the changes standard by standard for each profession.

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Previous consideration	The paper was considered by the Education and Training Committee (ETC) at its meeting on 10 March. It was approved with minor amendments. The detail of changes to the SOPs were discussed at a workshop of ETC in January
Decision	Council are asked to approve the revised Standards of Proficiency set out in the annexures well as the consultation analysis.
Next steps	Publication and working with stakeholders to finalise the implementation, communications and engagement plan.
Strategic priority	Priority 2: Enable our professions to meet our standards so they are able to adapt to changes in health and care practice delivery, preventing harm to service users  Priority 4: We regulate, take and communicate decisions which are informed by a deep understanding of the environment within which our registrants, employers and education providers operate
Financial and resource implications	There are no additional resource or financial implications associated with this work. The Standards of Proficiency review is factored into existing work plans.
EDI impact	We have completed a detailed EIA. The EIA sets out many of the positive impacts on of the changes we are proposing to the SOPs and has been taken into account when making our decisions. It also attempts to anticipate any unintended negative consequences for

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people with protected characteristics and sets out possible steps to avoid or mitigate this impact.

We expect the proposed changes to have an overall positive impact on equality, diversity and inclusion. Our revised approach to EDI in the standards places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

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## Revisions to the Standards of Proficiency

### 1. Background

- 1.1 In March 2020, we received Council approval for a consultation on the proposed changes to our Standards of Proficiency (SOPs). The consultation was originally planned to run on a rolling basis from April 1<sup>st</sup> to September 23<sup>rd</sup> 2020 – with the standards split into four groups each lasting 12 weeks.
- 1.2 This was an important project with significant impacts for a range of stakeholders. We therefore carried out detailed engagement before as well as and after the formal consultation.
- 1.3 Stakeholder engagement began in 2019 and comprised of<sup>1</sup>:
  - an initial paper-based review (April – May 2019);
  - a series of workshops in each of the four countries (June – July 2019); and
  - meetings with stakeholders, including the professional bodies for all our professions, to discuss the standards in more depth (July – December 2019).
- 1.4 Following delays due to COVID-19, the consultation was ultimately launched in July 2020 and closed in October 2020. We received 299 responses: 221 (73.91%) from individuals and 78 (26.09%) from organisations. We have completed our analysis of these responses and prepared our draft consultation analysis report. This is set out in the additional annex file to this paper
- 1.5 Some consultation responses contained very detailed feedback on the profession specific standards. These led to further engagements with key stakeholders. During these engagements we worked through the consultation feedback to reach a consensus on the drafting of different profession specific standards
- 1.6 In January 2022, we held a workshop with the Education and Training Committee (ETC). This workshop provided an opportunity for ETC to conduct a detailed review of the proposed changes to the SOPs as well as an overview of the initial draft implementation and communication plans.
- 1.7 In collaboration with the Education department, we have held two further workshops in January 2022 with education providers to seek input on our proposed implementation plan which is set out in more detail below.

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<sup>1</sup> Further detail on this engagement is set out in [our paper to Council](#) in September 2019.

1.8 Following Council's decision we intend to publish the final SOPs alongside the analysis, decisions and EIA documents and follow the implementation and communications plans set out in this paper.

## 2. Updates to the generic standards

2.1 This review of the SOPs proposed splitting the standards into generic standards which apply to all 15 professions and 15 profession-specific standards. The proposed updates to the generic standards post consultation are designed for the 'post-Covid' environment and are wide ranging, but six areas are perhaps most significant:

- The wording of the standards has changed to move registrants away from a passive understanding of the standards and towards active implementation of them
- New standards relating to promoting public health and preventing ill-health
- We have significantly expanded the role of equality, diversity, and inclusion (EDI) in the standards. We have placed specific importance on making sure that practice is inclusive for all service-users. (See further below).
- The central role of the service-user has been improved throughout the generic standards. This includes registrants understanding the importance of informed consent and effective communication in providing good care.
- We have emphasised the importance of registrants maintaining their fitness to practise by looking after their mental health and seeking help where necessary.
- The need to be able to keep up to date with digital skills and new technologies is more prominent in the proposed standards than it was previously.
- The standards clearly show the role and importance of leadership at all levels of practice.

