



**British Association of Prosthetists and Orthotists**

# ***Ethical Code***

**The Ethical Code and Professional Conduct  
for Prosthetists, Orthotists, Associates and Affiliates**

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## ***Opening Remarks***

This code replaces any previous code and will be used as a measure of a member's continued fitness to be a member of BAPO. Prosthetists and Orthotists are still required to be registered with the Health Professions Council and follow their ethical code in order to practice in the UK.

The Executive Committee shall have the power to discipline a full member, Associate member or Affiliate when, in their opinion, such a person has been found to have broken the Ethical Code of the Association, or they have been found to be guilty of conduct prejudicial to the Association.

This code of conduct will be revised and updated as the prosthetic and orthotic practice environment changes.

## ***1. Introduction***

- 1.1 The purpose of the Code is to provide a set of principles that apply to Prosthetists, Orthotists, Associates and Affiliate members. It is a public statement of the values and principles used in promoting and maintaining high standards of professional behaviour.
- 1.2 Any action that is in breach of the purpose and intent of this Code shall be considered unethical. Moreover, this Code may be used evidentially to withhold or exclude membership of BAPO.
- 1.3 BAPO is strongly committed to patient-centred practice and the involvement of the patient as a partner in all stages of the rehabilitation process.
- 1.4 The Code requires that full members, Associates and Affiliates discharge their duties and responsibilities in a professional, ethical and moral manner. It bestows no rights on any person for its indiscriminate use for purposes other than those stated above. Further, it is without prejudice to any sanction imposed by the laws of the United Kingdom.
- 1.5 The compilation, revision and updating of the Code is the delegated responsibility of the Professional Affairs Committee of BAPO.
- 1.6 If there is uncertainty or dispute as to the interpretation or application of the Code, enquiries should be referred, in Executive Committee BAPO, who may then seek further advice from any other appropriate body.

## ***2. Patient Autonomy and Welfare***

**2.1 Respecting the autonomy of the patient Prosthetist/Orthotists shall at all times recognise, respect and uphold the autonomy of patients and their role in the rehabilitation process, including the need for patient choice and the benefits of working in partnership. Prosthetist/Orthotists shall promote the dignity, privacy and safety of all patients with whom they come into contact. See Health Service Circular (HSC) 2001/023.**

2.1.1 Each patient is unique and therefore brings an individual perspective to the Prosthetic/Orthotic rehabilitation process. Normally, patients have a right to make choices and decisions about their own health and independence within the confines of safe and appropriate treatment regimes.

2.1.2 Normally, patients should be given sufficient information to enable them to make informed decisions about their health and social care.

2.1.3 Information should be provided in a form that is capable of being understood by that patient.

2.1.4 Normally, reasonable steps should be taken to ensure that the patient understands the nature, purpose and likely effect of the proposed intervention.

***NOTE: Exceptional circumstances may prevail. For example, (i) where the patient is deemed to lack competence in relation to consent to treatment (mental health legislation and current case law); and (ii) rights or access to information may be curtailed in certain circumstances such as Data Protection (Subject Access Modification) Regulations 1987; Access to Health Records Act 1990 and the Children Act 1989, 2004***

2.1.5 Patients should be given the opportunity to exercise a right of refusal that, if so exercised, must normally be respected and the decision documented. *Exceptions may include for example: compulsory treatment under current mental health legislation and the Children Act 1989, 2004*

2.1.6 Prior to an intervention, Prosthetist/Orthotists shall establish the name under which the client wishes to be known. Reference shall be made to local procedures where appropriate.

2.1.7 The Prosthetist/Orthotist should ensure the maintenance of records that accurately record prosthetic/orthotic treatment.

**2.2 Responsibility towards the patient Prosthetist/Orthotists have a duty to take reasonable care for patients whom they accept for rehabilitation.**

2.2.1 Prosthetist/Orthotists must strive for the highest possible quality of care for patients.

**2.3 Confidentiality Prosthetist/Orthotists are ethically and legally obliged to safeguard confidential information relating to the patient.**

2.3.1 Prosthetist/Orthotists must ensure confidentiality regarding patients' personal, clinical and medical information.

2.3.2 The disclosure of confidential information is normally only permissible where the patient gives consent; there is legal justification (by statute or court order); or the Prosthetist/Orthotist considers it necessary to prevent serious harm, injury or damage to the patient, carer or to any other person.

2.3.3 Disclosure to third parties (which may include relatives, police, lawyers and the media) regarding the patient's diagnosis, treatment, prognosis or future requirements should only be made where there is valid consent or legal justification to do so.

2.3.4 All records shall be kept securely and made available only to those who have a legitimate right/need to see them.

2.3.5 Local and national policies on electronic notes (including facsimiles and emails) should be adhered to at all times, with particular regard to confidentiality issues.

