

Equality Impact Assessment (Level 2)

Section 1: Project overview

Project title: Standards of conduct, performance and ethics	
Name of assessor: Rosemary Flowers-Wanjie	Version: 2

What are the intended outcomes of this work?

To make any necessary updates to the current Standards that reflect changes within health and care practice.

To ensure that the current Standards are fit for practice, particularly taking accessibility and relevance into account.

To gain insight into how we can better communicate the Standards and promote them to ensure they are fully understood by registrants.

Who will be affected?

Once any changes to the standards are implemented:

- registrants will have to meet the new standards.
- 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.
- 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 Equality Impact Assessment (EIA). Be proactive in seeking the information you need.

What evidence have you considered towards this impact assessment?

1. The HCPC registrant database has provided us with information regarding the protected characteristics of our registrant population.¹

¹ [Diversity Data Report 2021 | \(hcpc-uk.org\)](https://www.hcpc-uk.org/diversity-data-report-2021)

2. We held workshops (1 – 9 September 2022) and an online survey (12 August – 9 September 2022) to external stakeholders – registrants, students, professional bodies, trade unions, employers, education providers, services users and the public – has provided us with information regarding how the Standards are used and understood in practice. We hosted additional workshops during the consultation period.
3. We held a [consultation on the changes to the standards of conduct, performance and ethics](#) , which opened on 27 March 2023 and closed on 16 June 2023. We consulted on the revised Standards and the guidance on social media that sits alongside it.
4. Included in the consultation was a question on equality, diversity and inclusion (EDI): *Do the Standards ensure that registrants maintain a practice that promotes equal, fair, and inclusive treatment?* There were 212 responses to this question, with 88 further comments attached. Respondents provided positive feedback – 55% of respondents answered affirmatively to the question.
5. We had 218 responses to the consultation across all stakeholder groups – registrants (76%), professional bodies (6%), service users and members of the public (5%), education providers (2%), students (2%), trade unions and employers (1%).
6. During the consultation we held six workshops on the main themes of change to the standards. One of these workshops specifically focused on EDI.
7. We sought guidance from the HCPC EDI Forum. Members of the Forum are external stakeholders with expertise in EDI and lived experience. Membership includes registrants and EDI professionals in relevant stakeholder organisations. We will also seek feedback from patients and service users through the consultation period.
8. We sought feedback from the HCPC Professional Bodies Quarterly Forum and through our regular engagement with other health and care regulators.
9. Internal discussions with the HCPC Council and other committees have informed these proposals.
10. We sought legal review of the draft revised standards and have applied their recommendations.

1. How have you engaged stakeholders in gathering or analysing this evidence?

1. There are three stages of our stakeholder engagement: pre-consultation; consultation and post consultation and implementation.
 - a. The external stakeholder groups targeted by our engagement include:

- Professional bodies
- Education Providers
- Trade Unions
- Employers
- EDI Forum
- Service users and Patient Interest Groups
- HCPC Partners
- Students

b. External stakeholder activities include:

- Presentation to professional bodies quarterly meeting in June 2022
- Pre-consultation workshops with each identified stakeholder group 1 – 7 September 2022.
- An online pre consultation survey for external stakeholders ran from 21 August 2022 – September 2022 and gathered information regarding the understanding of the Standards and any concerns that stakeholders wish to raise.
- A 12-week public consultation
- Consultation workshops
- Service user focus groups
- Ad-hoc workshops with external stakeholders, as requested

c. We sought feedback on our proposals from the HCPC's Equality, Diversity and Inclusion (EDI) Forum.

d. Proposals and consultation responses have been discussed with HCPC Education and Training Committee (ETC) and Council. The consultation outcome and the revised guidance will be discussed with ETC in September and Council in October.

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)

We anticipate that service users who are vulnerable, which may include children, young people and older people, are likely to be positively impacted by our proposals. We have made updates to Standards 1.8, 1.9 and 1.10 regarding professional boundaries.

Children and young or older people who are vulnerable, may be more susceptible to inappropriate relationships. These changes highlight registrant responsibilities towards their service users and require registrants to be aware of the potential impact of their position on service users, to take an active role in maintaining professional boundaries, and to not leverage their position to pursue personal, financial, sexual or emotional relationships with service users and/or carers.