2.2 Full details of the changes we are proposing, and the reasoning for this, can be found in the decisions section of the consultation analysis document set out in the additional annex file to this paper.

### ***Updates to EDI Standards***

2.3 As set out above, a significant change for all registrants will be the new standards relating to EDI. The current SOPs include reference to EDI and registrants would be unlikely to meet their other HCPC standards if they were not practising in an inclusive way. However, the proposed new standards expand the HCPC's expectations of registrants and move towards more active duties to ensure inclusion in practice. We set out an illustration of the change in the table below:

Proposed SOPs	Current SOPs (paramedics) <sup>2</sup>
<p><b>5. recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner</b></p> <p>5.1 respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences</p> <p>5.2 understand equality legislation and apply it to their practice</p> <p>5.3 recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity</p> <p>5.4 understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in theirs and others' practice</p> <p>5.5 recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups</p> <p>5.6 actively challenge these barriers, supporting the implementation of change wherever possible</p> <p>5.7 recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas practice</p>	<p><b>5. be aware of the impact of culture, equality and diversity on practice</b></p> <p>5.1 understand the requirement to adapt practice to meet the needs of different groups and individuals</p> <p>5.2 understand the need to demonstrate sensitivity to the factors which shape lifestyle that may affect the individual's health and the interaction between the service user and paramedic</p> <p><b>6. be able to practise in a non-discriminatory manner</b></p>

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<sup>2</sup> The current standards do not have generic standards related to EDI. Instead, the standards cover the areas of adapting practice and demonstrating sensitivity in practice with relevant changes for each profession.

### **3. Profession-specific standards**

- 3.1 As part of the initial SOPs review process commencing in 2019, we held a range of engagements with professional bodies and other stakeholders which helped to shape the proposed SOPs taken to public consultation.
- 3.2 In July 2021, following the analysis of the consultation responses, the proposed standards for each profession were reviewed against the consultation feedback received. Issues which required further consideration were identified for discussion with the relevant professional bodies/education providers.
- 3.3 In general, the issues raised within the consultation were minor issues proposing specific changes to standards. We approached professional bodies, the Council of Deans of Health (CODH) and others to discuss whether any of the proposed changes would be appropriate.
- 3.4 In some cases, where changes had been proposed by respondents, or the professional bodies themselves, we were able to explain why we were not able to make changes that had been suggested. The most frequent reason we were not able to agree to requests from professional bodies was the fact that the changes would not be threshold or otherwise did not fall within the scope of this review.
- 3.5 Two professions had special engagement after the consultation closed because of the number of outstanding issues with their profession-specific standards. ODPs and radiographers had a number of points which required finalisation. In these engagements we discussed concerns which had been raised by respondents to the consultation, which often suggested that changes that some groups wanted to see would exceed the threshold for safe and effective practice.
- 3.6 As with the generic standards, full details of the changes we are proposing can be found in the decisions section of the consultation analysis document included in the additional annex file to this paper.

### **4. Next steps**

#### ***Communications plan***

- 4.1 We are finalising a communications plan which will guide our communications work once the implementation period begins.
- 4.2 The communications plan will ensure that we reach all of our relevant stakeholders including: education providers and students; employers; registrants; professional bodies; trades union; and national health and government bodies.
- 4.3 Through these engagements, we would want to highlight some of the following points:

- 4.3.1 The positive changes to the SOPs, especially the new standards relating to EDI, increased service user engagement, wellbeing and mental health, public health and leadership.
  - 4.3.2 The ongoing benefits of multi-profession regulation, linked to our registrant communications strategy.
  - 4.3.3 Gratitude for the collaborative nature of the consultation process with key stakeholders including professional bodies.
  - 4.3.4 Assurance to education providers that we will work closely with them to ensure that the proposed SOPs are implemented smoothly and with minimal disruption to their existing programmes.
  - 4.3.5 Explain the purpose of the SOPs to all audiences and especially their role as a foundation rather than a ceiling of skills we expect from professionals, within the context of supporting high-quality professional healthcare practice.
- 4.4 In addition, it will be important to communicate with registrants (especially those who have recently entered the register) to provide guidance and assurances about the implementation of new standards. Part of this work will be to emphasise that registrants only need to meet the standards which are relevant to their scope of practice. This will avoid creating the impression that registrants will need to undertake training for new proficiencies set out in the standards if these do not relate to their scope of practice.

