

Professional Liaison Group for the review of the standards of conduct, performance and ethics – 28 July 2014

Thematic review: Format and accessibility

Executive summary and recommendations

Introduction

The first stage of the review of the standards of conduct, performance and ethics included a number of research and consultancy activities engaging a range of stakeholders about the content and accessibility standards.

This paper sets out the background, research findings and current approach to the format and accessibility of the standards. This paper also outlines the approaches of other regulators to their standards, the Executive's recommendations on this issue and provides a number of considerations for the discussion of the professional liaison group.

Decision

The professional liaison group is invited to discuss the attached paper and consider the recommendations made by the Executive in sections six and seven.

Background information

None

Resource implications

None

Financial implications

None

Appendices

- The Code: Standards of conduct, performance and ethics for nurses and midwives – Nursing and Midwifery Council

Date of paper

11 July 2014

Review of the standards of conduct, performance and ethics

Format and accessibility

1. Introduction

- 1.1 The findings from the research activities undertaken during the first stage of the review of the standards of conduct, performance and ethics have been synthesised into a number of key themes.
- 1.2 These themes are to be considered by the Professional Liaison Group for the review of the standards of conduct, performance and ethics at its meetings between June and December 2014.
- 1.3 This paper sets out the background, research findings and current approach to the format and accessibility of the standards of conduct, performance and ethics, and outlines the approaches of other regulators to their respective standards. The final section of this papers sets out the Executive's recommendations on this topic and key points for the group to consider and discuss.

2. Background

- 2.1 The standards of conduct, performance and ethics are designed to set out the overarching ethical principles of practice that professionals can expect from each other, and members of the public can expect from health and care professionals.
- 2.2 To this end they are intended to provide a framework for ethical decision making for registrants and a guide to what service users can expect from treatment and care provided by registrants. The format of the standards must therefore ensure that the standards continue to facilitate this purpose and ensure they are accessible to both audiences.
- 2.3 As such, the research period undertaken to inform this stage was designed to focus on both the content of the current standards, as well as their format and accessibility. We actively sought comments from stakeholders about the format of the current standards and the changes that could be made to improve their readability and accessibility.
- 2.4 We also particularly sought comments from service users and their carers and researchers with particular expertise on the accessibility of the standards to service users and members of the public with particular access needs.

3. Current approach

- 3.1 There are currently fourteen standards of conduct, performance and ethics outlining the high-level ethical principles expected of registrants.
- 3.2 These standards are currently set out in a seventeen page document which consists of introductory information, a summarised version of the standards, the standards in full with explanatory detail, further information and a glossary.
- 3.3 The standards are not hierarchical and are all equally important in practice. When considering an appropriate order we attempted to put standards which addressed the highest-level requirements first. For example, acting in the best interests of service users is the first standard, while ensuring advertising is accurate is the final standard.
- 3.4 The main section of the document which sets out the standards is split into fourteen sections relating to each of the standards. Further information expanding on each standard is provided in paragraph format under the relevant standard. Some information in these paragraphs is illustrated using bulleted lists.
- 3.5 The language of the standards is intended to be clear and accessible to make sure that they are relevant to registrants across the sixteen profession we regulate, as well as members of the public who may utilise the services of registrants.
- 3.6 Main section headings and subheadings are differentiated by a larger font sizes and a consistent use of bold and colour is used to visibly structure the document and facilitate accessibility.
- 3.7 The standards have been clarity approved by the Plain English Campaign and are published bearing the Crystal Mark symbol accordingly. The symbol indicates that the standards are concise, written in everyday English and structured in a clear and helpful format.
- 3.8 The standards are currently available to download on our website and hard copies are made available free of charge by contacting our Communications Department. They are also available to download in large print, Welsh and Polish. Alternative formats, including an audio version and Braille are also available on request.

4. Research findings

- 4.1 The research findings on this topic have been sectioned into comments on format and those on accessibility, though there is some overlap between these two concepts.

Format

- 4.2 Overall research participants were generally accepting of the current structure and format of the standards, commending the way in which they focus on key principles and provide succinct further information.
- 4.3 However, the research teams at Shaping Our Lives and Connect found that in order to facilitate engagement and understanding of the standards among service user participants, they were required to reproduce the standards in a more easily accessible format. This included breaking down the paragraph content into bullet points highlighting key information.
- 4.4 Similarly, the majority of participants across stakeholder groups commented that the standards could be further improved by condensing information contained in paragraphs into numbered bullet points.