Changes to Standard 2.8 and 2.9 on social media may also positively impact young people and children. The changes require registrants to make reasonable checks on the information they share to ensure it is accurate and trustworthy. With these changes, we hope to better protect those who are more vulnerable to misinformation and inappropriate content shared on social media applications from harm.

Following suggestions in our consultation workshops, we have made changes to Standard 1.12 to include students. This is anticipated to positively impact students, to decrease their risk of inappropriate workplace relationships. The change ascertains that registrants must not abuse their position as a health and care practitioner to pursue personal, sexual, emotional or financial relationships with service users and/or carers, or colleagues or health and care students.

Our commitment to produce further supporting documentation to the Standards and the setting up of our explanatory materials working group, is likely to positively impact students and younger registrants at the beginning of their careers. Many of the materials will be produced to enhance understanding about how to apply the Standards in practice and will be accessible to education providers for their use.

There will be a period in which education providers are implementing the new Standards in their curriculums and teaching materials. Without careful planning, this could negatively impact students in cohorts either side of the implementation timeframe (2023/24). In our implementation plan, we will be working closely with education providers to set out the required steps to successfully implement the new Standards.

Disability (includes physical and mental health conditions. Remember ‘invisible disabilities’)

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. We anticipate that our proposals will positively impact those with

disabilities, including service users and registrants, by better protecting against discrimination for the following reasons.

- The changes use more active language that requires registrants to be aware of the potential impact of their values, biases and beliefs, and to take action to ensure these do not lead to discrimination against service users, their carers and/or colleagues.
- People with disabilities may be vulnerable to inappropriate relationships with registrants. We have made updates to Standards 1.8, 1.9 and 1.10 regarding professional boundaries. These changes highlight registrant responsibilities towards their service users and require registrants to be aware of the potential impact of their position on service users, to take an active role in maintaining professional boundaries, and to not leverage their position to pursue personal, sexual or emotional relationships with service users and/or carers. With these changes, registrant responsibilities are clear.

We have simplified Standard 6.3 regarding maintaining one's health to relate to a registrant's fitness to practise more clearly. This is particularly relevant to registrants with disabilities and registrants who develop a disability during their practice. It makes clear to registrants when to perform a health and character risk assessment and when to refer themselves to the HCPC.

Following suggestions raised in the consultation, we have also added that registrants may ask for the opinion of another health and care professional when they are unsure of whether their mental or physical health is detrimentally impacting their practice. This will help those who do not have the capabilities themselves due to a health condition or disability.

The changes that we have made to Standard 6.3 are balanced with our duty to protect public safety. Consequently, there are occasions where registrants with disabilities or health conditions may need to adjust their practice or stop practising if their disability or health condition puts public safety at risk.

Our commitment to produce further supporting documentation to the Standards and the setting up of our explanatory materials working group, is likely to positively impact people with disabilities that impact their comprehension of complex material. Many of these materials will be produced to enhance understanding about how to apply the Standards in practice and provide accessibility to the standards in different formats.

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

People undergoing or preparing to undergo gender reassignment could be at risk of discriminatory actions, microaggressions or actions which hinder their access to service.

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. We anticipate our proposals will positively impact people with these protected characteristics for the following reasons.

- The changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues. Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.
- In terms of gender reassignment, this means that where necessary, registrants must take action to respect people undergoing gender reassignment. This includes using service users', carers' or colleagues' chosen pro-nouns.

People with this protected characteristic may be harmed by breaches in privacy or the spread of harmful or misinformation. We anticipate that changes to Standard 2.8 and 2.9 on social media are likely to positively impact people undergoing or preparing to undergo gender reassignment for the following reasons.

- The changes require registrants to make reasonable checks on the information they share to ensure it is accurate and trustworthy.
- They explicitly require registrants to protect the privacy of others when posting on social media.

Marriage and civil partnerships (includes same-sex unions)

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. We anticipate that our proposals will better ensure that people in marriages and civil partnerships are treated equally for the following reasons.

- The changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues.
- Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.