### ***Implementation plan***

- 4.5 We have worked with colleagues in Education to develop the proposed implementation plan for education providers. In January 2022, we held two workshops with a range of education providers to discuss implementation and develop an approach that would be manageable and practical.
- 4.6 We have also worked with colleagues in registration and fitness to practice to plan for an effective date for the implementation of the standards to registrants and international applications.
- 4.7 Due to the scale of changes that will be required as a result of the revised SOPs, delivery of the Standards will be assessed through the HCPC's new periodic performance review process administered by our Education Department.
- 4.8 In previous years, review and implementation of the Standards was conducted through a phased approach, which meant that delivery of all professional Standards took place across several years. However, rather than implementing a phased approach, we took the decision to review all 15 professions' Standards at once which means that all Standards will need to be implemented at the same time.

4.9 We believe that the current approach will reduce the administrative burden placed on education providers as there will only need to be one assessment of the Standards for the institution, regardless of the number of programmes provided. This approach also better aligns with our new quality assurance model, which focuses assessment at the institution level wherever possible.

## 5. Timeline

5.1 Following Council approval, we plan to publish the standards in April 2022

5.2 After consulting with stakeholders, we currently propose that beginning in May 2022 (the last 5 months of the 2021/2022 academic year), we enter a phased process of implementation. Following consultation with education providers, we are confident that it would not be feasible to expect implementation of the new SOPs in the academic year which begins immediately after their finalisation. Therefore, the remainder of academic year 1 (this year) will be used to allow education providers to develop plans for the implementation of the SOPs.

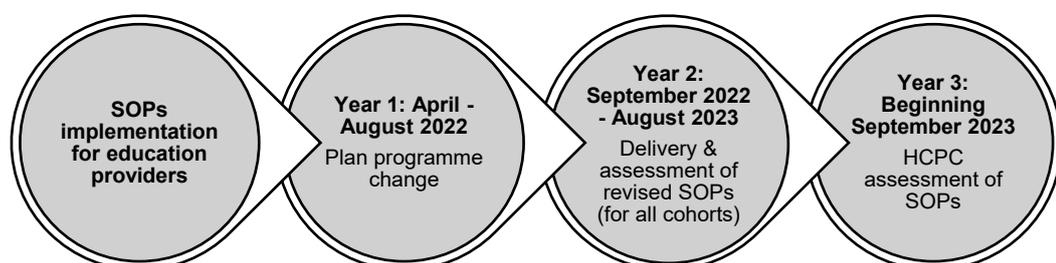
5.3 Between May and September 2022 we will continue to engage with stakeholders to ensure that key messages about the updates to the standards reach registrants in a variety of ways. During this time, the Professional Practice and Insight Directorate, along with Registration and Fitness to Practice will undertake targeted information campaigns, including webinars on the standards aimed at registrants.

5.4 From 1 September 2022 (the beginning of academic year 2) we will start using the new SOPs for approval processes of education programmes.

5.5 For existing programmes, we would expect the submission of their revised programmes to start from Autumn 2022 onwards, working with providers to establish a reasonable deadline date. We understand that programmes will need to make different levels of adjustments to meet the standards and will adopt a flexible and collaborative approach. By September 2023 providers will be delivering against the revised SOPs for all learners in their approved programmes (i.e., not those who begin their course in September 2023 only).

5.6 We will also be developing supporting guidance for key areas of the standards, similar to the Standards for Education and Training, over the coming year. This will support registrants to apply the standards in practice.

