



Ag Rialáil Gairmithe Sláinte  
agus Cúraim Shóisialaigh

Regulating Health +  
Social Care Professionals

# Public Consultation Report

**Physiotherapists Registration Board  
Code of Professional Conduct and Ethics Bye-Law 2016**



## Contents

<b>Section</b>	<b>Page</b>
Introduction	2
About CORU	2
The Public Consultation Process	2
Publicising the Consultation Process	2
Overview of responses to the consultation	3
Acknowledgments	3
Issues emerging from the consultation process	4
Appendix 1: Press Release	14
Appendix 2: Copy of advertisement	15
Appendix 3: Copy of online feedback form	16
Appendix 4: Copy of Draft Bye-Law	19



## Introduction

### About the Physiotherapists Registration Board

The Physiotherapists Registration Board has statutory responsibility for the registration of members of the profession; approval and monitoring of education and training programmes; establishing the code of professional conduct and ethics and standards of performance to which Physiotherapists must adhere and recognition of qualifications gained outside the State.

### About CORU

CORU is responsible for regulating health and social care professions. It comprises the Health and Social Care Professionals Council and the registration boards established under the Health and Social Care Professionals Act 2005 (as amended).

CORU's role is to protect the public by promoting high standards of professional conduct, professional education, training and competence amongst the designated professions. The designated professions under the Act are social workers, clinical biochemists, dietitians, medical scientists, occupational therapists, optometrists and dispensing opticians, orthoptists, physiotherapists, podiatrists, psychologists, radiographers, social care workers and speech and language therapists.

## The Public Consultation Process

### Background

The Physiotherapists Registration Board has statutory responsibility for the registration of members of the profession. The Code sets out the standards of conduct, performance and ethics to which physiotherapists must adhere in their work.

### Publicising the Consultation Process

A public consultation on the draft Bye-Law was held between and 13 April and 13 May 2016.

A number of channels were used to publicise the consultation process and invite the submission of observations. These included:

- An advertisement was published in the Irish Times on 13 April 2016 (see appendix one).
- A press release was placed on [www.coru.ie](http://www.coru.ie) (See appendix two for a copy of the press release).
- An online survey was developed. An email with a link was also sent to a targeted list of stakeholders including the Professional Bodies, Trade Unions, Educators and other interested parties who have previously corresponded with CORU (see appendix 3 for a copy of the survey).



- Information on the consultation along with a link to the online feedback form was hosted on the CORU website.

People were invited to participate in the consultation process in a number of ways:

- They could contact CORU by phone to request a copy of the draft Bye-Law and to offer feedback
- They could visit [www.coru.ie](http://www.coru.ie) and choose to complete an online feedback form, to print a copy of the form and post it, or email it to CORU.
- They could email submissions to [consultation@coru.ie](mailto:consultation@coru.ie)

## Overview of responses to consultation

There were seven respondents to the public consultation.

Online survey	5
Email submissions	1
Postal submissions	1

Respondents were asked to identify if they were offering feedback on their own behalf or on behalf of an organization.

Individual	5
Professional Organisation	2

Five responses were received from individuals contributing to the consultation in a personal capacity. Two submissions were received on behalf of professional organisations. These were:

- Irish Association of Physical Therapists
- Irish Society of Chartered Physiotherapists

## Acknowledgements

CORU would like to extend our appreciation and thanks to all those that participated in the consultation process.



## Issues emerging from the consultation process

### a. Referrals to Private Practice

#### **1. Act in the best interests of service users**

In relation to Section 1.2 of the Code, one Respondent commented that this does not appear in equivalent Codes of other professions and commented that as physical therapists all operate in the private sector this clause has the potential to be detrimental to those practitioners. The Respondent's concerns were that this Section may be misunderstood by Registrants in the public sector as, not to refer the public service users to private practice. The Respondent suggests that the sentence should read as follows:

*"You must not direct public service users and those eligible for public service to private practice, where you receive a personal or commercial benefit".*

One Respondent made a general comment on Section 1 of the Code, stating that the Section does not reference a situation where a Registrant may not wish to/feels unable to provide services. The Respondent suggested that an additional sentence is added to Section 1.2 of the Code, which would state *"You must not refuse to provide a service without providing a reasonable explanation"*.

#### **Board response:**

The Board agreed that there may be a need to slightly re-word Section 1.2.a for further clarity.

In relation to the general comment made by the Respondent, the Board agreed that the Code does deal with the reference to this situation, at Section 15.1g of the Code, wherein it states:

*"You must in circumstances where, following a risk assessment, you perceive that a service user poses a risk to your safety, take appropriate measures to protect yourself and others and make reasonable efforts, if appropriate, to go ahead with the examination or treatment of the service user."*

#### **Decision:**

The Board decided to amend Section 1.2.a as follows:

*"You must not direct those entitled to public services to private practice for reasons of personal or commercial benefit"*



## **b. Confidentiality and Records**

### **2. Respect the Confidentiality of patients**

One Respondent commented that Section 2.3a of the Code, needs to be reworded for sense and the sentence should reflect that any incidents that result in a service user being harmed as a result of a treatment you are providing should be reported to an appropriate body.

Another Respondent made a general comment in relation to Section 2 of the Code, stating that there should be reference in the Section to obtaining written permission from a service user to share data.

### **3. Maintain High Standards of Professional Conduct**

One Respondent queried the meaning of “working openly with you colleagues” as outlined in Section 3.1a of the Code.

There was a general comment made on the Conduct Section of the Code, stating that it seems to be comprehensive.

### **20.Undertake research in an ethical manner**

One Respondent commented that Sections 20.1 and 20.2 feel like they are the wrong way around. This respondent stated that Section 20.1 references 'the ethics committee' which makes it feel like CORU have an ethics committee through which research needs to be approved, while in Section 20.2 it references 'the relevant research ethics committee'.

The Respondent also commented that Section 20.2c of the Code, should contain a reference to obtaining permission from a service user to be identified during research. In addition the Respondent commented that Registrants should not be tied to an overly prescriptive research requirement in the Code.

Furthermore, the Respondent commented that research may not just inform service users, but might also influence the practice of the profession more widely, and this should be referenced in the Section.

One Respondent made a general comment in relation to the Ethics section stating that it seems to be fine.

### **Board response:**

The PRB considered the background to the inclusion of Section 2.3.a in the Code. This provision was adopted by the other Boards in response to the Open Disclosure policy adopted by the HSE and also the feedback received from the Francis Inquiry in the UK on the requirement for candor. The PRB decided to include the additional wording in their Code.

Regarding the comment that the section may need to be reworded, the Board agreed that this may be necessary.



In relation to the comment about reporting to appropriate authorities, the PRB Code already has the following statement at Section 4.1.f:

*“You must report, to the appropriate authority, any serious breaches of behaviour or malpractice by yourself or others. Malpractice includes negligence, incompetence, breach of contract, unprofessional behaviour, unsafe practice, causing danger to health, safety or the environment, and covering up any of these issues.”*

It is not proposed to amend the Code to make reference to obtaining written permission to share data.

