

# Consultation outcome: consultation on revised Standards of conduct, performance and ethics and the guidance on social media

Analysis of responses to the consultation and our decisions as a result.

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## Foreword

The Health and Care Professions Council (HCPC)'s Standards of conduct, performance and ethics (the Standards), and the guidance that accompanies them, are integral to ensuring high quality professional practice in the 15 professions we regulate. We keep the Standards under regular review to ensure that they remain up-to-date, and we began our most recent review in May 2022. The aims of this review were:

1. To make any necessary updates to the Standards to reflect changes to practice.
2. To ensure that the Standards are fit for practice, particularly taking accessibility and relevance into account.
3. To gain insight into how we can better communicate the Standards and promote them to ensure they are fully understood by registrants.
4. To make any necessary updates to our guidance on social media to keep pace with the developments in the use of social media over the past few years.

Following a period of engagement with our stakeholders, we developed a set of revised Standards and revised guidance on social media, which we consulted on from 27 March 2023 – 16 June 2023.

Following on from our recent review of the Standards of proficiency, we proposed changes in five main areas:

1. Equality diversity and inclusion
2. Communication
3. Duty of candour
4. Upskilling and training responsibilities
5. Managing existing health conditions and disabilities in the workplace

We also discussed sustainability as a possible future area for change and questioned whether the Standards should include sustainability in the future.

We are extremely grateful to the external and internal stakeholders that have participated in the review and provided the valuable insights that have informed the changes to the Standards and guidance. This engagement has been integral to our understanding of how the Standards and guidance are used in practice, how they are perceived by service users, their families and carers, and how they can be improved.

We want to continue the conversations that we have started with our stakeholders during the review. We especially look forward to supporting registrants in the

effective implementation of the new Standards and further engaging with all our stakeholders during the implementation phase of the review and beyond.

This review fits into a wider review of our Standards, which began with the Standards of Proficiency in 2019. Following the review of the Standards of conduct, performance and ethics and guidance on social media, we will review the remaining guidance and online materials that support them. We will also commence a review of our Standards of Education and Training in 2024.

## **Executive summary**

We have drafted revised Standards of conduct performance and ethics. These revisions have been made based on evidence gathered from desk research on health and care practice, pre-consultation stakeholder engagement and a 12-week consultation period in 2023. To complement the Standards, we have also revised our guidance on social media.

### **There are five areas of change to the Standards:**

#### *Equality Diversity and Inclusion (EDI)*

The revisions promote an active approach to ensuring that registrants' practice supports equality, diversity, and inclusion. These changes align with amendments made to the Standards of proficiency in our most recent review to strengthen our commitment to EDI.

#### *Communication and social media*

The way we communicate is continually evolving and our standards need to reflect this. We have made changes to encourage registrants to focus on what they say and the language they are using regardless of whether they are communicating with service users, carers and colleagues in person or on social media and networking sites. The revised guidance on social media provides registrants with further information about what this looks like in practice.

#### *Duty of candour*

Our changes set out a process for registrants to follow when things go wrong. This better aligns with our guidance and gives registrants clear steps to follow at a time that is often challenging and stressful. The revisions continue to ensure that registrant practice is open and honest and promotes learning from when things go wrong.

#### *Upskilling and training responsibilities*

We often receive questions from registrants regarding their scope of practice, particularly in relation to taking on new roles. The changes that we have made provide further guidance around this and highlight the need to make sure registrants have the knowledge, skills and experience to practise safely and effectively.

#### *Managing existing health conditions and disabilities in the workplace*

We think that it is important to further clarify within the standards that registrants do not need to stop practising simply because they have a physical or mental health condition. Where a registrant's physical or mental health will detrimentally impact their ability to practise safely or effectively, they will need to adjust their practice, and only if this is not possible will need to stop practising.

### **We also discussed sustainability in the consultation:**

During the consultation, we wanted to explore whether it would be appropriate to include a standard on sustainability in future reviews. We recognise the importance of incorporating sustainability into our work going forwards and into health and care practise. We will be exploring sustainability further in our review of our Standards of Education and Training. We will also create a green practice hub, an online resource on the HCPC website that provides further information about sustainability and ideas on how to practise sustainably.

### **Publication and the new Standards**

We published the updated Standards on 9 October 2023. An 11-month implementation period will follow and bring the Standards into effect in September 2024. The following document provides further detail of the consultation responses and the revisions that we have made as a result.

# 1. Introduction

## About the consultation

We consulted between 27 March – 16 June 2023 on revised Standards of conduct, performance and ethics and revised guidance on social media.

We informed a range of stakeholders about the consultation including registrants, service users, professional bodies, employers, education and training providers and trade unions. We also advertised the consultation on our website and social media and issued a press release.

As part of our consultation engagement, we held several events to discuss the proposals. This included six public workshops which explored each key theme of the consultation with a range of different stakeholders from the following groups:

- a. Registrants
- b. Professional bodies
- c. Education Providers
- d. Trade Unions
- e. Employers
- f. Service users and service user representatives

The aim of the workshops was to encourage discussion of each key theme and communicate our rationale for the proposed changes to the Standards and the guidance on social media. We received positive feedback and facilitated challenging discussions about key issues impacting the health and care sector. These discussions included:

- how to implement effective change in health and care structures
- meeting the Standards with limited resources and under stress
- the impact of an apology on a service user and a registrant's liability
- registrants' rights to participate in climate protests and the impact on their registration with the HCPC

In total, 244 people took part in the workshops, with an average of 50 people in each workshop. Interaction with participants was through Slido and Teams chat. To keep the workshops accessible to those who could not attend, we uploaded a [recording of each workshop](#) on the HCPC website.

We also hosted workshops with individual stakeholder groups, where requested, for example, with professional bodies and the Welsh Allied Health Professions Committee. The Office of the Chief Sustainability Officer invited us to participate in

their #GreenerAHP workshop and we used that opportunity to discuss our approach to sustainability in the review.

We would like to thank all those who took the time to respond to the consultation document and participated in our consultation workshops. You can download the consultation document and a copy of this responses document from our website: {insert link}

## **About us**

The HCPC's statutory role is to protect the public by regulating healthcare professionals in the UK. We promote high quality professional practice, regulating over 300,000 registrants across 15 different professions by:

- setting standards for professionals' education and training and practice;
- approving education programmes which professionals must complete to register with us;
- keeping a register of professionals, known as 'registrants', who meet our standards;
- acting if professionals on our Register do not meet our standards;
- and stopping unregistered practitioners from using protected professional titles

We regulate 15 health and care professions:

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists.

## **About this document**

This document summarises the responses we received to the consultation and our decisions.

The document begins by explaining how we handled and analysed the responses we received, providing some overall statistics from the responses (Section two). Section three provides an executive summary of the responses we received to the Standards consultation. Section four provides an executive summary of the responses we received to the guidance consultation. Section five provides a list of respondents and



section six discusses the themes we heard from some of our external stakeholder activity during the consultation.

## 2. Analysing your responses

The following sections describe how we analysed responses to the consultation and provide an overall breakdown of responses.

### Method of recording and analysis

Most respondents used our online survey tool to respond to the consultation. They self-selected which stakeholder group they belong to (e.g., registrant, service user, trade union as applicable), and, where answered, selected their response to each consultation question (e.g., yes; no; partly; don't know as applicable). They were also able to give us their comments on each question.

In addition, during the consultation period we held six online workshops to seek the views of service users and carers about the standards. We recorded the feedback we received and have included it alongside the responses to the consultation.

Where we received responses by email, we recorded each response in a similar format to those from the online survey.

When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses and indicates the frequency of arguments and comments made by respondents.

### Statistical analysis

We received 218 responses to the consultation. We received 190 responses (87%) from individuals and 28 responses (13%) from organisations. Of the 190 individual responses, 161 (84%) were HCPC registered professionals.

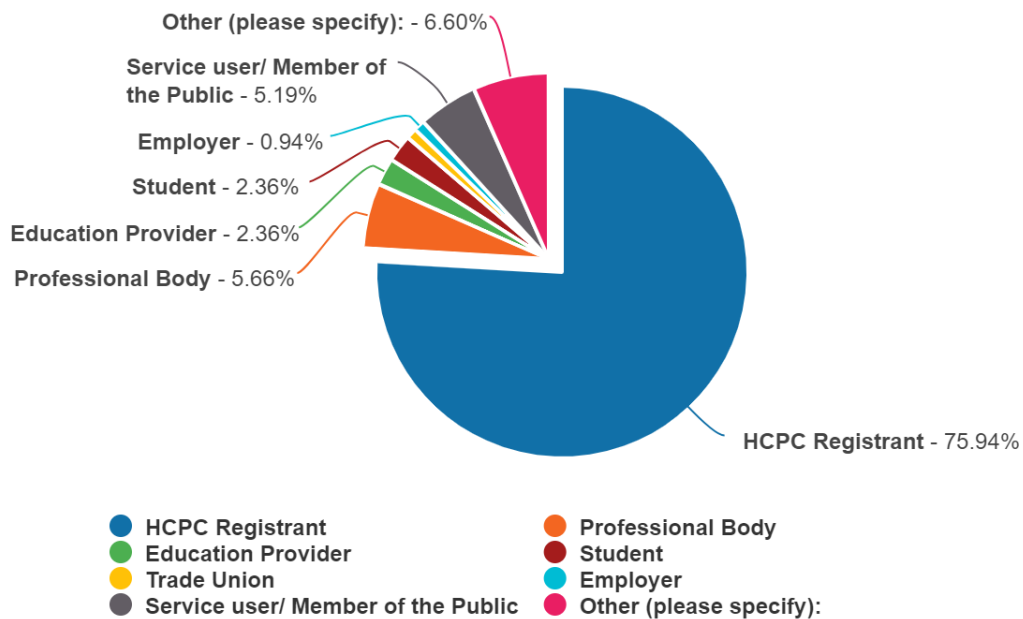
Respondents were asked 4 questions about the stakeholder group they belonged to:

1. Which of the following HCPC stakeholder groups do you represent?
2. What is the name of the organisation you represent?
3. When did you last access a health or care service provided to you by a profession regulated by HCPC?
4. What is your profession?

In question 1, we asked them to select the category that best described them. The following graph shows the full breakdown of responses across all stakeholder groups:

### ***Graph 1 – Breakdown of respondents***

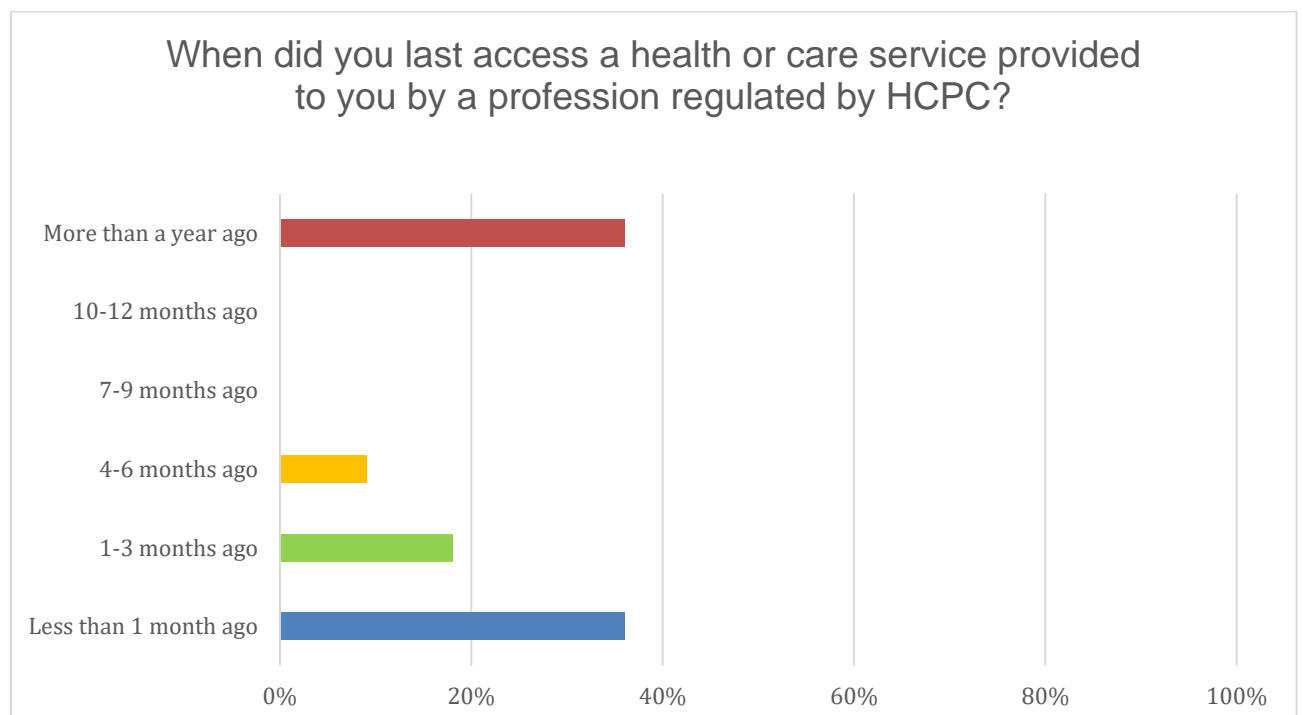
Which of the following HCPC stakeholder group do you represent?



Of the respondents who selected 'other' 8 identified themselves as health and care professionals not registered with the HCPC.

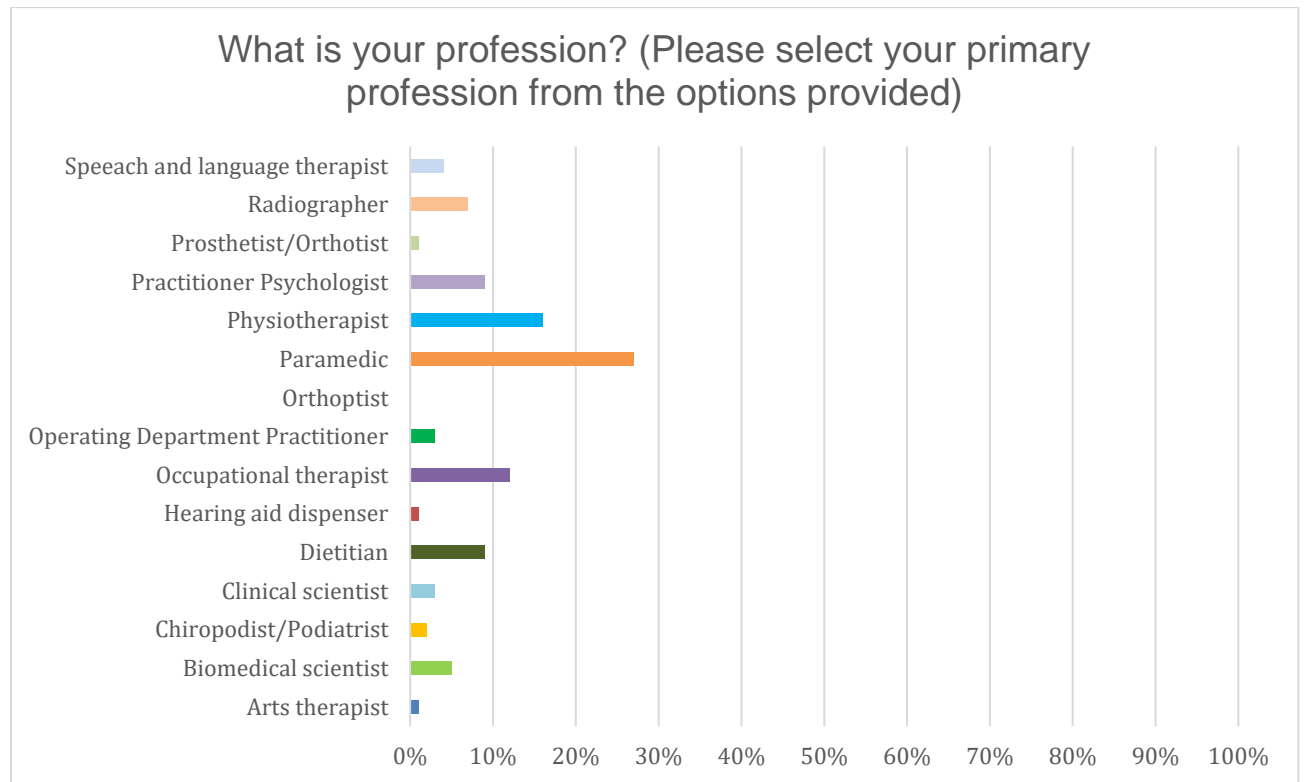
In question 2, we asked service users when they last accessed the services of our registrants. The following graph shows the full breakdown of responses across the 11 service users that responded:

**Graph 2 – Breakdown of service user respondent’s access to health and care services**



In question 3, we asked registrants to tell us about their profession. The following graph shows the full breakdown of responses across the 161 registrants that responded:

**Graph 3 – Breakdown of professions**



We asked 10 questions about our proposals to revise the Standards of conduct performance and ethics and 8 questions about our proposals to revise our guidance on social media. A breakdown of responses by question is provided in Tables 1 (Standards) and 2 (Guidance on social media) below.