The changes we have made to Standard 1.10 are anticipated to positively impact registrants and service users in marriages or civil partnerships. The new standard requires registrants to maintain professional boundaries with colleagues as well as service users and/or their carers and colleagues. Moreover, registrants must take action to ensure that any spouse who accesses their services is treated the same as other service users.

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

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. People who are pregnant, expecting a baby, who have recently had a baby or who are breast feeding may experience discriminatory actions of microaggressions. We anticipate that our proposals will positively impact those with this protected characteristic by better protecting against discrimination for the following reasons.

- The changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues.
- Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.
- Where necessary, registrants must take action to adjust their service to accommodate the needs of someone who is pregnant, expecting a baby, post-natal or breast-feeding.
- Registrants must not restrict access to their services based on a person being pregnant, expecting a baby, being post-natal or breast-feeding.
- The changes also ensure that registrants must not hinder colleagues who are pregnant, expecting a baby, post-natal or breast-feeding from meeting their own needs at work.

Changes made to Standard 2.8 and 2.9 on social media are anticipated to positively impact people who are pregnant, expecting a baby, post-natal or breast-feeding. The changes require registrants to protect the privacy of others when posting on social media.

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

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. We anticipate our revisions will positively impact those with racialised identities by better protecting against discrimination for the following reasons.

- The changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues.
- Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.
- In respect to race, this will ensure that where necessary, registrants must take action to adjust their service to accommodate other people's cultural and language requirements.
- Registrants must not hinder colleagues from practising their culture at work.
- Registrants must not restrict access to their services based on cultural practices, race, citizenship, ethnic or national origins or nationality.

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

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. We anticipate our proposals will positively impact people's choice to hold religious belief or retain a lack of belief by better protecting against discrimination for the following reasons.

- The changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues.
- Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.

- In respect to religion and belief, this will ensure that where necessary, registrants must take action to adjust their service for those who practice religious beliefs.

Registrants must not hinder colleagues from practising their beliefs at work. It also ensures that registrants must not restrict access to their services based on belief or lifestyle choice.

With these changes, people are less at risk of discriminatory actions based on the religious beliefs they hold or if they do not hold any religious belief. They are also less likely to experience microaggressions. For service users, their access to services is less likely to be hindered because of discrimination.

Sex (includes men and women)

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. Our proposals will positively impact people by better protecting against discrimination.

- The changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues.
- Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.
- In respect to sex, this will ensure that where necessary, registrants must take action to adjust their service for those who have different requirements based on their sex.
- Registrants must not treat colleagues differently based on their sex or restrict access to their services based on a service user's or their carer's sex.

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

We have made changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. We anticipate our proposals will better ensure that people of all sexual orientations are treated equally for the following reasons.

- The changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues.
- Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.

The changes to Standard 2.8 and 2.9 on social media are anticipated to positively impact people who do not wish their sexual orientation to be disclosed to others. The changes require registrants to protect the privacy of others when posting on social media.

Other identified groups

There is a lack of HCPC data relating to registrants' socio-economic group and income. This creates challenges in the assessment of registrants experiencing disadvantage or barriers to access based on socio-economic group or income.

Furthermore, socio-economic group and income were not areas of concern raised during our pre-consultation stakeholder engagement. We therefore have not included this in our review of the Standards.

Four countries diversity

It is not expected that the changes will impact any one of the four countries differently.

Section 4: Welsh Language Scheme

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

Our new Standards, along with any explanatory documents, will be available in Welsh upon request.

Section 5: Summary of Analysis

What is the overall impact of this work?

We anticipate the changes to the Standards to have an overall positive impact on people's protected characteristics and their experience of health and care professionals. Our changes to standards 1.5, 1.6 and 1.7 ensure that registrants must be active in ensuring their behaviour is anti-discriminatory.

Our changes to Standards 1.8, 1.9 and 1.10 ensure that registrants understand that they must actively maintain professional boundaries. This is anticipated to positively impact children, young and older people who are vulnerable and people with a disability.

Our changes aim to strengthen our approach to social media ensuring that registrants must make reasonable checks on the information that they are posting, actively maintain professional boundaries and respect the privacy of others. This ensures that registrants understand their role in tackling misinformation relating to protected characteristics such as race, disability and gender reassignment.

