

*Government Notice No. 115 of 2022*

**THE ALLIED HEALTH PROFESSIONALS COUNCIL ACT**

**Regulations made by the Minister, after consultation with the  
Allied Health Professionals Council, under section 39 of  
the Allied Health Professionals Council Act**

- 1.** These regulations may be cited as the Allied Health Professionals Council (Physiotherapist) Regulations 2022.
- 2.** In these regulations –  
“Act” means the Allied Health Professionals Council Act.
- 3.** For the purpose of section 5(d) of the Act, the Code of Practice for a physiotherapist shall be the Code set out in the Schedule.
- 4.** Every physiotherapist shall comply with the Code of Practice.
- 5.** (1) Where a physiotherapist fails to comply with the Code of Practice, the Council may, by notice in writing served on him, require him to comply with the Code of Practice.  
(2) A physiotherapist who fails to comply with the Code of Practice may be called by the Council to explain his non-compliance with the Code of Practice.
- 6.** These regulations shall come into operation on 1 June 2022.

Made by the Minister, after consultation with the Allied Health Professionals Council, on 16 May 2022.

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**SCHEDELE**  
[Regulation 3]**CODE OF PRACTICE**  
**PHYSIOTHERAPIST****PART I – GLOSSARY****1. Physiotherapy**

Physiotherapy is an the allied health profession that, by using mechanical force and movements (biomechanics or kinesiology, manual therapy, exercise therapy, and electrotherapy), remediates impairments and promotes mobility and function. Physical therapy is used to improve a patient's quality of life through examination, diagnosis, prognosis, physical intervention and patient education. It is performed by a physiotherapist. Physiotherapy services may be provided as primary care treatment or alongside, or in conjunction with other medical services.

**2. Accountable**

As an accountable health professional, you shall be responsible for the decisions you make and you may also be asked to justify them.

**3. Autonomous**

As an autonomous health professional, you make your own decisions based on your own judgement.

**4. Delegate, delegation**

When a health professional asks someone else (such as a colleague, student or support worker) to carry out a task on their behalf.

**5. Fit to practise**

When someone has the skills, knowledge, character and health to do their job safely and effectively.

**6. Informed consent**

When a service user has all the necessary information in a format they can understand so that they can make an informed decision about whether they want to have a particular treatment.

**7. Referral**

When a health professional asks another practitioner to take over the care of a service user because it is beyond their scope of practice or because the service user has asked for a second opinion.

**8. Scope of practice**

The area or areas of a health professional's profession where they have the knowledge, skills and experience to practise safely and effectively.

**9. Service user**

Anyone who uses or is affected by the services of registrants.

**10. Standards for continuing professional development**

Standards which link a health professional's ongoing learning and development with their continued registration.

**11. Standards of proficiency**

Standards which make sure each profession practises safely and effectively. Health professionals must meet these standards to become registered.

## **PART II – CODE OF ETHICS**

When we say someone is “fit to practise”, we mean that they have the skills, knowledge, character and health to practise their profession safely and effectively.

We consider complaints about registrants from members of the public, employers, professionals, the police and other people and take action to protect the public. This can include cautioning a registrant, placing conditions on their registration, suspending them from practice or, in the most serious cases, removing them from the Register.

When we consider a complaint about a registrant, we take account of whether the standards have been met when we decide whether we need to take any action to protect the public.

We will also take account of any guidance or codes of practice produced by professional bodies.

### **12. Ethical principle 1: A Physiotherapist respects the rights and dignity of an individual**

(1) Every person who seeks the services of a physiotherapist has the right to service regardless of age, gender, race, nationality, religion, ethnic origin, creed, colour, sexual orientation, disability, health status or politics.

- (2) Every patients/client has the right to –
- (a) services of good quality;
  - (b) information;
  - (c) informed consent;
  - (d) confidentiality;
  - (e) access to data;

- (f) health education; and
- (g) choose who, if anyone, should be informed on his behalf.

(3) A physiotherapist has the absolute responsibility to ensure that his behavior is, at all times, professional, ensuring that the potential for misconduct cannot arise.