**Table 1 – Breakdown of responses to each question standards of conduct, performance and ethics**

\*Percentages in the table below have been rounded to the nearest whole number and therefore may not add to 100 per cent

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<b>Questions</b>	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>	<b>Total</b>	<b>Comments</b>
Question 1: Do the revised Standards make it clear what the appropriate boundaries are between a registrant and service users or carers?	72% (155)	13% (28)	15% (32)	215	70
<b>Questions</b>	<b>Yes</b>	<b>No</b>	<b>Somewhat</b>	<b>Total</b>	<b>Comments</b>
Question 2: Do the revised Standards support registrants in maintaining their own wellbeing?	41% (89)	28% (61)	30% (65)	215	104
Question 3: Do the revised Standards ensure that registrants maintain a practice that promotes equal, fair, and inclusive treatment?	55% (119)	20% (42)	25% (54)	215	95
Question 4: Are the revised Standards clear about what registrants must do when things go wrong?	65% (141)	12% (26)	23% (49)	216	69
Question 5: Is the language used in the revised Standards accessible and clear?	60% (130)	30% (64)	10% (22)	216	70
Question 6: Does the structure of the revised Standards promote understanding and easy reading?	60% (129)	29% (63)	11% (24)	216	62
Question 7: Are the revised Standards clear about the appropriate use of social media and how this relates to registrant practice?	49% (106)	25% (53)	26% (56)	215	106
<b>Questions</b>	<b>Yes</b>	<b>No</b>	<b>Maybe</b>	<b>Total</b>	<b>Comments</b>
Question 8: Should improving sustainability in health and care practice be a part of the Standards? a) If so, what ought to be included in the Standard?	56% (122)	19% (42)	25% (54)	218	119
<b>Questions</b>	<b>Yes</b>	<b>No</b>	<b>Undecided</b>	<b>Total</b>	<b>Comments</b>
Question 9: Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics – age, disability, gender reassignment, marriage and civil	34% (74)	37% (79)	29% (63)	216	78

partnership, pregnancy and maternity, race, religion or believe, sex, or sexual orientation – as defined by the Equality Act 2010?					
Question 10: Do you have additional comments about any of the proposed changes to the Standards, or regarding the Standards of conduct, performance and ethics in general?	103 comments				

**Table 2 – Breakdown of responses to each question guidance on social media**

\*Percentages in the table below have been rounded to the nearest whole number and therefore may not add to 100 per cent.



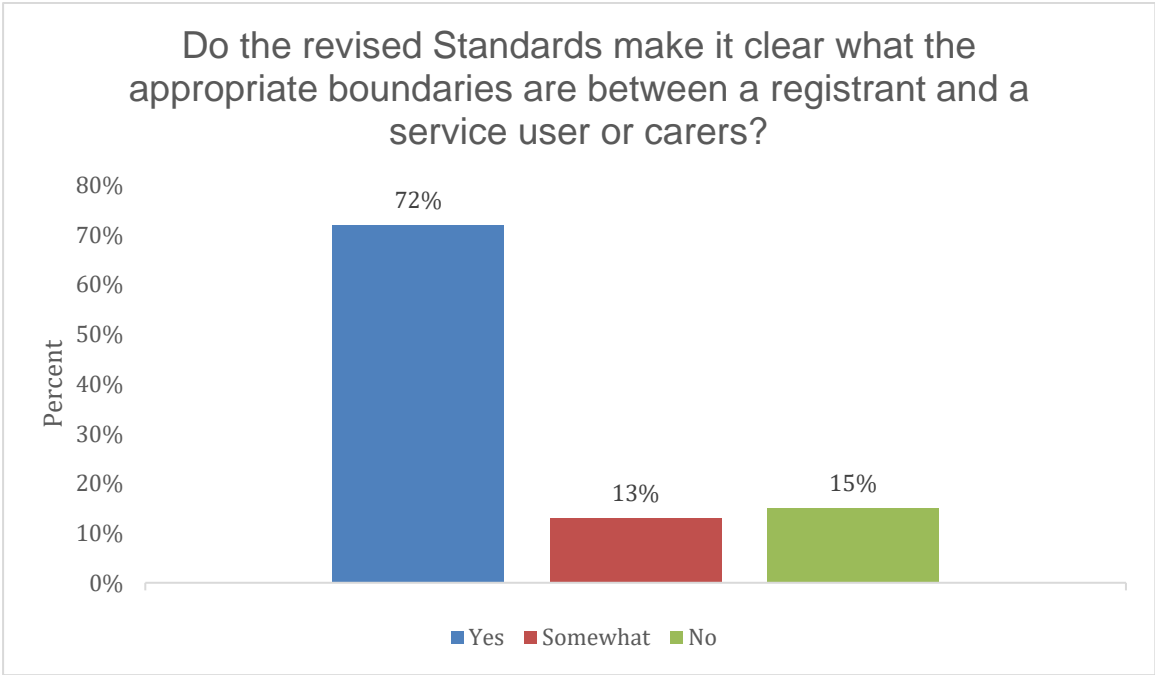
<b>Questions</b>	<b>Extremely sufficient</b>	<b>Sufficient</b>	<b>Neither sufficient nor insufficient</b>	<b>Insufficient</b>	<b>Extremely Insufficient</b>	<b>Total</b>	<b>Comments</b>
Question 1: Do the proposed updates to the HCPC social media guidance provide sufficient advice regarding the application of Standard 2.7 in practice?	6% (13)	43% (92)	27% (59)	12% (25)	12% (26)	215	63
<b>Questions</b>	<b>Extremely clear</b>	<b>Very clear</b>	<b>Somewhat clear</b>	<b>Not so clear</b>	<b>Not at all clear</b>	<b>Total</b>	<b>Comments</b>
Question 2: Do the proposed updates make it clear the circumstances that could lead to a registrant's social media posts to be considered by HCPC?	6% (12)	27% (58)	36% (77)	19% (40)	13% (28)	215	62
Question 3: Do the proposed updates make clear the circumstances in which a registrant's social media posts may call into question their fitness to practise?	7% (14)	24% (52)	37% (80)	18% (39)	14% (30)	215	58
Question 4: Do the proposed updates make it clear how a registrant must use social media in a way that protects a service user's privacy?	16% (35)	39% (83)	33% (70)	5% (11)	7% (16)	215	37
Question 5: Do the proposed updates make it clear how a registrant must use social media in a way that does not lead to the unfair treatment of service users or their carers?	13% (29)	37% (80)	32% (68)	9% (20)	8% (18)	215	31
Question 6: Do the proposed updates make it clear that HCPC supports a registrant's right to freedom of expression?	6% (13)	21% (46)	26% (56)	14% (30)	33% (70)	215	72
Question 7: Do the proposed updates clearly distinguish between the use of social media in a professional and non-professional capacity?	5% (11)	24% (52)	35% (75)	20% (42)	16% (35)	215	44
Question 8: Do you have any other comments related to guidance on social media?	61 comments						

### 3. Responses to consultation questions – Standards

This section provides an analysis of responses to questions on the revised Standards of conduct, performance and ethics and identifies key themes.

#### Question 1: Do the revised Standards make it clear what the appropriate boundaries are between a registrant and a service user or carers?

Most respondents (72%) agreed that the proposed changes were clear regarding what the appropriate boundaries are between a registrant and service users or carers.



There were 64 further comments provided in response to this question, the following key themes were present:

#### Clarity

There were 15 comments that referred to the improved clarity of the standards. These comments referred to the positive impact that these changes would have on practice. For example, one respondent noted that the additions helped registrants to understand their responsibilities towards service users and support informed decision-making. Another found that the extra detail on maintaining appropriate boundaries made it clear that they had a duty to be aware of the potential impact of their position of power.

There were 26 responses to this question that highlighted the standards being open to interpretation– for example around requiring registrants to be “aware” and what to do in specific circumstances such as following service user influencers on social media.

Furthermore, some respondents questioned whether service user understanding of professional boundaries would be the same as registrants’ understanding. We received positive feedback from our service user engagement regarding professional boundaries in the proposed Standards. We are confident therefore, that our approach is consistent with registrant and service user understanding.

We have reflected on the issues raised in response to this question. Given the high level of overall support for the clarity provided by the revised Standards we do not think it appropriate to make further changes to the Standards themselves. We will address the issues raised through changes to the guidance on social media. We will also provide further clarity in our planned implementation workshops that will explore the thematic changes to the Standards.

### *Right to private life*

A small number of respondents (4) raised concerns that new Standard 1.8 restricts their right to private life. The proposed Standard 1.8 reads as follows:

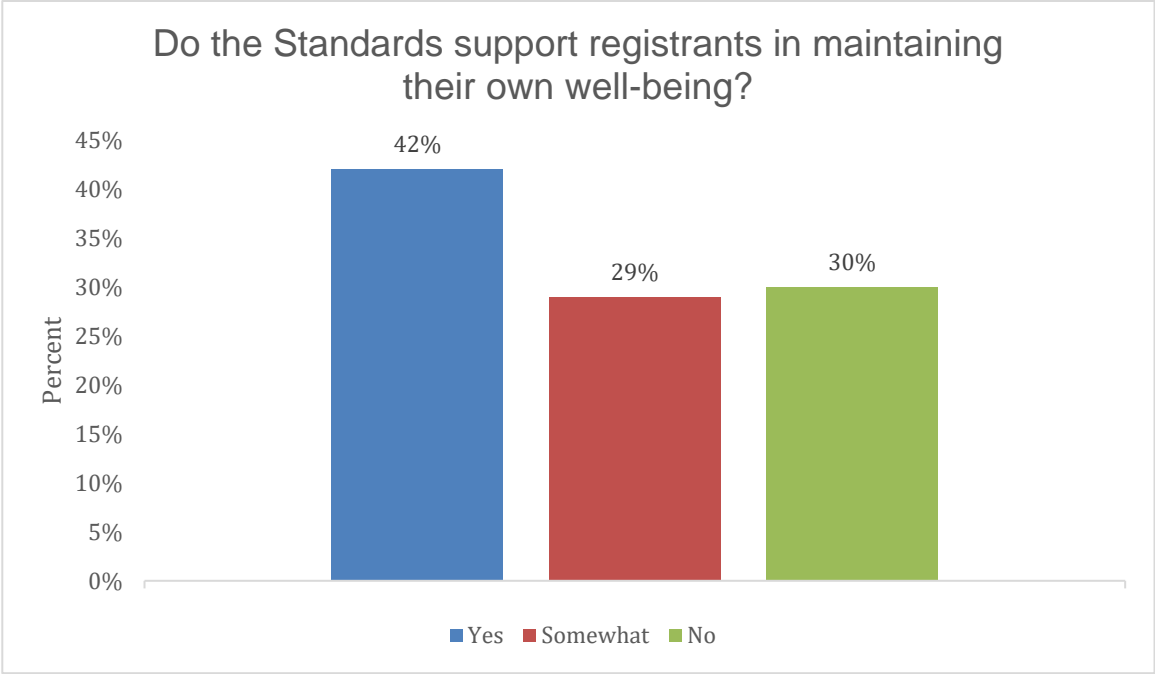
*“You must be aware of the potential impact that the position of power and trust you hold as a health and care professional may have on individuals when in social or personal settings.”*

The Standard does not seek to prohibit or restrict a particular relationship. It refers to the potential impact that a position of power and trust held may have over the individual concerned. Considering this, we have retained the original sentiment of the Standard. However, in recognition of the consultation feedback and to help make the Standard clearer, we have changed some of the language used in the Standard – “be aware” to “consider”. This language is more in line with the active language used elsewhere in the Standards and highlights to registrants that there may be an impact to consider.

Additional comments questioned whether the proposed wording allows for consensual romantic relationships and social interactions between colleagues. Some comments also questioned why the HCPC would seek to define boundaries between colleagues. The wording of the Standard relates to abusing one’s position as a health and care practitioner to pursue such relationships. We have not made any further changes to the Standard. However, this is an area where we will provide further clarification during the implementation of the Standards.

**Question 2: Do the Standards support registrants in maintaining their own wellbeing?**

Responses to this question were mixed. Most respondents answered affirmatively (42%) or felt that the Standards went some way to supporting registrants in maintaining their wellbeing (28%). However, a significant proportion (30%) felt that the revised Standards did not support wellbeing.



There were 98 respondents who provided comments in response to this question. The following themes were raised.

*Individual responsibility*

Issues raised by respondent comments included that there was too much emphasis being placed on individual responsibility rather than acknowledging the external pressures that registrants experience that make managing wellbeing more challenging. External pressures that respondents referred to included: time pressures to engage in CPD, short-staffed working environments, perceived scrutiny of one’s behaviour on social media and employer/manager responsibilities.

We have heard and understand that many health and care professionals are working in high-pressured environments. Unfortunately, we have little control over the resources that registrants have access to. Meanwhile, our Standards must continue to seek to protect the public in all health and care environments. These Standards are about ensuring that registrants understand that it is their responsibility to only practise in a way that is safe and effective. We will continue to work with employers and our other stakeholders including across the NHS, to ensure there is support for registrants’ and their wellbeing.

We also have several resources on our website to support registrants to manage their wellbeing daily and during times of stress. We advise our registrants to seek support from their professional body, managers or occupational health colleagues, when needed.

Some of the changes that we have made to our Standards on communication – for example the addition of Standard 2.8 (see below) are intended to better the relationships that health and care professionals have with their colleagues – this includes between managers and their teams. We hope that putting these new Standards into practice will create a more equitable and supportive working environment for HCPC registrants.

*2.8 You must treat your colleagues in a professional manner showing them respect and consideration.*

### *Support*

Another suggestion from the comment responses to this question was to include requirements for there to be protected time for registrants to be involved in climate change work. Whilst this may align with NHS net zero goals, as we regulate professionals rather than their employers it would not be within our regulatory remit to include these requirements within our Standards.

Instead, this is feedback that we will pass onto our colleagues working on sustainability within health and care – for example, the Office of the Chief Sustainability Officer and Greener NHS. We will also be taking action to address the points made in response to our question on sustainability – please see pages 29-31 – these will help to address the issues raised, within our regulatory remit.

### *Self-referral*

Under the current Standard 9.5, all our registrants have a professional responsibility to tell us if there are concerns about their conduct and competence as soon as possible.

*“You must tell us as soon as possible, and in any event, of being notified if: you have had any restriction placed on your practice, or been suspended or dismissed by an employer, because of concerns about your conduct or competence.”*

We call this process self-referral. There were 10 respondents who shared that they wanted to see changes made to Standard 9.5. Four of these responses discussed paramedics and NHS employers placing neutral non-prejudicial restrictions on a registrant’s practice if a serious incident occurs or a complaint is received. There was one response representing physiotherapists that also discussed this. When paramedics and some other registrant groups self-refer in these circumstances, HCPC investigations can result in further restrictions on practice even once the initial NHS investigation is closed. These respondents asked that “a substantive restriction” be added to the Standard or that the Standard refer only to restrictions lasting longer than a specified period – i.e. 28 days.

We have considered the issues raised with our internal teams, including our fitness to practise team. Our fitness to practise team complete a preliminary review of all self-referrals and those that are of a non-serious nature do not continue onto an investigation. We think it important that where a registrant’s practice has been restricted, we ensure that there is no need for further investigation to ensure public safety.

Any substantial change to the meaning of the Standard would require public consultation and therefore is outside the scope of this review. Currently, we are therefore not able to make further changes to Standard 9.5. However, during the implementation phase, we will ensure a workshop is available that discusses self-referrals to ensure that all our registrants understand when to complete a self-referral and what happens afterwards. We will also continue to work with employers on the interpretation of Standard 9.5.

### *Civility*

One respondent also discussed the impact of incivility in the workplace. They suggested that the word civility be included in the Standards to promote kind working environments and to support registrant wellbeing. The respondent linked this to NHS multi-disciplinary training and human factors teaching.

### *Freedom of expression*

A few respondents (6) expressed concern that the social media guidance would impose restrictions on registrant freedom of expression. They expressed that being able to share their opinions and beliefs on social media was important to maintaining their mental wellbeing and that restrictions placed on this would be detrimental to their mental health. Respondents were particularly concerned about the need to align with government messaging. We have discussed these issues at question 7, see pages 27-28.

### *Other comments and suggestions*

An additional issue arose within the comments relating to whether registrants could assess whether their health is impairing their practice in all circumstances. Instead, these respondents (3) felt that it may be necessary to seek another health professional's opinion if there was uncertainty.

