

HCPC Consultation

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

The standards give due consideration to equality, diversity and inclusion, and give examples of patient characteristics where careful communication is needed. There is overlap in requirement 5 and 6, so these could be better organised.

Could potentially make more detailed reference to areas which are included in our GPCs such as:

- Making arrangements to communicate effectively with someone who:
 - Has impaired hearing, speech or sight
 - Lacks mental capacity or has a learning disability
- Listening to patients, carers and guardians, and accepting that they have insight into, preferences for and expertise about the patient's own condition and context.
- Making appropriate arrangements where patients request to see a professional of the same gender as themselves.

The generic standards could also draw on requirements from our Outcomes for Graduates (OfG) for additional detail such as:

- The Equality Act and requiring registrants to know the principles of equality legislation in the context of patient care.
- Instead of 'Registrants must be aware of the impact of their own values and beliefs on practice' (5.2), registrants should not just 'be aware' of this but should act to address it – as well as bias. In OfG we say that newly qualified doctors must 'recognise the potential impact of their attitudes, values, beliefs, perceptions and personal biases (which may be unconscious) on individuals and groups and identify personal strategies to address this'.
- Elaborate on the impact of the sociological factors that affect health. In OfG we say that 'Newly qualified doctors must be able to recognise sociological factors

that contribute to illness, the course of the disease and the success of treatment and apply these to the care of patients – including issues relating to health inequalities and the social determinants of health, the links between occupation and health, and the effects of poverty and affluence.’

For clarity we suggest bringing the list of characteristics supplied in 5.3 in line with the nine protected characteristics as defined by the Equality Act 2010. Eg a protected characteristic is gender reassignment, rather than simply gender. Culture and socioeconomic status are not protected characteristics, although are nevertheless crucial considerations in effective communication with patients. Perhaps the list could make clear the nine protected characteristics, while separately highlighting the importance of other factors such as culture and socioeconomic status.

Do you think the generic standards place enough emphasis on the importance of the service user in decision making?

8.3 and 8.4 make reference to the importance of the service user in decision making. The generic standards could include relatives as a group to communicate effectively with as is sighted in our GPCs. It could also reference sharing decision making with children and young people, as well as the legal requirements about patient and carer involvement in decision making.

The standards could say something more specific around consent such as having familiarity with professional requirements and legal processes associated with consent and respecting patient autonomy, both of which are highlighted in our GPCs.

The standards could emphasise the importance of patient-centred decision making in all aspects of the care process. In Outcomes for Graduates we do this by including it as part of multiple outcomes, e.g.:

- Newly qualified doctors must:
 - wherever possible, support and facilitate patients to make decisions about their care and management
 - take a history that includes consideration of the patient’s autonomy, views and any associated vulnerability, and reflect this in the care plan and referrals
 - provide patients, their relatives, carers or other advocates, with appropriate information about their medications in a way that enables patients to make decisions about the medications they take
 - demonstrate the principles of person-centred care and include patients and, where appropriate, their relatives, carers or other advocates in decisions about their healthcare needs

- explain and demonstrate the importance of: providing information about options for investigations, treatment and care in a way that enables patients to make decisions about their own care – and assessing the mental capacity of a patient to make a particular decision, including when the lack of capacity is temporary, and knowing when and how to take action.
- assess a patient’s capacity to understand and retain information and to make a particular decision, making reasonable adjustments to support their decision making if necessary, in accordance with legal requirements in the relevant jurisdiction and the GMC’s ethical guidance as appropriate
- work with patients, or their legal advocates, to agree how they want to be involved in decision making about their care and treatment
- explain the sociological aspects of behavioural change and treatment concordance and compliance, and apply these models to the care of patients as part of person-centred decision making.

Do you think the generic standards are clear enough about the importance of maintaining fitness to practise?

For clarity, a definition of fitness to practise could be provided, as well as examples of what would constitute unfit to practise – although we understand this is more complex when regulating multiple professions.

Our *Outcomes for graduates* and *Generic professional capabilities* take a different approach in that they do not explicitly mention FTP. Instead it is implied that a doctor wouldn’t be performing adequately if they do not meet our outcomes around professionalism and behaviour. We try to focus on good practice rather than on avoiding fitness to practice. In *Good medical practice* we clarify that doctors must work in line with the principles and values set out in the guidance, and that serious or persistent failure to follow the guidance will put their registration at risk.

OfG aims for a nurturing approach by emphasising self-care and coping strategies instead of fitness to practise, eg:

‘Newly qualified doctors must demonstrate awareness of the importance of their personal physical and mental wellbeing and incorporate compassionate self-care into their personal and professional life. They must demonstrate awareness of the need to:

- a) self-monitor, self-care and seek appropriate advice and support, including by being registered with a GP and engaging with them to maintain their own physical and mental health

b) manage the personal and emotional challenges of coping with work and workload, uncertainty and change

c) develop a range of coping strategies, such as reflection, debriefing, handing over to another colleague, peer support and asking for help, to recover from challenges and set-backs.'

Do you think the generic standards adequately address the importance of keeping up to date with technology and digital skills?

8.5 and 14.1 of HCPC generic standards makes sufficient reference to technology and digital skills.

The standards could provide more explicit reference to information governance, data protection and storage as highlighted in our GPCs. They could specify that registrants should make the most of available diagnostic/prescribing technologies, as per our *Outcomes for graduates*. It may also be helpful to highlight understanding the importance of being trained in the use of specialist medical equipment and devices.

Do you think the generic standards are clear about the role leadership plays for all registrants?

9.4 of HPCs generic standards makes high level reference to the qualities, behaviours and benefits of leadership but do not go into detail about what successful leadership looks like.

Our GPCs goes into further detail such as:

- appreciating their leadership style and its impact on others
- thinking critically about decision making, reflecting on decision-making processes and explaining those decisions to others in an honest and transparent way
- supervising, challenging, influencing, appraising and mentoring colleagues and peers to enhance performance and to support development
- critically appraising performance of colleagues, peers and systems and escalating concerns
- appreciating the roles of all members of the multidisciplinary team
- promoting a just, open and transparent culture

- promoting a culture of learning and academic and professional critical enquiry.

Outcomes for graduates devotes a section to 'Leadership and team working' and includes examples of the behaviours expected.

Other comments

The generic standards could also make reference to the following areas:

- Reflecting on their personal behaviour and its impact
- Demonstrating openness and honesty in their interactions with patients and employers
- The health service and healthcare systems in the four countries
- Raising safety concerns appropriately through clinical governance systems
- Understand the importance of raising and acting on concerns
- Understand fixation error, unconscious and cognitive biases

In terms of structure, some requirements overlapped and could be grouped into domains similar to our GPCs. The standards could be more patient safety focused and would benefit from some extra detail in the areas detailed previously. We are also sharing our *Updating our expectations of newly qualified doctors* report in case it would be helpful to see the summary of the public consultation for our Outcomes for graduates.