- Registrant participants in research conducted by The Focus Group indicated that bulleted text would break up main text making it easier to read and absorb. Service users participating in this research considered that the principles in the standards were 'hidden' in the paragraph heavy text. This view was shared by employers at events held about these standards across the country who felt the principles would be strengthened in individual bullet point format.

The Focus Group's research report is available on our website:

www.hpc-uk.org/publications/research/index.asp?id=733

- The research team from Connect who conducted research with service users and their carers with aphasia, and the team from Shaping Our Lives, who worked with social care service users and their carers, both concluded that bulleted standards would make the document more accessible to those with communication difficulties as well as making the standards more generally accessible.

The research report by Connect is available on our website: www.hpc-uk.org/publications/research/index.asp?id=734

- Colleagues in our Fitness to Practise Department and representatives from professional bodies both expressed the need for the standards to be expressed in numbered sub-bullets, for ease of reference in hearings and when providing advice respectively.
- 4.5 A number of participants across stakeholder groups considered that while the language was largely clear and easily understandable, it could be improved by replacing references to 'should' with 'must' to strengthen the requirements of registrants. This view was particularly espoused by service users and employers attending workshops and events on the standards of conduct, performance and ethics.

- 4.6 Some registrant participants however articulated that they were uncomfortable with the use of the term 'must' being applied to autonomous professionals and recommended the use of 'duty to'.
- 47 A number of other improvements to the current format of the standards were suggested by a range of research participants, these included:
- merging similar standards together to avoid repetition – for example, standards 3 and 13 on keeping high standards of personal and professional conduct and behaving with honesty and integrity to make sure behaviour does not damage public confidence; and
 - including a list of all the professions regulated in the introduction to the standards for further clarity, particularly to members of the public.

Accessibility

- 4.8 The majority of registrant and employer audiences had few comments to make about the accessibility of the current standards, though a number suggested that that standards should be more easily accessible on the HCPC website and considered their current location difficult to find. Some also suggested interactive online tools related to the standards, including mobile applications.
- 4.9 Research undertaken by Shaping Our Lives and The Focus Group concluded that the HCPC should consider the production of a version of the standards aimed at service users outlining the expectations they can expect from health and care professionals on our Register. They considered that a high-level summary version of the standards, containing information about making a complaint if necessary could help increase the HCPC's visibility to service users.
- 4.10 These views were corroborated by professional body representatives considering the findings of this research at an event on the review of the standards. A number of registrants attending similar workshops on the standards also considered this recommendation to be a positive step to publicise the high standards to which registered professionals work.
- 4.11 Connect and Shaping Our Lives, who undertook research with service users with disabilities and their carers concluded that the standards of conduct, performance and ethics should also be published in a range of accessible versions.
- The research team from Connect, who carried out consultations with service users with aphasia, and have particular experience of working with people with communication difficulties, provided a number of recommendations in relation to producing a version of the standards accessible to those with particular communication needs. This included using short sentences, one key idea per standard, large font,

highlighted key words, bullet points and pictures to illustrate text.

- Shaping Our Lives recommended that the standards be made more accessible to a range of accessibility needs including an Easy Read version of the standards and a version of the standards adapted into British Sign Language.

5. Other regulatory standards

5.1 Other health and care regulators in the UK adopt different approaches to the format and accessibility of their respective conduct standards. The table below outlines the approach of each of these regulators.

Regulator	Current approach
General Medical Council (GMC)	Good Medical Practice (GMP) divides its standards into four key domains in which standards are thematically grouped under a number of different subheadings and ordered into numbered bullet points. Different colours and font sizes separate headings and subheadings from numbered standards. The standards are available online as an interactive tool and to download, and are also provided in Welsh. Alternative versions of GMP are available upon request. The GMC produce a document outlining their requirements of doctors for service users and members of the public, in which four key sections draw on the domains in GMP and provides information about what the public can expect of their doctor.
Nursing and Midwifery Council (NMC)	The current Code contains four main standards which are divided into a number of thematic subsections under which sub-standards are listed using numbered bullet points. Different colours are used to separate the main four standards from their individual components and numbered standards. A copy of the NMC's Code is appended to this paper. The standards are currently only available online, though an audio version is also available. The NMC produces a short leaflet for members of the public about what they can expect from nurses and midwives which summarises the standards.
General Pharmaceutical Council (GPhC)	The GPhC standards include a summarised list of seven standards which are further unpacked in the main body of the text into numbered standards formatted in bullet points. The GPhC utilises different colours and font sizes to differentiate between main standards and the sub-standards. The standards are available to download online in both English and Welsh.
General Dental Council (GDC)	The Standards for the Dental Team begin with a summary of their nine main standards of conduct. The