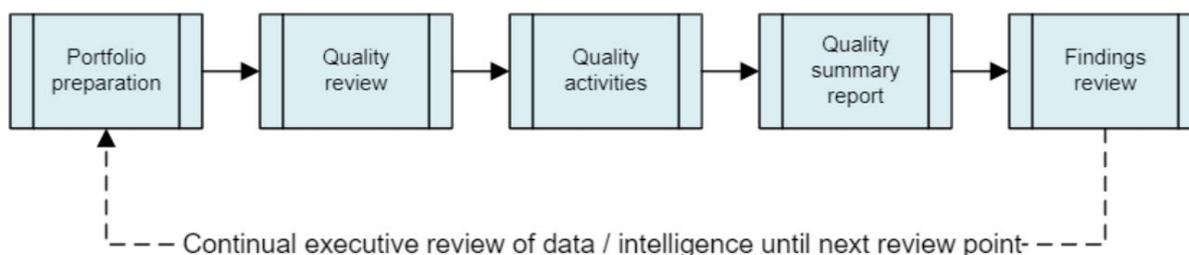
5.7 Implementing the standards will be a collaborative effort among different teams in the HCPC as well as a large number of external stakeholders. The timeline set out above is an overview and the actual implementation dates may vary following further input from stakeholders.



Summary of implementation timeline	
<p>Academic year 1 (2021/2022): Planning</p> <p>April – August 2022</p>	<p>SOPs launched April / May 2022. HCPC to support with planning and implementation of programme revisions.</p> <p>May 2022 Education providers to plan the incorporation into their programmes for the 2023 academic year</p> <p>Continued engagement with registrants and other stakeholders including workshops on the standards.</p>
<p>Academic year 2 (2022/23): Delivery</p>	<p>Providers with existing programmes who have been selected for performance review start to supply information for HCPC to review planned programme changes from February 2023 (portfolio-based submissions)</p> <p>HCPC to support with planning and delivery.</p> <p>Any institutions subject to approval process which takes place in year 2 will be assessed against the revised SOPs</p>
<p>Academic year 3 (2023/24): Delivery and Assessment</p>	<p>Providers to deliver approved programmes to all cohorts using revised SOPs</p> <p>Incorporation of the revised Standards will be assessed via performance review process for selected education providers(ongoing)</p>

## 6. Delivery and assessment: portfolio-based submissions

6.1 Below is a summary of the quality assurance programme which the Education department will manage.



<b>Phase</b>	<b>Description</b>
Portfolio preparation	Completion of the thematic reflective portfolio compiled by the institution, related to SOPs update
Quality review	Partner assessment of the portfolio, to consider performance and themes to be further explored
Quality activities	Explore themes identified in a proportionate way to understand risks, issues, innovations and good practice
Quality summary report	Visitors' detail findings from the assessment, which includes a recommendation about next steps to take
Findings review	Education and Training Committee review of the visitors' findings, with a decision on next steps

## 7. Summary of next steps

Council approval	March 2022
Publication	from April 2022
Delivery of communication and implementation plans begins	from April 2022
Education providers plan for incorporation	May – August 2022
Providers start to supply information for HCPC to review planned programme changes	February 2023
Providers to deliver approved programmes to all cohorts using revised SOPs	September 2023

# Equality, Diversity and Inclusion Impact Assessment (EIA)

## Section 1: Project overview

<b>Project title:</b> Standards of proficiency review	
<b>Name of assessor:</b> Matthew Clayton	<b>Date EIA agreed:</b> TBC

### What are the intended outcomes of this work?

- To review the standards of proficiency for all 15 professions on the HCPC register.
- To ensure the standards are up to date, reflect modern practice and the development of our professions.
- To consult with the public and our stakeholders on revisions to the standards.

### Who will be affected?

Once any changes to the standards are implemented:

- registrants will have to meet the new standards, as far as they relate to their scope of practice;
- The standards of proficiency are set to ensure safe and effective practice for the protection of service users. Placing increased importance on EDI in the SOPs is intended to ensure that service users receive safe and effective treatment regardless of any protected characteristic they may have.
- education and training providers will need to revise their programmes in line with any revisions to the standards;
- prospective students for approved programmes may see changes to their curriculum in line with the revisions to the standards;
- international applicants will have to demonstrate they meet these standards when applying to join the Register;
- employers will need to be aware of the revisions to understand what HCPC registrants will be required to know, do and understand at the point at which they join the Register; and
- HCPC employees and partners will need to be aware of the revised standards, such as when considering applications to join the Register or approving education and training programmes.