The comment that it is not clear what ‘ethics committee’ is being referred to in Section 20.1.b. is a valid observation. Section 20.2.b refers to the “relevant research committees”. However, Section 20.1.b just refers to the “the ethics committee”. Therefore, it is proposed Section 20.1.b as follows:

“You must obtain informed consent from research participants in line with the procedures laid down by the relevant research ethics committees ~~ethics committee~~;

**Decision:**

The Board decided to re-arrange Section 2.3 as follows:

*“2.3 You should:*

*a. if a service user is harmed as a result of the treatment you are providing, speak openly and honestly to them as soon as possible about what has occurred;*

*b. speak openly and honestly to them if anything needs to be done and any consequent changes that need to be made to their ongoing care plan.”*

The Board decided to re-word Section 20.1.b as follows:

“You must obtain informed consent from research participants in line with the procedures laid down by the relevant research ethics committees”

**c. Health issues related to your Fitness to Practise**

**5. Address health issues related to your fitness to practise**

In relation to Section 5.1b of the Code, one Respondent commented that the structure of this Section may be misinterpreted and commented that not all illnesses could result in a loss of judgment or performance. The Respondent commented that the sentence could be construed to refer to a loss of judgement and reduced performance, only when caused by medication, as this is mentioned at the end of the list of possible causes. The Respondent commented that the sentence should refer more specifically to the situation where performance is affected i.e. You must avoid contact with service users where your judgement or performance may be adversely affected by illness, emotionally distress or medication which affects your judgment or performance. In addition, the Respondent commented that the word “ill” should be defined.



One Respondent commented that the meaning of the words “negative effect” in Section 5.1d of the Code, are not clear and commented that the sentence should include a reference to what it includes.

**Board response:**

The Code of Professional Conduct and Ethics has been developed by the PRB to set out the standards of performance, conduct and ethics required of Registrants. It is a principles based document – it does not, nor can it, prescribe what should be done in each circumstance that arises. The professional judgment of Registrants is recognised and supported by the Code.

However, the Board agreed with the suggestions that Sections 5.1.b and 5.1.d may need to be re-worded for clarity.

**Decision:**

The Board decided to re-word Section 5.1.b as follows:

*“You must avoid contact with service users where your judgement or performance may be adversely affected by illness, emotional distress or medication;”*

The Board decided to re-word Section 5.1.d as follows:

*“You must either limit or change your practice or stop practising if your performance or health could have an adverse effect on service users.”*

**d. Knowledge, Skills, Competence and Experience**

**e.**

**7. Act within the limits of your knowledge, skills, competence and experience**

One Respondent commented that Section 7.1 b and c of the Code, are very far reaching, and in the absence of the factors prescribed, a Registrant may be precluded from providing their services. The Respondent queried how experience is gained if a Registrant is precluded from practicing in an area due to lack of experience. The Respondent commented that many undergraduates will have knowledge of a specified area but may not have gained any clinical placement /experience in that area. The Respondent commented that it is unclear whether, in circumstances where a Registrant is developing skills in a specific area through education, a Registrant might be precluded from gaining experience in that area of practice.

The Respondent suggested that the insertion of the words “either/or” may provide clarification on this point.



**Board response:**

The Code of Professional Conduct and Ethics requires that Registrants ensure that their knowledge, skills, competence and performance are of a high quality, up to date and relevant to your practice. This does not preclude Registrants from undertaking additional training to prepare them for a career change but this would be in addition to maintaining their knowledge, skills and competence and performance for their current role.

A service user is entitled to assume that the Registrant who is treating them has the knowledge, skills, competence and experience to treat them. If they do not, they must refer the service user on to someone who does. The service user should not be disadvantaged by any lack of skill or expertise on the part of the Registrant.

Each Registrant will be required to exercise their judgment in relation to these requirements. It will depend on the individual circumstances which apply and no specific guidance can be provided.

This would not preclude a Registrant from up-skilling so that they can treat the next service user who presents with this issue.

**Decision:**

The Board was satisfied with the original wording and decided not to amend this section.

**f. Second Opinion**

**7.1.d You must accept that a service user has the right to a second opinion from another practitioner. If asked, you must refer the service user promptly to another practitioner.**

One Respondent suggested that Section 7.1d of the Code is not clear, whether it is the responsibility of the Registrant or the service user, to indicate who should be contacted for a second opinion.

**Board response:**

The Code of Professional Conduct and Ethics has been developed by the PRB to set out the standards of performance, conduct and ethics required of Registrants. It is a principles based document – it does not, nor can it, prescribe what should be done in each circumstance that arises. The professional judgment of Registrants is recognised and supported by the Code.

The right to a second opinion is a fundamental service user right, supported in the Code. If a Registrant was not responsible for referring a person to an alternative practitioner, would this right be supported?

**Decision:**

The Board was satisfied with the original wording and decided not to amend this section.



## g. Participation in CPD

### **8.Keep your professional knowledge, skills and competence up to date**

One Respondent commented that the standard outlined in Section 8.1a and b of the Code suggests that only post graduate training, knowledge and skills development relevant to your current work practice will be considered to satisfy this standard. The Respondent commented that this standard would not allow for or recognise circumstances where a Registrant decides to embark upon a new career path or enter into a new area of practice. The Respondent commented that skills development and post graduate education, to pursue new or different professional opportunities does not appear to be given any recognition under the standard as stated, as the knowledge / skill development must precede it becoming relevant to any new area of professional practice. The Respondent commented that this standard, as currently reads, seems to have the potential to stifle continuous professional development. The Respondent was also concerned that some professional guidance elsewhere has suggested that regular repeated training such as CPR or manual handling training would not be considered as CPD and that this type of training might be excluded from the definition of CPD. The Respondent commented that one of the key reasons for requiring regular undertaking of these types of training throughout a professional career is to keep up to date with developments in knowledge base, the rationale for the skills used, as well as to practice the 'current gold standard' of the skills themselves. The Respondent commented further that these changes represent a development in the 'best practice' of the time and so surely must come under the umbrella and be allowed for the purposes of CPD. The Respondent commented that keeping abreast of these developments should be identified as a learning need on an ongoing basis.

#### **Board response:**

The Code of Professional Conduct and Ethics requires that Registrants ensure that their knowledge, skills, competence and performance are of a high quality, up to date and relevant to your practice. This does not preclude Registrants from undertaking additional training to prepare them for a career change but this would be in addition to maintaining their knowledge, skills and competence and performance for their current role. This standard requires that Registrants adhere to the Physiotherapists Registration Board CPD Standard and Requirements which has yet to be implemented. Greater guidance on what is considered acceptable CPD will be provided through this document. The Framework CPD Standard and Requirements is quite clear that Registrants need to be mindful of current and future practice when undertaking CPD.