	<p>remainder of the document is split into nine sections according to these standards, under each are three further subsections outlining patient expectations pertaining to the main standards, sub-standards elaborating on the main standard in numerical bullet points, and further guidance on these sub-standards. This document is almost 100 pages long and as such is only available to download online and not available in hard copy, though an audio version of the standards is also available. Versions of the standards in large print or other languages are available upon request.</p>
<p>General Osteopathic Council (GOsC)</p>	<p>The GOsC's code of practice and standards of proficiency are included in one document. All standards are thematically grouped into four domains labelled alphabetically and broken down into standards of proficiency and code of practice relevant to each domain. The code of practice standards under each domain are numerically bulleted and are accompanied by a right hand column of further guidance on each standard. The standards are available to download online and single hard copies can be requested free of charge. Translated and large print versions of the standards are available upon request.</p>
<p>General Chiropractic Council (GCC)</p>	<p>The Code of Practice, which is situated in the same document as the standards of proficiency, are separated thematically according to five alphabetically labelled domains. Each domain contains a number of alpha-numerically bulleted standards, articulated in simple sentences and are followed with related guidance, also provided in bullet points.</p>
<p>General Optical Council (GOC)</p>	<p>The Code of Practice contains 19 single sentence standards. The document is very concise and the standards are not expanded nor is any further guidance provided in this document. The standards are available online in both Welsh and English and are available in other languages upon request. The GOC provide an 8 page booklet for service users about what they can expect from their optician, which includes a bulleted list of expectations based on the code of practice standards articulated in a way which is relevant to service users.</p>
<p>Pharmaceutical Society of Northern Ireland (NISCC)</p>	<p>The Code of Ethics consists of eight main principles which are summarised at the beginning of the document, and expanded on in eight sections. Each section contains individual single sentence sub-standards provided in bullet point format. Distinct colours and font sizes are used to separate main principles from sub-standards.</p>

Care Council for Wales (CCW)	The Code of Practice is made up of six main numbered standards which are provided in summary at the beginning of the document. The main text is made up for six sections corresponding to these standards and short, single sentence sub-standards expand on the main standards thematically. The Code of Practice is available to download online in both Welsh and English and a bilingual app of the standards is also available. A large print version as well as an Easy Read version using photosymbols aimed at service users are also available online.
Northern Ireland Social Care Council (NISCC)	The Code of Practice is a reversible document containing both standards for social workers and standards for employers. As part of revising their current code, the format of this document will be considered, though at present the format closely resembles that of the CCW. The NISCC have made the combined Easy Read and pictorial version of these standards produced by the former General Social Care Council (England) available on their website, alongside a large print version of the standards. The code is also available to download in a range of different languages.
Scottish Social Services Council (SSSC)	The format of the SSSC's Code of Practice is similar to that of the NISCC, though the document begins with the standards for employers followed by those for registrants. The SSSC's standards are available to download from their website in a large range of formats, including audio, large print, pictorial and Easy Read versions and a version in Makaton with accompanying audio. The standards are also available to download in 35 other languages. Versions in Braille and British Sign Language are available upon request. The SSSC produce a leaflet for people who use social care services outlining the main six standards they can expect from registrants based on the code of practice. The SSSC has also produced a separate website aimed at making the standards accessible to children, including the use of a cartoon robot which explains the standards through stories in a series of short videos. A simplified version of the standards for children using this character is also available to download.

6. Executive recommendations

- 6.1 The Executive recommends the following principles be adopted in relation to revising the format of the existing standards of conduct, performance and ethics.

- Text heavy block paragraphs are avoided.
- Main standards are expanded on through use of bulleted sub-standards.
- Sub-standards are clearly and appropriately labelled.
- Any repetitive elements of block paragraphs are removed, as appropriate.
- A list of professionals regulated by HCPC are included in the published document.

