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## Professional Liaison Group (PLG) - Review of the standards of conduct, performance and ethics, 16 December 2014

### Third draft of revised standards

### Executive summary and recommendations

#### **Introduction**

This paper includes a third working draft of the revised standards of conduct, performance and ethics (SCPE).

The draft has been informed by the following.

- The discussion and changes agreed by the PLG at the last meeting. The PLG agreed changes to specific standards but also discussed some standards more generally – giving the Executive a clear steer on the direction for the next draft. For example, some of the PLG’s discussion was around reviewing the order of the standards.
- A review of the outcomes of all the research and feedback gathering activities, with a particular focus on making sure that the feedback of service users and carers about the content and accessibility of the standards has been appropriately captured.
- A review of the codes of conduct of other regulators, particularly as a reference point for the drafting of specific standards.
- A review of the content of the existing SCPE. This has revealed one potential gap not already taken account of in the draft, which is highlighted in the commentary. The Executive is satisfied that the remainder of the content is either covered sufficiently in the revised draft or has been the subject of previous discussion / a decision by the PLG.
- A meeting with the HCPC’s solicitor to Council to discuss particular issues and to overall inform the drafting of the revised standards.

As a result, the changes to the last draft have been more significant than before. This has included making significant changes to the overall structure and ordering of the standards, for example, splitting some standards and moving some sub-standards elsewhere in the draft. As a result, the changes are too significant to make marking the changes as in the last draft feasible. Instead, a copy of the last draft is appended for comparison and a detailed accompanying commentary is provided.

**Decision**

The PLG is invited to discuss the attached paper.

**Background information**

- A copy of the existing standards is included on the agenda to note.

**Resource implications**

None

**Financial implications**

None

**Appendices**

Second working draft of revised standards – PLG 7 November 2014

**Date of paper**

5 December 2014

## Commentary on third draft of standards

Draft standard	Comments
<b>General</b>	<ul style="list-style-type: none"> <li>• The structure of the standards has changed, based on the feedback from service users and carers and with reference to the codes of other regulators. Instead of ‘You must’ framed standards in bold with detail underneath, the standards have now been divided into ten areas (shown numbered in bold), with specific standards underneath (in the format 1.1, 1.2, 1.3 and so on). This approach has helped to avoid substantially repeating the sentiment in the bold header in the specific statements below and hopefully has helped provided a more rationalised and logical structure.</li> <li>• There are ten standards / themes as agreed by the PLG at the last meeting, but the order and some of the content has been changed. Registrants must:             <ul style="list-style-type: none"> <li>○ promote and safeguard the interests of service users and carers</li> <li>○ communicate appropriately and effectively</li> <li>○ work within the limits of their knowledge and skills</li> <li>○ delegate appropriately</li> <li>○ respect confidentiality</li> <li>○ manage risk</li> <li>○ report concerns about safety</li> <li>○ be open when things go wrong</li> <li>○ be honest and trustworthy</li> <li>○ keep records</li> </ul> </li> <li>• The order has been changed in light of feedback at the meeting and to more closely mirror the feedback contained in the reports from ‘Connect’ and ‘Shaping our lives’ who engaged with service users with communication disabilities and users of social care, and their carers. The Executive has also tried to ensure that related standards are logically ordered. For example,</li> </ul>

## Commentary on third draft of standards

	<p>working within scope of practice in standard three is followed by standard four which refers to delegation when outside of scope of practice.</p> <ul style="list-style-type: none"> <li>• The order of the ‘sub-standards’ has also been changed in light of feedback at the last PLG and hopefully provides a more logical structure.</li> <li>• A small number of minor changes to wording have also been made where necessary. Some of these changes have been to reflect feedback from service users and carers about the accessibility of the language used.</li> <li>• The specific changes requested by the PLG at the last meeting have been made. Significant further changes or deviations from that agreed / discussed at the last meeting are discussed in this commentary.</li> </ul>
<p><b>Summary of significant deletions and changes to specific standards</b></p>	<ul style="list-style-type: none"> <li>• The standard on consent (standard nine in the existing standards and in the last draft) has been removed and an additional sub-standard added to standard one (1.4).</li> <li>• Standard three – ‘Work within the limits of your knowledge and skills’ – has been created by combining standards six and seven in the last draft as agreed by the PLG.</li> <li>• Standard four – ‘Delegate appropriately’ – was standard nine in the last draft and has been substantially revised in line with the feedback from the PLG at the last meeting.</li> <li>• Standard six – ‘Manage risk’ - is a new standard. The content here was previously in standard one of the last draft.</li> <li>• Standard three in the last draft – ‘You must act appropriately to protect service users’ – has been split into two. Standard seven – ‘Report concerns about safety’ – and Standard eight – ‘Be open when things go wrong’ – have been created.</li> <li>• Standard nine – ‘Be honest and trustworthy’ – combines standards four and five in the last draft.</li> </ul>