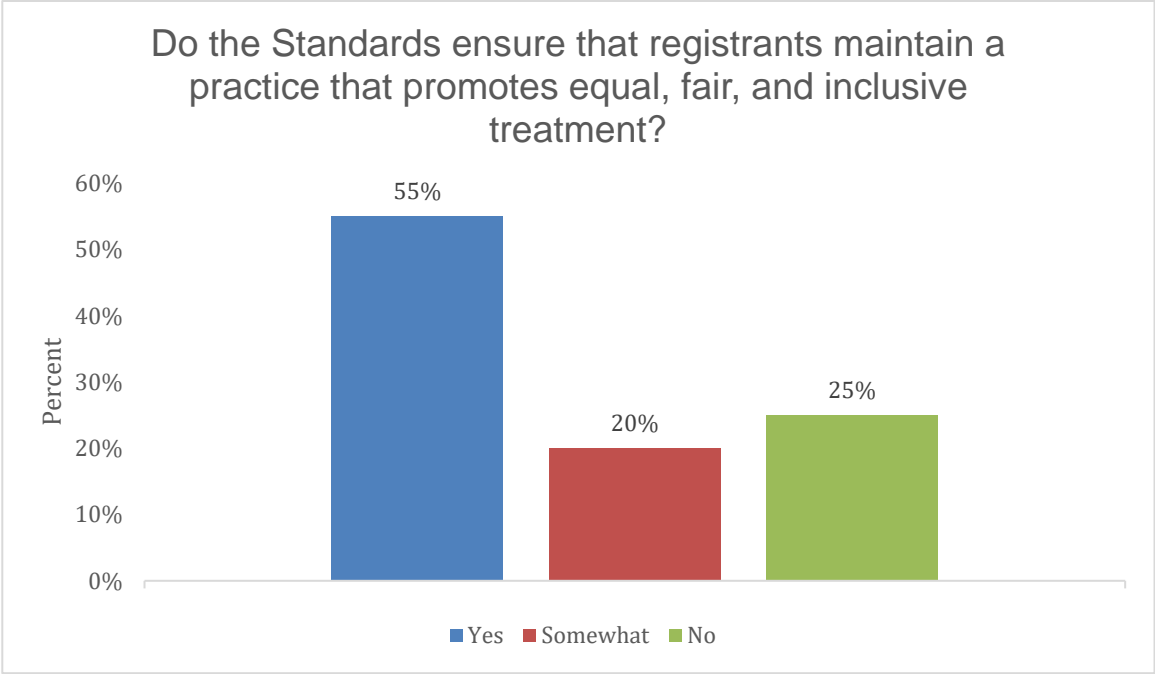
We have added the below wording to Standard 6.3 to address this issue:

*If you are unsure about your ability to do so, ask an appropriate health and care professional to make an assessment on your behalf.*

An additional suggestion was a standard requiring registrants to raise concerns about their colleague's health or mental wellbeing where necessary, including when witnessing a colleague suffering from fatigue or experiencing symptoms of menopause. We have not made any further changes relating to this suggestion as the proposed Standard 7 - Report concerns about safety - covers this eventuality.

**Question 3: Do the revised Standards ensure that registrants maintain a practice that promotes equal, fair, and inclusive treatment?**

Respondents provided positive feedback in relation to whether the Standards ensured that registrants maintain a practice that promotes equal, fair and inclusive treatment – 55% of respondents answered affirmatively to the question. However, a significant percentage answered somewhat (26%) or no (20%).



There were 88 respondents that provided comments in response to this question. The following themes were raised.

*Clarity*

Commentary positively highlighted the increased focus on this area in the Standards and respondents felt that several of the Standards promoted equality and inclusivity. Respondents appreciated the removal the requirement to challenge discrimination, the inclusion of more active language and the addition of Standard 1.5 to treat people fairly. One respondent specifically said that this is a higher standard than previously, and requires more introspection.

*Equity*

Some respondents to this question wished to see more focus on equity (17) either through reference to equity in the Standards or through a standard on sustainability. We discuss a standard on sustainability later in this document (see pages 29-31).

Those that wished to see equity focused on in the standards (3) highlighted the need to emphasise the continual nature of creating inclusive environments. Suggestions included focusing on allyship, anti-racism, tackling queerphobia, and the promotion of cultural humility. Some of these respondents highlighted the importance of employers and HCPC in promoting equity, for example ensuring the availability of reasonable adjustments for disabled registrants and providing CPD opportunities to learn more about equity.

We agree that HCPC and employers have an important role to play in promoting equity and ensuring the fair treatment of health and care professionals. Many of the updates to our Standards have had this in mind, for example the inclusion of more active language in Standards 1.5 – 1.7. The overall response to this question supports that the inclusion of active language works towards equity. We will keep in mind the comments from these respondents to continue to advocate for equity and will ensure that this is a key focus of our work on our explanatory materials and guidance.

### *Sustainability*

Sustainability and climate change were the most popular topics in the text analysis for this question. Respondents highlighted the link to climate change and widening health inequalities. They advocated that a standard on sustainability would help HCPC registrants to move towards a fairer and more equitable way of providing health and care. Several respondents referred to the [UKCCC \(Climate Change Commission\) Health Equity Report](#). We included a specific question on sustainability within the consultation and we have provided responses to those comments later in this document – see pages 29-31.

### *Individual responsibility*

Many respondents appreciated and understood the need to expand our Standards on equality diversity and inclusion, however, some respondents (7) raised concerns about the added responsibility that this put on individual registrants. They highlighted the role that employers and workplaces play in providing equal and fair treatment. Some of these respondents (3) felt that the Standards did not encourage registrants to consider how the healthcare system is set up to meet the needs of a specific group of people and that treating people from different backgrounds may require a different approach. Others (4) suggested that ensuring the provision of equal, fair and inclusive treatment was more suited to employer responsibilities rather than in their professional standards of conduct.

We agree that moving towards a more equitable future is beyond the sole responsibility of registrants. It is a collective effort between registrants, the organisations that they work for, regulators and beyond. The specific purpose of the Standards is to set out how we expect registrants to behave. The changes that we have made relating to equality, diversity and inclusion highlight registrant's responsibilities in ensuring that they treat people fairly and equitably.

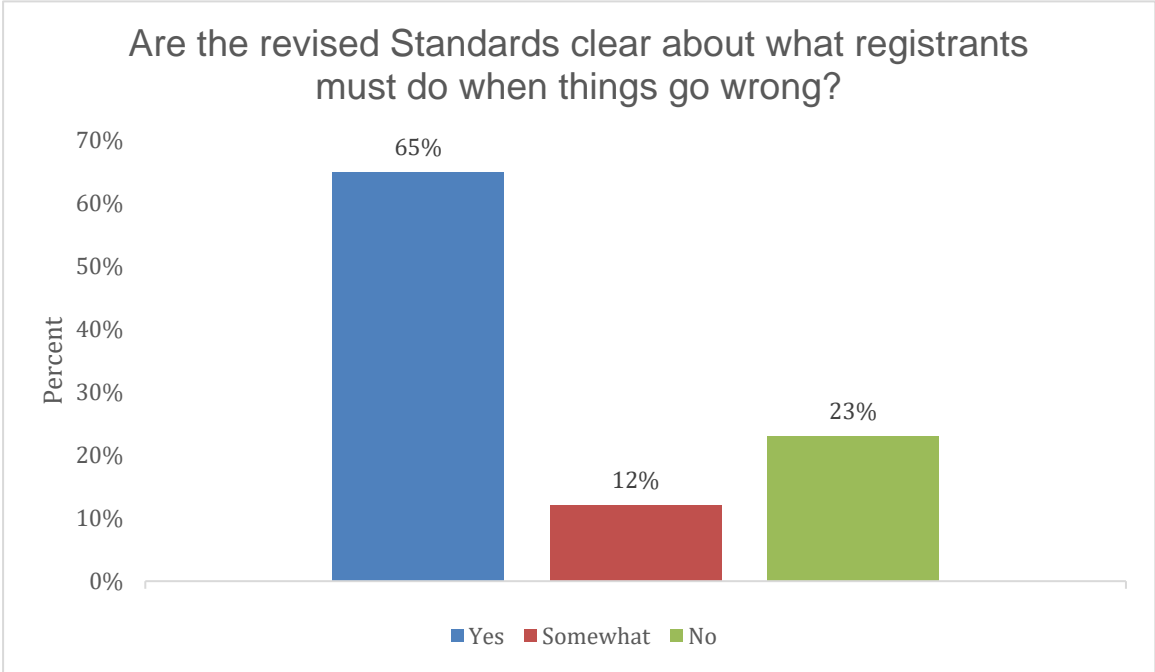
### *Consideration and respect for colleagues' health and wellbeing*

Two respondents referred to disability rights and the lack of a standard ensuring that registrants respect their colleagues' reasonable adjustments. Respondents also discussed the increasing prevalence of anxiety, burn-out and fatigue and felt that the standards did not ensure that registrants consider their colleagues' wellbeing. Some respondents suggested adding a standard to raise concerns about colleagues' health and wellbeing where necessary. We discuss registrant wellbeing above in relation to question 2, please see pages 17-19.



**Question 4: Are the revised Standards clear about what registrants must do when things go wrong?**

The response to this question was overwhelmingly positive. Most respondents answered ‘yes’ (65%) and only a small number replied ‘no’ (12%) or ‘sometimes’ (23%).



There were 63 respondents who provided comments in response to this question. The following key themes were present:

*Self-referral and liability*

A few respondents to this question raised an issue about the self-referral process and when it was appropriate to self-refer. This was closely related to some respondents questioning whether an apology would be considered an admission of guilt in fitness to practise procedures.

Another respondent reflected that it “seems a bit scary to make small mistakes”. We will aim to allay these fears and anxieties during the implementation period workshops. Specifically, we will focus on the crux of Standards 8.1 and 8.2, which is that making mistakes is a normal part of practice, and these standards aim to build confidence and recognition that to say something has gone wrong is to meet one’s Standards. Our online materials clearly state that an apology is not an admission of legal liability.

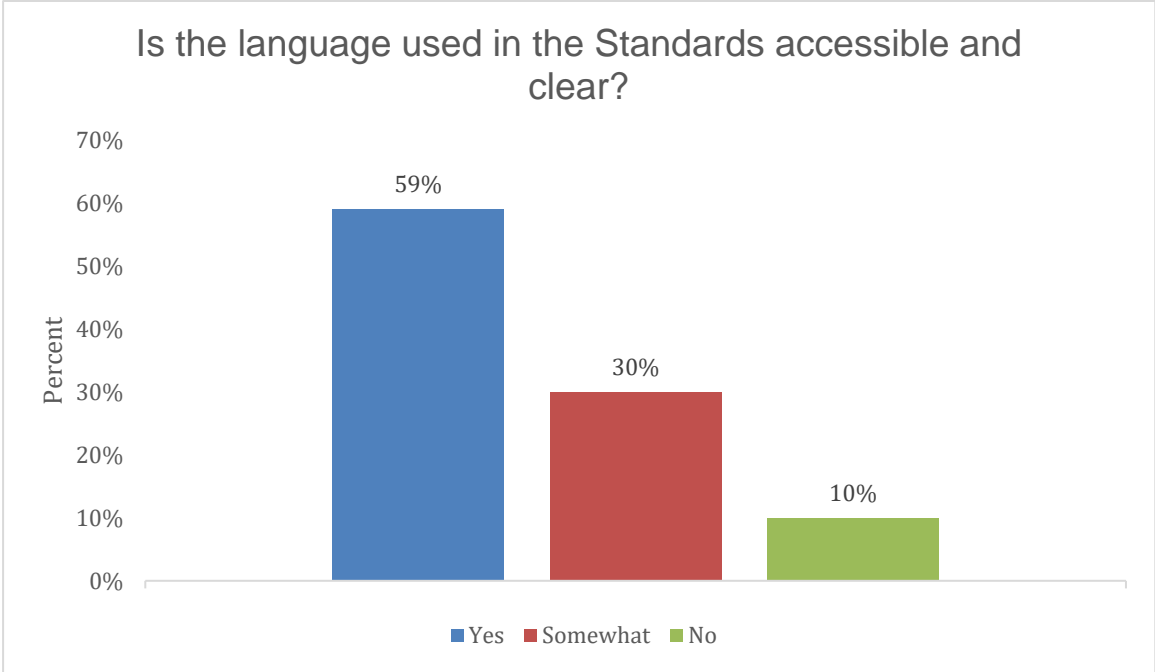
*Other*

One respondent noted that each of the four nations has a different approach to duty of candour. The respondent asked that this difference be reflected in the Standards. The Standards are not prescriptive and apply to all the professions that we regulate across the UK. We will ensure that the differences between the four nations’ approaches to duty of candour is discussed in our implementation workshops. We will also consider this during our guidance and online materials review, which will include reviewing our

online materials on duty of candour. Our guidance and online materials review is scheduled to follow the review of the Standards of conduct, performance and ethics.

**Question 5: Is the language used in the Standards accessible and clear?**

When asked whether the language used in the Standards is accessible and clear, most respondents responded positively (60%). A minority of respondents replied “no” (10%), and a small but significant proportion answered “somewhat” (30%).



There were 66 respondents who provided comments in response to this question. The following themes were raised.

*Clarity*

Text feedback on the accessibility and clarity of the proposed new standards was very positive. These positive comments (27) said that the revised standards were clear for most people. A selection of some of the words and phrases that these respondents used to describe the revised standards were: “unambiguous” (3), “plain/simple English” (3), “neutral” (1) and “comprehensible” (1).

Some respondents (9) who commented that the revised standards were clear also mentioned that additional explanatory materials would further improve them. For example, 2 respondents suggested an audio version, and 3 others suggested a glossary. A small number noted that new registrants or inexperienced registrants may find the Standards a little confusing (2).

There was a request from 1 respondent that we reference the need for civility. They said that the word civility is reflective of current themes and difficulties facing the healthcare profession. This respondent referenced an online platform [civilitysaveslives](http://civilitysaveslives) that discusses the positive impacts civility can have in health and care settings.

A few issues were also raised in the text responses. There were 18 respondents who said that the revised Standards were unclear. Some of these respondents (4)

suggested additional materials would be helpful to further explain the Standards for example, a glossary or guidance. We are planning a review to our explanatory materials and guidance that accompanies the Standards and will take the feedback provided into account.

In response to the general comments about the clarity of the Standards, we have added additional wording where we think it will make a Standard clearer. For example, we have added the words “you share” to new Standard 2.11, and the words “or organisation” to Standard 7.5. The former is more specific about social media use and the latter is more representative of the variety of environments that registrants may work in. We have also added the words “or responsible clinician” to Standard 8.1 to better include registrants who may not have direct access to service users to inform them when something has gone wrong.

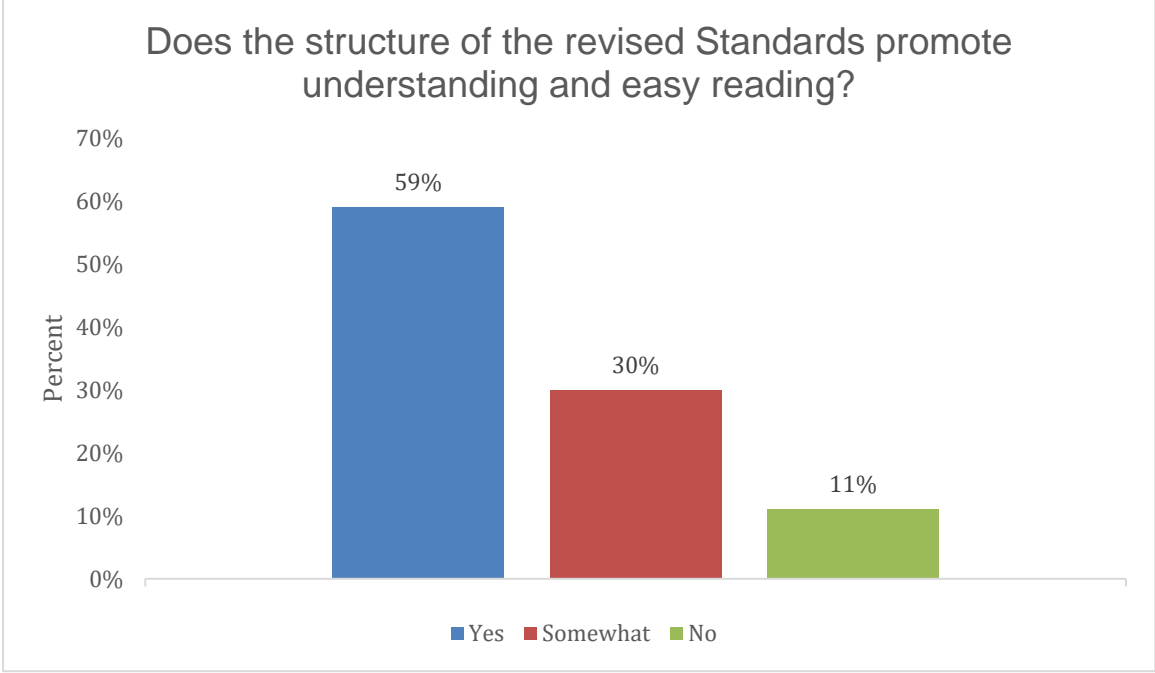
We received 3 responses from organisations that suggested the Standards include specific reference to relevant legislation, for example the Equality Act 2010 relating to Standards 1.5 – 1.7. Whilst we see that this could be helpful to direct readers towards relevant legislation, we think these references are more appropriate to our guidance and supporting documents for the Standards.

#### *Sex and gender*

There was 1 comment on the words the HCPC has used to describe sexuality and pregnancy. We have not referred to sexuality or pregnancy in the revised Standards or the consultation document. We have referred to these protected characteristics in our Equality Impact Assessment. The language that we use in the equality diversity and inclusion section of the consultation is in line with Office of National Statistics (ONS) datasets.