6.2 The Executive's recommendations are informed by the following considerations.

- The majority of research participants, across stakeholder groups and professions, agree that block paragraphs expanding on the fourteen main standards should be synthesised into bullet points outlining key principles.
- Feedback on the standards has suggested that this approach to revising the format of the standards will ensure that existing principles contained in block paragraphs are more visible. This is particularly pertinent since a number of comments received during the research phase covered principles already included in the standards, indicating that current content may be lost in the block paragraph format.
- Clearly labelled sub-standards, such as numerical bullet points, will make the standards easier to refer to. This has benefits for both registrants and service user audiences, as well as internally at the HCPC, as drawn on by Fitness to Practise colleagues surveyed as part of the research period.
- No other regulator format their standards in block paragraphs. All other regulatory codes and standards are formatted in numbered bullet points.

6.3 The NMC's current Code has been appended to this paper to provide one example of an approach which uses numbered bullet points and avoids block paragraphs. This example is not intended to act as a template, rather to provide the group with an illustrative example of one such approach.

6.4 Though decisions about alternative versions of the standards are beyond the scope of this group, which is tasked with producing a draft revised version of the existing standards, the Executive is committed to considering further accessible versions of the standards as part of the dissemination strategy of

the revised standards. We expect this to include an Easy Read version of the standards.

7. PLG considerations

- 7.1 The PLG may wish to consider the following questions as part of their discussion on the format and accessibility of the standards.
1. Does the PLG agree with the Executive's recommendations in relation to revising the format of the standards set out in 6.1?
 2. Are there any standards that the group consider could be merged together?
 3. Is the current language of the standards appropriate?
 4. Are there any further principles that should be adopted to revising the format of the existing standards?

The code

Standards of conduct,
performance and ethics
for nurses and midwives

We are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands.

- We exist to safeguard the health and wellbeing of the public.
- We set the standards of education, training and conduct that nurses and midwives need to deliver high quality healthcare consistently throughout their careers.
- We ensure that nurses and midwives keep their skills and knowledge up to date and uphold the standards of their professional code.
- We ensure that midwives are safe to practise by setting rules for their practice and supervision.
- We have fair processes to investigate allegations made against nurses and midwives who may not have followed the code.

The code: Standards of conduct, performance and ethics for nurses and midwives

The people in your care must be able to trust you with their health and wellbeing

To justify that trust, you must:

- make the care of people your first concern, treating them as individuals and respecting their dignity
- work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community
- provide a high standard of practice and care at all times
- be open and honest, act with integrity and uphold the reputation of your profession.

As a professional, you are personally accountable for actions and omissions in your practice, and must always be able to justify your decisions.

You must always act lawfully, whether those laws relate to your professional practice or personal life.

Failure to comply with this code may bring your fitness to practise into question and endanger your registration.

This code should be considered together with the Nursing and Midwifery Council's (NMC) rules, standards, guidance and advice available from www.nmc-uk.org

Make the care of people your first concern, treating them as individuals and respecting their dignity

Treat people as individuals

- 1 You must treat people as individuals and respect their dignity.
- 2 You must not discriminate in any way against those in your care.
- 3 You must treat people kindly and considerately.
- 4 You must act as an advocate for those in your care, helping them to access relevant health and social care, information and support.

Respect people's confidentiality

- 5 You must respect people's right to confidentiality.
- 6 You must ensure people are informed about how and why information is shared by those who will be providing their care.
- 7 You must disclose information if you believe someone may be at risk of harm, in line with the law of the country in which you are practising.

Collaborate with those in your care

- 8 You must listen to the people in your care and respond to their concerns and preferences.
- 9 You must support people in caring for themselves to improve and maintain their health.
- 10 You must recognise and respect the contribution that people make to their own care and wellbeing.

- 11 You must make arrangements to meet people's language and communication needs.
- 12 You must share with people, in a way they can understand, the information they want or need to know about their health.

Ensure you gain consent

- 13 You must ensure that you gain consent before you begin any treatment or care.
- 14 You must respect and support people's rights to accept or decline treatment and care.
- 15 You must uphold people's rights to be fully involved in decisions about their care.
- 16 You must be aware of the legislation regarding mental capacity, ensuring that people who lack capacity remain at the centre of decision making and are fully safeguarded.
- 17 You must be able to demonstrate that you have acted in someone's best interests if you have provided care in an emergency.

Maintain clear professional boundaries

- 18 You must refuse any gifts, favours or hospitality that might be interpreted as an attempt to gain preferential treatment.
- 19 You must not ask for or accept loans from anyone in your care or anyone close to them.
- 20 You must establish and actively maintain clear sexual boundaries at all times with people in your care, their families and carers.

Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community

Share information with your colleagues

- 21 You must keep your colleagues informed when you are sharing the care of others.
- 22 You must work with colleagues to monitor the quality of your work and maintain the safety of those in your care.
- 23 You must facilitate students and others to develop their competence.