There is also the potential that registrants with disabilities, such as people who are neurodivergent or who have comprehension challenges, and students who may be less familiar with HCPC and our Standards may find it challenging to digest the changes. Activities that will help to lessen this impact include two working groups for the Standards focused on equality diversity and inclusion and accessibility and targeted engagement post-consultation through workshops.

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.

Summary of action plan

Throughout the implementation period of the review, we will continue to engage with a diverse range of stakeholders. We have engaged with the HCPC EDI Forum to ensure that EDI issues relating to the Standards are raised and mitigated promptly. We will continue to engage with this group throughout the implementation period. Their input will be particularly helpful to plan the implementation of the changes and to ensure this is done so fairly across protected characteristics and nationally.

Our implementation plan will be especially important and will consider how the new changes are communicated to our external stakeholder groups. We have identified some groups that will need targeted engagement communicating the changes to the Standards.

Moreover, we have created two working groups for the final draft of the Standards. Each group will be specifically made up of people from disadvantaged groups such as registrants with disabilities, people with under-represented ethnicities and nationalities, and people from different cultural backgrounds.

The purpose of the first group will be to read through and assess the Standards and provide feedback on the impact of the Standards on equality diversity and inclusion in health and care. We will make final changes based on their recommendations.

During our pre-consultation work, external stakeholders were keen to see more explanatory material for the Standards developed. The second working group will review the accessibility of the Standards and support the design of explanatory material.

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 action plan ensures that we engage with a diverse group of people with under-represented protected characteristics or who are at risk of being negatively impacted by the changes made. This engagement will help us to develop accessible and fair Standards.

It also ensures that we plan our implementation of the new revised standards appropriately and in a way that does not disadvantage any group based on a protected characteristic. This will help us to maintain a register of fully informed registrants who follow and apply our Standards.

The changes made are intended to help to tackle discrimination, harassment and victimisation in health and care through active engagement with these issues. By implementing an action plan that ensures all external stakeholder groups

understand the changes made, we are ensuring that all service users have access to health and care services in a safe and inclusive environment.

How will the project advance equality of opportunity?

The action plan includes the development of explanatory materials through a diverse working group. This provides the opportunity to read and digest the Standards in a way that is suitable to a variety of needs.

It also includes further workshops and engagement with external stakeholders throughout the yearlong implementation period.

How will the project promote good relations between groups?

The plan includes a wide range of internal and external stakeholder activities. Throughout all these activities, stakeholder groups will be brought together to discuss and collaborate on specific issues. For example, workshops during implementation phase of the review focusing on the thematic areas of the changes made to the Standards.

Furthermore, we will publish a review of our engagement to ensure that stakeholders know where the changes that we have made originated and understand other stakeholder groups' perspectives better.

Equality Impact Assessment (Level 2)

For background information on how to complete this form, read **Appendix 2**. Delete **guidance text** as you complete the form. Guidance text is suggested (not required) content.

Section 1: Project overview

Project title: Guidance on social media review	
Name of assessor: Rosemary Flowers-Wanjie	Version: 2

What are the intended outcomes of this work?

The review is intended to:

- make any necessary updates to the current guidance that reflect changes within health and care practice and how health and care professionals use social media.
- ensure that the current guidance is fit for practice, particularly taking accessibility and relevance into account.
- gain insight into how we can better communicate the guidance and promote good use of social media by health and care professionals.

Who will be affected?

Once any changes to the standards are implemented:

- the guidance will be available for registrants to better their understanding of our standards and appropriate ways to use social media.
- prospective students for approved programmes may use the guidance to inform their studies and prepare them for practice.
- employers will need to be aware of the revisions to understand what is expected of HCPC registrants using social media.
- HCPC employees and partners will be able to use the guidance to help inform their work for example, when following fitness to practise procedures.

Section 2: Evidence and Engagement

Lack of data should not prevent a thorough Equality Impact Assessment (EIA). Be proactive in seeking the information you need.

What evidence have you considered towards this impact assessment?