2.3.6 Access to records by patients must be granted in accordance with current statutory provision. Reference should be made to current codes of practice and other guidance (both local and national) on access to personal health information, particularly in relation to:

Data Protection Act 1998, 2002  
Human Rights Act 1998, 2000, 2001  
Access to Personal Files Act 1987  
Access to Medical Reports Act 1988  
Access to Health Records Act 1990  
Patient's Charter 1994, 1999  
Citizen's Charter 1991.

2.3.7 Protection of patient confidentiality shall be ensured by means of consent in writing when producing visual or written material. Reference shall be made to local procedures where appropriate.

**2.4 Cruelty and abuse Prosthetist/Orthotists must not engage in or condone behaviour that causes mental or physical distress. Such**

**behaviour includes neglect, intentional acts, indifference to the pain or misery of others and other malpractice.**

- 2.5 Property Prosthetist/Orthotists shall take all reasonable precautions to avoid damage to patients' property.**

### ***3. Services to Patients***

#### **3.1 Referral of Patients Prosthetist/Orthotists and Assistants shall accept referrals which they deem to be appropriate and for which they have the resources.**

3.1.1 It is the duty of Prosthetist/Orthotists and Assistants to ensure that sufficient information is obtained to enable them to determine the appropriateness of the referral.

3.1.2 Subject to any legal requirements to provide a minimum service, if the basic standards of treatment or intervention cannot be met at any time, for whatever reason, Prosthetist/Orthotists or Assistants should decline to accept a referral or to initiate treatment.

#### **3.2 Equity of service provision Prosthetist/Orthotists and Assistants shall provide services to all patients in a fair and just manner.**

3.2.1 Prosthetist/Orthotists must be sensitive to cultural and lifestyle diversity and provide clinical services which reflect and value these.

3.2.2 Resources will never be infinite and, therefore, choices may have to be made. Where a system of priorities must be established, the needs, wishes and feelings of the patients and carers should be taken into account wherever possible. Priorities should always be based on sound ethical principles and current best practice in relation to the reasonableness, availability and suitability of services to meet the needs of clients.

3.2.3 The Prosthetist/Orthotist or Assistants shall not allow their professional responsibilities or standards of practice to be affected by considerations of race, nationality, religion, gender, or extraneous factors.

#### **3.3 Provision of services to patients Services should be patient centred and needs led.**

3.3.1 When relevant and appropriate, Prosthetist/Orthotists and Assistants should negotiate and act on behalf of the patients in relation to upholding and promoting the autonomy of the individual.

3.3.2 Such negotiation should be aimed at maximising the benefit for the patient within available resources.

3.3.3 Prosthetist/Orthotists and Assistants have a duty to take reasonable care for patients whom they accept for rehabilitation/intervention.

- 3.3.4 Every patient should have a clearly recorded assessment of need and objectives of rehabilitation/intervention.
- 3.3.5 Prosthetist/Orthotists and Assistants should always record unmet needs. Failure to do so would be considered professionally unacceptable.
- 3.3.6 At times of resource deficiency, this recorded assessment of need should also clearly state those objectives that have to be achieved in order to maintain a minimum level of satisfactory and safe prosthetic/orthotic service to patients and carers.
- 3.3.7 If Prosthetist/Orthotists or Assistants feel unable to reach these minimum standards, the appropriate manager should be notified in writing with a copy to the referrer, if applicable.
- 3.3.8 Prosthetist/Orthotists and Assistants should state and substantiate their views to employers about resource and service deficiencies which may have implications for patients and carers.
- 3.3.9 Details (including substantive statistical data) of service deficiencies should be reported to the line manager.

**3.4 Violent and abusive patients Treatment may be withheld in accordance with local procedures. Ref. HSC 2002/18**

#### ***4. Personal and Professional Integrity***

- 4.1 Personal integrity** The highest standards of personal integrity are expected of Prosthetist/Orthotists and Assistants. They must not engage in any criminal, unprofessional or other unlawful activity or behaviour.
- 4.2 Personal relationships with patients** Prosthetist/Orthotists and Assistants shall not enter into relationships that exploit patients sexually, physically, emotionally, financially, socially or in any other manner. BAPO considers it unethical for Prosthetist/Orthotists or Assistants to enter into relationships which may impair their professional judgement and objectivity and/or may give rise to advantageous/disadvantageous treatment of the patient.
- 4.3 Professional integrity** Any reference to the quality of service rendered by, or the integrity of, a professional colleague will be expressed with due care to protect the reputation of that person.
- 4.3.1 Full members, Associate and Affiliates should not make any inappropriate comment to a patient/patient's representative that raises doubts about medical or clinical management of the patient's condition. Any doubts regarding the validity of the management should be addressed to the responsible clinician.
- 4.3.2 Full members, Associate and Affiliates should not lay claim to have competence in areas beyond their own professional expertise.
- 4.3.3 Full members, Associates and Affiliates must act to protect patients where there is reason to believe they are threatened by a colleague's conduct, performance or health. The safety of patients must come first at all times and should over-ride personal and professional loyalties. As soon as a Full member, Associate or Affiliate, becomes aware of any situation which puts the patient at risk, the matter should be discussed with a senior professional, or the Registrar at the Health Professions Council, if raising the matter with a senior colleague is thought inappropriate or is not possible.