**Question 6: Does the structure of the revised Standards promote understanding and easy reading?**

Most respondents (60%) agreed that the structure of the Standards promoted understanding and easy reading. There were 29% of respondents who answered “somewhat” and 11% who answered “no”. Comments were focused on the structure of the document and the impact of the structure on how easy it is to read.



There were 58 respondents that provided comments in response to this question. The following themes were raised:

*Language*

Most people felt that the structure of the Standards made them easy to read. There were 17 positive comments that talked about the structure of the Standards. Many of these comments said that the structure of the Standards – for example, having defined sections – made them easy to read. Some of the words and phrases that these respondents used included:

- appropriate
- well organised
- jargon free
- uncomplicated language
- do not suffer from ambiguity

A significant proportion of respondents who did not think the Standards easy to read commented that the language used in the standards made them hard to read (16). Some of the phrases these respondents used included:

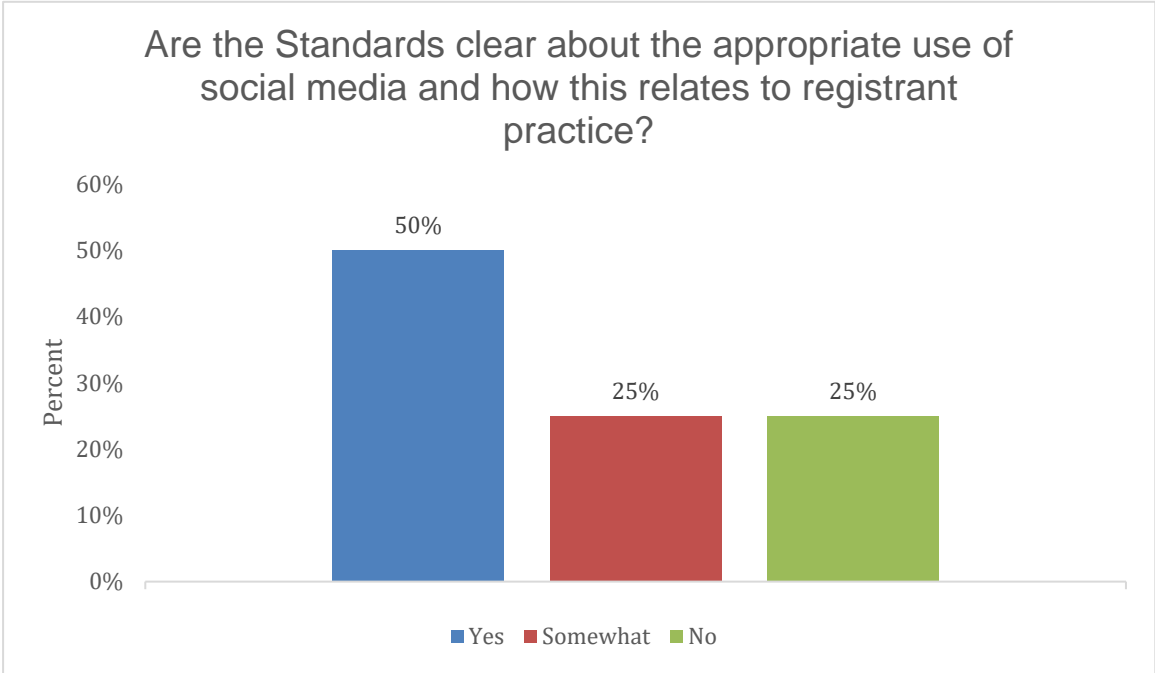
- confusing and circular
- vague in places
- too legalistic, coded and corporate

- long so not easy reading
- repetitive and imprecise

A few respondents (5) suggest that having an additional document or explanatory materials to sit alongside the Standards – such as a shorter document or an infographic – would be helpful. We hope that providing more explanatory materials for the Standards, we will be able to address where some people find the language used confusing or too legalistic. We will therefore pass on this feedback to the explanatory materials design group to discuss.

**Question 7: Are the Standards clear about the appropriate use of social media and how this relates to registrant practice?**

Responses to this question were mixed although a clear majority answered affirmatively that the revised Standards were clear about the appropriate use of social media and how this related to registrant practice – 49% answered “yes” and 26% answered “somewhat”. Only 25% answered “no”. Commentary helped to identify positive aspects of our standard on social media as well as some areas of concern.



There were 99 respondents who provided comments to this question, the following key themes were present:

*Explanatory materials*

A significant number of respondents (12) requested more examples of appropriate behaviour on social media. We will address this through our upcoming review of the online materials relating to the Standards. We will also pass on suggestions that we received in the comments to the explanatory materials design team.

*Freedom of expression – government messaging, historic posts*

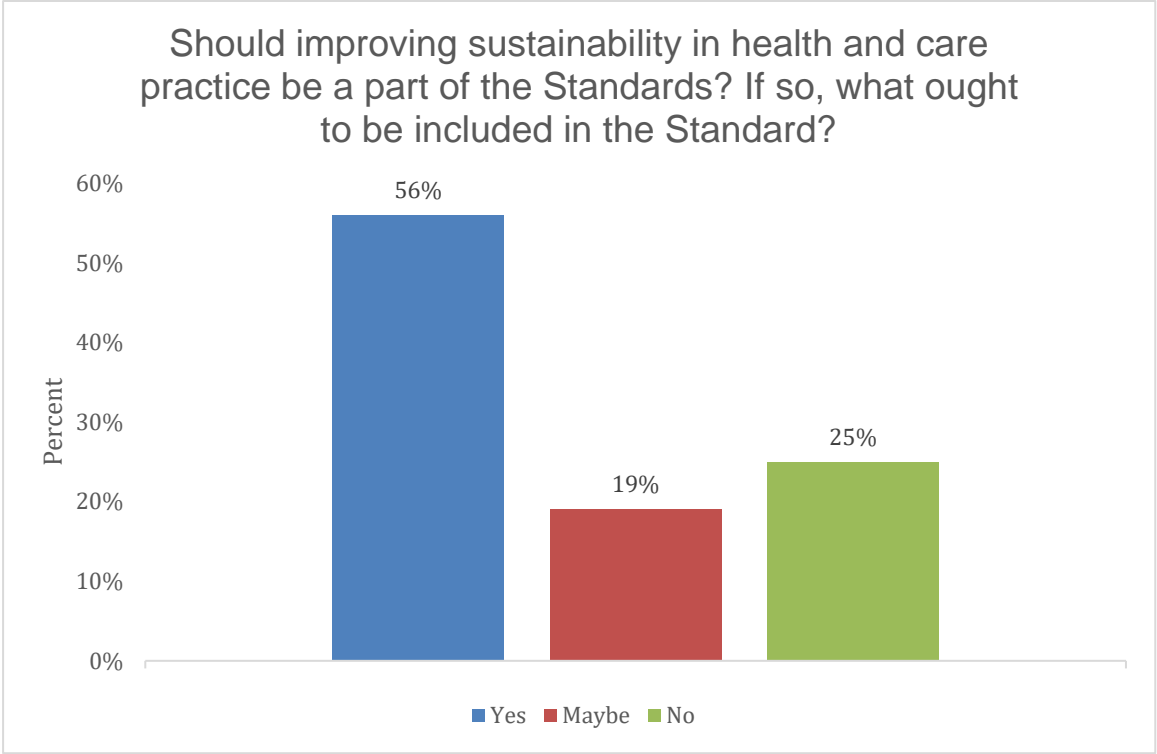
Several respondents (41) were concerned about the guidance on social media’s reference to not contradicting government messaging and felt that this could restrict registrants’ ability to legitimately challenge government messaging. They particularly referred to the importance of providing constructive criticism of government messaging to encourage evidence-based policy. In response, we have made amendments to the guidance on social media – please see page 27-28 for our response.

A small number of respondents (4) were also concerned about the mention of historic posts. More specifically they raised concerns around their inability to follow the guidance on social media to delete historic posts that could lead to professional disrepute – for example, if they no longer had access to the account. We will be discussing issues like this in workshops throughout the implementation period that will

discuss social media. We also hope that additional online materials that will complement the guidance on social media will help to further illustrate how registrants can follow the guidance on social media.

**Question 8: Should improving sustainability in health and care practice be a part of the Standards? If so, what ought to be included in the Standard?**

Responses to the question of whether sustainability should be a part of the Standards of conduct, performance and ethics was mixed. A majority (56%) of respondents replied that sustainability should be a part of the Standards. However, 19% replied “maybe” and 26% replied “no”.



There were 114 respondents who provided comments to this question, the following key themes were raised:

*Sustainability – alignment with climate change legislation*

Sixty-three respondents provided further comment in favour of a standard on sustainability. Of these respondents, 29 referred to legislation on climate change. These comments referenced the Health and Social Care Act 2022, NHS NetZero commitments and WHO statements that climate change is a health challenge. There was also reference to the impact of environmental sustainability on tackling health inequalities. Many of these respondents also referred to public health narratives and duties of care towards the environment due to climate change challenges.

*Sustainability – suggestions*

There were 13 respondents who provided specific suggestions to integrate a standard on sustainability into existing Standard 1: Promote and protect the interests of service users and carers. Fifteen respondents suggested the development of a new Standard 11 on sustainability.

*Sustainability - beyond the remit of health and care professionals and regulation*



Some responses to this question (8) raised concerns that including sustainability in the Standards would be an overreach of HCPC's regulatory remit. These respondents understood sustainability as something that was not related to patient safety. Two of these responses suggested that instead, sustainability be included in separate documentation that encourages a registrant to engage with sustainability where they can.

### *Individual responsibility*

There were 17 respondents that said that the focus on individual responsibility for implementing sustainability would make it challenging for registrants to meet a standard on sustainability. They questioned whether the implementation of sustainable practice in health and care would be possible for all health and care professionals because of a lack of appropriate infrastructure. These respondents also referred to the lack of choice that some registrants have regarding how they provide services – for example ambulance routes or single-use plastics in operating departments.

Some respondents (5) focused on the support that registrants would need to fulfil their duties towards the environment. For example, one respondent requested protected time for practices that lead towards sustainability and the completion of learning modules on the topic such as NetZero e-learning. We support registrants taking part in educational activities about sustainability in health and care. However, it is not in our remit to manage the resources of our registrants.

In addition, other respondents requested support for health and care professionals taking part in protests and non-violent direct action relating to tackling climate change. It is important that all HCPC registrants maintain the reputation of their profession. Many of these protests are lawful and would not impact a registrant's ability to practice. However, where they are not lawful, registrants are required to inform us if; they accept a caution from the police or they have been charged with, or found guilty of, a criminal offence.

### *Other*

Several respondents did not feel confident providing an opinion on sustainability within these Standards. This suggested a lack of engagement with the issue for some health and care practitioners. Furthermore, a few comments reflected on the limitations for specific professions – such as paramedics – to work in a sustainable way.

### *Our response*

From most respondents, we understand that a Standard on sustainability would highlight our purpose to protect the public and would enable us to support registrants to seek sustainable practice. The purpose of including a question on sustainability in the consultation was to understand our stakeholder's thoughts on sustainability in health and care. We were pleased to hear that so many of our registrants are already acting regarding sustainability in their professions.

We also understand that some respondents were worried about implementing a new standard on sustainability and whether they would be able to meet that standard. A standard on sustainability will need careful planning and wording to ensure that it can be met across our professions and does not overburden our registrants.

Whilst we did not include specific wording for a standard to implement now, in the comment section of this question, we have received many suggestions for specific wording for a standard on sustainability in the future.

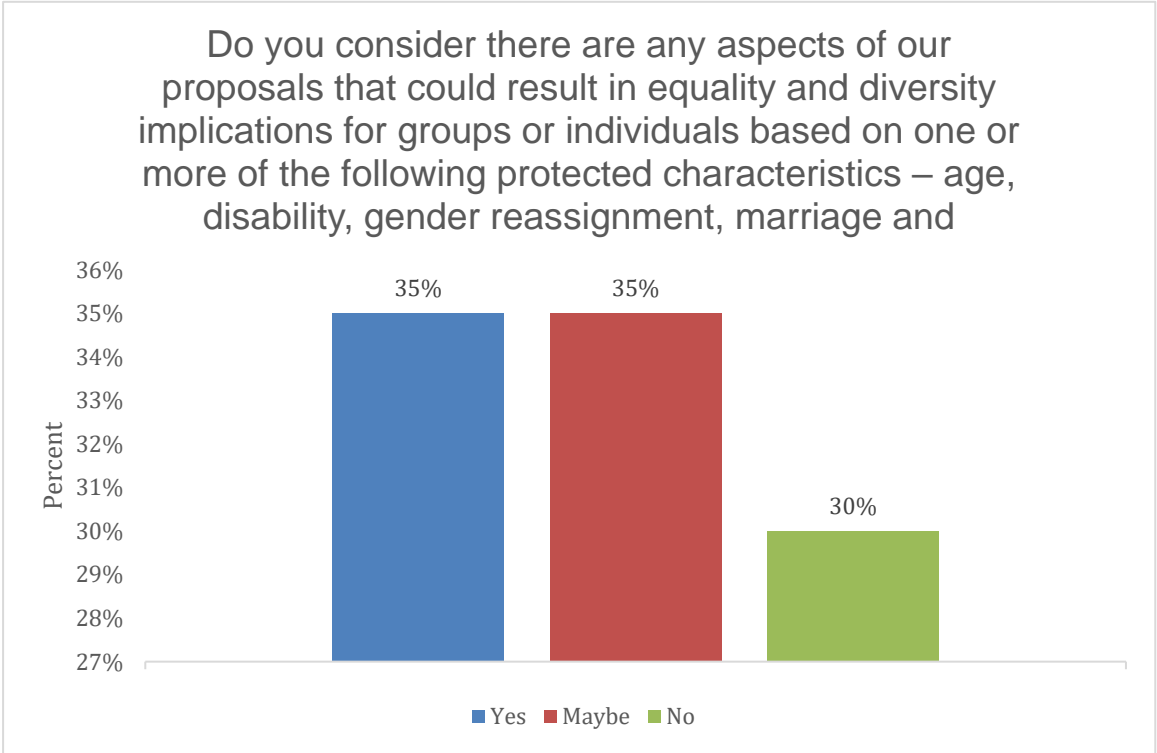
We understand from most respondents that it is important for us to incorporate sustainability into our regulation of health and care professionals. However, it is not clear from the consultation responses, that the Standards of conduct, performance and ethics are the best or only vehicle to introduce such regulation. We will therefore take forward what we have heard from consultation respondents to consider the relationship that sustainability has to our other standards and materials.

To help registrants – and future registrants – benefit from the discussions that we have had throughout the consultation, we will publish online materials to support registrants to start to integrate sustainability into their practice. This will help those who are not familiar with sustainability to become familiar with its link to public protection and health and care. It will also help to demystify the steps that registrants can take to practise more sustainably in environments that are under-resourced, or where they have little control over resources. We will provide examples of good sustainable practice and point to further resources on sustainability.

The feedback from this consultation will also inform our upcoming review of the Standards of Education and Training.

**Question 9: Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics – age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation – as defined by the Equality Act 2010?**

Responses to this question were mixed across the answer options (no - 37%, yes - 34% and undecided - 29%).



There are 73 text responses that expand upon these responses, the following key themes were present:

*Impact on registrant mental health*

Several of the respondents raised an issue about the impact of the Standards on those with health conditions and disabilities. For example, the impact of Standard 6.3 on people with mental health conditions, pregnant people and those with disabilities.

One respondent stated that ensuring the safety of practice for those with health conditions or disabilities should be an employer’s responsibility. Registrant responsibility for the impact of their health on their practice is existing in the current Standards. The drafted language does not change the current obligations on registrants but seeks to clarify them.

Another respondent suggested that there be a requirement in Standard 2.8 to be mindful of colleagues with underlying challenges to their health, wellbeing or disabilities. Whilst this suggestion may encourage managers or colleagues to better support those with health conditions or disabilities in the workplace, it also raises concerns about a colleagues with health conditions and/or disabilities’ right to privacy. We think that Standard 2.8 is sufficient to ensure the respect of colleagues’ reasonable adjustments.

*2.8 You must treat your colleagues in a professional manner showing them respect and consideration.*

**Question 10: Do you have additional comments about any of the proposed changes to the Standards, or regarding the Standards of conduct, performance and ethics in general?**

There were 91 free-text comments to this question. The following key themes were present:

*Self-referral*

A few respondents (11) discussed the experience of paramedics who need to self-refer during NHS investigations where their practice has been restricted. We have provided a response to this issue above – see page 18.

*Freedom of expression – sex and gender, government messaging and right to protest*

Many respondents referred again to the proposed change to the social media guidance restricting them from contradicting government public health messages. Respondents said that this restricted their freedom of expression and could prevent them from carrying out evidence-based health and care services. We have made a change to the guidance to allay these concerns, you can see this on page 30.

Relating to Standard 9.1 and 9.5 and support for sustainability, some respondents asked that HCPC support registrants right to protest more explicitly. They raised a concern that they may be at risk of fitness to practise proceedings if the police report them for participation in non-violent protests. You can see our response to this on page 30.

*Support for registrants*

In this free comment section, some respondents were focused on receiving extra support to meet their Standards. For example, additional training on equity, culture and diversity. Others reiterated their request for support to carry out protest activities and to engage in activities that support sustainability – as above.