## Commentary on third draft of standards

<p><b>Standard 1:</b></p> <p><b>Promote and safeguard the interests of service users and carers</b></p>	<ul style="list-style-type: none"><li>• Standard 1.1 has been slightly amended from the last draft – to refer to ‘privacy and dignity’. This was a consistent theme in the service user and carer feedback and is wording found in other similar codes (such as ‘Good medical practice’ and the code of practice for social care workers in place in the other UK countries).</li><li>• Standard 1.2 and 1.3 have been amended as agreed at the last meeting. The PLG is invited to consider whether the caveat ‘wherever appropriate’ is necessary in each of these standards.</li><li>• Standard 1.4 is a new standard created as a result of removing the standard on consent (standard ten in the last draft). The PLG discussed this standard at length and agreed that substantial revisions were required. The Executive proposes this approach for the following reasons.<ul style="list-style-type: none"><li>○ Consent is a challenging concept in those professions for whom service users do not always engage freely (such as in social work or forensic psychology) and the existing standard and the last draft was therefore very ‘care’ or ‘treatment’ focused.</li><li>○ The wording of 1.4 allows for treatment in emergency situations.</li><li>○ If a dedicated standard was retained, it is unlikely to be relevant to all professionals and would be very likely to repeat content substantially covered elsewhere in standards one and two (e.g. involvement in decision making).</li><li>○ The wording of 1.4 reflects that some registrants will not obtain consent themselves (others would have done this earlier in the care pathway); or will have appropriate authority to carry our work without consent or in an environment where issues of consent are different.</li><li>○ The approach suggested is modelled on that used in ‘Good medical practice’ for doctors, which does not include the level of detail included in the existing SCPE.</li></ul></li><li>• Standard 1.5 has been slightly amended from the last draft to also include colleagues. The list of factors has been removed to a footnote. It is suggested the standard itself is clearer without</li></ul>
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## Commentary on third draft of standards

	<p>these examples. A footnote also ensures that all of the protected characteristics under equality legislation can be mentioned (rather than mentioning some but not others as before).</p> <ul style="list-style-type: none"> <li>• Standard 1.6 – ‘You must challenge discriminatory attitudes or behaviours’ – is a new proposed standard. The importance of anti-discriminatory practice was a theme in feedback from service users and carers and also featured in feedback from other stakeholders. A standard in similar terms is included in both Good medical practice and the draft code recently consulted on by the Nursing and Midwifery Council (NMC). Such a standard sets an expectation that is broader than just the individual’s own behaviour.</li> <li>• The last draft had standards which referred to being able to justify decisions and being responsible for actions and omissions (1.8 and 1.9 of the last draft). Both of these were arguably more statements of fact rather than discrete standards with a specific purpose. Having reviewed other similar codes, it is more usual for these sentiments to be addressed in the preamble / foreword. The Executive proposes including these in the revised foreword when written.</li> </ul>
<p><b>Standard 2: Communicate appropriately and effectively</b></p>	<ul style="list-style-type: none"> <li>• A new standard 2.1 has been proposed: ‘You must be polite and considerate.’ The wording of this standard derives from ‘Good medical practice’ (published by the General Medical Council (GMC) for doctors). It reflects well a consistent theme in comments from service users and carers during the research and feedback gathering phase – that professionals should be polite, respectful, considerate and compassionate.</li> <li>• Standards 2.2 and 2.3 are new standards, replacing the following standard in the last draft: ‘You must take all reasonable steps that you communicate appropriately and effectively with service users and carers. This includes listening to their needs to checking their understanding of care, treatment or services.’</li> <li>• These standards are proposed based on a review of the feedback of service users and carers which said that these aspects of communication were very important, and following a review of how other similar codes address these concepts. It is suggested that the new wording is much clearer than that in the last draft, unpacking what ‘reasonable steps’ and ‘appropriate and effective communication’ really mean.</li> </ul>