11. The HCPC registrant database has provided us with information regarding the protected characteristics of our registrant population.²

² [Diversity Data Report 2021 | \(hcpc-uk.org\)](https://www.hcpc-uk.org/diversity-data-report-2021)

12. We held workshops (1 – 9 September 2022) and an online survey (12 August – 9 September 2022) to external stakeholders – registrants, students, professional bodies, trade unions, employers, education providers, services users and the public – has provided us with information regarding how the Standards are used and understood in practice.
13. We held a [consultation on the changes to the standards of conduct, performance and ethics](#), which opened on 27 March 2023 and closed on 16 June 2023. We consulted on the revised Standards and the guidance on social media that sits alongside it.
14. We had 218 responses to the consultation across all stakeholder groups – registrants (76%), professional bodies (6%), service users and members of the public (5%), education providers (2%), students (2%), trade unions and employers (1%).
15. During the consultation we held six workshops on the main themes of change to the standards. One of these workshops specifically focused on Equality, Diversity and Inclusion (EDI).
16. We sought guidance from the HCPC EDI Forum. Members of the Forum are external stakeholders with expertise in EDI and lived experience. Membership includes registrants and EDI professionals in relevant stakeholder organisations.
17. We sought feedback from the HCPC Professional Bodies Quarterly Forum and through our regular engagement with other health and care regulators.
18. Internal discussions with the HCPC Council and other committees have informed these proposals.
19. We sought legal review of the draft revised guidance and have applied their recommendations.

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

- There are three stages of our stakeholder engagement: pre-consultation; consultation and post consultation and implementation.
- The external stakeholder groups targeted by our engagement include:
 - Professional bodies
 - Education Providers
 - Trade Unions
 - Employers
 - EDI Forum
 - Service users and Patient Interest Groups
 - HCPC Partners

- Students
- External stakeholder activities include:
 - Presentation to Professional Bodies Quarterly Forum in June 2022
 - Pre-consultation workshops with each identified stakeholder group 1 – 7 September 2022.
 - An online pre consultation survey for external stakeholders ran from 21 August 2022 – September 2022 and gathered information regarding the understanding of the guidance and any concerns that stakeholders wished to raise.
 - A 12-week public consultation
 - Consultation workshops
 - Service user focus groups
 - Ad-hoc workshops with external stakeholders, as requested
- We sought feedback on our proposals from the HCPC’s EDI Forum.
- Proposals and consultation responses have been discussed with HCPC Education and Training Committee (ETC) and Council. The consultation outcome and the revised guidance will be discussed with ETC in September and Council in October.

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)

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We therefore proposed updates to the guidance on Standard 2.8 to tackle misinformation.

Children and young people and older people who are vulnerable are at risk to the spread of misinformation. The changes we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true. We anticipate that these changes will have a positive impact on service users who are children and young people and older people who are vulnerable.

We have updated our guidance on Standard 5.1 to clearly state that registrants must think about confidentiality when using either a personal or professional account. This

is especially important for vulnerable service users who may be more at risk if their personal information is shared online.

Our changes to guidance relating to Standard 1.9 are anticipated to have a positive impact on service users who are more vulnerable to inappropriate online relationships. The changes we have made explain that registrants should take an active role in maintaining professional boundaries when online and make registrant responsibilities clearer.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their age. The changes ensure that registrants understand that their personal views shared on social media should not lead to the restriction of services for others.

We recognised from the consultation responses that there was confusion caused by the layout of our guidance. We have added extra headers to define information more clearly. This will help to ensure the accessibility of the revised guidance particularly for young people and health and care students. We have also added definitions of specific words that consultation responses demonstrated were not clearly understood.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidence-based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact children and young people and older people who are vulnerable to misinformation because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact children and young people and older people who are vulnerable because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation and added the words *accurate* and *true* to our guidance relating to Standard 9.3. to better reflect this definition. This highlights the impact that sharing misinformation on social media has on the lives of others. We anticipate this to

positively impact children and young people and older people who are vulnerable because it ensures the impact of misinformation is clearly stated in the guidance.

