

Irish Society of Chartered Physiotherapists



Rules of Professional Conduct Incorporating Code of Ethics and Guidelines for Professional Behaviour

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INTRODUCTION

The Rules of Professional Conduct, incorporating the Code of Ethics apply to members of the Irish Society of Chartered Physiotherapists. Their purpose is to maintain standards for the profession of Physiotherapy and to inform and protect members of the public attending or seeking Physiotherapy

Members of the Irish Society of Chartered Physiotherapists shall at all times comply with its Rules of Professional Conduct and Code of Ethics.

Chartered Physiotherapists, by accepting membership of the Society, agree to abide by all the terms and conditions of membership and agree to accept sanction in the event of a breach of the Rules of Professional Conduct or Code of Ethics

As a member of the World Confederation of Physical Therapists (WCPT), the Irish Society of Chartered Physiotherapists is bound by its policies. The policies state the Confederation's agreed stance on issues affecting the practice of physical therapy internationally and are for all member organisations.

Throughout this document, there are references to WCPT policies as well as to the European Core Standards of Physiotherapy Practice and the European Physiotherapy Service Standards (both of which have been approved by the European Region of WCPT and adopted by the Society). They are included to give further information on a particular Rule or part of a Rule and should be read in conjunction with the Rules.

Where there is a perceived conflict, the Rules of Professional Conduct take precedence.

Code of Ethics

Members of the Irish Society of Chartered Physiotherapists shall:

1. Respect the rights and dignity of all individuals
2. Comply with the laws and regulations governing the practice of physiotherapy
3. Accept responsibility for the exercise of sound judgement
4. Provide an honest, competent and accountable professional service without discrimination, fear or favour
5. Recognise the limitations of their professional expertise and undertake only those activities which are within their professional competence
6. Provide accurate information to the consumer about the profession and those services they provide
7. Maintain and promote high standards of physiotherapy practice, education and research
8. Contribute to the planning and development of services which enable individuals to achieve optimum health

(Adopted, 2001)

RULE 1

GENERAL RESPONSIBILITIES

- 1.1 Chartered Physiotherapists shall at all times abide by the current Rules of Professional Conduct and Code of Ethics of the Society.
- 1.2 Chartered Physiotherapists shall comply with all the policies of the Society and adhere to the guidelines, protocols and procedures, which have been approved by the Society.
- 1.3 Chartered Physiotherapists shall co-operate with any investigation enquiry or request for information from the Professional Procedures/Ethics Committee. Unless there are important and sufficient reasons offered to the Professional Procedures/Ethics Committee it shall be a breach of professional conduct to fail to co-operate or fail to attend meetings or enquiries of such committee.
- 1.4 Chartered Physiotherapists shall make known to the Professional Procedures/Ethics Committee of the Society any conduct or practice which appears to be unethical, incompetent or illegal.
- 1.5 Chartered Physiotherapists shall keep up to date with developments in the practice of physiotherapy. To this end the Society establishes criteria and standards from time to time for Continuous Professional Development (CPD) in the ongoing training and education of practising physiotherapists. Failure to observe such criteria shall be a prima facie breach of the Rules of Professional Conduct.
- 1.6 Chartered physiotherapists having benefited from the recognition of professional qualifications shall have knowledge of languages necessary for practising the profession in the host member state. (Adapted from Article 53, EU Directive 2005/36/EC on Qualification Recognition)
- 1.7 Chartered Physiotherapists, upon accepting a patient for treatment, shall, on examination and assessment of the patient and on being satisfied with the diagnosis, carry out such treatment in fields of Physiotherapy, which shall be recognised by the profession.
- 1.8 Chartered Physiotherapists shall confine themselves in practice to areas in which they have particular skills or professional competence as a result of experience or specialist training and shall at all times have regard to the Society's Scope of Practice Code.
- 1.9 Chartered Physiotherapists shall not enter into any agreement or contract that might cause them to act against these Rules of Professional Conduct.