## Commentary on third draft of standards

	<ul style="list-style-type: none"> <li>• Standard 2.4 is also a new proposed standard. The need for professionals to recognise and meet service users' language and communication needs was a recurring theme in the service user and carer feedback. This wording is based on similar wording used in Good medical practice and in the draft NMC code. It is also consistent with a standard which appears in the HCPC standards of proficiency for most if not all of the professions.</li> <li>• Standard 2.6 is a new proposed standard and attempts to capture the PLG's discussion about the importance of being clear about expectations that information should be shared 'for direct care'. Sharing information for the benefit of the service user was a theme in the service user and carer feedback.</li> </ul>
<p><b>Standard 3: Work within the limits of your knowledge and skills</b></p>	<ul style="list-style-type: none"> <li>• This standard has been created by combining standards six and seven in the last draft as agreed by the PLG. The standard has also been amended in light of the feedback at the last meeting and a review of other feedback and other similar codes.</li> <li>• Standard seven in the last draft (standard six in the existing standards) included a lot of statements about second opinions and the process for referral which were not really framed as standards. It repeated content which is available elsewhere now, about consent, about working with others for informed decisions and so on, but with specificity to referral. We also received some feedback that the concept of referral in these terms was not always applicable to every profession. As a result, this content has been removed.</li> <li>• Standard 3.2 refers to referral being required where the 'care, treatment or other services required are beyond your scope of practice'. This is a requirement, it is proposed, which is applicable across the whole of the Register.</li> <li>• Standard 3.4 requires registrants to keep up to date and follow law, regulations and guidance applicable to their work. Similar requirements are found in other codes, and this is a useful addition, replacing inconsistent references to other legislation or guidance in this existing standards.</li> </ul>

## Commentary on third draft of standards

	<ul style="list-style-type: none"> <li>Standard 3.5 – ‘You should seek and listen to feedback from others and use it to improve your practice’ - is an amended version of the standard previously included in the standard on communication. It is proposed that this standard was broader than communication and in the new structure is more appropriately located here.</li> </ul>
<b>Standard 4: Delegate appropriately</b>	<ul style="list-style-type: none"> <li>This was standard nine in the last draft and the PLG agreed that substantial revision was required. This included removing the language of ‘task’ and making the standard more supportive. Feedback from registrants and employers has indicated confusion about delegation and referral and the use of the word ‘supervision’ in this standard.</li> <li>Standards 4.1, 4.2 and 4.3 are hopefully clearer in articulating the purpose of this standard. The word supervision has been replaced with ‘oversight and support’ to reflect the distinction from line or managerial supervision.</li> </ul>
<b>Standard 5: Respect confidentiality</b>	<ul style="list-style-type: none"> <li>Some minor changes have been made to this standard for clarity and to reduce duplication (including deleting one standard and combining another two). The proposed standard about public interest disclosure has been refined and is now a bullet point to 5.2. This wording has been agreed with the HCPC’s solicitor to Council.</li> </ul>
<b>Standard 6: Manage risk</b>	<ul style="list-style-type: none"> <li>This is a new standard, using content that was previously in standard one. It was felt that with the removal of the dedicated consent standard and the addition of a sub-standard on consent to standard one, the standards which cover managing risk were no longer a good fit with the overall standard. Reporting and escalating concerns, and being open and honest about mistakes, also logically follow this standard.</li> <li>Otherwise, only minor amendments have been made to these standards for clarity.</li> <li>Having reviewed the existing SCPE, there is one potential gap. In standard one, they say: ‘You should take appropriate action to protect the rights of children and vulnerable adults if you</li> </ul>



