



## **Allied Health Practitioners (Professional Conduct) Regulations, 2021**

### **ARRANGEMENT OF SECTIONS**

#### ***Sections***

1. Title
2. Interpretation
3. Improper or disgraceful conduct
4. Advertising professional services
5. Professional Integrity
6. Appeals to the public
7. The good name of colleagues and other registered persons
8. Divulging confidential information
9. Interactions with third party payers
10. Relationships with and Responsibility to Patients
11. Exploitation
12. Commission
13. Conduct of body corporate, company or partnership
14. Availability of regulations
15. Obstruction of Council
16. Consulting Rooms
17. Complaints procedure
18. Disciplinary procedure
19. Penalties
20. Appeal

## **1. Title**

1.1 These regulations may be cited as the Allied Health Practitioners (Professional Conduct) Regulations, 2021. To be read in conjunction with different Allied Health Professionals specific code of conduct.

## **2. Interpretation**

2.1 In these regulations:-

**“advertising”** includes any advertisement contained in a publication or any advertisement broadcast on radio or television or brought to the attention of the public by any other means;

**“approved”** means approved by the Council;

**“publication”** includes any newspaper, book periodical, pamphlet, poster, calendar or other printed matter.

**“allied health practitioners”** would refer to all persons who carry or use the following titles;

Ambulance Technicians,

Clinical Assistants

Clinical Social Workers

Counsellors

Dieticians

Electrocardiogram Technician (E.C.G) Technicians

Electroencephalographic (E.E.G) Technicians

Emergency Medical Technicians

Health Education Promotion Officers

Hospital Equipment Technicians

Hospital Food Services Supervisors

Medical Physicists

Natural Therapists (Homeopaths, Osteopaths, Chiropractors, Naturopaths, Acupuncturists)

Nutritionists

Operating Theatre Technicians

Paramedics

Psychologists

Radiographers

X-ray Operators

Ultrasonographers

### ***3. Improper or disgraceful conduct***

3.1 Any contravention of these regulations by an allied health practitioner shall for the purpose of section 107(a) of the Act, constitute improper or disgraceful conduct or if he/she commits any of the following;

- (a) serious criminal offence
- (b) theft or fraud
- (c) provision of grossly inadequate professional service
- (e) practising without being registered or without a valid registration certificate
- (f) bringing the profession into disrepute

### ***4. Advertising professional services***

4.1 To be read in conjunction with the Allied Health Practitioners Advertising Policy.

## **5. Professional Integrity**

### **5.1 Personal Integrity**

The highest standards of personal integrity are expected; allied health practitioners shall comply with the laws of the country, state, province or territory of work.

Allied health practitioners must avoid any abuse of the privileged relationships with patients and their relatives or the privileged access to their property.

### **5.2 Discrimination**

Allied health practitioners shall ensure that their professional responsibilities and standards are not unduly influenced by considerations of age, disability, ethnicity, gender, nationality, party politics, race, religion, sexual preferences, social or economic status, status in society or the nature of the patient's health problems.

### **5.3 Toxic substances**

Allied health practitioners shall not be under the influence of any toxic substance, which impairs the performance of their duties.

#### **5.4 Personal profit/gain**

Allied health practitioners must refuse to accept any gift, favour, or hospitality, which might be interpreted as seeking to exert undue influence to obtain early appointment or preferential treatment.

#### **5.5 Safe practice**

All allied health practitioners have a duty to ensure that a safe environment is maintained for staff, patients and visitors to the department.

Allied health practitioners should have due regard to the work load of and pressures on professional colleagues and subordinates and take appropriate action if these are seen to be such as endanger safe standards of practice. Normally this will require issues to be raised with the employer through the line manager. However, in exceptional circumstances the Health and Safety Officer or radiation protection supervisor should be informed.

Allied health practitioners should have regard to physical working conditions and adequacy of resources and make the appropriate authority aware if these endanger safe standards of practice in any way.

If at any time guidelines, codes or policies are considered to impede the safe and effective performance of allied health practitioners, proposals for change should be initiated through appropriate professional channels.

Allied health practitioners must understand the implications of legislation relating to maintaining a safe environment, particularly health and safety legislation, and approved codes of practice.