Work effectively as part of a team

- 24 You must work cooperatively within teams and respect the skills, expertise and contributions of your colleagues.
- 25 You must be willing to share your skills and experience for the benefit of your colleagues.
- 26 You must consult and take advice from colleagues when appropriate.
- 27 You must treat your colleagues fairly and without discrimination.
- 28 You must make a referral to another practitioner when it is in the best interests of someone in your care.

Delegate effectively

- 29 You must establish that anyone you delegate to is able to carry out your instructions.
- 30 You must confirm that the outcome of any delegated task meets required standards.
- 31 You must make sure that everyone you are responsible for is supervised and supported.

Manage risk

- 32 You must act without delay if you believe that you, a colleague or anyone else may be putting someone at risk.
- 33 You must inform someone in authority if you experience problems that prevent you working within this code or other nationally agreed standards.
- 34 You must report your concerns in writing if problems in the environment of care are putting people at risk.

Provide a high standard of practice and care at all times

Use the best available evidence

- 35 You must deliver care based on the best available evidence or best practice.
- 36 You must ensure any advice you give is evidence-based if you are suggesting healthcare products or services.
- 37 You must ensure that the use of complementary or alternative therapies is safe and in the best interests of those in your care.

Keep your skills and knowledge up to date

- 38 You must have the knowledge and skills for safe and effective practice when working without direct supervision.
- 39 You must recognise and work within the limits of your competence.
- 40 You must keep your knowledge and skills up to date throughout your working life.
- 41 You must take part in appropriate learning and practice activities that maintain and develop your competence and performance.

Keep clear and accurate records

- 42 You must keep clear and accurate records of the discussions you have, the assessments you make, the treatment and medicines you give, and how effective these have been.
- 43 You must complete records as soon as possible after an event has occurred.
- 44 You must not tamper with original records in any way.
- 45 You must ensure any entries you make in someone's paper records are clearly and legibly signed, dated and timed.
- 46 You must ensure any entries you make in someone's electronic records are clearly attributable to you.
- 47 You must ensure all records are kept securely.

Be open and honest, act with integrity and uphold the reputation of your profession

Act with integrity

- 48 You must demonstrate a personal and professional commitment to equality and diversity.
- 49 You must adhere to the laws of the country in which you are practising.
- 50 You must inform the NMC if you have been cautioned, charged or found guilty of a criminal offence.
- 51 You must inform any employers you work for if your fitness to practise is called into question.

Deal with problems

- 52 You must give a constructive and honest response to anyone who complains about the care they have received.
- 53 You must not allow someone's complaint to prejudice the care you provide for them.
- 54 You must act immediately to put matters right if someone in your care has suffered harm for any reason.
- 55 You must explain fully and promptly to the person affected what has happened and the likely effects.
- 56 You must cooperate with internal and external investigations.

Be impartial

- 57 You must not abuse your privileged position for your own ends.
- 58 You must ensure that your professional judgement is not influenced by any commercial considerations.

Uphold the reputation of your profession

- 59 You must not use your professional status to promote causes that are not related to health.
- 60 You must cooperate with the media only when you can confidently protect the confidential information and dignity of those in your care.
- 61 You must uphold the reputation of your profession at all times.

Information about indemnity insurance

- 62 The NMC recommends that a registered nurse, midwife or specialist community public health nurse, in advising, treating and caring for patients or clients, has professional indemnity insurance. This is in the interests of clients, patients and registrants in the event of claims of professional negligence.
- 63 Whilst employers have vicarious liability for the negligent acts and/or omissions of their employees, such cover does not normally extend to activities undertaken outside the registrant's employment. Independent practice would not be covered by vicarious liability. It is the individual registrant's responsibility to establish their insurance status and take appropriate action.
- 64 In situations where an employer does not have vicarious liability, the NMC recommends that registrants obtain adequate professional indemnity insurance. If unable to secure professional indemnity insurance, a registrant will need to demonstrate that all their clients and patients are fully informed of this fact and the implications this might have in the event of a claim for professional negligence.

Healthcare professionals have a shared set of values, which find their expression in this code for nurses and midwives. These values are also reflected in the different codes of each of the UK's healthcare regulators. This code was approved by the NMC's Council on 6 December 2007 for implementation on 1 May 2008.

The current design was introduced in April 2010 with the addition of paragraph numbers, however the content has not changed.

Contact us

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