Additional points in relation to CPR and manual handling are not relevant to discussions on the Code of Professional Conduct and Ethics and will be more appropriately dealt with through consultation regarding the Physiotherapists Registration Board CPD Standard and Requirement which will be conducted at a later date.

#### **Decision:**

The Board was satisfied with the original wording and decided not to amend this section.



## h. Supervision of tasks that are given to others

### **13. Supervise tasks that you give to others**

One Respondent has commented that under Section 13.1d of the Code, a delegating Registrant would remain responsible for work delegated to an Assistant/Student; however that Registrant should not be responsible for work delegated to another practitioner. The Respondent has suggested that the practitioner would be responsible for the work.

One Respondent made a general comment in relation to Section 13 of the Code, suggesting that it was not clear what is meant by the word supervision. The Respondent referenced an example where a home exercise program is delegated to a Carer and the point of the delegation is that the individual is supported to carry out the tasks without the delegating Registrant present. The Respondent suggests that direct supervision would therefore not be appropriate, and the definition of supervision needs more clarity.

#### **Board response:**

Again, the Code is a principles based document and is not overly prescriptive. The Board agreed that Section 13, taken in its entirety, is appropriate.

#### **Decision:**

The Board was satisfied with the original wording and decided not to amend this section.

## i. Professional Indemnity Cover

### **15. Address Health and Safety Risks**

In relation to Section 15.1f of the Code, one Respondent queried whether this means that there is an obligation on a Registrant to have insurance in addition to any insurance provided by an employer/organisation.

#### **Board response:**

The PRB considered this section and decided that Registrants, as autonomous practitioners with responsibility for treatment provided, must be insured commensurately.

#### **Decision:**

The Board was satisfied with the original wording and decided not to amend this section.



## j. Address Health and Safety Risks

### **15. Address Health and Safety Risks**

One Respondent made a comment that Section 15.1g of the Code, is unnecessary and is written in a convoluted manner which aims at protecting the Registrant rather than the public. Additionally, the Respondent commented that the use of the words “you must” makes it an overriding principle and at odds with the rest of the code when considering that there is appropriate guidance in the Code to deal with the risk in such circumstances. The Respondent commented that the addition of “you must” would permit a Registrant to refuse to treat a service user.

#### **Board response:**

Having considered the issue in detail, the Board agreed that a refusal to treat section was required and that it should include references to conducting a risk assessment, and to make reasonable efforts to treat the service user, if appropriate.

#### **Decision:**

The Board was satisfied with the original wording and decided not to amend this section.

## k. Scope of the Code and Terminology

### **1. Act in the best interests of service users**

One Respondent commented whether Section 1.1h of the Code, “your own failure to act”, was too open and queried its actual meaning and whether or not there was a requirement for the statement to be so open.

### **2. Respect the confidentiality of service users**

One Respondent commented that the words, “professional practice obligations”, in Section 2.2a of the Code, were vague.

### **3. Maintain high standards of personal conduct**

One Respondent commented that Section 3.1c of the Code, is very broad and commented that it could be more specific. This Respondent presumed that it referred to behavior outside of the work place and commented that it may be broad enough to allow a complaint to be made, for example, as to a lifestyle choice.

### **14. Keep accurate records**

One Respondent queried the scope of the words “non-judgmental language” in Section 14.1c of the Code.



### **15. Address health and Safety Risks**

One Respondent commented that Section 15.1a of the Code, is unclear and queries whether it refers to your clinical areas of practice within the meaning of the scope of physiotherapy practice or does it refer to your immediate working areas /environment within a workplace. The Respondent commented that it would be better to refer to clinical or non-clinical risks (or both) or to scope of practice or to environment where you provide a service.

One Respondent commented that the word “practice” at Section 15.1e of the Code, is unclear and queries whether it refers to the provision of a service (physiotherapy practice) or the abbreviation to describe a business entity (private practice). The Respondent suggested that practice be replaced with Business organisation or corporate entity for example; “you must read and understand the safety statement of your institution, department or business organisation”.

One Respondent commented that, the word “premises” at Section 15.2a of the Code, is too broad and suggests that the Code should reference health and safety procedures for example responsibility to report/document/inform patients that buildings/premises are fit for purpose.

### **18. Respect the rights and dignity of people**

One Respondent commented that Section 18.2a of the Code, felt too descriptive and that discrimination should not occur on any grounds.

### **19. Carry out your duties in a professional and ethical way**

One Respondent commented that the word “exploit” in Section 19.2b of the Code, could cause confusion. The Respondent suggested that there are circumstances where the verb could have both positive and negative meanings. The Respondent used the example of exploiting the need of service users for Physiotherapy services for commercial gain as against exploiting a situation in a way that is underhand and unfair. The Respondent suggested that it would be better to use a verb that does have the potential for confusion or alternatively has a single meaning / definition.

### **20.Undertake research in an ethical manner**

One Respondent commented that the reference to “scientific journals” should be removed from Section 20.2d of the Code. In addition, this Respondent suggested that Section 20.2e and f of the Code, should be described as “must” instead of “should”.

### **Board response:**

The Physiotherapists Registration Board at CORU is charged with protection of the public by fostering high standards of professional conduct and professional education, training and competence among Registrants of the Physiotherapy profession. The provisions in the Code set out the standards required of Registrants in relation to conduct, performance and ethics.



Registrants must carry out their duties in a professional manner and in accordance with the Code.

The Code is a principles based document and is not overly prescriptive. This allows some professional flexibility to adapt his or her practice in accordance with developments in the profession and technology. Any Registrant who fails to comply with the requirements of the Code could be the subject of a complaint and a fitness to practise investigation.

**Decision:**

The Board was satisfied with the original wording in each of the above cases and decided not to amend any of the statements.

The Board agreed with the suggestion that Section 20.2.e and 20.2.f should be moved from Section 20.2 (You should) to Section 20.1 (You must) and decided to make this change.

## I. Drafting Points

**17.3 a You should be aware of the wider need to use limited resources as efficiently and responsibly as is practicable. You have a duty to assist in the efficient and effective use of resources and to give advice on their appropriate allocation, whilst balancing your duty of care to the individual. Take particular care when ethical issues arise. (Please see Appendix A for a suggested procedure for ethical decision-making).**

One respondent commented that this Section should be split into two points.

**Board response:**

The Board agreed with the suggestion that the section should be split into two points

**Decision:**

The Board decided to split the section into two points. The sentence beginning 'Take particular care...' was moved to become 17.3.b.



## Appendix 1: Press Release

### Physiotherapists Registration Board - Public Consultation

13 April 2016

The Physiotherapists Registration Board is responsible for protecting the public by fostering high standards of professional conduct, education, training and professional competence among Physiotherapists.