Disability (includes physical and mental health conditions. Remember ‘invisible disabilities’)

Our changes to the guidance are anticipated to positively impact registrants with disabilities by improving the accessibility of the Standards. Furthermore, through an explanatory materials design working group, we intend to engage registrants with disabilities after the consultation. Volunteers in this group will assess the guidance and provide feedback to ensure it is accessible to a diverse group of people with various reading abilities. They will support the design of any further explanatory material on social media.

We have made specific changes to make the guidance easier to follow and understand. For example, we have changed the structure of the guidance to make the primary purpose of the document clearer. We have also simplified the “About the Standards” section to only refer to the standards and their purpose. We have also added links throughout the document to help readers find further information more easily.

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We have therefore updated the guidance on Standard 2.8 to tackle misinformation.

People with disabilities are at risk of being harmed through misinformation concerning their or other’s disabilities. The changes we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true. We anticipate that these changes will have a positive impact on people with disabilities.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their disability. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

We recognised from the consultation responses that there was confusion caused by the layout of our guidance. We have added extra headers to define information more clearly. This will help to ensure the accessibility of the revised guidance particularly for neurodiverse people. We have also added definitions of specific words that consultation responses demonstrated were not clearly understood.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidence-based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact people with disabilities because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact people with disabilities because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation and added the words *accurate* and *true* to our guidance relating to Standard 9.3. to better reflect this definition. This highlights the impact that sharing misinformation on social media has on the lives of others. We anticipate this to positively impact people with disabilities because it ensures the impact of misinformation is clearly stated in the guidance.

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

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We therefore proposed updates to the guidance on Standard 2.11 to tackle misinformation.

Service users who are undergoing gender reassignment are at risk of being harmed through misinformation concerning gender reassignment. The changes that we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true. We therefore anticipate that these changes will have a positive impact on service users who are undergoing gender reassignment.

People undergoing gender reassignment may be at risk of harm if their personal information is shared online. We have updated our guidance on Standard 5.1 to clearly state that registrants must think about confidentiality when using either a personal or professional account. We anticipate that these changes will have a positive impact on service users who are undergoing gender reassignment.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their gender reassignment. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to

adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidence-based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact people undergoing gender reassignment because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact people undergoing gender reassignment because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation and added the words *accurate* and *true* to our guidance relating to Standard 9.3. to better reflect this definition. This highlights the impact that sharing misinformation on social media has on the lives of others. We anticipate this to positively impact people undergoing gender reassignment because it ensures the impact of misinformation is clearly stated in the guidance.

Marriage and civil partnerships (includes same-sex unions)

People whose personal information has changed because of marriage or civil partnership, may be at risk of harm if this is shared online. We have updated our guidance on Standard 5.1 to clearly state that registrants must think about confidentiality when using either a personal or professional account.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their sexual orientation or marital status. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

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

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We therefore proposed updates to the guidance on Standard 2.8 to tackle misinformation.

Service users who are pregnant, expecting a baby or breastfeeding are at risk of being harmed through misinformation concerning pregnancy and breastfeeding. The changes that we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true. We therefore anticipate that

these changes will have a positive impact on service users who are who are pregnant, expecting a baby or breastfeeding.

People whose personal information has changed because of pregnancy or maternity, may be at risk of harm if this is shared online. We have updated our guidance on Standard 5.1 to clearly state that registrants must think about confidentiality when using either a personal or professional account. We anticipate that these changes will have a positive impact on service users who are pregnant, expecting a baby or breastfeeding.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on pregnancy or maternity. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidence-based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact people who are pregnant, expecting a baby or breastfeeding because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact people who are pregnant, expecting a baby or breastfeeding because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation and added the words *accurate* and *true* to our guidance relating to Standard 9.3. to better reflect this definition. This highlights the impact that sharing misinformation on social media has on the lives of others. We anticipate this to positively impact people who are pregnant, expecting a baby or breastfeeding because it ensures the impact of misinformation is clearly stated in the guidance.

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

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We therefore proposed updates to the guidance on Standard 2.8 to tackle misinformation.