Ref: Public Interest Disclosure Act 1998,2003 & HSC 1999/198

**4.4 Professional demeanour** Full members, Associates and Affiliates **must conduct themselves in a professional manner appropriate to the setting.**

4.4.1 At all times when carrying out professional duties, Full members, Associates and Affiliates must act and dress in such a way as to maintain the confidence of the client.

4.4.2 Personal appearance, clothing, jewellery and footwear must be appropriate to the setting and in accordance with Health and Safety provisions and any local policies and guidelines such as infection control.

**4.5 Substance misuse** Full members, Associates and Affiliates **must not be under the influence of any toxic substance which is likely to impair the performance of their duties.**

4.5.1 Misuse of alcohol, drugs or other toxic substances constitutes a serious infringement of this Code.

4.5.2 Full members, Associates and Affiliates should not undertake any professional activities whatsoever, including driving, after consuming alcohol, illegal drugs or other toxic substances.

4.5.3 Full members, Associates and Affiliates must not encourage others in the misuse of alcohol, illegal drugs or other toxic substances.

**4.6 Personal profit/gain** Full members, Associates and Affiliates **must not accept tokens such as favours, gifts or hospitality from patients and their families, or from commercial organisations, when this might be construed as seeking to obtain preferential treatment or other professional gain.**

4.6.1 Full members, Associates and Affiliates have a prime duty to the patient and should not let this duty be influenced by any commercial or other interest that conflicts with this duty. For example, in arrangements with commercial providers which may influence contracting for the provision of equipment.

4.6.2 If a bequest contained in a will in favour of a Full member, Associate or Affiliate becomes known, it should be declared to the employing authority, where appropriate.

4.6.3 Local policies should always be observed in the case of gifts.

***NOTE: In certain cases, the property and affairs of a patient may be subject to the authority of the Court of Protection or by virtue of an Enduring Power of Attorney.***

**4.7 Advertising Prosthetist/Orthotists may make direct contact with potential referring agencies to promote their services.**

4.7.1 The Disciplinary Committee of the Health Professions Council requires that advertising by Prosthetist/Orthotists, in respect of professional activities, shall be accurate and professionally restrained. Advertisements or other representations or publicity, whether written or audio visual, should not be false, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational. Explicit claims should not be made in respect of superiority of personal skills, equipment or facilities. Professional signs should be dignified and professionally restrained. Failure to observe these requirements could result in disciplinary action being taken by the Health Professions Council.

4.7.2 The use of the BAPO logo by external organisations is discouraged and is to be used only by prior permission. Full members, Associates and Affiliates must seek permission, in writing, from the Executive Committee BAPO, for the use of the BAPO logo.

**4.8 Information/representation Full members, Associates and Affiliates shall accurately represent their qualifications, education, experience, training and competence and the information about services they provide.**

4.8.1 Full members, Associates and Affiliates shall not convey any information they know, or have reasonable grounds to know to be false, fraudulent, deceptive or untrue.

4.8.2 If a Full member, Associate and Affiliate should become aware of such information, he/she should draw it to the attention of the appropriate person or authority for action to be taken.