#### **Details of Bye-Law:**

The Board is currently putting in place the foundations for regulation of the profession and wants to hear the views of both the public and the profession on the following Bye-Laws. To read the text of each Bye-Law, please click on the links below:

[Code of Professional Conduct and Ethics Draft Bye-Law](#)

[Application for Registration Draft Bye-Law](#)

[Return to Practice Draft Bye-Law](#)

[Restoration to the Register following Removal on Request Draft Bye-Law](#)

[Restoration to the Register following Cancellation of Registration Draft Bye-Law](#)

#### **How to submit your views:**

By completing the online consultation feedback form - which can be found for each Draft Bye-Law by clicking on the corresponding links below:

[Code of Professional Conduct and Ethics Draft Bye-Law Survey](#)

[Application for Registration Draft Bye-Law Survey](#)

[Return to Practice Draft Bye-Law Survey](#)

[Restoration to the Register following Removal on Request Draft Bye-Law Survey](#)

[Restoration to the Register following Cancellation of Registration Draft Bye-Law Survey](#)

By emailing: [consultation@coru.ie](mailto:consultation@coru.ie)

In writing to: Public Consultation, CORU, Joyce House, 8-11 Lombard Street, Dublin 2, DO2 Y729.

A report outlining the consultation process will be published on [www.coru.ie](http://www.coru.ie) following consideration of all submissions.

#### **Closing Date:**

The consultation process will close at 5 pm on Friday 13 May 2016. Submissions received after this time will not be received.



## Appendix 2: Copy of Advertisement

**THE IRISH TIMES**  
Wednesday, April 13, 2016

**Council to review data handling over poster**

...tacted the council with a warning.

...ouncil officials consider its re-ata Protection s warning over graphs of people ally. s central area hich includes city, met yes-ncillors gave t unanimous ew policy. ographs were V the council d around the -Five Lamps n poster form, v identifiable bbish illegal-ottages. e're watch-uting," says a hoto display. sign beside llegal dump-eration." fficials from Commission-s office con-

...tion and await the outcome of official medical reports."

...rang the hospital to let them know he was coming."



Ag Rialáil Gairmithe Sláinte agus Cúraim Shóisialaigh  
Regulating Health + Social Care Professionals

**Public Consultation**

The Physiotherapists Registration Board wants to hear the views of the public, the profession and other interested parties on the following draft bye-laws:

1. Code of Professional Conduct and Ethics Bye-law
2. Application for Registration Bye-law
3. Return to Practice Bye-law
4. Restoration to the Register following Removal on Request Bye-law
5. Restoration to the Register following Cancellation of Registration Bye-law

Further information on the consultations is available on [www.coru.ie](http://www.coru.ie).

**The closing date for receipt of comments and submissions is 5pm on Friday 13 May 2016**

Submissions received after this time and date will not be considered.

CORU is responsible for protecting the public by regulating health and social care professionals.

CORU, Joyce House, 8-11 Lombard Street, Dublin 2, D02 Y729  
T: 01 2933160 E: [info@coru.ie](mailto:info@coru.ie) W: [www.coru.ie](http://www.coru.ie)

→ **Editorial comment: page 15**



## Appendix 3: Copy of Online Feedback Form

### **Physiotherapists Registration Board: Public Consultation on Code of Professional Conduct and Ethics**

Thank you for taking the time to participate in CORU's consultation process on the Physiotherapists Registration Board Code of Professional Conduct and Ethics.

The Code has been drafted using the framework code developed by the Health and Social Care Professionals Council at CORU. The Physiotherapists Registration Board, consisting of both lay members and representatives of the profession, have carefully and thoughtfully adapted the framework.

The Code specifies the standards of conduct, performance and ethics expected of physiotherapists and is intended to reflect the needs of patients and the standards they can expect when interacting with the practise of physiotherapy. Failure to meet the standards specified in the Code could result in a complaint of professional misconduct being made about the registrant.

If you have any queries about the consultation process or completing the survey, please contact CORU on 01 2933160 or email [consultation@coru.ie](mailto:consultation@coru.ie).

The closing date for receipt of submissions is 5:00pm on Friday, 13 May 2016. Any submissions received after that time will not be considered.

A report on the consultation process will be published on [www.coru.ie](http://www.coru.ie).

We want to hear the views of the public and the profession and by participating in this consultation process you are helping to shape how physiotherapists are regulated.

Yours faithfully,

Ginny Hanrahan  
Registrar  
Physiotherapists Registration Board at CORU



**1. Contact Details:**

**You do not need to provide this information but please do if you would like us to provide you with details on the outcome of this consultation process.**

First Name:

Surname:

Email:

Telephone Number

**2. Are you contributing to this survey in (please tick one)**

- A personal capacity?
- On behalf of an organisation?

If on behalf of an organisation, please specify:

**3. Please indicate if you would like your name and/or organisation to be kept confidential and excluded from the consultation report.**

- Include in consultation report
- Exclude from consultation report

It would be helpful if you could explain if you regard the information you have provided as confidential.

**4. How did you hear about this public consultation?**

**(Please tick as many that apply)**

- Advertisement in a newspaper
- On [www.coru.ie](http://www.coru.ie)
- By email
- Other (please specify)

Other (please specify)



**5. Is the Code clear and easy to understand?**

- Yes
- No

Please provide any comments you have on the language and layout of the Code.

**6. Please provide any comments you have on the Conduct section of the Code.**

Please consider the following questions in your response:

- Are there any additional areas that should be included?
- Are there any areas that should be excluded?

**7. Please provide any comments you have on the Performance section of the Code.**

Please consider the following questions in your response:

- Are there any additional areas that should be included?
- Are there any areas that should be excluded?

**8. Please provide any comments you have on the Ethics section of the Code.**

Please consider the following questions in your response:

- Are there any additional areas that should be included?
- Are there any areas that should be excluded?

**9. Did you find this consultation feedback form useful?**

- Yes
- No

Please provide any comments on the consultation feedback form.

Thank you for participating in this consultation process. Your views will be taken into consideration. If you have any queries please contact CORU on 01 2933160 or email [consultation@coru.ie](mailto:consultation@coru.ie)



## Appendix 4: Draft Bye-Law

S.I. No.            of 2016

### PHYSIOTHERAPISTS REGISTRATION BOARD

#### CODE OF PROFESSIONAL CONDUCT AND ETHICS BYE-LAW 2016

The Physiotherapists Registration Board, in exercise of the powers conferred in it by section 31 of the Health and Social Care Professionals Act 2005 (as amended), with the approval of the Health and Social Care Professionals Council, hereby makes the following bye-law:

1. This bye-law may be cited as the Physiotherapists Registration Board Code of Professional Conduct and Ethics Bye-Law 2016.
2. The Physiotherapists Registration Board hereby adopts the Code of Professional Conduct and Ethics (the “Code”) contained in the schedule to this bye-law.
3. The Code is hereby incorporated by reference into, and forms part of, this bye-law.
4. This bye-law comes into operation on [date].