There was also a clear trend referring to CPD, focused on employer support, clarity around what “training” means (in Standard 3.2), availability of training relating to new technologies and guidance for taking on managerial/leadership roles.

During our implementation phase, we will be engaging registrants, and other stakeholders, in workshops about the revised Standards. One of the central purposes of these workshops will be to support registrants to put the Standards into practice. To do this the workshops will provide more detail, clarification and examples of what the Standards look like in practice.

*Scope of practice*

There were 3 comments that mentioned new wording to Standard 3.3:

*You must refer a service user to an appropriate practitioner if the care, treatment or other services they need are beyond your scope of practice. This person must hold the appropriate knowledge, skills and experience to meet the needs of the service user safely and effectively.*

These comments, and some participants in our consultation workshop on up-skilling and training responsibilities, discussed the uncertainty that registrants may have when referring a service user to another practitioner. They questioned whether a registrant is always able to know about the knowledge, skills and experiences of another practitioner.

We expect that when registrants are referring a service user to another practitioner they are doing so with access to information about that practitioner's knowledge, skills and experience. Where a registrant is unsure whether a practitioner has the appropriate knowledge, skills and experience to meet a service user's needs, we do not expect them to refer the service user to that person.

### *Standards of Proficiency (SOPs)*

Two comments mentioned the overlap between the Standards of Proficiency (SOPs) and the Standards of conduct, performance and ethics. One comment focused on the timing of each review and whether each could have been updated at the same time. Another asked that there be more cross-referencing between the SOPs and these Standards.

During the implementation phase, we will publish information that makes clear the areas in which these Standards overlap with others. Updating the Standards is an important task and the separation of the two reviews ensures that each receives the necessary engagement and attention from our stakeholders.

### *Minimising Risk*

There were two respondents who mentioned the updated Standard 6.1, which outlines that:

*6.1 You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible.*

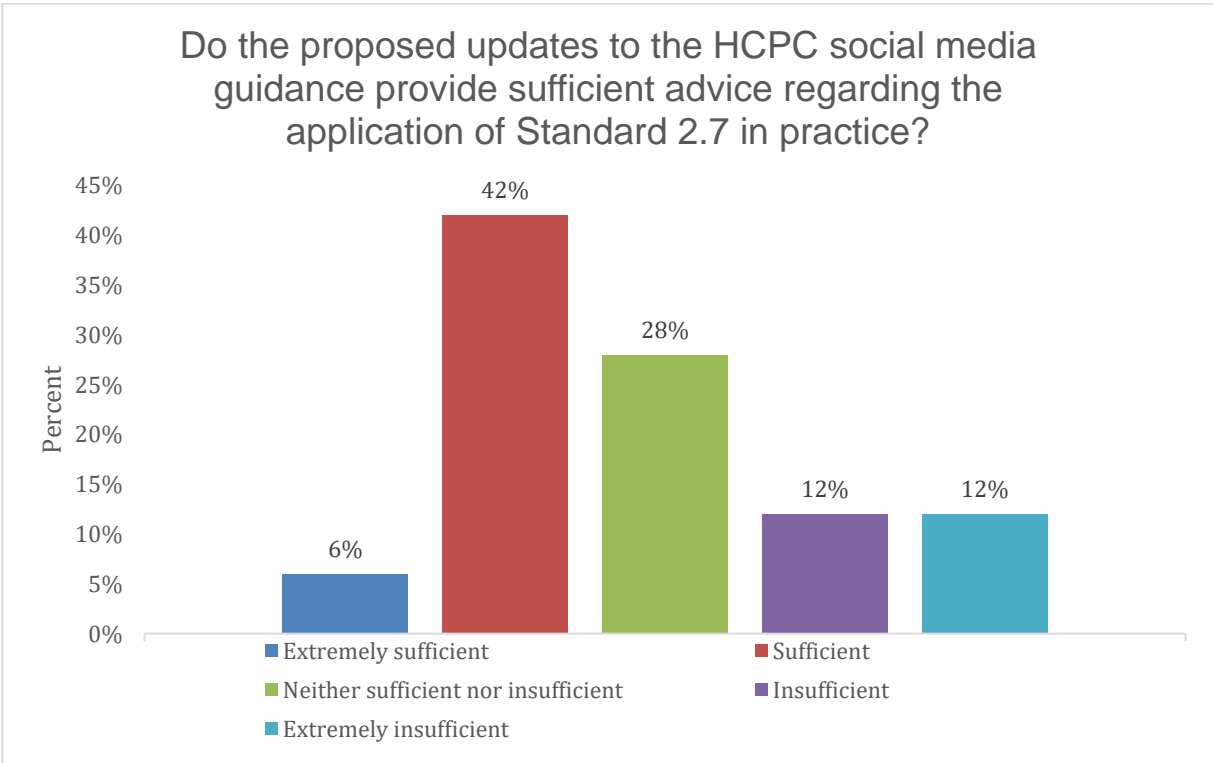
These respondents discussed that the Standard could lead registrants to risk avoidance that would be detrimental to patient care. We understand that balancing risk in health and care can be challenging. The Standard requires registrants to take "all reasonable steps" to "reduce the risk of harm". It emphasises that the aim is for registrants to reduce the risk to harm rather than remove it entirely. We will discuss this more in our workshops and we will be updating our online materials to elaborate on what minimising risk looks like in practice.

#### 4. Responses to consultation questions – guidance on social media

This section contains comments made in response to the questions regarding the guidance on social media within the consultation document.

##### Question 1: Do the proposed updates to the HCPC social media guidance provide sufficient advice regarding the application of Standard 2.7 in practice?

Responses to this question were positive with 43% of respondents answering that the Standard provides extremely sufficient or sufficient advice. There were 12% of respondents who answered that the Standard provided insufficient advice, 27% responded that the advice was neither sufficient nor insufficient, and 12% responded that it was extremely insufficient.



There were 59 respondents who provided further comment to this question. The following key themes were present:

##### *Detailed updates*

When reflecting on whether the updates provided sufficient advice regarding our Standards on social media, most respondents wrote that the updates provided sufficient detail. They also said that the updates reflected social media use and the most common applications – such as WhatsApp.

However, some respondents suggested that further examples and case studies would be helpful to better understand what meeting the Standards on social media looks like in practice. For example, case studies of when social media posts have led to fitness to practise investigations, examples of what misinformation looks like, and a list of circumstances in which registrants and students may put their registration at risk.

Whether a respondent found that the proposed updates were sufficient did not impact whether they asked for further explanatory materials in their written response. For example, 42% of the respondents that requested extra explanatory materials had answered that the proposed updates were “sufficient”. This highlights the importance of case studies and examples for respondents in seeing how to apply the Standards.

As a part of our implementation period, we will be updating our existing online materials. This will include updates to the case studies on our website that refer to social media use. We will consider the comments received above and use them to inform and guide this work. We will also draw upon the recommendations of our explanatory materials design working group.

### *Clarity and explanatory materials*

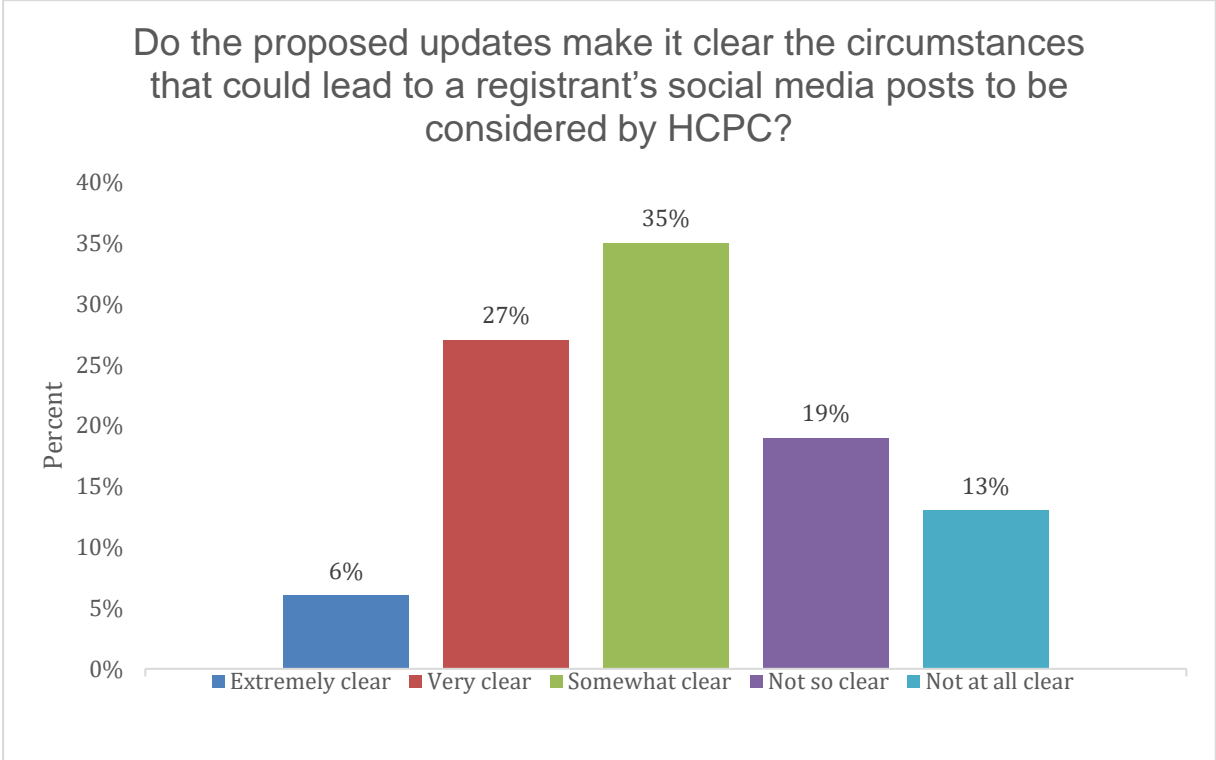
The commentary was generally positive in relation to the clarity of the proposed updates. Some respondents (7) highlighted the importance of the guidance in providing information about what is appropriate to post on social media. Many respondents showed an understanding of the limitations of the guidance in being able to address every circumstance. However, a few respondents (10) requested more specific guidance and better definitions of the words and phrases used in the guidance on social media.

Closely related to the clarity of the proposed updates to the guidance, respondents also noted that clearer definitions of words and phrases used in the guidance would be helpful. This is particularly in relation to what “professional boundaries” are in practice, what misinformation is and what words like “responsibly”, “appropriately” and “truthful” mean in relation to social media posts.



**Question 2: Do the proposed updates make it clear the circumstances that could lead to a registrant’s social media posts to be considered by HCPC?**

The responses to this question were mixed. 33% of respondents felt that the proposed updates were “extremely clear” or “very clear” and 35% felt that they were “somewhat clear”, whilst 32% felt that they were “not so clear” or “not at all clear”.



There were 57 respondents who provided further comment to this question.

Of the respondents that provided a written comment, 13 explicitly said that the revisions were clear. However, there was also a request from 10 respondents for further examples of the circumstances that a registrant’s social media could be considered by HCPC.

The following key themes were present in the comments:

*Government messaging and historic posts*

Some respondents did not agree with the update made to the Standards that social media posts should not contradict government public health messaging. This is a common theme that respondents also raised in other parts of the consultation. We have considered the feedback received and updated the guidance to be more specific about how we expect registrants to engage in online debate about health and care. We discuss this in more detail on pages 27-28.

A small number of respondents (4) were concerned about the inclusion of historic posts in the guidance:

*“You should note that historic social media activity may be considered against our standards, even if you were not a registered professional at*

*the time of that social media activity.” – Proposed guidance on social media*

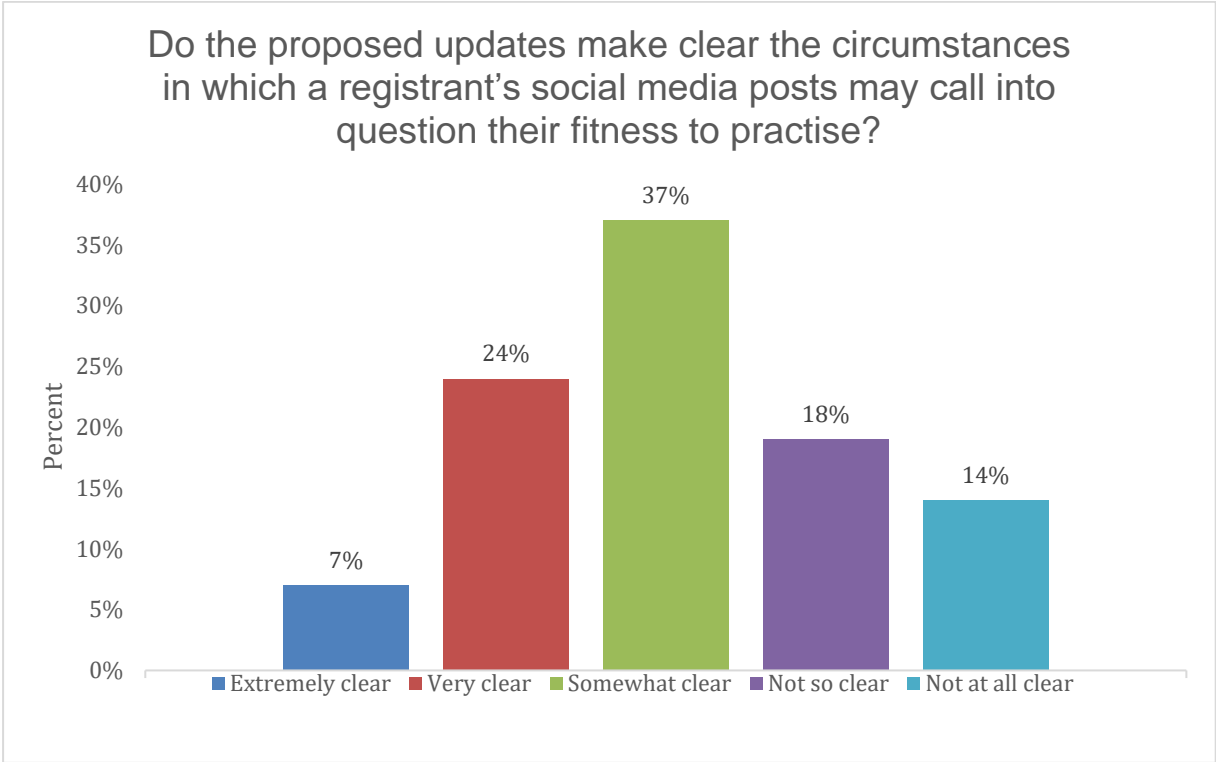
These respondents were concerned that historic posts may be taken out of context, that deleting historic social media posts may be difficult for some registrants – due to access or quantity – and that these posts may not reflect the current views or opinions of the registrant. They felt that historic posts were outside of the HCPC’s remit, and it is a high expectation for registrants to delete them prior to registration. We plan to take these concerns forward through the development of additional materials on social media and have provided a detailed response to similar issues raised earlier in this document – see page 40.

*Explanatory materials*

Many respondents also said that the guidance would be more accessible if it were complemented with examples and case studies. There were 7 respondents who said that the addition of some examples would be beneficial to the guidance. Four of these comments referred to examples of a fitness to practise process that relates to a registrant’s use of social media.

**Question 3: Do the proposed updates make clear the circumstances in which a registrant’s social media posts may call into question their fitness to practise?**

Again, responses to this question were mixed. Nearly a third of respondents (31%) felt that the proposed updates made the circumstances that a registrant’s social media posts may call into question their fitness to practise “extremely clear” or “very clear”. 37% of respondents felt that the updates were “somewhat clear”, whereas 18% felt that they were not so clear and 14% not clear at all.



There were 54 respondents who provided further comment to this question.

