

## Equality Impact Assessment (Level 2)

### Section 1: Project overview

<b>Project title: Standards of conduct, performance and ethics</b>	
<b>Name of assessor: Rosemary Flowers-Wanjie</b>	<b>Version: 1</b>

#### **What are the intended outcomes of this work?**

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

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

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

#### **Who will be affected?**

Once any changes to the standards are implemented:

- registrants will have to meet the new standards.
- education and training providers will need to revise their programmes in line with any revisions to the standards.
- prospective students for approved programmes may see changes to their curriculum in line with the revisions to the standards.
- international applicants will have to demonstrate they meet these standards when applying to join the Register.
- employers will need to be aware of the revisions to understand what HCPC registrants will be required to know, do and understand at the point at which they join the Register.
- HCPC employees and partners will need to be aware of the revised standards, such as when considering applications to join the Register or approving education and training programmes.

### Section 2: Evidence and Engagement

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

#### **What evidence have you considered towards this impact assessment?**

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

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

2. We held workshops (1 – 9 September 2022) and an online survey (12 August – 9 September 2022) to external stakeholders – registrants, students, professional bodies, trade unions, employers, education providers, services users and the public – has provided us with information regarding how the Standards are used and understood in practice.
3. We sought guidance from the HCPC Equality, Diversity and Inclusion (EDI) Forum. Members of the Forum are external stakeholders with expertise in EDI and lived experience. Membership includes registrants and EDI professionals in relevant stakeholder organisations. We will also seek feedback from patients and service users through the consultation period.
4. We sought feedback from the HCPC Professional Bodies Quarterly Forum and through our regular engagement with other health and care regulators.
5. Internal discussions with the HCPC Council and other committees have informed these proposals.
6. We sought legal review of the draft revised standards and have applied their recommendations.

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

1. There are three stages of our stakeholder engagement: pre-consultation; consultation and post consultation and implementation.
  - a. The external stakeholder groups targeted by our engagement include:
    - Professional bodies
    - Education Providers
    - Trade Unions
    - Employers
    - EDI Forum
    - Service users and Patient Interest Groups
    - HCPC Partners
    - Students
  - b. External stakeholder activities include:
    - Presentation to professional bodies quarterly meeting in June 2022
    - Pre-consultation workshops with each identified stakeholder group 1 – 7 September 2022.
    - An online pre consultation survey for external stakeholders ran from 21 August 2022 – September 2022 and gather

information regarding the understanding of the Standards and any concerns that stakeholders wish to raise.

- c. We will carry out a 12-week consultation that will include a draft of new Standards based on analysis following our engagement with stakeholders and internal discussions. The consultation will ask respondents to reflect on how the draft Standards will impact the service they receive/provide. It will also ask respondents to reflect upon sustainability, in anticipation of health and care professions being more environmentally accountable.

The consultation will specifically ask for additional information about the potential positive or negative equality impacts of these proposals and for information about potential mitigations to any identified negative impacts on those with protected characteristics.

- d. We will hold external stakeholder workshops throughout the consultation period. These will be thematic with the intention of enhancing understanding of the proposals and increasing engagement.
- e. We will continue to seek feedback on our proposals from the HCPC's Equality, Diversity and Inclusion (EDI) Forum. We will also seek feedback from patients and service users.
- f. Proposals have been discussed with HCPC committees and Council.

### Section 3: Analysis by equality group

The Equality and Human Rights Commission offers information on the protected characteristics.

Describe any impact to groups or individuals with the protected characteristics listed below that might result from the proposed project. Draw upon evidence where relevant.

For all characteristics, consider **discrimination, victimisation, harassment and equality of opportunity** as well as issues highlighted in the guidance text.

#### **Age** (includes children, young people and older people)

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

Children and young or older people who are vulnerable, may be more susceptible to inappropriate relationships. These proposed changes highlight registrant responsibilities towards their service users and require registrants to be aware of the potential impact of their position on service users, to take an active role in

maintaining professional boundaries, and to not leverage their position to pursue personal, financial, sexual or emotional relationships with service users and/or carers.

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

Our proposal to produce further supporting documentation to the Standards is likely to positively impact students and younger registrants at the beginning of their careers. Many of these materials will be produced to enhance understanding about how to apply the Standards in practice and will be accessible to education providers for their use.

There will be a period in which education providers are implementing the new Standards in their curriculums and teaching materials. Without careful planning, this could negatively impact students in cohorts either side of the implementation timeframe (2023/24).

**Disability** (includes physical and mental health conditions. Remember 'invisible disabilities')

We have proposed changes that clarify our Standards 1.5, 1.6, and 1.7, relating to discrimination. We anticipate that our proposals will positively impact those with disabilities, including service users and registrants, by better protecting against discrimination for the following reasons.

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

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

The changes that we have made to Standard 6.3 are balanced with our duty to protect public safety. Consequently, there are occasions where registrants with

disabilities or health conditions may need to adjust their practice or stop practicing if their disability or health condition puts public safety at risk.

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

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

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

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

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

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

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

**Marriage and civil partnerships** (includes same-sex unions)

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

- The proposed changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues.

- Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.

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

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

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

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

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

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

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

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

- In respect to race, this will ensure that where necessary, registrants must take action to adjust their service to accommodate other people's cultural and language requirements.
- Registrants must not hinder colleagues from practicing their culture at work.
- Registrants must not restrict access to their services based on cultural practices, race, citizenship, ethnic or national origins or nationality.

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

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

- The proposed changes use more active language that requires registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues.
- Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues.
- In respect to religion and belief, this will ensure that where necessary, registrants must take action to adjust their service for those who practice religious beliefs.

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

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

**Sex** (includes men and women)

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

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

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

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

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

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

#### **Other identified groups**

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

#### **Four countries diversity**

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

### Section 4: Welsh Language Scheme

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

Our new Standards, along with the commentary and consultation documents, will be available in Welsh upon request.



## Section 5: Summary of Analysis

### **What is the overall impact of this work?**

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

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

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

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

## Section 6: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this assessment.

Include information about how you will monitor any impact on equality, diversity and inclusion.

### **Summary of action plan**

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

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

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

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

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

Below, explain how the action plan you have formed meets our public sector equality duty.

### **How will the project eliminate discrimination, harassment and victimisation?**

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

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

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

**How will the project advance equality of opportunity?**

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

**How will the project promote good relations between groups?**

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

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