## **SCHEDULE**

### **Physiotherapists Registration Board**

#### **Code of Professional Conduct and Ethics**



## Contents

Foreword	4
About the Code	5
Conduct	7
Performance	11
Ethics	18
Appendix A - Suggested procedure for ethical decision-making	21
Bibliography	22



## Foreword

I am pleased to present the Code of Professional Conduct and Ethics for Physiotherapists devised by the Physiotherapists Registration Board (PRB), CORU. The code specifies the standards of ethics, conduct and performance expected of registered physiotherapists.

The Physiotherapists Registration Board was appointed on 20 May 2014 by the Minister for Health. The Board is one of twelve registration boards to be established under the Health and Social Care Professionals Act 2005. The twelve Boards and the Health and Social Care Professionals Council operate under the umbrella of CORU. The purpose of CORU is to protect the public by promoting high standards of professional conduct, professional education, training and competence among registrants.

In 2010, the Health and Social Care Professionals Council at CORU developed a framework code detailing common standards across its twelve constituent boards. The framework was reviewed and updated in 2013. The Physiotherapists Registration Board, made up of both lay members and representatives of the profession, have carefully adapted the framework with additional assistance from experts external to the Board, public consultation and international best practice.

This Code outlines the standards of ethical behaviour and conduct that the public expects from physiotherapists. Each year registrants will be asked to pledge that they comply with the Code of Professional Conduct and Ethics. It is essential that all registrants read, understand and meet the standards set out in this Code. Failure to meet the standards could result in a complaint of professional misconduct being made about the registrant. Under the Health and Social Care Professionals Act 2005, professional misconduct is defined as any act, omission or pattern of conduct of the registrant which is a breach of the code.

As the goal of the PRB is to protect the public by fostering high standards of professional conduct, education, training and competence among registrants, adopting this Code is a major milestone in this process. As the profession develops, the PRB is committed to continually reviewing these standards, in doing so, ensuring that they remain both relevant and comprehensive. We expect that all physiotherapists will comply with these standards and that the consistent application of these standards will benefit physiotherapists as practitioners and the public as service users. We look forward to working with physiotherapists, their employers and service users in realising such benefits through developments in the statutory registration process.

Anne Horgan  
Chairperson  
Physiotherapists Registration Board  
March 2016



## About the Code

As a registrant you must comply with this Code of Professional Conduct and Ethics. It is recognised that ethical decision-making presents challenges and it is suggested that the paradigm at Appendix A should be consulted.

Registrants must be aware that a breach or breaches of this Code could be held to be professional misconduct and could result in a disciplinary sanction being imposed following a fitness to practise inquiry.

In this document:

- 'you must' is used as an overriding principle or duty;
- 'you should' is used where the principle or duty may not apply in all cases or where there are factors outside your control affecting your ability to comply;
- the term "service users" includes service users, patients, clients and anyone else who uses your service.

Below is a summary of your responsibilities as a registrant grouped into three categories: conduct, performance and ethics.

### Conduct

1. Act in the best interests of service users.
2. Respect the confidentiality of service users.
3. Maintain high standards of personal conduct.
4. Provide information about conduct and competence.

### Performance

5. Address health issues related to your fitness to practise.
6. Obey laws and regulations.
7. Act within the limits of your knowledge, skills, competence and experience.
8. Keep your professional knowledge, skills and competence up to date.
9. Get informed consent from service users.



10. Communicate with service users, carers and other professionals.
11. Assist and advise colleagues, recently qualified registrants and students.
12. Teach, supervise and assess students and other professionals.
13. Supervise tasks that you give to others.
14. Keep accurate records.
15. Address health and safety risks.
16. Address risks to service users.

### **Ethics**

17. Demonstrate ethical awareness.
18. Respect the rights and dignity of people.
19. Carry out your duties in a professional and ethical way.
20. Undertake research in an ethical manner.
21. Make sure that advertising is truthful, accurate and lawful.



## Conduct

You must always keep a high standard of conduct. Your duties are to:

### 1. Act in the best interests of service users

You are responsible for acting in the best interests of your service user.

1.1 You must:

- a. treat service users as individuals;
- b. respect the diversity, different cultures and values of service users;
- c. respect and, where appropriate, speak out on behalf of service users and carers;
- d. support the rights of service users to take part in all aspects of the service provided;
- e. respect the rights of service users to make informed choices about the service they receive;
- f. recognise the right of service users to have their physical modesty protected;
- g. do nothing and allow nothing to be done that might put the health or safety of a service user at risk;
- h. when working in a team, be responsible for:
  - your own professional conduct,
  - any service or professional advice you give,
  - your own failure to act,
  - any appropriate tasks you delegate, and
  - any tasks delegated to you;
- i. protect service users if you believe they are threatened by a colleague's conduct, performance or health. Service user safety must always come before personal and professional loyalties;
- j. talk to a suitable professional colleague if you become aware of any situation that puts a service user at risk.



1.2 You must not:

- a. for reasons of personal or commercial benefit, direct public service users and those eligible for public service to private practice;
- b. accept inducements, payment, gifts or benefits that could be reasonably perceived as affecting your professional judgement.

## **2. Respect the confidentiality of service users**

2.1 You must:

- a. treat information about service users as confidential and use it only for the purpose for which it was given;
- b. check that people who ask for information are entitled to it;
- c. always follow 'best practice', employer guidelines and data protection laws when handling confidential service user information. Stay up to date with best practice developments;
- d. be aware that confidentiality is not absolute and familiarise yourself with the circumstances in which a breach of confidentiality is appropriate and justifiable;
- e. make sure, where you need to share service user information with a relevant colleague to give safe effective care, that the colleague knows that the information must be kept confidential;
- f. be conscious of your need to use social media and social networking in a responsible way, in particular, to avoid any breach of your obligations in the Code such as confidentiality and use of records and information under Clause 14.

2.2 You must not:

- a. give personal or confidential service user information to anyone, except if the law or your professional practice obligations requires you to do so.

2.3 You should



- a. if a service user is harmed as a result of the treatment you are providing, speak openly and honestly to them as soon as possible about what occurred, what, if anything, needs to be done and any consequent changes that need to be made to their ongoing care plan.

### **3. Maintain high standards of personal conduct**

#### 3.1 You must:

- a. work openly and co-operatively with colleagues;
- b. respect the roles and expertise of other health and social care professionals and work in partnership with them;
- c. conduct yourself personally in a manner that enhances the public confidence in you and in your profession.