## ***5. Professional Competence and Standards***

- 5.1 Clinical competence Full members, Associates and Affiliates shall achieve and continuously maintain high standards of competence.**
- 5.1.1 Full members, Associates and Affiliates have an individual responsibility to maintain their level of professional competence and to be aware of current legal issues affecting their practice.
- 5.1.2 Full members, Associates and Affiliates shall have regard to statutory duties, in so far as these affect both patient and colleagues.
- 5.1.3 Full members, Associates and Affiliates shall only provide services and use techniques for which they are qualified by education, training and/or experience, and are within their professional competence.
- 5.1.4 Any Full member, Associate or Affiliate who is asked to accept additional duties or responsibilities, or cover for an absent colleague, must identify and decline to undertake any aspect of work which he/she knows or believes to be outside the scope of his/her clinical competence. Such duties should not be undertaken in the absence of adequate supervision and training.
- 5.1.5 Full members, Associates and Affiliates seeking to work in areas that are unfamiliar or in which experience has not been recent, should ensure that adequate self-directed learning takes place as well as other training and supervision.
- 5.1.6 Care should be taken, when giving a second opinion, to confine it to the issue and not the competence of the first professional.
- 5.2 Delegation Full members, Associates and Affiliates who delegate treatment or other procedures must be satisfied that the person to whom these are delegated is competent to carry them out. Such persons may include students, support workers or volunteers. In these circumstances, the Full members, Associates and Affiliates will retain ultimate responsibility for the patient.**
- 5.2.1 Full members, Associates and Affiliates shall provide supervision appropriate to the level of competence of the individuals for whom they have responsibility.
- 5.3 Collaborative practice Full members, Associates and Affiliates shall respect the needs, practices, special competencies and responsibilities of other professions, institutions and statutory and voluntary agencies that constitute their working environment.**

- 5.3.1 Full members, Associates and Affiliates should recognise the need for multi-professional collaboration to ensure the provision of well co-ordinated services delivered in the most effective way. In so doing the unique contribution of each profession should be acknowledged.
- 5.3.2 Full members, Associates and Affiliates shall refer patients to, or consult with, other service providers when additional knowledge and expertise is required.
- 5.3.3 Full members, Associates and Affiliates must identify their key roles and core skills in multi-disciplinary team work, ensuring that they are not undertaking work that is deemed to be outside the scope of their practice or competence.
- 5.3.4 With the exception of the seeking of a second opinion, it is not considered to be in the interests of good patient care that there be more than one Prosthetist/Orthotist taking overall responsibility for the assessment and treatment of a patient for any one presenting problem.
- 5.3.5 Where more than one Prosthetist/Orthotist is involved in the treatment of the same patient, they must liaise with each other and agree areas of responsibility.
- 5.3.6 The Prosthetist/Orthotist must notify the responsible clinician of any significant change in a patient's medical condition.
- 5.3.7 Full members, Associates and Affiliates must freely collaborate with fellow healthcare professions, providing all necessary information pertinent to the patient's prosthetic/orthotic care.
- 5.3.8 Full members, Associates and Affiliates should seek to work as part of the clinical team, respecting its conclusions.

**5.4 Continuing professional development** Full members, Associates and Affiliates **shall be personally responsible for actively maintaining and developing their personal professional competence, and shall base service delivery on accurate and current information in the interests of high quality care.**

- 5.4.1 The maintenance and development of professional standards is a requirement of continued HPC registration. Prosthetist/Orthotists shall undertake continuing professional development.
- 5.4.2 Each Prosthetist/Orthotist is responsible for maintaining a portfolio detailing continuing professional development.
- 5.4.3 As part of the appraisal/development process, Prosthetist/Orthotists should consider their personal and professional development and

translate this into realistic yearly objectives with a proposed implementation plan.

5.4.4 Full members, Associates and Affiliates have a duty to ensure that wherever possible their professional practice is evidence based and consistent with established research findings.

5.4.5 Full members, Associates and Affiliates should actively encourage prosthetic/orthotic development that may ultimately benefit the patient.

5.4.6 Full members, Associates and Affiliates have a duty to maintain, develop and enhance their professional knowledge.

**5.5 Prosthetist/Orthotist student education Prosthetist/Orthotists have a professional responsibility to participate in the education of Prosthetist/Orthotist students.**

5.5.1 Prosthetist/Orthotists shall recognise the need for personal education and training to fulfil the role of the fieldwork educator. They should, where appropriate, undertake and maintain accreditation through programmes of study provided by higher education institutions validated to deliver pre-registration courses in prosthetics/orthotics.

5.5.2 Prosthetist/Orthotists agreeing to undertake the role of fieldwork educator shall provide a learning experience for students which complies with professional competencies, standards, policies and procedures recognised by BAPO, the educational institutions for Prosthetist/Orthotists and compatible with the stage of the student's education and training (see 5.2).

5.5.3 Prosthetist/Orthotists accepting students for fieldwork education shall have a clear understanding of the roles and responsibilities of the student, the educational institution and the fieldwork educator.

**5.6 Development of the profession Full members, Associates and Affiliates shall promote an understanding of, and contribute to, the development of prosthetics/orthotics.**

5.6.1 Full members, Associates and Affiliates have a responsibility to contribute to the continuing development of the profession by critical evaluation, audit and research.

5.6.2 Full members, Associates and Affiliates undertaking research must always address the ethical implications.

5.6.3 Full members, Associates and Affiliates undertaking research have a responsibility to share their findings in order to inform or change practice.

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