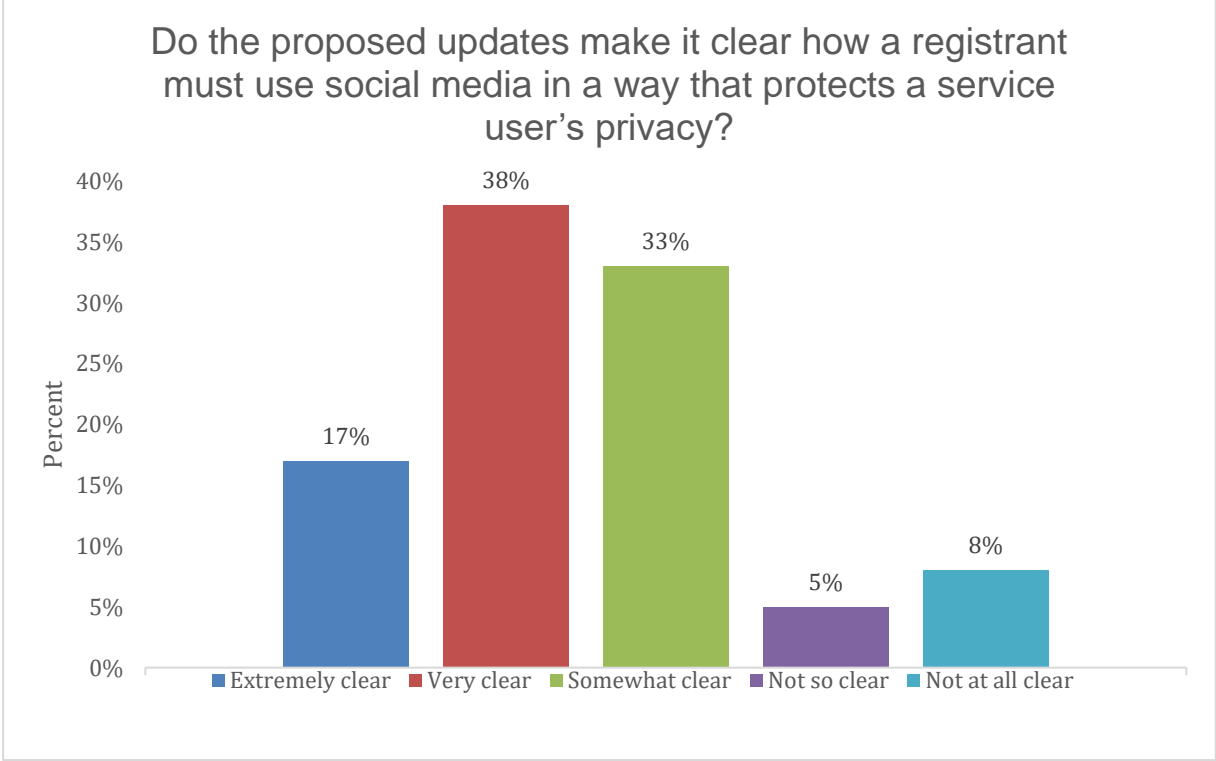
A small proportion of respondents (9) expressed the view that the proposed updates were not clear in defining the circumstances in which social media posts may call into question their fitness to practise. These respondents asked for examples of social media posts that have called a registrant’s fitness to practise into question. They also asked for examples of social media posts that do not breach the Standards.

Almost just as many respondents (8) thought that the proposed updates were clear. However, a few of these respondents disagreed with the updates. These respondents also asked for further examples and case studies to improve the clarity of when social media posts may call into question a registrant’s fitness to practise.

Following from these comments we have identified that providing more examples would be helpful to support registrants in identifying when historic posts or private posts may become relevant to a fitness to practise investigation. We are reviewing our online materials and will consider developing additional examples on our website. We will also refer to historic posts on social media in our implementation period workshops.

**Question 4: Do the proposed updates make it clear how a registrant must use social media in a way that protects a service user’s privacy?**

Most respondents answered that the proposals made it “very clear” (39%), “extremely clear” (16%) or somewhat clear (33%) how social media must be used in a way that protects a service users’ privacy. Only 5% answered that the proposals were “not so clear” and 7% of responses that said the proposals were “not clear at all”.



There were 33 respondents that provided commentary to their answer.

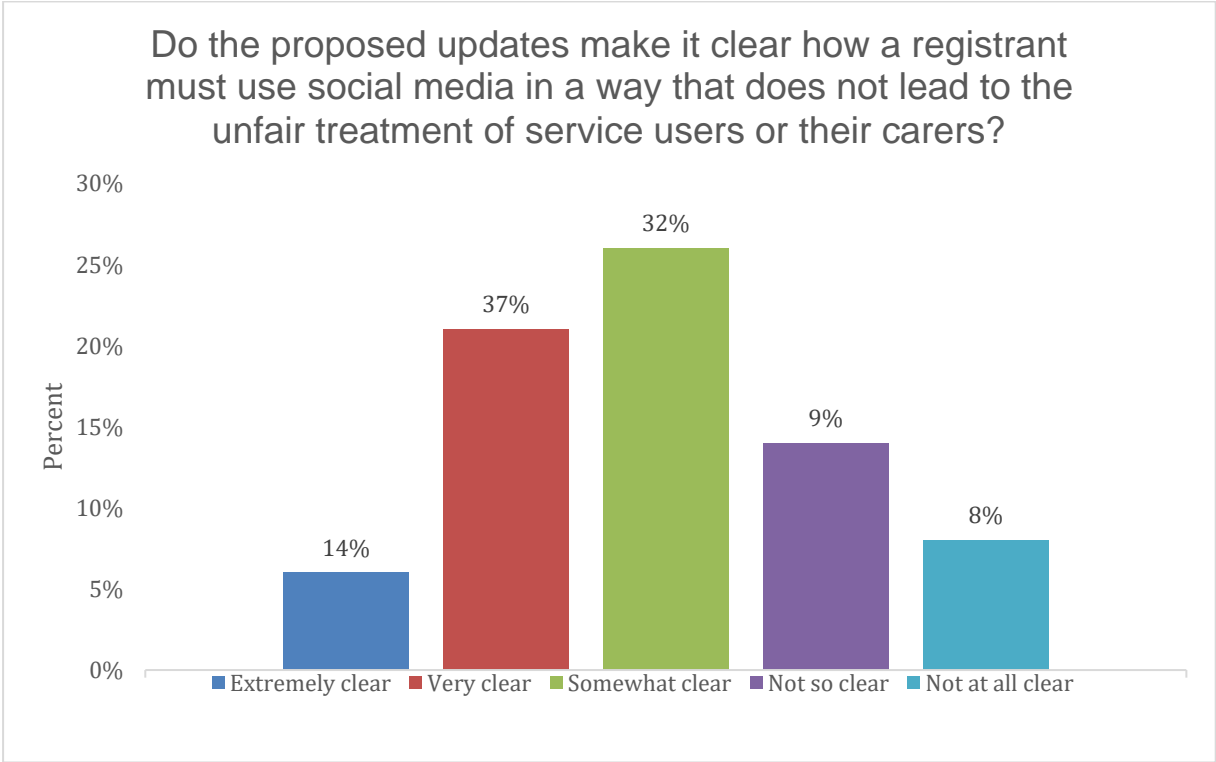
Most respondents expressed that the guidance was clear about how to protect service user privacy and that the updates were appreciated. Of these respondents, 2 suggested that the guidance go further and refer to protecting the privacy of colleagues and other professionals too.

The guidance that we have provided specifically refers to Standard 2.11, which focuses on service user privacy. Our focus on service users is an acknowledgement of the specific position of power that registrants have regarding service user’s personal information. This is not information that we expect registrants to hold for their colleagues or other professionals.

Only 2 respondents said that the guidance was unclear, and 3 respondents asked that further information, examples, or guidance be provided to illustrate how to protect a service user’s privacy when posting on social media. We do currently have case studies on protecting service user privacy and social media on our website, keeping these comments in mind we will ensure that they are reviewed alongside our other online materials.

**Question 5: Do the proposed updates make it clear how a registrant must use social media in a way that does not lead to the unfair treatment of service users or their carers?**

The responses to whether the proposed updates make it clear how a registrant must use social media in a way that does not lead to unfair treatment of service users and carers were mixed. Over 50% of respondents answered affirmatively – that the proposals were “extremely clear” (13%), “very clear” (37%) or “somewhat clear” (32%). A small proportion of respondents answered negatively, saying that the proposals were either “not so clear” (9%) or “not at all clear” (8%).



In the comments, 27 respondents further explained their answer.

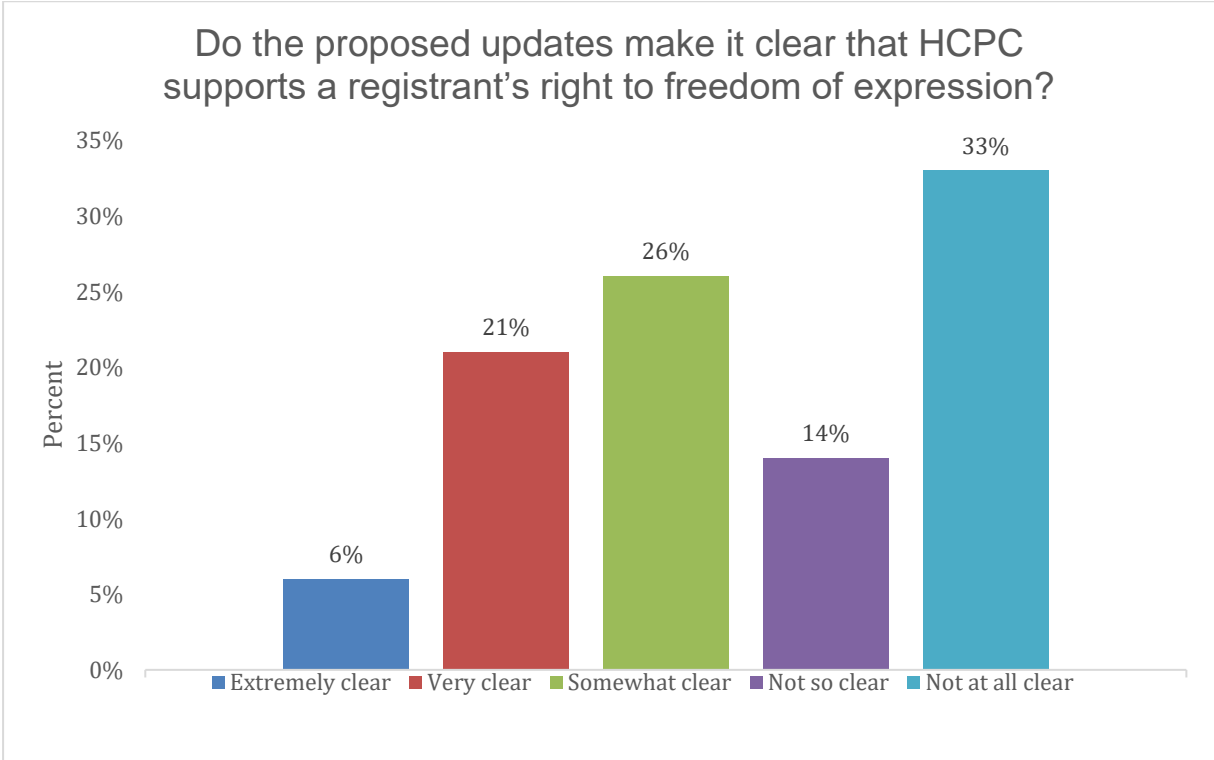
Most of the comments provided were positive and said that the proposed updates were clear. A small number (3) asked for further examples and information about what this looks like in practice.

Respondents also raised that the content of the guidance limited registrant’s freedom of expression. Like elsewhere in the consultation, they reference Article 9 and 10 of the European convention on Human Rights. We have made changes to address these concerns – see page number 27-28.

**Question 6: Do the proposed updates make it clear that HCPC supports a registrant’s right to freedom of expression?**

A significant number of respondents (21%) answered that the proposed updates to the guidance were “very clear” and only 6% answered that they were “extremely clear”. There was also a significant proportion of respondents who answered that the proposed updates were “somewhat clear” (26%). Overall, just over half of respondents answered affirmatively.

However, a significant proportion of respondents felt that they did not make our support for freedom of expression clear. For example, 33% of respondents answered that it is “not clear at all” and 14% said they are “not so clear” (14%).



There were 67 respondents who provided further comment to this question. Freedom of expression was the main theme raised:

*Freedom of expression*

Most respondents that provided a written response to this question were concerned with the reference in the updated guidance to “not contradicting government public health messaging”. This was intended to tackle the spread of harmful content online. Respondents felt that by including this HCPC was not supporting freedom of expression. One respondent noted:

*“The proposed updates make it clear that the HCPC demands the registrant hold no honest views based on scientific evidence and objective truth. The HCPC has been successful in putting it to colleagues that they must not contradict wrong narratives with facts and truth, especially narratives put out by government and other dubious entities/individuals.*”

*If the aim of the proposed updates was to suppress the registrant's right to freedom of expression, HCPC has achieved its aim a hundred percent.” -  
Consultation respondent*

We recognise the importance of this issue and understand that registrants play an important role in providing evidence-based debate in health and care. Considering this, we have updated the guidance to be more specific about how we expect registrants to engage in online debate. We have removed reference to government public health messages and focused on requiring registrants to post views that are evidence based and accurate to the best of their knowledge. The guidance now says:

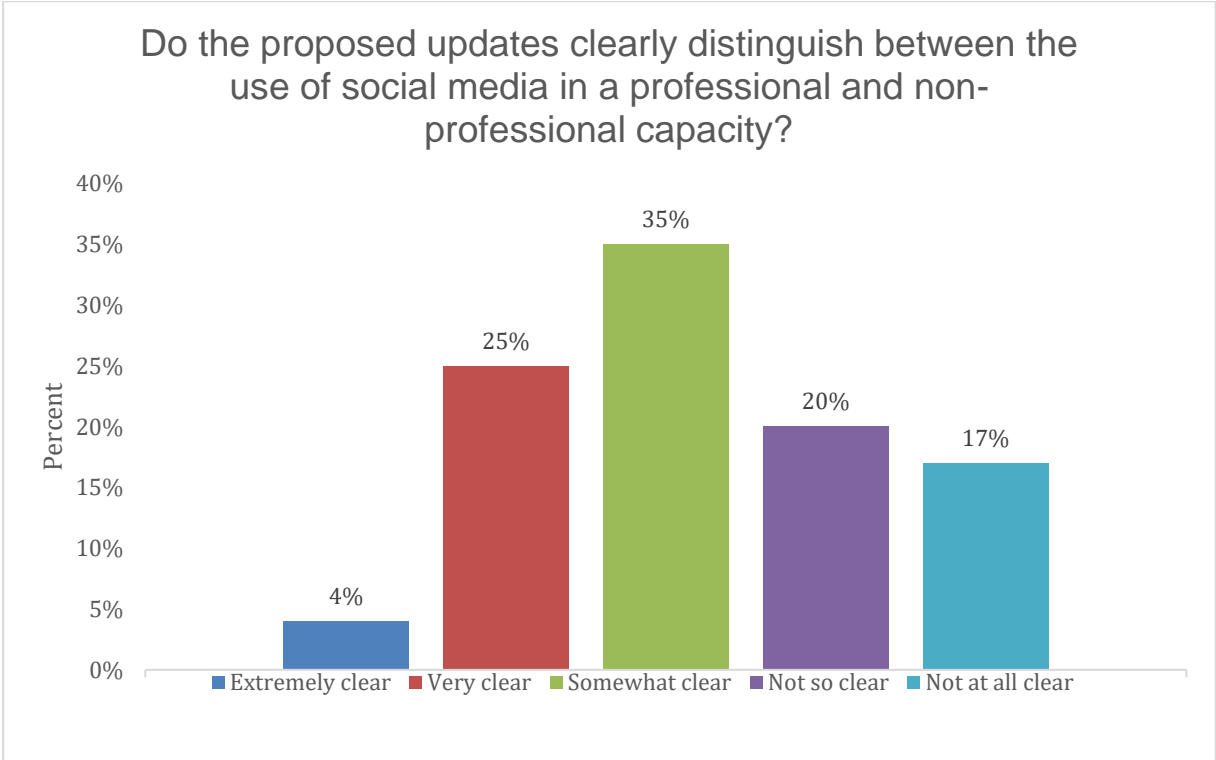
*When using social media, think about the accuracy and truth of the content that you share or circulate. Check that the information originates from people and/or organisations that are trustworthy. When engaging in online debate, ensure that your views are evidenced based, and that they are accurate to the best of your knowledge. Correct yourself if you have shared false, inaccurate or misleading information.*

Other respondents asked that the HCPC make explicit their support for registrants that participate in acts of non-violent protest or activism. There were 8 responses that asked the HCPC to make this support explicit – 7 of these related to climate protests. Concern was also raised for: those posting about climate change and these posts being seen as ‘political’, and the prevalence of misinformation on climate change. We have provided a response to this under our sustainability question – see page 30.

**Question 7: Do the proposed updates clearly distinguish between the use of social media in a professional and non-professional capacity?**

Most responses regarding the clarity of the proposed updates and how they distinguish between professional and personal use of social media were positive. Whilst only a small number of respondents (5%) answered that the proposed updates were “extremely clear” on this topic, a significant proportion still answered either that the proposed updates were “very clear” (24%) or “somewhat clear” (35%). This means that over half of respondents answered affirmatively.

Responses that did not find the proposed updates clear were in the minority. Only 20% answered “not so clear” and only 16% answered “not clear at all”.



There were 40 respondents that provided further comment to this question. The following key themes were present:

*Clarity and examples*

Only a small proportion of respondents (6) who provided further comment emphasised the clarity of the proposed updates in distinguishing between private and personal social media posts. Of these respondents, 3 specifically referred to our top tips section.

There were a significant number of respondents who did not agree that the proposed updates were clear (14). These responses went alongside a concern amongst respondents that personal social media posts may be included in a fitness to practise investigation. Some respondents (5) asked for further examples and case studies demonstrating how they can post responsibly.

To help with the clarity of the guidance, we have provided further definition of the sections between the Standard referred to and the guidance. For example:



The Standards of conduct, performance and ethics say:

*2.10 You must use media sharing networks and social networking sites responsibly.*

Our guidance:

When using social media, you should apply the same standards as you would when communicating in other ways. You must always be polite and respectful to others when communicating in a professional capacity.