#### 3.2 You must not:

- a. harm or abuse service users, carers or colleagues;
- b. neglect service users, carers or colleagues;
- c. exploit service users, carers or colleagues in any way;
- d. discriminate against service users, carers or colleagues in any way;
- e. condone discrimination by service users, carers or colleagues;
- f. form inappropriate personal relationships with service users;
- g. put yourself or others at unnecessary risk;
- h. behave in a way that would call into question your suitability to work in health and social care professional services.

### **4. Provide information about conduct and competence**

#### 4.1 You must:

- a. inform the Physiotherapists Registration Board if you have been convicted of a criminal offence (other than a 'fixed charge' driving offence under the Road Traffic Acts);



- b. inform the Physiotherapists Registration Board if you have been given an 'adult caution' by An Garda Síochána;
- c. inform the Physiotherapists Registration Board if you have been given a caution from the police in another country;
- d. inform the Physiotherapists Registration Board if your employer or another body has suspended you or placed restrictions on your practice because of concerns about your conduct or competence;
- e. co-operate with any investigations or formal inquiry into your professional conduct, the professional conduct of others, or the care or services provided to a service user, where appropriate;
- f. report, to the appropriate authority, any serious breaches of behaviour or malpractice by yourself or others. Malpractice includes negligence, incompetence, breach of contract, unprofessional behaviour, unsafe practice, causing danger to health, safety or the environment, and covering up any of these issues.

4.2 You should:

- a. inform your employer or the appropriate authority if, in your professional opinion, the practice of a colleague or colleagues is causing concern or is having a negative effect on service user care.



## Performance

You must always keep a high standard of performance. Your duties are to:

### 5. Address health issues related to your fitness to practise

5.1 You must:

- a. look after your physical, emotional and psychological health and where required, seek and comply with professional advice;
- b. avoid contact with service users if you are ill, emotionally distressed or on medication which may affect your judgment or performance;
- c. follow your employer's guidelines regarding personal health issues which could place service users or others at risk;
- d. limit or change your practice or stop practising if your performance or health could have a negative effect on service users.

### 6. Obey laws and regulations

6.1 You must:

- a. know and work within the laws and regulations governing your practice and keep up to date with any changes in legislation or regulation;
- b. obey the laws of the country in which you live and work in all your professional and personal practice.

### 7. Act within the limits of your knowledge, skills, competence and experience

7.1 You must:

- a. act within the limits of your knowledge, skills, competence and experience;
- b. practise only in areas in which you have relevant competence, education, training and experience;



- c. refer the service user to a colleague or service with the appropriate skills to help the service user, if a task is beyond your knowledge, skills, competence or experience;
- d. accept that a service user has the right to a second opinion from another practitioner. If asked, you must refer the service user promptly to another practitioner;
- e. make sure you understand any request from another health or social care professional. You must only assess, intervene or treat a service user if it is in the service user's best interest. If this is not the case, you must discuss the issue with the service user and the practitioner who made the referral before providing any service;
- f. be able to justify any decisions you make within your scope of practice. You are always accountable for what you do, what you fail to do, and your behaviour;
- g. meet professional standards of practice and work in a lawful, safe and effective manner.

## **8. Keep your professional knowledge, skills and competence up to date**

### 8.1 You must:

- a. ensure that your knowledge, skills, competence and performance are of a high quality, up to date and relevant to your practice;
- b. participate in continuing professional development (CPD) on an ongoing basis by identifying your learning needs, making a personal learning plan, implementing the plan and reflecting on the learning you gained from the CPD activities;
- c. maintain clear and accurate records of your CPD;
- d. submit your CPD records for audits of compliance when requested by the Physiotherapists Registration Board;
- e. comply with the Physiotherapists Registration Board's CPD requirements.



## **9. Get informed consent from service users**

### 9.1 You must:

- a. explain the assessment, intervention or treatment along with any risks and alternatives to the service user in a way the service user can understand and give informed consent, taking into account the service user's capacity to understand the information;
- b. record the service user's decisions regarding any proposed assessment, intervention or treatment. These decisions should be shared with appropriate members of the health and social care team involved in the service user's care;
- c. make sure the service user gives consent to any assessment, intervention or treatment before it is carried out;
- d. if the service user cannot give informed consent, make sure that any actions taken are in the service user's best interests;
- e. make reasonable efforts to encourage the service user to go ahead with treatment or examination that you believe is in his or her best interest;
- f. respect the service user's right to refuse treatment or examination;
- g. offer the service user, irrespective of age or gender, a chaperone when undertaking an intimate examination;
- h. follow your employer's procedures on consent and any guidance issued by appropriate authorities;
- i. ensure your competence in gaining informed consent in line with national and institutional policies.

## **10. Communicate with service users, carers and other professionals**

### 10.1 You must:

- a. communicate sensitively and effectively with service users, taking into account any special needs when communicating with children and vulnerable adults.



10.2 You should:

- a. communicate sensitively and effectively with the carers and the families, or the guardian/s where applicable, of service users, taking into account any special needs when communicating with children and vulnerable adults;
- b. co-operate and share your knowledge and expertise with colleagues and students for the benefit of service users.

## **11. Assist and advise colleagues, recently qualified registrants and students**

11.1 You should:

- a. help and advise colleagues, recently qualified registrants and students in your profession to develop the professional skills, values, courtesies, attitudes and behaviour they will need when dealing with service users, carers and staff.

## **12. Teach, supervise and assess students and other professionals**

12.1 You must:

- a. if you are involved in supervising, teaching, training, appraising and assessing students in your profession, do so fairly and respectfully using agreed criteria.

12.2 You should:

- a. meet your professional obligation to teach, train and mentor other health care workers in specified practice areas.

## **13. Supervise tasks that you give to others**

13.1 You must:

- a. acknowledge that service users have the right to assume that the person providing assessment, intervention or treatment to them has the knowledge, skills and competence to do so;



- b. only delegate to a person who you believe to have the knowledge, skills, competencies and experience to carry out the task safely and effectively;
- c. always continue to give adequate and appropriate supervision, if you delegate a task;
- d. understand that you are accountable for any task you delegate to another practitioner and responsible for any task you delegate to a student or others;
- e. understand that if a student or another practitioner is unwilling to carry out a task because they do not think they are capable of doing so safely and effectively, you must not force them to do so. If their refusal raises a disciplinary or training issue, you must deal with this separately. The service user must never be put at unnecessary risk.

13.2 You must not:

- a. ask anyone to do anything which is outside their knowledge, skills, competencies and experience unless they are supervised by an experienced practitioner;

## 14. Keep accurate records

14.1 You must:

- a. keep clear and accurate records in line with the policies and procedures set out in your workplace and any guidelines issued by appropriate authorities;
- b. make sure that all service user encounters are recorded and that all records are:
  - complete,
  - legible (if handwritten),
  - identifiable as being made by you,
  - chronological
  - dated and timed,
  - completed as soon as practicable following assessment, intervention or treatment;
  - clear and factual;



- permanent.
- c. use appropriate, respectful and non-judgmental language;
- d. use terms, abbreviations and acronyms that are consistent with policies in your workplace;
- e. if you supervise students, review each student's entries in the records and record that you have done so;
- f. protect information in records against loss, damage or access by anyone who is not allowed to access them;
- g. make sure that if records are updated or corrected, the information that was there before is not erased or made difficult to read;
- h. store records in accordance with the relevant legislation;
- i. retain records for the time period required by law;
- j. ensure that records are retrievable for service users throughout the designated retention period;
- k. ensure that disposal of records is in accordance with the law as it pertains at the time;
- l. ensure that financial records pertaining to service users are in accordance with the relevant legislation.