## Section 2: Evidence and Engagement

Lack of data should not prevent a thorough EIA. Be proactive in seeking the information you need.

### What evidence have you considered towards this impact assessment?

We have gathered evidence via engagement activity with key stakeholders throughout the review and the public consultation process to make sure we heard from as many individuals and organisations as possible. This engagement began in 2019 and comprised of several pre-consultation activities:

- an initial paper-based review (April – May 2019);
- a series of workshops in each of the four countries (June – July 2019); and

- meetings with stakeholders, including the professional bodies for all our professions, to discuss the standards in more depth (July – December 2019).

Further detail on the pre-consultation engagement can be found in [our paper to Council](#) in September 2019.

Our public consultation ran from July to October 2020. The consultation was conducted through an online survey which was promoted through our communications channels. Part of our early engagement with professional bodies and other representative groups was to ask for their assistance in promoting the consultation to their members once it was launched.

Following the analysis of the consultation responses, we made several amendments to the proposed standards of proficiency. We then reached out to professional bodies and education providers to have detailed discussions about the specific changes we had proposed.

In engaging with stakeholders and developing the standards, we had due regard to the Public Sector Equality Duty under Section 149 of the Equality Act 2010 including the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

EDI was a key theme of the workshops conducted with stakeholders over the Summer of 2019. In these workshops we asked stakeholders:

1. Do the standards adequately address equality, diversity and inclusion?
2. Are the Standards of proficiency clear enough about discrimination?
3. If not, what would make them clearer?
4. How might we strengthen the standards in relation to equality, diversity and inclusion?
5. Would separate guidance be helpful in applying this or are the standards sufficient?

The public consultation as part of the on-line survey included two specific questions about EDI.

- *Question 1: Do you think the generic standards make it clear that registrants must ensure their practice is equal, fair, and inclusive in their approach to all service users?*

The vast majority of respondents (78%) agreed and welcomed the enhanced clarity and focus on inclusive practice. Only 7% said “no” and the rest were “unsure” but didn’t elaborate. While there was wide support for the standards, respondents still raised concerns about the way that the commitment to EDI was being expressed in the standards. Respondents suggested that more active language should be included and that phrases like ‘be aware of’ did not create a strong enough obligation for registrants. Some respondents argued that the standards should be more focused on outcomes rather than the expected behaviours of registrants. Others raised their desire for the standards to explicitly set out concepts like unconscious bias and privilege

- *Question 8: Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics, as defined by the Equality Act 2010?*

A majority of 58% of respondents did not believe that EDI implications would arise from our proposals. While just 13% felt implications would arise and 19% were unsure. Where

respondents felt implications would arise, their concerns largely related to the standards not expressly creating an obligation to promote equality (a requirement to be 'anti-racist' rather than 'not racist' for example). Connected to this, respondents believed that the standards would be strengthened by explicit reference to especially marginalised characteristics – most frequently these characteristics were sexual orientation and race.

Several consultation responses also provided suggestions on EDI in the standards outside of the two targeted EDI questions. Through this feedback, we have made several changes across both the generic and the profession specific standards including the use of more inclusive language.

Shortly after closing the public consultation, we presented an update on the SOPs to the EDI forum. The feedback focused on the use of language in the standards. With one participant noting that the standards carried implicit assumptions of good health and made normative assumptions about ill-health. While another felt that the standards should be more attentive to power dynamics and their impact on relationships.

We received detailed feedback about our Equality, Diversity and Inclusion standards. In response, we have introduced several new standards which cover:

- Equality legislation.
- Personal biases (which may be unconscious) and the need to ensure these do not affect the treatment of others.
- An expanded approach to the protected characteristics, which moves away from listing the protected characteristics, which we felt might encourage a narrow reading of the standards, and instead requires the consideration of “differences of any kind” which includes the protected characteristics and intersectional experiences.
- The duty to make reasonable adjustments, which includes supporting others to make these.
- The impact of a person’s characteristics on their health.
- Reference to EDI in our standards on leadership.
- Recognition that EDI needs to be embedded across all areas of the standards and practice

### *Limitations*

While we have made every effort to gather evidence about the EDI impacts of the proposed standards, there are limitations to the evidence we hold. The vast majority of respondents who answered questions in the consultation relating to EDI did not identify negative impacts of the proposed standards. Where respondents answered to say they believed there could be negative impacts on indicated they did not know, only 19 left any further feedback using open text boxes. While this feedback was often very detailed, the relatively small number of respondents who provided these comments is a limitation.