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	<p>believe that they are at risk, including following national and local policies.’ The Executive suggests that this content is sufficiently covered by standards one, six and seven, without the need for a specific reference. Some other regulatory codes refer to this requirement, whereas others do not. For example.</p> <ul style="list-style-type: none"> <li>○ ‘Whether or not you have vulnerable adults or children and young people as patients, you should consider their needs and welfare and offer them help if you think their rights have been abused or denied.’ (GMC, Good medical practice).</li> <li>○ ‘You must comply with the Law to protect children and vulnerable adults.’ (General Osteopathic Council)</li> <li>○ ‘Take appropriate action if you have concerns about the possible abuse of children or vulnerable adults.’ (General Dental Council)</li> </ul> <ul style="list-style-type: none"> <li>• The PLG is invited to consider whether a further standard is required or whether this is sufficiently addressed in the draft. Any such standard would probably fall best under standard six. It should be noted that we did receive a few comments from registrants and employers on the existing standard, not that it should be removed, but that amendment might be required – for example, the reference to ‘national and local policies’ was not liked and it was felt that the standard should refer to ‘safeguarding’ procedures.</li> </ul>
<p><b>Standard 7: Report concerns about safety</b></p>	<ul style="list-style-type: none"> <li>• Standards seven and eight in the revised draft were standard three in the last draft – ‘You must act appropriately to protect service users.’ At the meeting the PLG considered that the word ‘protect’ should be removed from this standard and replaced with another appropriate heading. The Executive has been unable to find an alternative heading which would encompass the purpose of both raising and escalating concerns and being open about errors / mistakes. The two areas have therefore been split into separate standards with some minor amendments to wording made.</li> <li>• Standard 7.1 is a new proposed standard. Having reviewed the existing SCPE (standards one and four) and other regulators’ codes, there is an emphasis placed on ensuring that the safety of patients and service users should come before professional relationships and a focus on</li> </ul>

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	<p>reporting concerns about the conduct and competence of colleagues. This standard is proposed to cover that point and uses language similar to that used in standard one of the existing SCPE.</p> <ul style="list-style-type: none"> <li>• Otherwise, only one minor amendment has been made since the last draft. Having reviewed the feedback we received and other codes, standard 7.2 has been amended to add ‘and support others to do the same’. In other codes reviewed, there is sometimes more of an expectation that registrants should create a culture of reporting concerns or that they should not obstruct the investigation of concerns or others’ raising concerns. Whilst these constructions may not be appropriate (for example, because they set too high an expectation which might not apply to all levels of seniority or are negatively framed), the new standard as worded is proposed to try and convey the importance of an environment in which everyone has responsibility for ensuring that concerns can be freely raised.</li> </ul>
<p><b>Standard 8: Be open when things go wrong</b></p>	<ul style="list-style-type: none"> <li>• Standard 8.3 has been amended, having reviewed comments on this standard, to reflect that registrants may not always be able to give an explanation of the likely effects if this is outside of their scope of practice. The standard has accordingly been amended to place a requirement on registrants to make (reasonably) sure that service users receive such an explanation. (This approach is consistent with that taken in recent guidance on conduct published for consultation by the GMC and NMC.)</li> <li>• Some other minor amendments to the order and wording have been made in line with the discussion at the last meeting. This includes removing the language of ‘mistakes’ to talk about ‘when something has gone wrong’.</li> </ul>
<p><b>Standard 9: Be honest and trustworthy</b></p>	<ul style="list-style-type: none"> <li>• This standard combines standard four – ‘You must justify the trust other people place in you by acting with professionalism honesty and integrity at all times’ – and standard five – ‘You must disclose any important information about your conduct and competence’ – in the last draft.</li> <li>• These standards were the subject to debate at the last meeting, particularly about how our expectations of registrants’ conduct inside and outside of work were articulated. The PLG agreed that this standard might be modelled using similar language to that used in Good</li> </ul>