Records are all information collected, processed and held in manual, electronic or any other format pertaining to the service user and service user care. Records include data (within the meaning of the Data Protection Acts 1988 and 2003, as updated from time to time), demographics, clinical data, images, unique identification, investigation, samples, correspondence and communications relating to the service user and their care.

## **15. Address health and safety risks**

### 15.1 You must:

- a. follow risk assessment policies and procedures to assess potential risks in the workplace and your areas of practice;
- b. deal safely with any risks of infection;
- c. take any steps needed to minimise, reduce or eliminate the risks you identify;



- d. inform colleagues and the authorities about the outcomes and implications of risk assessments;
- e. read and understand the safety statement of your institution, department or practice;
- f. have appropriate and adequate professional indemnity insurance;
- g. in circumstances where, following a risk assessment, you perceive that a service user poses a risk to your safety, take appropriate measures to protect yourself and others and make reasonable efforts, if appropriate, to go ahead with the examination or treatment of the service user.

15.2 You should:

- a. ensure that the premises in which you provide physiotherapy services are fit for purpose.

## **16. Address risks to service users**

16.1 You should:

- a. inform the proper authorities about any concerns you may have about risks to service user safety and quality of care.



## Ethics

You must always keep a high standard of ethics. Your duties are to:

### 17. Demonstrate ethical awareness

17.1 You must:

- a. make sure you read and understand this Code of Professional Conduct and Ethics.

17.2 You must not:

- a. enter into any agreement or contract or accept any gift that might cause you to breach this Code.

17.3 You should:

- a. be aware of the wider need to use limited resources as efficiently and responsibly as is practicable. You have a duty to assist in the efficient and effective use of resources and to give advice on their appropriate allocation, whilst balancing your duty of care to the individual. Take particular care when ethical issues arise. (Please see Appendix A for a suggested procedure for ethical decision-making).

### 18. Respect the rights and dignity of people

18.1 You must:

- a. always show, through your practice and conduct, respect for the rights, modesty and dignity of all individuals.

18.2 You must not:

- a. in particular, discriminate against a person on the basis of:
  - gender,



- family status,
  - civil status,
  - age,
  - disability,
  - sexual orientation,
  - religion,
  - ethnicity, or
  - membership of the Traveller Community;
- as identified under the Equal Status Act, as updated from time to time.

## **19. Carry out your duties in a professional and ethical way**

19.1 You must:

- a. carry out your duties and responsibilities in a professional and ethical way to protect the public;
- b. always behave with integrity and honesty;
- c. recognise that if there is a conflict of interest between the service user and the safeguarding of children or other vulnerable people, safeguarding should take precedence;
- d. recognise that if there is a conflict between this Code of Professional Conduct and Ethics and your work environment, your obligation is to the Code.

19.2 You must not:

- a. misrepresent yourself or any product you promote;
- b. exploit services users for commercial gain.

## **20. Undertake research in an ethical manner**

20.1 You must:

- a. protect and destroy data in line with relevant legislation;
- b. obtain informed consent from research participants in line with the procedures laid down by the ethics committee;



- c. treat all information gathered during the research confidentially and make sure that participants cannot be identified through their data;

20.2 You should:

- a. take part in research or support the research of others where possible;
- b. submit research proposals to the relevant research ethics committees and get ethical approval before starting the research;
- c. disseminate or circulate the research findings widely to further the evidence base of the profession and to improve service user examination and treatment;
- d. follow accepted guidelines in scientific journals concerning intellectual property, copyright and acknowledging the work of others;
- e. make sure you do not distort or misuse clinical or research findings;
- f. make sure that a service user's refusal to take part in research does not influence the delivery of service to that service user in any way.

## **21. Make sure that any advertising is truthful, accurate and lawful**

21.1 You should:

- a. make sure that any advertising is truthful, accurate, lawful and does not mislead;
- b. provide full and accurate fee information to the service user or potential services user, in advance of agreeing to provide your services.



## Appendix A

### Suggested procedure for ethical decision-making

1. Identify the problem and gather as much information as you can.  
Ask yourself if it is an ethical, professional, clinical or legal problem.
2. Review the Code of Professional Conduct and Ethics and identify the relevant parts. Check other professional guidelines too such as those of the Health Service Executive or government departments as well as any relevant legislation.
3. Discuss the issue with professional colleagues.
4. Consider asking your professional body for advice.
5. Evaluate the rights, responsibilities and welfare of everyone affected.  
Remember that your first obligation is to the service user.
6. Keep notes at each stage of the process.
7. Consider different solutions and decisions.
8. Evaluate and document the potential consequences of each option.
9. Choose the best solution or decision based on your professional judgment.
10. Put the solution or decision into practice, informing all the people affected.
11. Remember that you are responsible, as an autonomous practitioner, for the consequences of the solution or decision that you choose.



## Bibliography

Advertising Standards Authority of Ireland (2007) *Manual of Advertising Self Regulation 6th Edition*. Dublin: Advertising Standards Authority of Ireland.

American Physical Therapy Association (2010) *Code of Ethics for the Physical Therapist*. USA: American Physical Therapy Association. HOD S09-07-12.

Australian Physiotherapy Association (2008) *APA Code of Conduct*. Australia: Australian Physiotherapy Association.

An Bord Altranais (2000) *The Code of Professional Conduct for each Nurse and Midwife*. Dublin: An Bord Altranais.

Berwick D, Hiatt H, Janeway P, Smith R. (1997) 'An ethical code for everybody in health care', *British Medical Journal*. 1997 (315), pp. 1633–1634.

BMA (1997) *Annual Report of Council 1996-7*. London: BMA; 1997. Draft revision of the Hippocratic Oath; p. 26.

British Medical Journal Editors (1998) 'An Ethical Code for everybody', *British Medical Journal*, 1998; 316(7142): 1458.

Canadian Physiotherapy Association (2013) *Code of Ethics Revised Final Draft*. Canada: Canadian Physiotherapy Association.

College of Physical Therapists of British Columbia (1998) *Conflict of Interest Practice Standard No.8*. British Columbia: College of Physical Therapists of British Columbia.

College of Physiotherapists of Manitoba (2004) *College of Physiotherapists of Manitoba Code of Ethics*. Manitoba: College of Physiotherapists of Manitoba.