We have also added additional definitions of specific words such as: misinformation and professional boundaries. The latter has been specifically included to help registrants understand the relevance of their professional identity and personal posting.

*What are professional boundaries?*

*Professional boundaries are there to keep service users and registrants safe. They set out the rules around how registrants and service users interact to keep their relationship only about the health and care of a service user.*

We will also be reviewing our social media online materials including case studies and examples. We have discussed this above, see page 30.

*Personal and professional social media use*

There continues to be confusion among a small number of respondents (8 respondents) about the difference between personal and professional use of social media and why the HCPC would take an interest in personal social media posts. Some respondents have a clear distinction between personal and professional accounts and do not understand how personal comments, beliefs etc may impact their profession. As discussed above, we have added a definition of professional boundaries to the guidance, and we plan update our online materials to provide further explanation.

## **Question 8: Do you have any other comments related to guidance on social media?**

There were 57 respondents that provided comments to this question. The following key themes were discussed:

### *WhatsApp and group discussions*

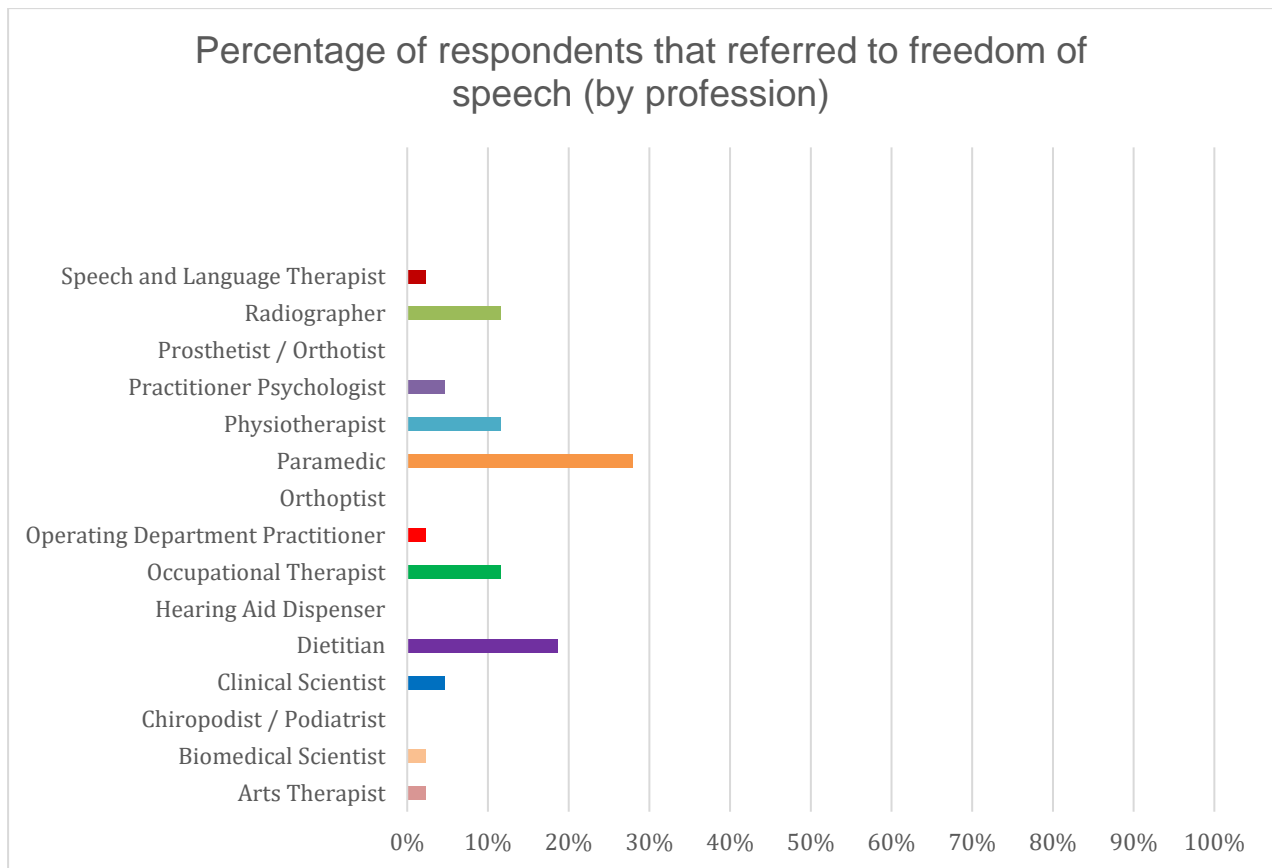
A small number of respondents felt that the guidance did not make it clear how the Standards should be implemented across different social media platforms and asked about the inclusion of WhatsApp in the guidance. Some of these respondents asked that the guidance provide explanation of appropriate use of different platforms. For example, some respondents made a distinction between the use of WhatsApp for 1-2-1 conversations and group discussions.

One of the main purposes to update the Standards and guidance is to ensure that they refer to modern practices. Many registrants use a variety of social media applications in their daily lives. WhatsApp is a popular application that registrants use to communicate with their colleagues. It is also an application where the boundaries between personal and professional may blur. We therefore think it important to refer to such applications in our updated guidance.

We will also be reviewing our social media online materials following the launch of the new Standards and guidance. We have also discussed this above, see page 30. This will include updating our case studies and examples on our website to better reflect the types of social media application currently in use.

### *Freedom of expression*

Freedom of expression was a popular topic for registrant respondents. Of the respondents that mentioned freedom of expression, over 75% were registrants. Respondents who mentioned this topic were from a range of professions (see table below).



Respondents had various concerns relating to freedom of expression, however most were concerned about not being able to contradict government public health messages and to engage in evidence-based debate. Like in the consultation on the Standards and in response to question 20, respondents stated that the addition of “do not contradict government public health messages” infringed upon their right to expression. Some respondents also asked that the guidance exemplify what is meant by “misinformation” and were concerned that they would not be able to express their beliefs on social media.

As mentioned above – see page 46 – we have also added additional definitions of specific words such as: misinformation and professional boundaries. The former has been specifically included to help registrants understand the relevance of misinformation to their use of social media.

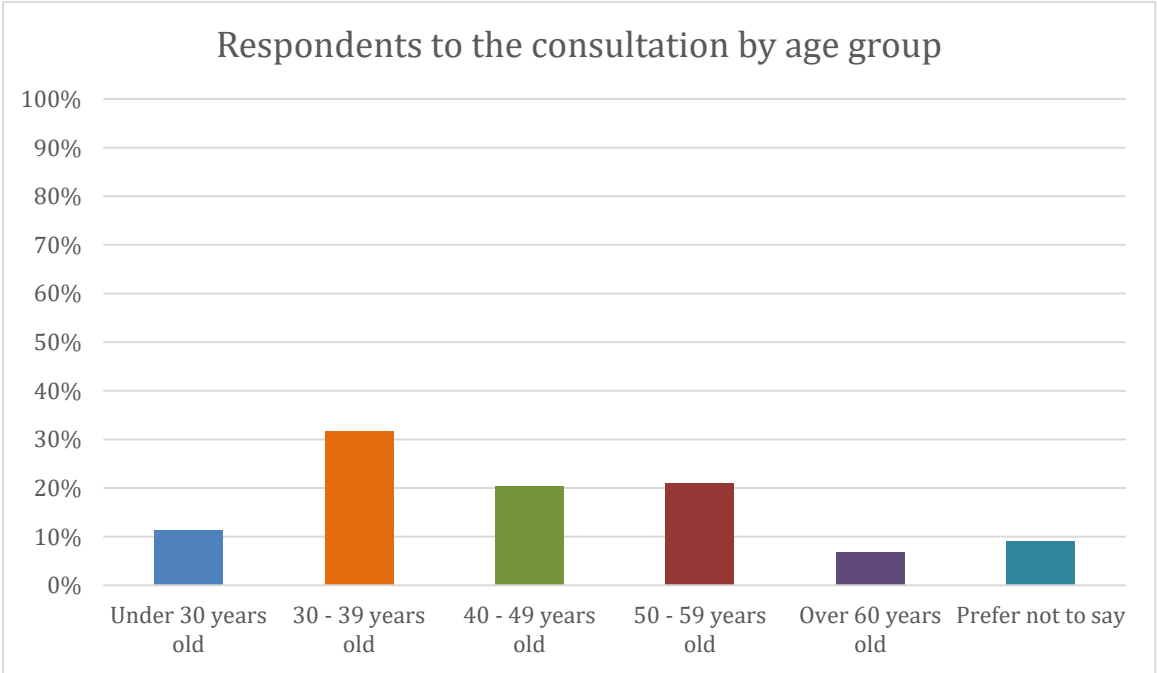
In relation to respondent concerns about contradicting government public health messages, this issue was raised in other parts of the consultation too. We understand the important role that registrants play in presenting evidence-based views on social media. We have therefore removed the reference to government messaging.

A small proportion of respondents requested that the HCPC expressly support registrants expressing their belief through participation in peaceful protest. These respondents specifically related this to climate change activism. They reason that tackling climate change is in the interests of public health and protection. Consequently, participation in peaceful protests is an example of health and care professionals trying to “prevent the negative health impacts of climate change”. They were concerned that participation in such activities may lead to fitness to practise investigations.

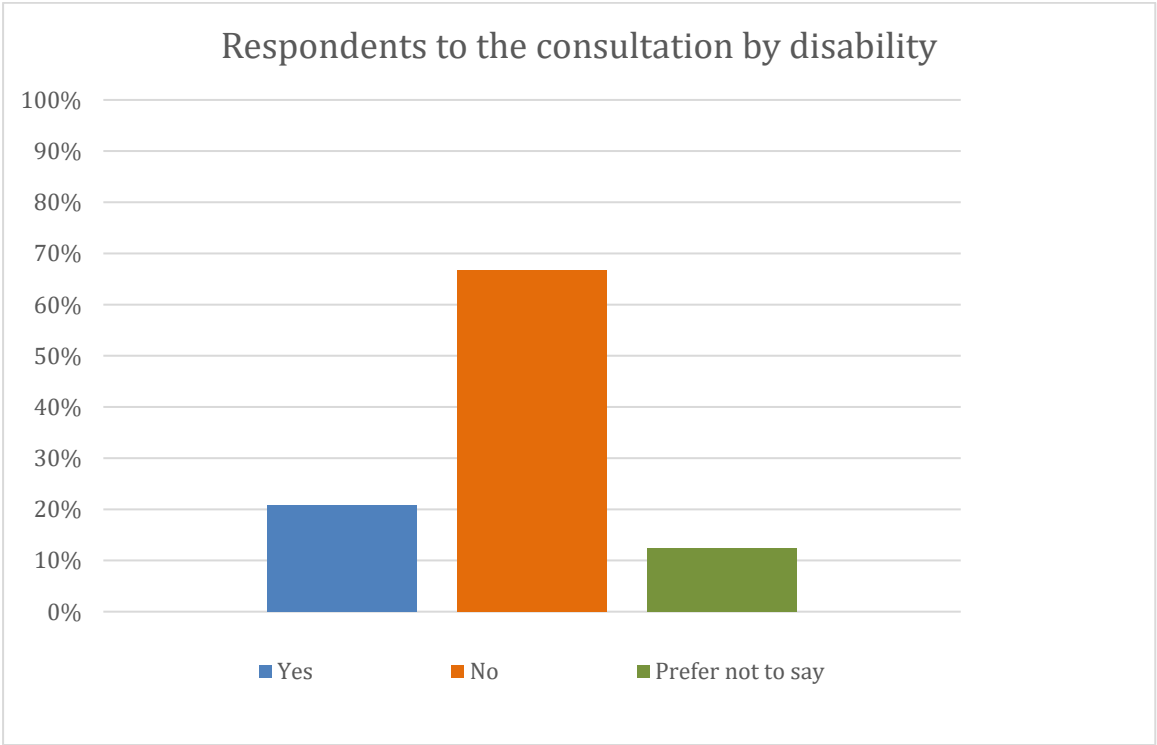
This concern was raised in other parts of the consultation, and we understand that respondents are worried about the impact of non-violent protest on their registration. We have provided a more detailed response to these concerns above, see page 30.

## 5. Responses to EDI monitoring questions

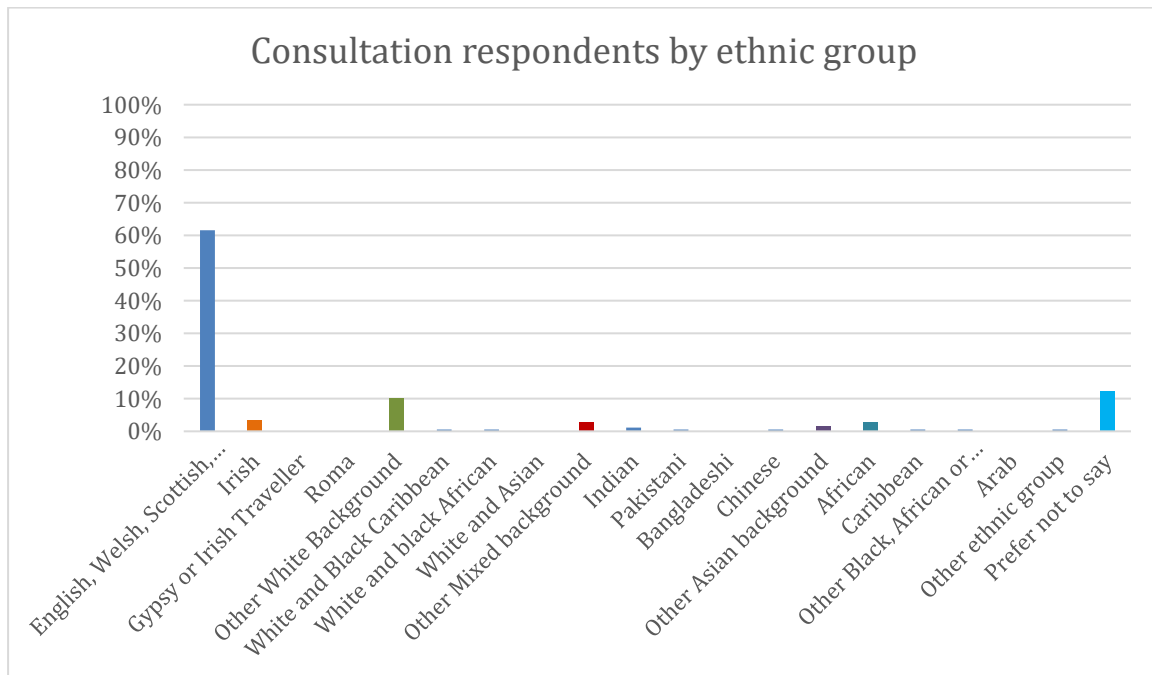
1. Which age group do you belong to?



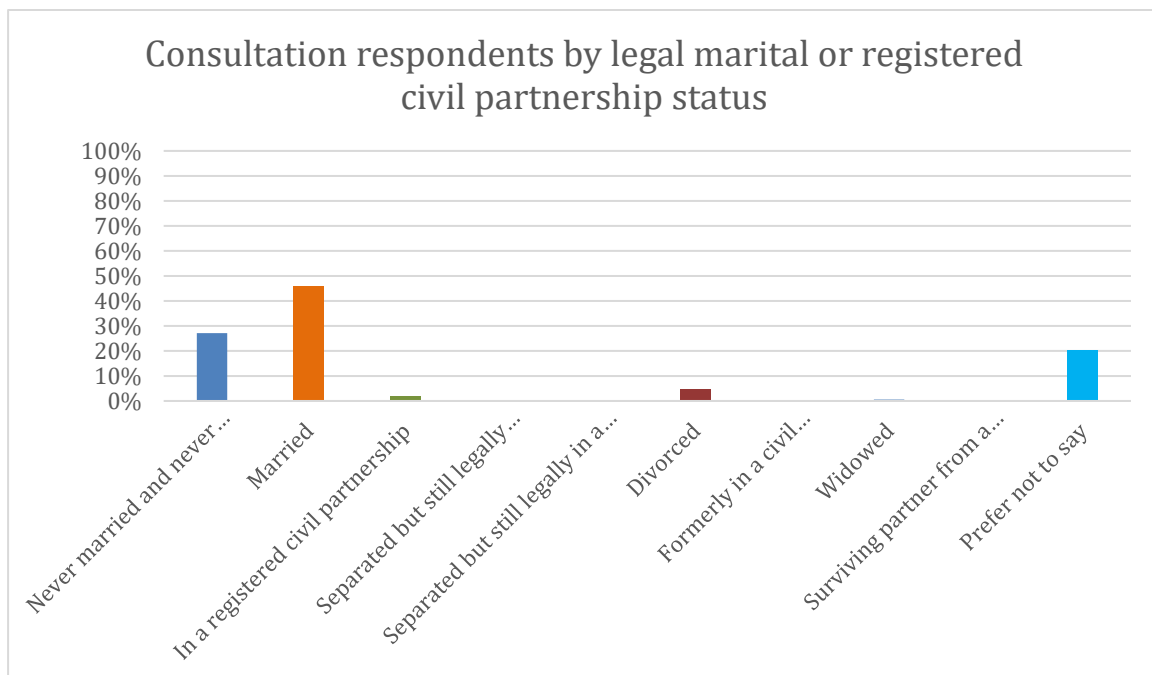
2. Do you consider yourself to have a disability or to be a disabled person? In the UK, a disability is defined as "a physical or mental impairment which has a substantial and long-term (meaning impact has lasted, or is expected to last, for 12 months or more) adverse effect on a person's ability to carry out normal day-to-day activities" You may have none, one, or more conditions that you believe are covered by this definition. Please answer how you feel this definition applies to you.