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	<p>medical practice, which links behaviour with justifying the trust of patients and the public. Standard 9.1 mirrors this wording.</p> <ul style="list-style-type: none"> <li>• Standard 9.3 – ‘You must make sure that any promotional activities you are involved in are accurate and are not liable to mislead’ - is new. The PLG considered that a standard was required here to capture the issues currently addressed in the advertising standard in the existing SCPE (standard 14 on advertising). The PLG is invited to discuss this standard – does this wording adequately capture what the PLG wished to articulate?</li> <li>• Standard 9.4 is an amended standard. In the last draft this read, similar to that in the existing standards: ‘You must make sure that any potential financial or other reward does not influence any professional advice or recommendations you make.’ In previous discussion at the PLG, reference was made to conflicts of interest and how these are handled and capturing this in the standards. The wording here mirrors that used in the code of practice for social care workers which applies to social workers regulated in the other UK countries.</li> <li>• Standard 9.5 has been amended for clarity and in light of discussion with the HCPC’s solicitor to Council. The requirements to report information have been made clearer, with reference to conditional discharges removed and reference to reporting of criminal charges added.</li> </ul>
<p><b>Standard 10: Keep records</b></p>	<ul style="list-style-type: none"> <li>• At the last meeting, the PLG discussed that it might be useful to combine the following two standards in the last draft in some way, retaining the relevant information: <ul style="list-style-type: none"> <li>○ ‘You should update records when you review them and if appropriate include a record of any arrangements you have made for continuing care, treatment or services.’</li> <li>○ ‘You must delete information that was previously there when updating records, or make that information difficult to read. Instead, you must mark it appropriately.’</li> </ul> </li> <li>• Record keeping was not an area where we received any significant feedback by registrants or employers, bar the importance of the redrafted standard being inclusive of both paper-based and electronic record keeping (which it is). Service users and carers talked about the importance of records being kept; having access to their records; and other related areas such as sharing of</li> </ul>

## Commentary on third draft of standards

	<p>information. Having reviewed other similar codes, there are a variety of different approaches. Some are very detailed, for example, in codes published by some regulators of single professions with a clinical based practice, whilst others are much simpler. For example, the equivalent standards for pharmacists and pharmacy technicians published by the General Pharmaceutical Council say: 'Keep full and accurate records of the professional services you provide in a clear and legible form.'</p> <ul style="list-style-type: none"><li>• The Executive has proposed in the new draft that the content from the standards referred to above is unnecessary and that three core concepts should be articulated here – that accurate records are kept; that they are completed contemporaneously; and that records are kept secure. Having reviewed other equivalent codes, and in light of the discussion at the last meeting, standard 10.1 has been amended to refer to the need to keep 'full, clear, accurate and legible records'.</li></ul>
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## **Third working draft**

### **Standards of conduct, performance and ethics**

Registrants must:

- promote and safeguard the interests of service users and carers
- communicate appropriately and effectively
- work within the limits of their knowledge and skills
- delegate appropriately
- respect confidentiality
- manage risk
- report concerns about safety
- be open when things go wrong
- be honest and trustworthy
- keep records

DRAFT - FOR PLG 16122014

## **1. Promote and safeguard the interests of service users and carers**

Treat service users and carers with respect

- 1.1 You must treat service users and carers as individuals, respecting their privacy and dignity.
- 1.2 You must work in partnership with service users and carers, wherever appropriate, involving them in decisions about the care, treatment or other services to be provided.
- 1.3 You must empower service users, wherever appropriate, to maintain their own health and wellbeing and support them to make informed decisions.

Make sure you have consent

- 1.4 You must make sure that you have the consent of service users or other appropriate authority before you provide care, treatment or other services.

Challenge discrimination

- 1.5 You must not unfairly discriminate against service users, carers and colleagues by allowing your personal views to affect your professional relationships or the care, treatment or other services that you provide.<sup>1</sup>
- 1.6 You must challenge discriminatory attitudes or behaviours.

Maintain appropriate boundaries

- 1.7 You must maintain appropriate professional boundaries in your relationships with service users and carers.

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<sup>1</sup> This includes your views about someone's lifestyle, culture or their social or economic status, as well as the characteristics protected by legislation: age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.

## **2. Communicate appropriately and effectively**

### Communication with service users and carers

- 2.1 You must be polite and considerate.
- 2.2 You must listen to service users and carers and take account of their needs and wishes.
- 2.3 You must give service users and carers the information they want or need to know in a way they can understand.
- 2.4 You must make sure that arrangements are made, wherever possible, to meet service users' and carers' language and communication needs.