College of Physiotherapists of Manitoba (2002) *Practice Statement: Fee Schedules and Billing Practices*. Manitoba: College of Physiotherapists of Manitoba.

College of Physiotherapists of Manitoba (2009) *Where's the Line? A guide to Professional Boundaries*. Manitoba: College of Physiotherapists of Manitoba.

College of Physiotherapists of Ontario (2009) *Advertising; Fees and Billing; and Conflict of Interest. Guide to the Standards of Professional Practice*. Ontario: College of Physiotherapists of Ontario.

College of Physiotherapists of Ontario (2013) *Code of Ethics*. Ontario: College of Physiotherapists of Ontario.

College of Physiotherapists of Ontario (2013) *College of Physiotherapists of Ontario Standards for Professional Practice: Advertising*. Ontario: College of Physiotherapists of Ontario.

College of Physiotherapists of Ontario (2013) *Record Keeping. Guide to the Standard for Professional Practice*. Ontario: College of Physiotherapists of Ontario.

College of Physiotherapists of Ontario (2013) *Standards for Professional Practice - Advertising*. Ontario: College of Physiotherapists of Ontario.

College of Physiotherapists of Ontario (2013) *Standards for Professional Practice: Record Keeping*. Ontario: College of Physiotherapists of Ontario.

College of Physiotherapists Ontario (2012) *Standards for Professional Practice: Therapeutic Relationships and Professional Boundaries*. Ontario: College of Physiotherapists of Ontario.

Competition Act 2002.

Competition (Amendment) Act 2006.



Competition Authority (2013) *Guidance on Medical Fees*. Dublin: Competition Authority (now Competition and Consumer Protection Commission).

Davidoff, F. (2000) 'Changing the subject: ethical principles for everyone in health care', *Ann Intern Med*, 2000, 133:386–389.

Department of Health (1995) *The Patient's Charter and You*. London: Department of Health.

Department of Health and Children (2008) *Building a Culture of Patient Safety — Report of the Commission on Patient Safety and Quality Assurance*. Dublin: Department of Health and Children.

Dietitians Registration Board (2014) *Dietitians Registration Board Code of Professional Conduct and Ethics*. Dublin: CORU.

Employment Equality Act 1998.

Equal Status Act 2000.

European Region of World Confederation for Physical Therapy (2008) *Core Standards of Physiotherapy Practice*.

General Social Care Council (2004) *Code of Practice for Social Care Workers and Code of Practice for Employers of Social Care Workers*. London: General Social Care Council.

Health and Care Professions Council (2012) *Standards of conduct, performance and ethics, Your duties as a registrant*. London: Health and Care Professions Council.

Health and Social Care Professionals Act 2005.



Health and Social Care Professionals Council (2010). *Framework Code of Professional Conduct and Ethics*. Dublin: HSCPC.

Health Professions Council (2008) *Standards of conduct, performance and ethics*. London: Health Professions Council.

Health Professions Council (2007) *Standards of Proficiency – Physiotherapists*. London: Health Professions Council.

Health Service Executive Code of Governance Framework for the corporate and financial governance of the HSE, updated July 2011.

Health Service Executive (2012) *HSE National Healthcare Charter, National Advocacy Unit, Quality and Patient Safety Directorate; You and Your Health Service*. Dublin: HSE.

Health Service Executive (2007) *National Intercultural Health Strategy 2007 – 2012*. Dublin: HSE.

Irish Society of Chartered Physiotherapists (2011) *Position Statement on Direct Access*. Dublin: ISCP.

Irish Society of Chartered Physiotherapists (2010) *Rules of Professional Conduct Incorporating Code of Ethics and Guidelines for Professional Behaviour*. Dublin: ISCP.

Irish Society of Chartered Physiotherapists (2013) *Rules of Professional Conduct Incorporating Code of Ethics and Guidelines for Professional Behaviour*. Dublin: ISCP.

Medical Council (2004) *A Guide to Ethical Conduct and Behaviour*. Dublin: Medical Council.



Medical Council (2009) *A Guide to Professional Conduct and Ethics for Registered Medical Practitioners*. Dublin: Medical Council.

Nursing Midwifery Board of Ireland (2013) *Code of Professional Conduct and Ethics for registered Nurses and registered Midwives (Draft for consultation 2013)*. Dublin: NMBI.

Nursing Midwifery Board of Ireland (2013) *Social Media Use: Common Expectations for Nurses 2013*. Dublin: NMBI.

Occupational Therapists Registration Board (2014) *Occupational Therapists Registration Board Code of Professional Conduct and Ethics*. Dublin: CORU.

Optical Registration Board (2015) *Optical Registration Board Code of Professional Conduct and Ethics for Dispensing Opticians*. Dublin: CORU.

Optical Registration Board (2015) *Optical Registration Board Code of Professional Conduct and Ethics for Optometrists*. Dublin: CORU.

Pharmaceutical Society of Ireland (2009) *Code of Conduct for Pharmacists*. Dublin: Pharmaceutical Society of Ireland.

Physiotherapy Board of Australia (2014) *Code of Conduct for Registered Practitioners*. Australia: Physiotherapy Board of Australia.

Physiotherapy Board of New Zealand (2011) *Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct*. New Zealand: Physiotherapy Board of New Zealand.

Psychological Society of Ireland (2003) *Code of Professional Ethics*. Dublin: Psychological Society of Ireland.



Radiographers Registration Board (2013) *Radiographers Registration Board Code of Professional Conduct and Ethics*. Dublin: CORU.

Social Workers Registration Board (2011) *Code of Professional Conduct and Ethics for Social Workers*. Dublin: CORU.

Speech and Language Therapists Registration Board (2014) *Speech and Language Therapists Registration Board Code of Professional Conduct and Ethics*. Dublin: CORU.

Smith, R., Hiatt, H. and Berwick, D. (1998) 'Shared ethical principles for everybody in health care: a working draft from the Tavistock Group', *British Medical Journal*, 1999; 318:248–251.

Standards in Public Office Commission (2004) *Civil Service Code of Standards and Behaviour*. Dublin: Standards in Public Office Commission.

Swisher, L.L. and Page, C.G. (2005) *Professionalism in Physical Therapy History, Practice and Development*. St Louis, Missouri: Elsevier Saunders.

Webster C, Bryan K. (2009) 'Older Peoples view on dignity and how it can be promoted in a hospital environment', *Journal of Clinical Nursing*, 18; 1784-92.



GIVEN under the seal of the Physiotherapists Registration Board

[Date]

---

Chairperson, Physiotherapists Registration Board

and

---

Member, Physiotherapists Registration Board



## **EXPLANATORY NOTE**

*(This note is not part of the bye-law and does not purport to be a legal interpretation).*

This bye-law adopts the Code of Professional Conduct and Ethics agreed by the Physiotherapists Registration Board.