RULE 2

RESPONSIBILITY TO THE PATIENT

- 2.1 Chartered Physiotherapists shall at all times respect the rights and dignity of the patient. *(Core Standard 1 applies)*
- 2.2 Chartered Physiotherapists must keep themselves informed of developments within the profession to ensure the best standards of patient care. *(Core Standards 19-22 apply)*
- 2.3 Chartered Physiotherapists shall maintain adequate records of the patient's condition, treatments and progress. *(Core Standard 14 applies)*
- 2.4 Chartered Physiotherapists shall strive to ensure that the standard and scope of treatment facilities should be such as to ensure maximum contribution to the treatment and care of the patient.
Physiotherapy premises shall be maintained (i) at an appropriate level of tidiness and hygiene; (ii) at a temperature range that is appropriate to a patient's state of undress; (iii) at a level of privacy that is sufficient for a patient's needs; and in accordance with any relevant statute or legislation as may be enacted from time to time.
- 2.5 Information obtained from the patient in the practice of physiotherapy must be treated as confidential with the following exceptions:
- i. Communications with the patient's medical advisor or other professional advisor with the consent of the patient;
 - ii. When, for reasons relating to the condition or treatment of a patient, it is inappropriate to seek consent but it is deemed, by the physiotherapist, to be in the patient's own interest to share relevant information with relevant personnel. Additionally in an emergency or other dangerous situations where it is deemed by the physiotherapist that the information may assist in the prevention of possible injury to the client or to another person;
 - iii. When necessary to protect the welfare of the community;
 - iv. When required by a Court of Law following the serving of a subpoena; or
 - v. Should there be a child protection concern (which should be reported to the Duty Social Worker of the statutory agency or to the Gardaí).

(Core Standard 3 applies)

- 2.6 Chartered Physiotherapists shall not treat a patient who is concurrently being treated by another physiotherapist for the same condition unless specifically requested to do so by the patient/parent/guardian for the sole purpose of augmenting treatment, where it is clinically indicated.
It is then the responsibility of the second physiotherapist to make contact with the original physiotherapist, prior to commencing treatment. A concurrent treatment plan must be developed by both physiotherapists in accordance with the Society's Policy and Procedure for Concurrent Treatment.

However, such a rule shall not apply in the following circumstances:

- i. Where the original physiotherapist is practising in association with, or is part of, the same team;
- ii. When the original physiotherapist has ceased to practise or is incapacitated; or
- iii. Where the referring source or the patient, in pursuance of his or her absolute right to choose (subject, where required, to medical referral), requests or expresses a desire to be treated by another physiotherapist and to conclude the original treatment.

In ii and iii above, the original member shall be obliged to disclose information requested concerning the patient's condition and treatment, provided professional fees, where applicable, are first discharged.

- 2.7 Chartered Physiotherapists shall obtain appropriate valid consent from the patient/guardian before physiotherapy is initiated in accordance with the Society's policy (on Consent)
(See also WCPT Policy on Informed Consent [Approved General meeting, June 2011]. Core Standard 2 applies)
- 2.8 Chartered Physiotherapists shall take reasonable steps to inform clients if intending to cease practising and any arrangements being made for the transfer of the practice to another physiotherapist. It is recommended that records should be kept for a minimum of six years in respect of adults and for six years after the age of majority or as required by law or the statutory requirements of state or public health agencies.
- 2.9 Chartered Physiotherapists shall not remove any patient records from any establishment without the consent of the patient or any person acting as bona fide agent of the patient. The right to physical records remains in and with the establishment (private or public) where the patient has been treated but the patient shall be entitled to the information on such records on request.
- 2.10 Chartered Physiotherapists working simultaneously in public and private services shall not treat the same patient for the same condition in both employments.

RULE 3

RESPONSIBILITY TO THE PROFESSION

- 3.1 Chartered Physiotherapists shall uphold and enhance the good standing and reputation of the profession and of the Society.
- 3.2 Chartered Physiotherapists shall co-operate with one another to maintain and enhance the standards of the profession.
- 3.3 Chartered Physiotherapists shall comply with the laws and statutes of the state in which they practice.

- 3.4 Chartered Physiotherapists shall make known to the Professional Procedures/Ethics Committee if convicted of a criminal offence.
- 3.5 Chartered Physiotherapists shall make known to the Professional Procedures/Ethics Committee of any disciplinary proceedings against them in this or any other jurisdiction.
- 3.6 Chartered Physiotherapists who have been struck off in any jurisdiction will be summarily removed from the register of members, if it becomes known to the Society.
- 3.7 Chartered Physiotherapists shall make known to the Professional Procedures/Ethics Committee any changes to their health that would impact on their ability to practise.
- 3.8 Chartered Physiotherapists shall, whenever possible, support and participate in research and the clinical education of Physiotherapy students for the purpose of improving standards of patient care.
- 3.9 Chartered Physiotherapists shall promote the Irish Society of Chartered Physiotherapists at all appropriate opportunities.
- 3.10 Chartered Physiotherapists shall include, where appropriate, the word 'Chartered', the title 'Chartered Physiotherapist', the letters 'MISCP' and 'MCSP' and the Society's logo.
- 3.11 Chartered Physiotherapists when using the media to promote the benefits of physiotherapy or the profession (as opposed to advertising their own practice) may give their name and state the area in which they work e.g. Older Persons/ People with Disabilities/ in Private Practice.
- 3.11.1 Chartered Physiotherapists shall not express views on behalf of the Society unless requested or sanctioned to do so. Chartered Physiotherapists not acting on behalf of the Society shall state that they are expressing their own views.
- 3.11.2 Chartered Physiotherapists shall inform the Society of such promotional activities and keep copies of articles and news items where practical.
- 3.12 The Society encourages research and the invention and adaptation of equipment and appliances designed for patient care. It is essential that all equipment and appliances be of proven standards of safety and efficacy and are also the subject of such permits of authorisation or licences as may be required by law.
- 3.13 Chartered Physiotherapists, while in clinical practice, shall not endorse or promote the sale of goods related to the treatment of patients. In clinical practice, they should sell or supply only goods or services after they have satisfied themselves that the item in question is appropriate to the individual patient's condition. Any handling charge on the sale of goods or services should be reasonable. When practising, Chartered Physiotherapists must not accept commission from a third party for recommending the purchase of goods or services.