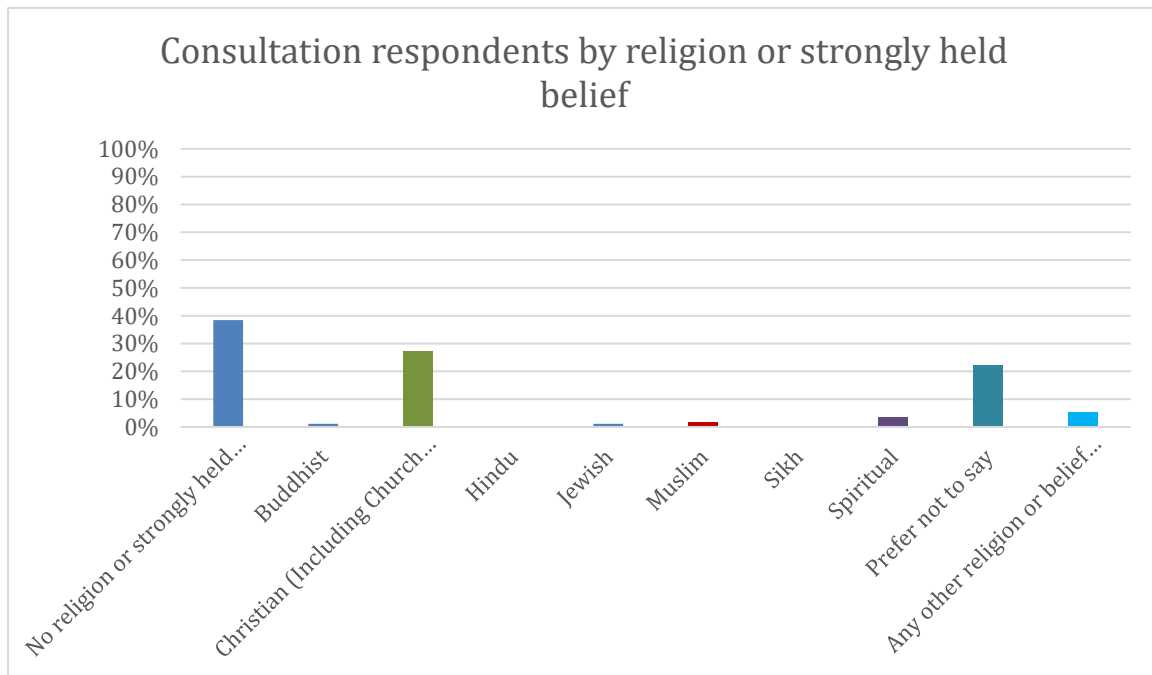
3. Which of the following best describes your ethnic origin? (Ethnicity is defined as including colour, ethnic or national origin, or nationality. Please choose whichever answer best reflects how you think of yourself.)



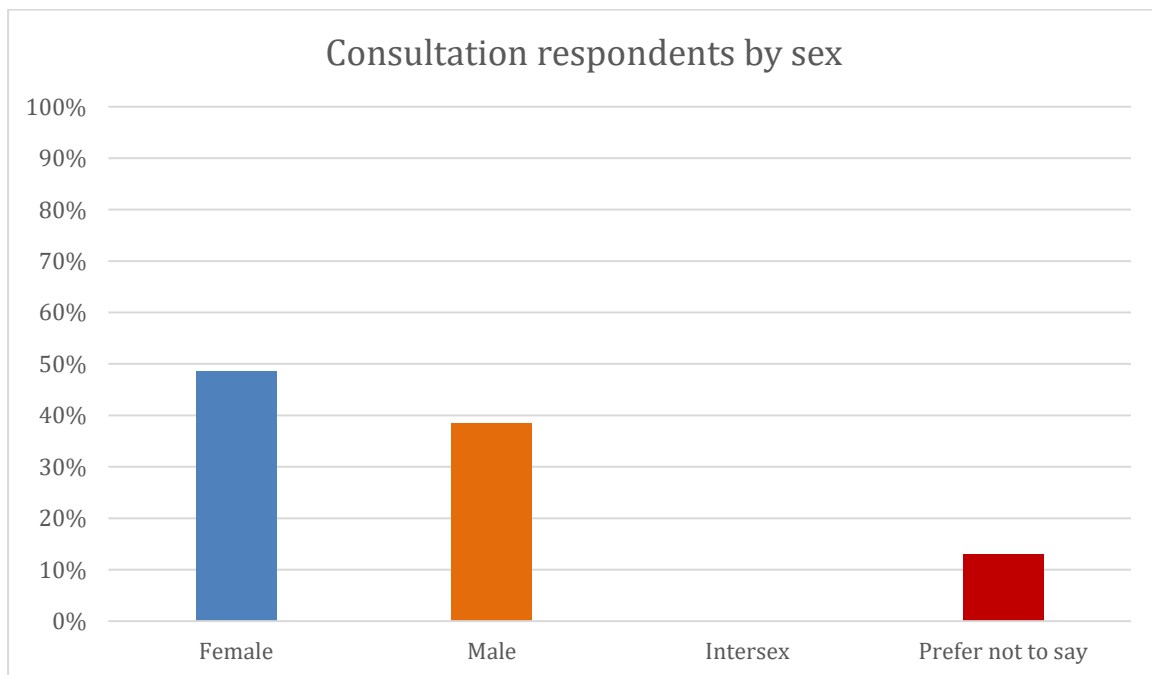
4. What is your legal marital or registered civil partnership status?



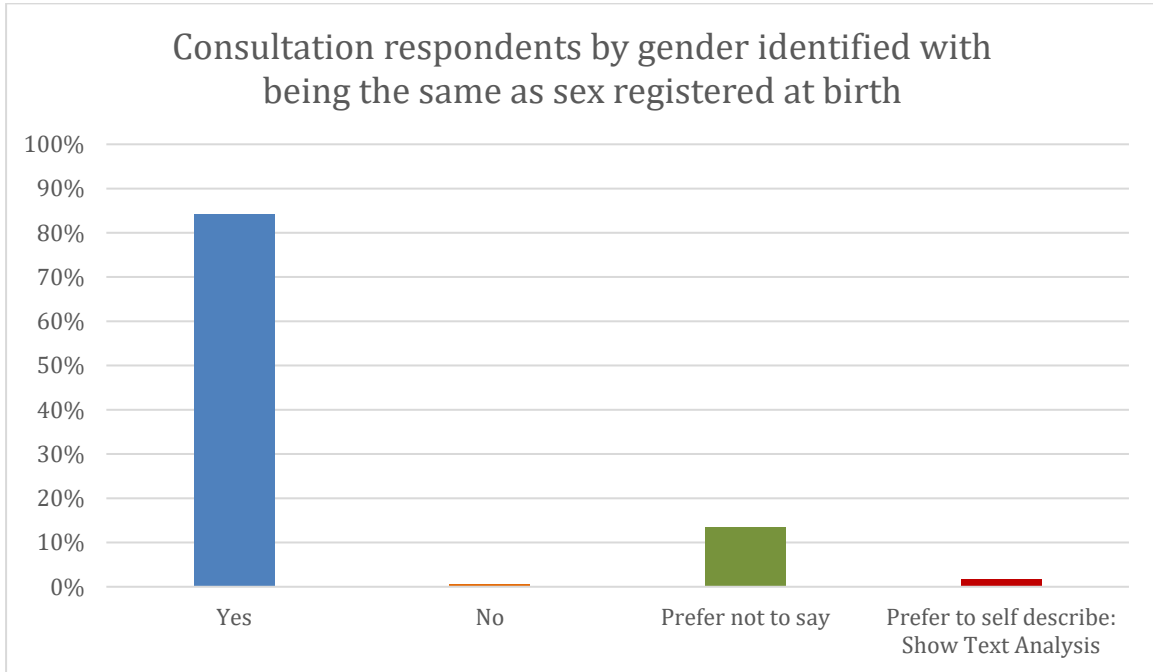
5. What is your religion or strongly held belief, if any?



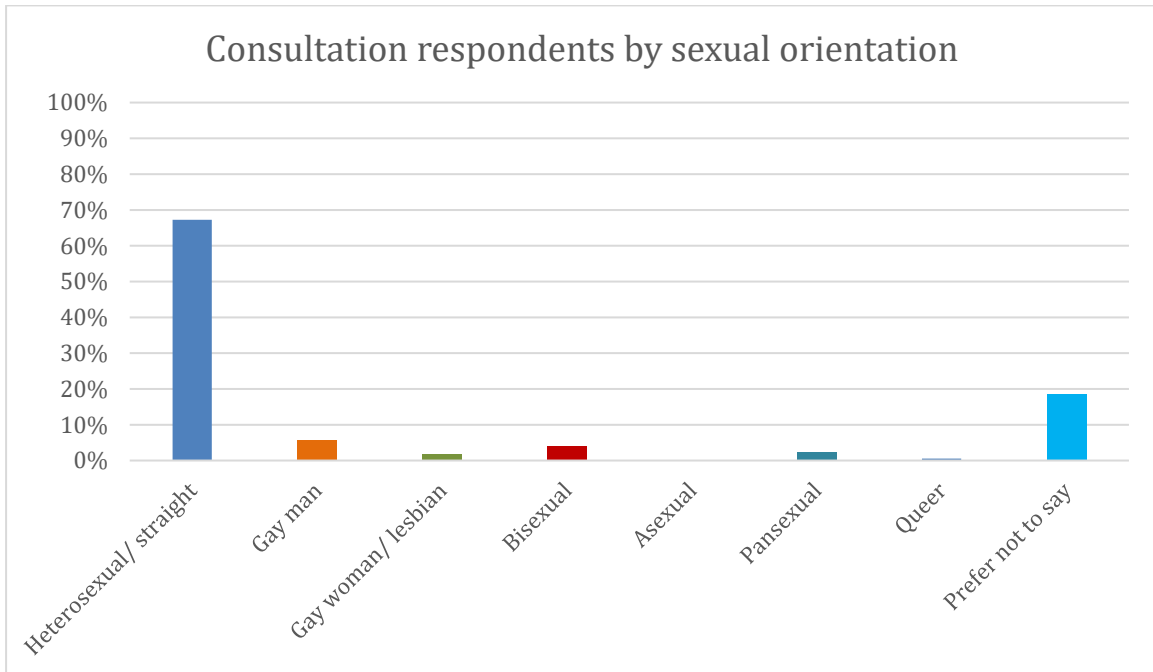
6. What is your sex? For births registered in the UK, this will either be male or female. However, some other countries may include 'intersex' as an option.



7. Is the gender you identify with the same as your sex registered at birth? Your gender identity may be the same as your assigned sex, but it may be different. You may identify as the opposite gender to your assigned sex, you may identify with neither, or with a self-described gender identity.

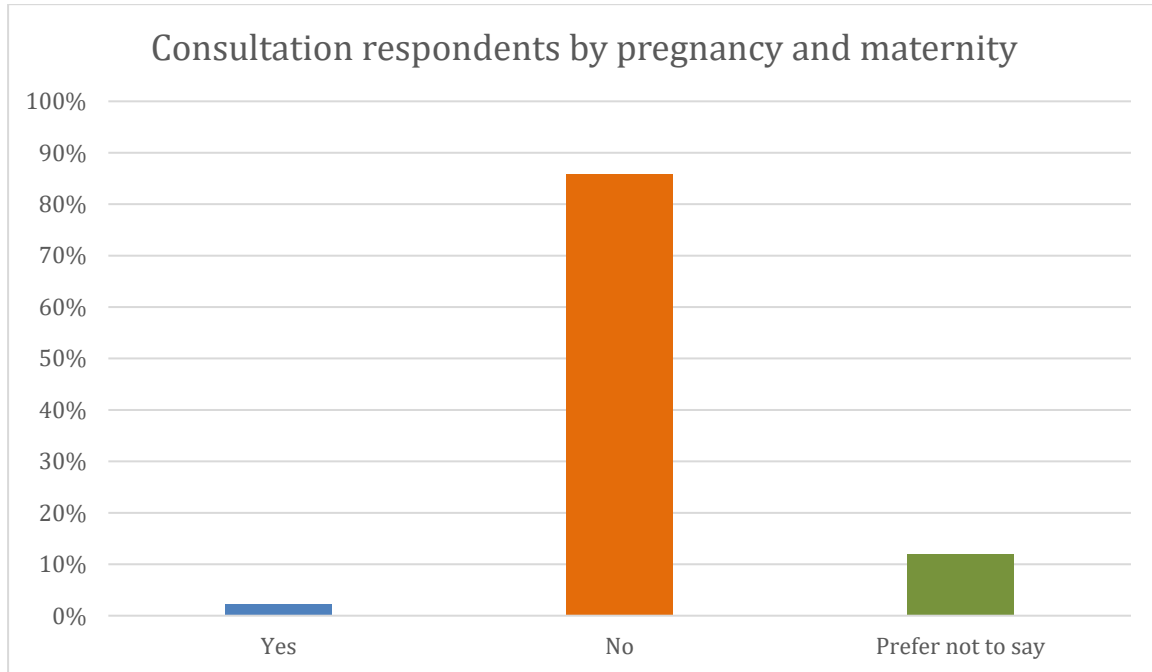


8. Which of the following best describes your sexual orientation?





9. Do you consider yourself to fall under the protected characteristic of 'pregnancy & maternity' as per the Equality Act 2010? 'Pregnancy' refers to the condition of being pregnant or expecting a baby, and 'maternity' refers to the period of 26 weeks after birth. The Equality Act 2010 protections also cover a someone who has had a miscarriage.



## 6. List of organisation respondents

Below is a list of all the organisations that responded to the consultation.

1. Association of Clinical Psychology UK Climate Action Network
2. Association of Education Psychologists
3. Association of Reproductive and Clinical Scientists ARCS
4. Association for Clinical Biochemistry and Laboratory medicine (ACB) and the Federation of clinical Scientists (FCS).
5. British and Irish Orthoptic Society
6. British Dietetic Association
7. Centre for Sustainable Healthcare
8. Chartered Society of Physiotherapy
9. GMB
10. Institute of Biomedical Science
11. Keystone Law
12. National Community Hearing Association
13. NHS Employers
14. Office for the Chief Allied Health Professions Officer
15. Professional Standards Authority
16. PTMF sub-committee (British Psychological Association)
17. Royal College of Occupational Therapists
18. Royal College of Speech and Language Therapists (RCSLT)
19. Stripy Lightbulb CIC
20. The British Psychological Society
21. The College of Paramedics
22. The Society and College of Radiographers
23. UK Health Alliance on Climate Change
24. UNISON
25. Unite the union
26. University of South Wales
27. University of West London
28. Welsh AHP Committee

## 7. Service user engagement

To better understand the views of patients, service users and family carers, we commissioned the Patients' Association to conduct an online focus group of diverse participants who could share their lived experience of health and care. We were particularly interested in hearing from people who are at risk of experiencing health inequalities. The focus of the discussion was the following proposed Standards:

- i. Maintain appropriate boundaries (Standard 1.8 – 1.12)
- ii. Communicate with Service users and carers (Standard 2.1 – 2.5)
- iii. When things go wrong (Standard 8.1 – 8.2)

The 10 participants in the focus group were:

- Four males and six females
- Six people aged 54 and over including three people aged over 70
- Five people from minority ethnic communities
- Five people with experience as family carers
- One member of the LGBTQ+ community

Participants had a wide range of disabilities, illnesses and health conditions, including both physical and mental health problems

As part of the work, the Patients Association have produced a report and blog post about the focus group discussion (the draft of this report is in appendix A).

Focus group participants were positive about the changes proposed to Standards 1.8 – 1.12 (maintain appropriate boundaries). They felt that the revised Standards were clearer and that it was helpful that the standard now focuses on the impact of maintaining boundaries on service users.

To implement the standard effectively, the participants recommended that information and training be provided to professionals about Standard 1.10 to clarify with examples what “appropriate methods of communication” means.

In relation to Standard 2.1 – 2.12 (communication), the participants focused on testing language that helps to better understand what good communication looks like. They were asked to consider words like ‘civility’, ‘kindness’ and ‘respect’ in relation to good communication. They felt that these words were old-fashioned in some cases and not always applied in a way that demonstrates good communication.

Instead, participants recommended that words such as ‘reciprocity’, ‘mutuality’ and ‘empathy’ be referenced in the Standards. Participants found that all these words expressed shared understanding of what it looks like to receive good communication. They said that they highlight the two-way nature of communication between a registrant, service user and/or their carer(s).

Participants were in favour of a standard on apologising when things go wrong however, they recommended that we consider adding the word “meaningful” and / or “sincere” before the word “apology”. Additionally, they recommended that consideration should be given to making a reference to resolving issues according to agreed timelines.