### ***6. Appeals to the public***

6.1 No allied health practitioner shall permit the publication of his name or the name of any business with which he is directly or indirectly concerned in connection with any advertisement or appeal to the public on behalf of a sick benefit society or welfare organization

### ***7. The good name of colleagues and other registered persons***

7.1 No allied health practitioner shall, without good cause, cast any reflection on the probity, professional reputation or skill of another allied health practitioner or any other registered person.

7.2 No allied health practitioner shall discuss or criticise any prescription or proposed treatment so as to impair the confidence of the patient.

7.3 No allied health practitioner shall directly solicit a person to become their patient if they know that person is already attending a colleague. This also applies to:

- a. an assistant or associate who leaves the employ of a principal;
- b. an allied health practitioner acting or who has acted as a locum;
- c. an allied health practitioner who is called on to provide emergency care to a patient of a colleague.

7.4 An allied health practitioner shall transfer to another practitioner upon receipt of a request which includes written authority. When such records are received by another practitioner, they should be acknowledged in written form at the first available opportunity.

7.5 An allied health practitioner shall respond courteously to a request from a colleague requiring their professional assistance.

7.6 An allied health practitioner shall not unduly criticise a colleague in a professional context. Where an expert opinion is required of a practitioner a relevant, objective opinion shall be given.

### ***8. Divulging confidential information***

8.1 No allied health practitioner shall divulge, either orally or in writing, any information regarding a prescription supplied to, or the treatment or ailment of any person which ought not be divulged, except:-

(a) Where so required by law; or

(b) With the consent of that person or, where that person:-

(1) Is a minor, the consent of the parent or guardian of that person; or

(2) Has died, the consent, in writing, of the executor or next of kin of that person.

### ***9. Interactions with Third Party Payers (Medical Aid Societies)***

9.1 An allied health practitioner shall be fair and honest when reporting to and claiming from third party payers. Such reports and claims must be a true and accurate record taken from the patient's records and accounts.

### ***10. Relationships with and Responsibility to Patients***

10.1 No allied health practitioner shall engage in, or condone behavior, which causes unnecessary mental or physical distress to the patient and their relatives.

10.2 An allied health practitioner shall have regard to the physical and psychological needs of patients and their relatives and the effects on them of the hospital environment. Any examination or treatment likely to cause pain or distress must be explained to the patient or guardian before being undertaken and before consent is given. Patients should not be left in pain or distress after the examination or treatment but where this is unavoidable for a short time steps must be taken to provide the appropriate support.

10.3 An Allied health practitioner shall have a responsibility to promote and protect dignity, privacy, autonomy and safety of all patients with whom they come into contact.

Notwithstanding this, allied health practitioners shall;

(a) have high regard to the customs, values and spiritual beliefs of patients.

(b) at all times act in such a way as to promote and safeguard the well-being and interests of patients for whose care they are professionally accountable and ensure that by no action or omission on their part the patients' well-being is placed at risk.

(c) introduce themselves to patients and address patients in the appropriate manner.

(d) ensure that patients are well provided with information about their examination or treatment prior to, during and after examination and treatment.

(e) ensure that patients leave the department understanding the appropriate follow-up procedure.

10.4 Patients shall have a right to refuse treatment or examination and this right should be respected and where a patient refuses examination or treatment this should be reported to the referring clinic/doctor/hospital.

10.5 Allied health practitioners shall by virtue of their professional abilities, empower and enable patients such that they make their own decisions about the nature and progress of their examination or treatment.

10.6 In cases where patients' decisions may conflict with the beliefs and norms recognised by staff, allied health practitioners shall support the patients' own decisions and act to promote those decisions.

10.7 An Allied Health Practitioner shall not have a sexual relationship with a patient unless that patient is their spouse or partner.

Sexual behaviour in a professional context is abusive.

Sexual behavior includes but is not limited to the following:

- a) the use of language (whether written, electronic or spoken) of a sexual nature;
- b) the use of visual material of a sexual nature;
- c) physical behaviour of a sexual nature.

10.8 There shall be need for open and clear communication to avoid misinterpretations and misperceptions. The consent of a patient to sexual contact does not necessarily preclude a finding of misconduct against the practitioner by the Council.