- 3.14 Chartered Physiotherapists shall not associate for financial gain, reward or otherwise, their name or the name of the practice with the name of any third party manufacturer or supplier of goods or services or in the promotion of goods or services. However, should any group, sub-group or interest group of the Society seek sponsorship, an application should be made to the Professional Procedures/Ethics Committee for approval. In such an event the Professional Procedures/Ethics Committee may decide to grant permission for the sponsorship or endowment of lectures, seminars and publications by commercial concerns.

RULE 4

RESPONSIBILITY TO COLLEAGUES

- 4.1 Chartered Physiotherapists may advertise provided that such advertising is, in the opinion of the Irish Society of Chartered Physiotherapists, discreet and professional and shall not be for the purpose of promoting professional advantage over other Chartered Physiotherapists and shall comply with (the current Code of) the Advertising Standards Authority of Ireland.
- 4.2 Chartered Physiotherapists shall use only the details from the list of details¹ that are appropriate to the respective media they are using.

RULE 5

RELATIONSHIP WITH MEMBERS OF THE MEDICAL PROFESSION

- 5.1 Chartered Physiotherapists may, following examination and assessment, initiate a course of treatment for a patient. Chartered Physiotherapists will ensure and maintain adequate communication with any relevant practitioners in respect of a patient's condition, subject to the patient's agreement.
- 5.2 Chartered Physiotherapists shall be entitled to refuse to treat a patient if, following assessment, such refusal is deemed to be in the patient's best interest.
(See also WCPT Policy on Relationship with Medical Practitioners [Approved General meeting, June 2011])

¹ List of details consists of name, address, contact phone number, email address, website address, qualifications, areas of specialist interest or specialties that have been approved by the ISCP, hours of attendance, services of the practice and society logo.

RULE 6

RELATIONSHIP WITH MEMBERS OF THE VETERINARY PROFESSION

- 6.1 Chartered Physiotherapists, upon accepting an animal for treatment, shall, on examination and assessment of the animal and on being satisfied with the diagnosis, implement such physiotherapy as is recognised by the profession.
- 6.2 Chartered Physiotherapists shall maintain adequate records of the animal's condition, treatment and progress.
- 6.3 Chartered Physiotherapists shall liaise with the animal's Veterinary Surgeon as appropriate.

RULE 7

RELATIONSHIP WITH MEMBERS OF THE HEALTH AND SOCIAL CARE PROFESSIONS

- 7.1 Chartered Physiotherapists shall communicate, as appropriate, with Health and Social Care professionals, in the best interests of patient care.
(See also WCPT Policy on Relationship with other Health Professionals [Approved General meeting, June 2011]. Core Standard 13 applies)

INFRINGEMENT OF THE RULES OF PROFESSIONAL CONDUCT OR THE CODE OF ETHICS RENDERS MEMBERS LIABLE TO DISCIPLINARY ACTION WITH SUBSEQUENT LOSS OF PRIVILEGES AND BENEFITS OF THE SOCIETY

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Revised March 2005 (Standardised and revised Rule 4 Responsibility to Colleagues)

Revised September 2005 (Addition of Rule 7 Relationship with Members of other Health and Social Care Professions)

Revised December 2005 (Revised Rule 5 Relationship with Members of the Medical Profession)

Revised September 2006 (Added Introduction and Process, incorporated relevant Article Code of Ethics and reference to Scope of Practice obligations and cross-referenced with ER-WCPT Core Standards and WCPT Declarations of Principle and Position Statements)