We have deliberately not mentioned specific protected characteristics in any part of the proposed standards and have instead strengthened our approach to EDI in general throughout the standards. The lack of specific mention of protected groups may have made it more difficult for some respondents to clearly identify sections of the standards that had direct impact on EDI.

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

See above for evidence considered towards this impact assessment.

### Section 3: Analysis by equality group

The Equality and Human Rights Commission offers information on the [protected characteristics](#).

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

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

#### **Age** (includes children, young people and older people)

Our revised approach to EDI in the standards is intended to have a positive impact by placing greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity in practice.

For certain professions, we have also added in additional standards which make specific reference to vulnerable groups such as children and neonates. This should better ensure registrants are able to adapt their practice to this characteristic.

Following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact arising from a person's age. No concerns were identified during our consultation prior to developing the new standards, or engagement exercises since their development. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly.

#### **Disability** (includes physical and mental health conditions. Remember 'invisible disabilities')

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

One respondent in the consultation raised the issue of digital exclusion of people with disabilities and was concerned that a further reliance on technology in the standards would be detrimental to some people with disabilities. However, following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact relating to disability. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly.

We expect education providers and employers to ensure that students and registrants are provided with reasonable adjustments to ensure they can meet their HCPC standards.

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

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

Following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact relating to gender reassignment. No concerns were identified during our consultation prior to developing the new standards, or engagement exercises since their development. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly.

**Marriage and civil partnerships** (includes same-sex unions)

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

Following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact relating to marriage and civil partnerships. No concerns were identified during our consultation prior to developing the new standards, or engagement exercises since their development. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly.

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

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

Following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact for women who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding. No concerns were identified during our consultation prior to developing the new standards, or engagement exercises since their development. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly through

We expect education providers and employers to ensure that students and registrants are provided with reasonable adjustments to ensure they can meet their HCPC standards.

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

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice. International applicants are one of the groups who will be more greatly affected by the changes to the standards, as they will need to demonstrate they meet these standards when applying to join the Register.

The increase in requirements in some areas may therefore make it harder for them to join the Register. While working with a wide range of stakeholders, we have endeavoured to ensure that the changes we have made are proportionate to public protection and still remain at the threshold level for safe and effective practice. This ensures that any additional burdens to join the Register are proportionate to our role to protect the public.

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

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

Following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact based on a person's religion. No concerns were identified during our consultation prior to developing the new standards, or engagement exercises since their development. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly.

### **Sex** (includes men and women)

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

Following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact based on a person's sex. No concerns were identified during our consultation prior to developing the new standards, or engagement exercises since their development. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly.

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

We hope to see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.

Following our engagement activities, we do not have any evidence that the standards as proposed will have any negative impact arising from a person's sexual orientation. No concerns were identified during our consultation prior to developing the new standards, or engagement exercises since their development. The HCPC's work on EDI will continue to identify potential negative impacts of any of our standards and to mitigate against them accordingly.

### **Other identified groups**

In light of the Department of Health and Social care report published in 2016, which recommended inclusion health be embedded in undergraduate teaching for all disciplines of health and social care, we have considered where the standards can better address the health needs and outcomes of socially excluded groups. We have introduced new standards on inclusion which should better address this, in light of feedback we have received during all of our engagement activities

New generic standards which focus on prevention of ill-health (for example) are also intended to ensure that attention is paid to groups which may not have a protected characteristic but are more likely to have higher risks of ill-health (for example, because of their social or economic conditions or based on where they live). A profession specific example is standard 5.9 for dietitians which requires registrants to "demonstrate sensitivity to factors that affect diet, lifestyle and health and that may affect the interaction between service user and dietitian."