(4) A physiotherapist has the right to expect co-operation from his colleagues. A physiotherapist must apply sound business principles when dealing with suppliers, manufacturers and other agents.

**13. Ethical principle 2: A physiotherapist must comply with laws and regulations governing the practice of physiotherapy**

(1) A physiotherapist must have a full understanding of the laws and regulations governing the practice of physiotherapy.

(2) A physiotherapist must have the right to refuse to treat or otherwise intervene where, in his opinion, the service is not in the best interests of the patients/client.

**14. Ethical principle 3: A physiotherapist must accept responsibility for exercise of sound judgement**

(1) A physiotherapist must be an independent and autonomous practitioner.

(2) A physiotherapist must make independent judgements in the provision of services for which he has knowledge and skills and for which he can be held accountable.

(3) For each individual accepted for service, a physiotherapist must undertake appropriate examination/evaluation to allow the development of a diagnosis.

(4) In the light of the diagnosis and other relevant information about the patient/client, especially the patient's/client's goals, a physiotherapist must plan and implement the intervention.

(5) When the goals have been achieved or further benefits can no longer be obtained, the physiotherapist must inform and discharge the patient/client.

(6) A physiotherapist may prescribe ointments and orthoses.

(7) Where the diagnosis is not clear or the required intervention/ treatment is beyond the capacity of the physiotherapist, he must inform the patient/client and provide assistance to facilitate a referral to other qualified persons.

(8) A physiotherapist must not delegate any activity which requires the unique skill, knowledge and judgement of the physiotherapist.

(9) The physiotherapist must consult with the referring medical practitioner if the treatment programme or a continuation of the programme is not in accordance with the judgement of the physiotherapist.

## **15. Ethical principle 4: A physiotherapist provides honest, competent and accountable professional service**

(1) A physiotherapist must ensure patient/client understands the nature of the service being provided, especially the anticipated costs, both time and financial.

(2) A physiotherapist must undertake a continuous, planned, personal development programme designated to maintain and enhance professional knowledge and skills.

(3) A physiotherapist must maintain adequate patient/client records to allow for the effective evaluation of the patient's/client's care, as well as the evaluation of the physiotherapist's practice.

(4) A physiotherapist must not disclose any information about a patient/client to a third party without the patient's/client's permission or prior knowledge, unless such disclosure is required by law.

(5) A physiotherapist must participate in peer review and other forms of practice evaluation, the results of which must not be disclosed to another party without the permission of the physiotherapist.

(6) A physiotherapist must maintain adequate data to facilitate service performance measurement and must make that data available to other agents as required by mutual agreements.

(7) The ethical principles governing the practice of physiotherapy must take precedence over any business or employment practice, where such conflict arises the physiotherapist must attempt to rectify the matter, seeking the assistance of the national physiotherapist association if required.

(8) A physiotherapist must not allow his services to be misused.

## **16. Ethical principle 5: A physiotherapist must be committed to providing quality services**

(1) A physiotherapist must be aware of the currently accepted standards of practice and undertake activities which measure their conformity.

(2) A physiotherapist must support research that contributes to improved patient/client services.

(3) A physiotherapist must participate in ongoing education to enhance their basic knowledge and to provide new knowledge.

(4) A physiotherapist must support quality education in academic and clinical settings.

(5) A physiotherapist engaged in research must abide by the current rules and policies applying to the conduct of research on human subjects and must ensure –

- (a) the consent of subjects;
- (b) subject confidentiality;
- (c) safety and well-being of subjects;
- (d) absence of fraud and plagiarism;
- (e) full disclosure of support;
- (f) appropriate acknowledgement of assistance; and
- (g) that any breaches of the rules are reported to appropriate authorities.

(6) A physiotherapist must share the results of their research freely, especially in journals and conference presentations.

(7) A physiotherapist in the role of employer must –

- (a) ensure all employees are properly and duly qualified, ensuring compliance with statutory requirements;
- (b) apply current management principles and practices to the conduct of the service, with particular attention to appropriate standards of personnel management;
- (c) ensure implementation and monitoring of appropriate policies and procedures;

- (d) ensures appropriate evaluation and audit of clinical practice; and
- (e) provide adequate opportunities for staff education and personal development based on effective appraisal.