The Council shall use the following guide in determining whether, and to what extent sexual misconduct has occurred:

**Sexual connection** means sexual activity between an allied health practitioner and patient, whether or not initiated by the patient, including but not exclusively:

- a) any form of genital or other sexual connection;

**b)** masturbation or clitoral stimulation, involving the practitioner and the patient.

**Sexual transgression** includes *any* touching of a patient that is of a sexual nature, other than behaviour described in sexual connection, including but not exclusively:

- a)** inappropriate touching of breasts or genitals;
- b)** inappropriate touching of other parts of the body;
- c)** propositioning a patient.

**Sexual impropriety** means any behaviour other than sexual touching such as gestures or expressions that are sexually demeaning to a patient or which demonstrate a lack of respect for the patient's privacy, including but not exclusively:

- a)** propositioning a patient;
- b)** inappropriate disrobing or inadequate gowning practices;
- c)** inappropriate comments about, or to, the patient such as the making of sexual comments about a patient's body, or underclothing, or sexual orientation;
- d)** making inappropriate comments to a patient;
- e)** making comments about sexual performance during an examination or consultation (except where pertinent to professional issues of sexual function or dysfunction);
- f)** requesting details of sexual history or sexual preferences not relevant to the type of consultation;
- g)** any conversation regarding the sexual problems, preferences or fantasies of the allied health practitioner.

## ***11. Exploitation***

11.1 No allied health practitioner shall permit himself to be exploited in a manner detrimental to the interest of the public or his profession.

## ***12. Commission***

12.1 No allied health practitioner shall pay by way of commission any monies or articles, or offer any inducement of any nature to any person, company or organization in return for actual or implied favour or inducement in connection with his practise.

### **13. Conduct of body corporate, company or partnership**

13.1 An allied health practitioner shall, in his capacity as a:-

- (a) Director of a body corporate or private company; or
- (b) Partner in a partnership / Practitioner in charge;

Which carries on the business as listed under the professions, exercise sufficient control over the activities of such body corporate, private company or partnership as will ensure that the body corporate, private company or partnership or any servant thereof does not commit any breach of these regulations.

### **14. Availability of regulations**

14.1 A copy of these regulations shall be readily at any premise where an allied health practitioner is employed.

### **15. Obstruction of Council**

15.1 No allied health practitioner shall:-

- (a) Prevent, hinder or obstruct the Council or any official acting in its behalf from carrying out its duties;
- (b) Fail to comply with any notice, order or direction issued by the council in terms of the Act.

### **16. Consulting Rooms**

16.1 No allied health practitioner shall use consulting rooms for other business which is not in line with their scope of practice.

### **17. Complaints Procedures**

17.1 If an Allied Health Practitioner forms the opinion that a colleague is behaving unethically, incompetently or poses a risk of harm to the public, they are encouraged, in the first instance, to attempt to promptly discuss and resolve the matter with the colleague. However, if the practitioner in their own good judgment deems it necessary, they must make a written complaint to the Council's Registrar. The Council will only act on a written complaint. The complainant in this case shall not remain anonymous.

17.2 An aggrieved member of the public or patient shall be encouraged to discuss with or write to the practitioner to voice their concerns in case the grievance arose from a misunderstanding or misinterpretation. It is however their right to complain in writing to the Council. Their complaint may not be anonymous, but they may ask that their name be omitted during any proceedings that may arise as a result of their complaint.

17.3 Allied Health Practitioners shall have a written complaints procedure in place in their practice, which is easily accessible to patients. All complaints made by patients shall be dealt with promptly and fairly.

17.4 All staff in a practice must be aware of the complaints procedure and make sure that they know what they should do if a patient wants to make a complaint.

17.5 Patients must be made aware of their right to refer any unresolved complaints to the Council.

#### **18. Disciplinary Procedures**

18.1 All disciplinary enquiries and processes shall be dealt with by the disciplinary committee as per the Act.

#### **19. Penalties**

19.1 If a practitioner is guilty of an offence of improper or disgraceful conduct, or any as listed in the Health Professions Act the disciplinary committee shall recommend the appropriate penalty to Council in terms of the Act.

#### **20. Appeal**

20.1 The right of appeal and related procedures in the Act shall apply.



**APPROVED BY BOARD: 31 MARCH 2021**

**SIGNED BY CHAIRPERSON: MISS R HOFISI**