Revised March 2009 (Addition of Rule 2.9 in keeping with requirements of EU Directives on Qualification Recognition) and additions to Rule 3

Revised June 2010 (i) Incorporated the Code of Behaviour, (ii) Updated excerpt from Article 6 related to PPE in the revised Articles as of 30th January 2010 (iii) Addition of Rules 1.1 – 1.3 and 1.5, (iv) Transferred Rule 3.4 into Rule 1.4 and Rule 2.9 into Rule 1.6, (v) Separated Rules on promotion (formerly Rules 4.1, 4.4, 4.5, 4.5.1-4.5.3) from Rules on advertising into Rule 3 (Responsibility to the Profession) (vi) Revised Rule 4

Revised May 2012 (i) Revised Rule 2.7, (ii) Amended Rule 2.4 and (iii) Added Rules 1.9 and 2.10

Revised January 2013 Revised Rule 6

Revised July 2014, reapproved September 2014 Revised Rule 2.6

GUIDELINES FOR PROFESSIONAL BEHAVIOUR

INTRODUCTION

The Irish Society of Chartered Physiotherapists is committed to creating and maintaining an environment for patients and their visitors, members and all healthcare colleagues, which is professional, patient responsive, safe and free from any form of unlawful or inappropriate behaviour. This commitment supports the expectations of the members of the public that all activities of the Society are conducted with courtesy, respect, efficiency, impartiality and integrity.

APPLICATION

The Guidelines for Professional Behaviour apply to all members and to anyone who acts on behalf of the Society including Volunteers. The Guidelines continue to apply to members while they are on leave, suspended from work or outside their usual work environment such as workshops or conferences.

The purpose of the Guidelines is to reflect the standards of behaviour that are expected of a physiotherapist as a professional.

OBLIGATION

Chartered Physiotherapists accepting membership of the Society have an obligation to ensure that their personal conduct and behaviour is at all times professional and lawful and does not reflect adversely on the reputation of the Society.

1. Behaviour towards Everyone

The behaviours in this section apply to everyone you meet in your capacity as a Physiotherapist: the public, patients, their families and visitors, colleagues, staff, managers, business partners and employees. Some may be further detailed in later sections where they would have a more specific application.

Follow and obey the laws of the land and refrain from unlawful activity at all time. Show integrity, compassion and concern for others in your day-to-day practice.

Search for the best evidence to guide your professional practice, and be committed to continuous improvement and excellence in the provision of health care, whether you work alone or as part of a team.

Act with respect, courtesy, honesty, accountability, humility, fairness and impartiality. Be positive, supporting, reassuring and encouraging, open and fair in your dealings with others.

Communicate courteously - treat everyone whom you meet during the course of your work with courtesy, even under provocation. Under no circumstances should you shout or use foul language or repeated sarcasm in your interactions.

Be respectful of diversity and impartial in the performance of your duties. Recognise, respect and tolerate individual differences in others including gender, religious values, sexual preferences, age, disability and cultural beliefs and values.

2. Behaviour towards Patients

Your paramount professional responsibility is to act in the best interests of the patients whom you are treating.

Patients, their safety and well-being are always your first concern.

The health professional-patient relationship is complex and sensitive; be aware at all times of the potential for the unequal distribution of power. Develop and maintain a sensitive and understanding attitude with patients.

In a situation where you have a concern in relation to conduct, competence or unsafe or potentially unsafe system/s, you must act to prevent any immediate risk to patient safety by taking appropriate steps to notify the relevant authority about your concern as soon as possible. If you are not sure to whom you should report your concerns, ask a senior colleague for advice.

Strive to ensure that the patient's right to the best possible treatment experience is attained.

Strive to provide the highest standard of practice. Maintain your competence throughout your professional career by participating in continuous learning and professional

development and meeting the CPD requirements to maintain membership of the professional body (Rule 1).

Confine yourself to your level and area of expertise and experience (Rules 1 and 4).

Acknowledge your limitations and be willing to seek advice.

Confidentiality (Rule 2) is a fundamental principle and is central to the trust between you and the patient. Patients are entitled to expect that information about them will be held in confidence. You should not disclose confidential patient information to others except in certain limited circumstances outlined in Rule 2.5.

Do not reveal confidential patient or staff information to anyone not authorised to receive it.

Ensure that confidential information related to patients is maintained securely.

Make sure that notes/ files /records are stored securely at all times.

Consent given by the patient is the exercise of a voluntary choice; it is the giving of permission for an intervention to be carried out by a competent professional. Explain the process in such a way that patients do not think their consent is simply a formality or a signature. Give patients sufficient information in a way that they can understand to enable them to exercise their right to make informed decisions. (Refer to Rule 2.7 and Policy on Consent)

Maintain a professional relationship with the patient at all times.