People are at risk of misinformation spreading in relation to nationality, citizenship, ethnic or national origins being popularised. This may put people of those nationalities, citizenships, ethnicities or national origins at risk of harm from others. The changes that we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their nationality, citizenship, ethnicity or national origin. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidence-based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact people who are at risk of discrimination based on their nationality, citizenship, ethnicity or national origin because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact people who are at risk of discrimination based on their nationality, citizenship, ethnicity or national origin because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation. This highlights the impact that sharing misinformation on social media has on the lives of others. We anticipate this to positively impact people who are at risk of discrimination based on their nationality, citizenship, ethnicity or national origin because it ensures the impact of misinformation is clearly stated in the guidance.

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

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We therefore proposed updates to the guidance on Standard 2.8 to tackle misinformation.

People are at risk of misinformation spreading in relation to religious practices and beliefs. The changes that we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true.

People may be at risk of harm if their religion or belief is shared online. We have updated our guidance on Standard 5.1 to clearly state that registrants must think about confidentiality when using either a personal or professional account. We anticipate these changes to have a positive impact on people who would be at risk of harm if their religion or belief were shared online.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their nationality, citizenship, ethnic or national origin. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

Furthermore, the changes that we have made to the guidance relating to Standard 1.6 better reflect the limits of HCPC's interest in registrant social media posts. This will ensure that registrants who share their personal beliefs online are able to do so freely within the limits of the law.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidence-based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact people are at risk of misinformation spreading in relation to religious practices and beliefs because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact people are at risk of misinformation spreading in relation to religious practices and beliefs because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation and added the words *accurate* and *true* to our guidance relating to Standard 9.3. to better reflect this definition. This highlights the impact that sharing misinformation on social media has on the lives of others. We anticipate this to positively impact people are at risk of misinformation spreading in relation to religious practices and beliefs because it ensures the impact of misinformation is clearly stated in the guidance.

Sex (includes men and women)

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their sex. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We therefore proposed updates to the guidance on Standard 2.8 to tackle misinformation.

People who are at risk of being harmed through misinformation concerning sex becoming popularised. The changes that we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidence-based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact people who are at risk of being harmed through misinformation concerning sex because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact people who are at risk of being harmed through misinformation concerning sex because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation and added the words *accurate* and *true* to our guidance relating to Standard 9.3. to better reflect this definition. This highlights the impact that sharing misinformation on social media has on the lives of others. We anticipate this to positively impact people who are at risk of being harmed through misinformation concerning sex because it ensures the impact of misinformation is clearly stated in the guidance.

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

The spread of misinformation online, especially relating to health and care, was a common theme and concern throughout our stakeholder workshops. We therefore proposed updates to the guidance on Standard 2.8 to tackle misinformation.

People who are at risk of being harmed through misinformation concerning sexual orientation becoming popularised. The changes that we have made explain that registrants are responsible for ensuring that the information they post is likely to be accurate and true. We anticipate that these changes will have a positive impact on people's understanding of sexual orientation.

People may be at risk of harm if their sexual orientation is shared online. We have updated our guidance on Standard 5.1 to clearly state that registrants must think about confidentiality when using either a personal or professional account. We anticipate these changes to have a positive impact on people who would be at risk of harm if their sexual orientation were shared online.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their sexual orientation. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

During the consultation, we heard feedback from respondents that our changes to the guidance on Standard 2.11 restricted freedom of speech by requiring registrants to adhere to government public health messaging when posting on social media. We also heard that our definition of misinformation was not clear.

Consequently, we have removed reference to not contradicting government public health messages. In place of this wording, we have added that when registrants are engaging in online debate, they ensure that their views are evidence-based, and that they are accurate to the best of their knowledge.

This change is anticipated to positively impact people who are at risk of being harmed through misinformation concerning sexual orientation because it enables them to engage in evidence-based online debate about health and care. It also is anticipated to positively impact them by ensuring that our registrants understand online debate needs to be evidence-based.

The guidance now also says that registrants should correct themselves if they have shared false, inaccurate or misleading information. This is anticipated to positively impact people who are at risk of being harmed through misinformation concerning sexual orientation because it reminds registrants to correct any of their social media posts that contain information that is false, inaccurate or misleading.