### Work with colleagues

- 2.5 You must work collaboratively with colleagues, sharing your skills, knowledge and experience for the benefit of service users and carers.
- 2.6 You should share all relevant information with colleagues involved in your service user's care, treatment or other services.

### Use of social networking sites

- 2.7 You must make sure that you use social networking sites and other forms of electronic communication appropriately and responsibly.

### **3. Work within the limits of your knowledge and skills**

Keep within your scope of practice

- 3.1 You must keep within your scope of practice by only practising in the areas in which you have appropriate knowledge, skills and experience to do so.
- 3.2 You must refer a service user to another practitioner if the care, treatment or other services they require are beyond your scope of practice.

Maintain and develop your knowledge and skills

- 3.3 You must keep your knowledge and skills up to date and relevant to your scope of practice, including by undertaking continuing professional development.
- 3.4 You must keep up to date with and follow any law, regulations or guidance that applies to your work.
- 3.5 You should seek and listen to feedback from others and use it to improve your practice.

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#### **4. Delegate appropriately**

- 4.1 You must make sure that anyone you delegate work to has the knowledge, skills and experience to carry it out safely and effectively.
- 4.2 You must continue to provide appropriate oversight and support to people you delegate work to.
- 4.3 You must not ask other people to do work which is outside their scope of practice.

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## **5. Respect confidentiality**

### Use of information

- 5.1 You must treat information about service users as confidential and use it only for the purposes for which it is provided.

### Disclosure of information

- 5.2 You must only release confidential information:

- where you have permission;
- where required to do so by law; or
- in exceptional circumstances, where there is an overriding public interest need to do so, such as where this is necessary to protect public safety or prevent harm to other people.

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## **6. Manage risk**

Identify and minimise risk

- 6.1 You must not do anything, or allow someone else to do anything, which could put the health or safety of a service user or carer at unacceptable risk.
- 6.2 You must take all reasonable steps to minimise the risk of harm to service users, carers and colleagues.

Manage your health

- 6.3 You must make changes to your practice or stop practising if your physical or mental health could negatively affect your performance or judgement or otherwise put people at risk.

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## **7. Report concerns about safety**

### Report concerns

- 7.1 You must make sure that the safety of service users comes before any professional loyalties at all times.
- 7.2 You must report any concerns about the safety of service users promptly and appropriately and support others to do the same.

### Follow up concerns

- 7.3 You must follow up concerns you have reported and escalate them wherever necessary.

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## **8. Be open when things go wrong**

### Openness with service users and carers

- 8.1 You must tell service users and carers when you become aware that something has gone wrong with care, treatment or other services and take action to put matters right.
- 8.2 You should apologise to service users and carers when something has gone wrong.
- 8.3 You must make sure that those affected receive a full and prompt explanation about what has happened and any likely effects.

### Deal with concerns and complaints

- 8.4 You must support service users and carers if they want to raise concerns about the care, treatment or other services they have received.
- 8.5 You must give a constructive and honest response to anyone who complains about the care, treatment or other services they have received.

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## **9. Be honest and trustworthy**

### Personal and professional behaviour

- 9.1 You must make sure that your conduct justifies public trust and confidence in you and your profession.
- 9.2 You must be honest about your experience, qualifications and skills.
- 9.3 You must make sure that any promotional activities you are involved in are accurate and are not liable to mislead.
- 9.4 You must declare issues that might create conflicts of interest and make sure that they do not influence your judgement or practice.

### Important information about your conduct and competence

- 9.5 You must tell us as soon as possible if:
  - you accept a caution from the police or you have been charged with, or found guilty of, a criminal offence;
  - another organisation responsible for regulating a health or social care profession has taken action or made a finding against you;
  - you have had any restriction placed on your practice, been suspended or dismissed, by an employer or similar organisation because of concerns about your conduct or competence.
- 9.6 You must co-operate with any investigation into your conduct or competence, the conduct or competence of others or the care, treatment or other services provided to service users.

## **10. Keep records**

Keep accurate records

- 10.1 You must keep full, clear, accurate and legible records for everyone you care for, treat, or provide other services to.
- 10.2 You must complete all records promptly and as soon as possible after providing care, treatment or other services.