Avoid romantic or sexual relationships with current patients and members of their immediate family.

Avoid any relationship that exploits a patient sexually, physically, emotionally, financially or socially or that may impair professional objectivity and judgement.

Ensure that no action could be misinterpreted as being inappropriate when in physical contact with the patient, during assessment and treatment.

Follow the *Children First Guidelines* when treating children. (Refer also to Guidelines on Working with Children, ISCP 2011)

Be aware of how culture and beliefs can impact on assessing and treating patients. You may need to adapt personal choices to support the therapeutic relationship.

Avoid judgemental or potentially inappropriate remarks in conversations with patients including references to religion, politics, race or violence.

The way you dress sends a message to patients: dress in a way that reflects your professional role, respects your patients and maintains their confidence. Project an image of health, cleanliness and functional efficiency. Ensure that your dress is neat, clean, and appropriate to the job and in accordance with Health and Safety obligations.

Exercise good judgement and communicate sound clinical advice to patients.

Respond to patient requests promptly and appropriately.

Always identify yourself to patients before you commence any assessment or treatment.

Ensure that the patient's privacy is maintained at all times.

Patients and members of the public are entitled to expect that your premises are clean, accessible and suitable for consultations, assessments and treatments. The premises should be structured and used in a way that respects the privacy of patients during the consultation.

Follow the concepts of the ***Philosophical Framework of Rehabilitation*** (see Appendix 1) Recognise that your actions or inaction can assist or prevent patients in achieving their rehabilitation objectives and accept this responsibility as part of your professional obligations.

3. Behaviour as Colleagues

Behaviours included in this section apply to how you treat all colleagues including physiotherapists in staff, senior and management grades, business partners, employees and employers as well as all other health care professionals.

Value the contribution of those with whom you work and always seek to work co-operatively.

Do not criticise a colleague to a patient or to a member of staff.

Where you take over the treatment of a patient and change an intervention – this must be fully explained to the patient so as not to be construed as a criticism of the previous treatment.

Conduct yourself in a manner that takes all reasonable measures to protect the safety of those with whom you work.

Where you believe that patient safety or services are compromised; use the appropriate channels to highlight this.

Avoid any action, which could be interpreted as discriminatory, harassment or sexual harassment.

4. Behaviour as Employees

Support and follow the policies and procedures of your workplace and address dissatisfaction with policies through the appropriate channels.

5. Behaviour of Physiotherapists as Managers (*towards staff whom you manage or employ*)

Lead by example; recognise that everything you do gives permission for others to do the same.

Foster a healthy, safe and creative environment.

Ensure that statutory obligations are met.

When decisions need to be made, consult with those who will be affected by the outcome.

Seek to resolve conflict rapidly and constructively: discuss in a clear and calm manner, ensure all opinions are heard and use conflict management skills and direct verbal communication in managing disagreements.

Respond to patient and staff requests promptly and appropriately.

Deal with patient complaints promptly and appropriately, phone or meet the patient as soon as possible after the complaint has been received. Listen carefully to the complaint. Ask the patient what he/she expects as a result of making the complaint. Inform the patient that you will talk to the staff member as soon as possible to hear their account. When you have gathered all the facts, if an apology is warranted, give it as soon as possible.

6. Responsibility to yourself

Conduct yourself in a manner that takes all reasonable measures to protect your own safety.

Develop and institute a plan to manage your stress and to promote your personal well-being.

The Philosophical Framework of Rehabilitation

George Nelson Wright (1980) in Total Rehabilitation cites the basic concepts of the philosophy as:

1. Holistic approach: human being's holistic nature and the connection and impact of different aspects of a individual's life on each other
2. Self-determination: recognises people should make their own decisions: set forth their own goals and decide how to achieve these goals.
3. Societal contribution: recognises individual's need/urge to participate and contribute
4. Right to be equal: recognises the need for equalisation of ability and equalisation of opportunity, the balance between status of independence and dignity, prestige and self esteem.
5. Human spirit: a belief in the individual and his ability to overcome great barriers.
6. Focus on assets: the tenet that the focus must be on the individual's ability and strengths not weaknesses, disability or failings.
7. Motivation for good: recognises that individuals are capable of change for the better.
8. Influence of environment: recognises the positive and negative influences of past and present, social and physical environment.
9. Intrinsic value: recognises that people have an inherent dignity and value simply because they are human beings.
10. Concern for individuals: the premise of all rehabilitation is the concern for the individual.

REFERENCES

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