To help registrants understand misinformation, we added a definition of misinformation and added the words *accurate* and *true* to our guidance relating to Standard 9.3. to better reflect this definition. This highlights the impact that sharing

misinformation on social media has on the lives of others. We anticipate this to positively impact people who are at risk of being harmed through misinformation concerning sexual orientation because it ensures the impact of misinformation is clearly stated in the guidance.

Other identified groups

There is a lack of HCPC data relating to registrants' socio-economic group and income. This creates challenges in the assessment of registrants experiencing disadvantage or barriers to access based on socio-economic group or income. Furthermore, socio-economic group and income were not areas of concern raised during our pre-consultation stakeholder engagement. We therefore have not included this in our review of the guidance on social media.

People may be at risk of harm if their resident status is shared online. We have updated our guidance on Standard 5.1 to clearly state that registrants must think about confidentiality when using either a personal or professional account. We anticipate that these changes to have a positive impact on people who would not want their resident status shared online.

We have made changes to the guidance relating to Standard 1.6 to make it clear that registrants should think about the impact of their posts before they share them. This is anticipated to have a positive impact on people who are at risk of discrimination based on their resident status. The changes ensure that registrants understand their personal views shared on social media should not lead to the restriction of services for others.

Four countries diversity

It is not expected that the changes made will impact any one of the four countries differently.

Section 4: Welsh Language Scheme

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

Our revised guidance on social media, along with the commentary and consultation documents, will be available in Welsh upon request.

Section 5: Summary of Analysis

What is the overall impact of this work?

Our changes aim to strengthen our approach to social media ensuring that registrants better understand the circumstances in which the guidance and our Standards apply to their use of professional and personal use of social media. The changes balance HCPC respects a registrant's right to freedom of expression and our duty to protect the public.

By making these changes we are ensuring that registrants are better equipped to use social media in a way that protects people from misinformation, restrictions on their access to health services and discriminatory views and language. This is particularly important for people who are vulnerable, who would be at risk from personal information being disclosed and people who are at risk of discrimination based on their protected characteristics.

There is also the potential that registrants with disabilities, such as people who are neurodivergent or who have comprehension challenges, and students may find it challenging to digest the changes made. Activities that will help to lessen this impact include workshops on social media during the implementation phases of the Standards review and additional explanatory materials.

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.

Summary of action plan

Throughout the implementation period of the review, we will continue to engage with a diverse range of stakeholders. We have engaged with the HCPC EDI Forum to ensure that EDI issues relating to social media are raised and mitigated promptly. We will continue to engage with this group throughout the implementation period. Their input will be particularly helpful to plan the implementation of the changes and to ensure this is done fairly across protected characteristics and nationally.

Our implementation plan will be especially important and will consider how the new changes are communicated to our external stakeholder groups.

During our stakeholder engagement throughout the review so far, we have seen that people are keen to see the development of more explanatory material for the Standards. This guidance sits within HCPC's suite of explanatory materials of the Standards. They carry out an important function to explain how registrants can apply the Standards to their practice.

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 action plan ensures that we engage with a range of stakeholders and target our communications towards those who are at risk of being negatively impacted by the changes made. This engagement will help us to develop accessible and fair guidance.

It also ensures that we plan our implementation of the new revised guidance appropriately and in a way that does not disadvantage any group based on a protected characteristic. This will help us to maintain a register of fully informed registrants who follow and apply our Standards.

The guidance is intended to help to tackle discrimination, harassment and victimisation in health and care through active engagement with these issues. By implementing an action plan that ensures all external stakeholder groups understand the changes made, we are ensuring that all service users have access to health and care services in a safe and inclusive environment.

How will the project advance equality of opportunity?

The action plan includes the hosting of workshops on social media. These ensure that there is an opportunity for diverse groups of stakeholders to engage and discuss the new guidance. This will help to lessen the impact of change on those who may find change challenging.

How will the project promote good relations between groups?

The plan includes a wide range of internal and external stakeholder activities. Throughout all these activities, stakeholder groups will be brought together to discuss

and collaborate on specific issues. For example, workshops during the implementation phases will specifically discuss the use of social media in the context of the revised guidance.

Furthermore, we will publish a review of our engagement to ensure that stakeholders know where the changes that we have made originated and understand other stakeholder groups' perspectives better.