Keep records secure

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

DRAFT - FOR PLG 16122014

## Second working draft

### Standards of conduct, performance and ethics

#### 1. You must promote and protect the interests of service users and carers

- 1.1 You must treat service users and carers as individuals and with respect and dignity.
- 1.2 You must ~~not~~ **maintain appropriate professional boundaries in your relationships** ~~abuse the relationship you have with service users and carers.~~
- 1.3 You must not unfairly discriminate against service users and carers by allowing your personal views to affect the services that you provide. This includes, for example, your views about a service user or carer's age, disability, gender, race, religion or sexual orientation.
- 1.4 You must work in partnership with service users and carers, wherever possible and appropriate, involving them in decisions about ~~the care, treatment or other services you provide.~~

#### OR

You must work in partnership with service users and carers, wherever possible and appropriate, involving them in decisions about the care, treatment or other services you provide **to be provided.**

- 1.5 You should try wherever possible **and appropriate** to empower service users to maintain their health and wellbeing and support them to make informed decisions ~~wherever appropriate.~~
- 1.6 You must not do anything, or allow someone else to do anything, which ~~would cause concerns about~~ **could put** the health or safety of a service user **or carer at unacceptable risk.**
- 1.7 **You must take all reasonable steps to minimise the risk of harm to service users, carers and colleagues. This includes, where appropriate, managing the risk of infection.**
- 1.8 You are responsible for your actions and any failure to act.
- 1.9 You must be able to justify your decisions ~~if asked to.~~



**2 You must respect the confidentiality of service users**

- 2.1 You must treat information about service users as confidential and use it only for the purposes they have provided it for.
- 2.2 You must not knowingly release confidential information to anyone who is not entitled to it, and you should check that people who ask for information are entitled to it.
- 2.3 You must only use **confidential** information about a service user:
- to continue to care, **treat** ~~for~~ or provide services to that person; or
  - for purposes where that person has given you specific permission.
- 2.4 You may **must** disclose confidential information where it is in the public interest to do so, such as when this is necessary to prevent harm to other people.

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**3. You must act appropriately to protect service users**

- 3.1 You must report any concerns about the safety of service users promptly and appropriately.
- 3.2 You ~~should~~ **must** follow up concerns you have reported and escalate them wherever necessary.
- 3.3 You must be open and honest with service users and carers about mistakes you make and take action wherever possible to put matters right.
- 3.4 You must explain fully and promptly to ~~the person~~ **those** affected what has happened and any likely effects.
- 3.5 You should apologise to service users and carers for mistakes wherever possible.
- 3.6 **You should support service users and carers to raise concerns about the care, treatment or services they have received wherever possible.**
- 3.7 You must give a constructive and honest response to anyone who complains about the care, treatment or services they have received.

- 4 You must justify the trust other people place in you by acting with professionalism, honesty and integrity at all times**
- 4.1 **Your personal and professional conduct must uphold and support public trust and confidence in you and your profession**  
~~You must keep high standards of personal and professional conduct~~
- 4.2 You must not get involved in any behaviour or activity which is likely to damage the public's confidence in you or your profession.
- 4.3 **You must be honest about your experience, qualifications and skills. This includes in any advertising you may do.**  
~~You must make sure that any advertising you do is fair and accurate.~~
- 4.4 You must make sure that any potential financial **or other** reward does not influence any professional advice or recommendations you make.

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**5 You must disclose any important information about your conduct and competence**

5.1 You must inform us and any other relevant regulators if you are:

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

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

5.3 **You should be aware that we have** arrangements in place to be told about convictions and cautions involving registrants. ~~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~~ **every conviction and caution referred to us** individually to decide whether we need to take any action to protect the public.

We will consider rejecting an application for registration, or removing you from the Register if you are already registered, if you are convicted of a criminal offence or accept a police caution that involves one of the following types of behaviour.

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

~~This is not a full an exhaustive list. We will always look at any convictions or cautions we find out about, and we have arrangements in place to be told about convictions and cautions involving registrants.~~

**OR**

**The Executive proposes removing this standard**

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

- 6.1 You must make sure that your knowledge, skills and performance are of a good quality, up to date, and relevant to your scope of practice.
- 6.2 You need to make sure that whatever your area of practice, you are capable of practising safely and effectively.