### **Four countries diversity**

The standards apply equally to all four countries, and we have made sure to reach stakeholders across the UK in our engagement. In 2019, we hosted four workshops; one in Belfast, Cardiff, Edinburgh and London

In deciding what implementation timescales we will work towards (for education providers to implement in the new standards in their programmes) we have accounted for the make-up of education and training across the four countries. For example, some UK nations may only have a single accredited education provider offering programmes for a specific profession. In these cases, disruption of such an education programme would have an out-sized impact on the profession in that country.

## Section 4: Welsh Language Scheme

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

As any information published in this regard would be targeted at registrants, for the purpose of the Welsh Language Scheme (WLS)<sup>1</sup> this would be technical or specialised material aimed at professionals (see para 4.2 of the Scheme). We therefore do not need to translate any materials, but could provide a translation on request.

## Section 5: Summary of Analysis

### What is the overall impact of this work?

- Following our initial engagements and our consultation, we have made several changes to EDI content in the proposed standards as set out in this document.
- We have embedded equality, diversity and fairness in the proposed standards. All groups should see positive impacts through our revised approach to EDI in the standards, which places greater emphasis on the need for registrants to practise in a non-discriminatory and inclusive manner and be aware of the impact of culture, equality and diversity on practice.
- Race may be a factor leading to individuals being impacted by our proposed changes due to the impact the revised standards will have on international applicants. To mitigate this, we have ensured that all changes we propose are proportionate to our public protection role and at threshold level (what is necessary for safe and effective practice to our role).
- It is important to note that the standards have been developed with a focus on outcomes. This focus on outcomes (rather than process) means that registrants, students, employers and education providers can make assessments against the standards in the most flexible way possible.
- A flexible approach to implementation, coupled with a commitment to EDI processes will play a significant role in mitigating any unintended negative consequences, and in particular will support assessment practice that utilises reasonable adjustments for disabled learners.
- Through this review and other work we are taking proactive steps to ensure that HCPC registrants are an active part of a health and care workforce which is prepared to offer care to a diverse population of service users.

## Section 6: Action plan

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

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

[problem here is the format. We don't have an action plan because the action has already all taken place. I've just outlined some of the basic future work policy and standards will take?]

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<sup>1</sup> <https://www.hcpc-uk.org/globalassets/about-us/governance/welsh-language-scheme.pdf>

### **Summary of action plan**

The project of reviewing the SOPs has now been concluded.

The Policy and Standards team will publish guidance on the new standards during the implementation period and in collaboration with colleagues from the Education department.

We have worked to ensure that our implementation plan takes into account the needs of education providers and students and is conducted with the least disruption possible.

Outside of the work relating to the SOPs, the Policy and Standards team will be undertaking numerous pieces of work which will be beneficial for listed equality groups. For example, updates are planned for our document entitled "Health, disability and becoming a health and care professional".

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

### **How will the project eliminate discrimination, harassment and victimisation?**

The amendments we propose are intended to embed equality, diversity and inclusion in the standards. In particular, the proposed revisions to standards 5 and 6 should serve to help eliminate discrimination, harassment and victimisation by our registrants. As the threshold for entry to the register, the SOPs describe the outcomes expected for safe and effective practice. As such, they are not well suited to provide specific steps for registrants to take in order to achieve these outcomes and form the floor (rather than the ceiling) of a registrant's commitment to equality, diversity and inclusion.

It is important to note that the standards have been developed with a focus on outcomes. This focus on outcomes (rather than process) means that registrants, students, employers and education providers can make assessments against the standards in the most flexible way possible.

### **How will the project advance equality of opportunity?**

The amendments we propose to the SOPs intend to place greater emphasis on the importance of equality, diversity and inclusion. In particular, the proposed revisions to standards 5 and 6 should serve to help advance equality of opportunity.

### **How will the project promote good relations between groups?**

The amendments we propose intend to place greater emphasis on the importance of equality, diversity and inclusion. In particular, the proposed revisions to standards 5 and 6 should serve to promote good relations between groups.

Through this and other work we are taking proactive steps to ensure that HCPC registrants are an active part of a health and care workforce which is prepared to offer care to a diverse population of service users.