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- 7 You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner.**
- 7.1 You must keep within your scope of practice and only practise in the areas in which you have appropriate education, training and experience.
- 7.2 ~~Your duty of care when accepting a service user includes the duty to refer them for further treatment~~ **must refer a service user for further care, treatment or services** if it becomes clear that the task is beyond your own scope of practice.
- 7.3 If you refer a service user to another practitioner, you must make sure that the referral is appropriate and that the service user understands why you are making the referral.
- 7.4 In most circumstances, a person is entitled to be referred to another practitioner for a second opinion. In these cases, you must accept the request and make the referral as soon as you can.
- ~~7.5 If you accept a referral from another practitioner, you must make sure that you fully understand the request.~~
- 7.5 You should only provide the referred **care, treatment or services** if you believe that this is appropriate. If this is not the case, you must discuss the referral with the practitioner who made the referral, and also the service user, before you begin ~~any treatment or provide any advice to~~ **provide any care, treatment or services.**

**8 You must communicate appropriately and effectively**

8.1 You must take all reasonable steps to make sure that you communicate properly appropriately and effectively with service users and carers. This includes listening to their needs and checking their understanding of care, or treatment or services.

~~8.2 You should also make sure you communicate appropriately and effectively with carers to inform the decisions you make.~~

8.2 You must communicate appropriately, co-operate and share your knowledge and expertise with other colleagues, for the benefit of service users and carers.

8.3 **You should seek, listen to and reflect on feedback received from others.**

8.4 You must make sure that you communicate appropriately, responsibly and effectively in all contexts, including in both face-to-face and electronic communication.

OR

**You must make sure that you communicate appropriately, responsibly and effectively in all contexts, including when using social networking sites.**

OR

**You must make sure that you use social networking sites and other forms of electronic communication appropriately and responsibly.**

**9 You must effectively supervise tasks you have asked other people to carry out.**

- 9.1 You must be sure that people you ask to carry out tasks on your behalf have the knowledge, skills and experience to carry them out safely and effectively.
- 9.2 You must not ask other people to do work which is outside their scope of practice.
- 9.3 You are responsible for the appropriateness of any decisions to delegate.
- 9.4 You must not force anyone to carry out a task if they tell you they do not think they are capable of doing so safely and effectively. If their refusal raises a disciplinary or training issue, you must deal with that separately, but you should not put the safety of the service user in danger.
- 9.5 You must always give appropriate supervision to whoever you ask to carry out a task.

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

- 10.1 You must explain to the service user the treatment you are planning on carrying out, the risks involved and any other possible treatments.
- 10.2 You must make sure that you get their informed consent to any treatment you do carry out.
- 10.3 You must make a record of the person's decisions for treatment and pass this on to other members of the health-care 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-care or social-care team. However, you should still try to do all of these things as far as you can.
- 10.4 You must respect that a person who is capable of giving their consent has the right to refuse treatment.
- 10.5 You must also make sure that the person is fully aware of the risks of refusing treatment, particularly if you think that there is a significant or immediate risk to their life.
- 10.6 You must keep to your employers' procedures on consent and be aware of any guidance issued by the appropriate authority in the country you practise in.

**11 You must keep accurate records.**

- 11.1 You must keep records for everyone you **care for**, treat or who asks for your advice or services **you provide services to**.
- 11.2 You must complete all records promptly **and as soon as possible after providing care, treatment or services**.
- 11.3 You **should** ~~have a duty to~~ make sure, as far as possible, that records completed by students under your supervision are accurate and appropriate.
- 11.4 You should update records when you review them and if appropriate include a record of any arrangements you have made for the continuing care, **treatment or services**. ~~of the service user.~~
- 11.5 You must not delete information that was previously there when updating records, or make that information difficult to read. Instead, you must mark it appropriately.
- 11.6 You must protect information in records from being lost, damaged, accessed by someone without appropriate authority, or tampered with.

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

12.1 You must take appropriate action if your physical or mental health could harm your fitness to practise **or put service users, carers, colleagues or others at risk.**

12.2 You should seek appropriate medical advice and act on it.

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