**17. Ethical principle 6: A physiotherapist shall claim a just and fair remuneration for his services**

- (1) A physiotherapist must ensure that his own fee schedules are based on reasonable considerations.
- (2) A physiotherapist must attempt to ensure that third party fee schedules are based on reasonable considerations.
- (3) A physiotherapist must not use undue influence for personal gain.

**18. Ethical principle 7: A physiotherapist must provide accurate information to patients/clients, other agencies and the community about physiotherapy and about the services physiotherapists provide**

- (1) A physiotherapist must participate in public education programmes, providing information about the profession.
- (2) A physiotherapist has a duty to inform the public and referring professionals truthfully about the nature of his services so individuals are more able to make a decision about the use of the service.
- (3) A physiotherapist may advertise his services.
- (4) A physiotherapist must not use false, fraudulent, misleading, deceptive, unfair or sensational statements or claims.
- (5) A physiotherapist must claim only those titles which correctly describe their professional status.

**19. Ethical principle 8: A Physiotherapist must contribute to the planning and development of services which address the health needs of community**

- (1) A physiotherapist has a duty and an obligation to participate in planning services designed to provide optimum community health services.
- (2) A physiotherapist is obliged to work toward achieving justice in the provision of health services for all people.

**PART III – STANDARDS OF PROFICIENCY**

**20. Act in best interests of service users**

- (1) You are personally responsible for making sure that you promote and protect the best interests of your service users.
- (2) You must respect and take account of these factors when providing care or a service, and must not abuse the relationship you have with a service user.
- (3) You must not allow your views about a service user's sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture, religion or beliefs to affect the way you treat them or the professional advice you give.
- (4) You must treat service users with respect and dignity. If you are providing care, you must work in partnership with your service users and involve them in their care as appropriate.
- (5) You must not do anything, or allow someone else to do anything, that you have good reason to believe will put the health or safety of a service user in danger. This includes both your own actions and those of other people.

(6) You should take appropriate action to protect the rights of children and vulnerable adults if you believe they are at risk, including following national and local policies.

(7) You shall be responsible for your professional conduct, any care or advice you provide, and any failure to act.

(8) You are responsible for the appropriateness of your decision to delegate a task. You must be able to justify your decisions if asked to.

(9) You must protect service users if you believe that any situation puts them in danger. This includes the conduct, performance or health of a colleague. The safety of service users must come before any personal or professional loyalties at all times. As soon as you become aware of a situation that puts a service user in danger, you should discuss the matter with a senior colleague or another appropriate person.

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

(1) You must treat information about service users as confidential and use it only for the purposes they have provided it for.

(2) You must not knowingly release any personal or confidential information to anyone who is not entitled to it, and you should check that people who ask for information are entitled to it.

(3) You must only use information about a service user –

- (a) to continue to care for that person; or
- (b) for purposes where that person has given you specific permission to use the Information.

(4) You must also keep to the conditions of any relevant data protection laws and always follow best practice for handling confidential information. Best practice is likely to change over time, and you must stay up to date.

## **22. Keep high standards of personal conduct**

(1) You must keep high standards of personal conduct, as well as professional conduct.

(2) You should be aware that poor conduct outside of your professional life may affect someone's confidence in you and your profession.

## **23. Provide (to us and any other relevant regulators) any important information about your conduct and competence**

(1) You must tell us (and any other relevant regulators) if you have important information about your conduct or competence, or about other registrants and health professionals you work with.

(2) In particular, you must inform the Council if you are –

- (a) convicted of a criminal offence, receive a conditional discharge for an offence, or if you accept a police caution;
- (b) disciplined by any organisation responsible for regulating or licensing a health-care or social-care profession; or
- (c) suspended or placed under a practice restriction by an employer or similar organisation because of concerns about your conduct or competence.

(3) You must co-operate with any investigation or formal inquiry into your professional conduct, the conduct of any other health-care provider or the treatment of a service user, where appropriate. If anyone asks for relevant information in connection with your conduct or competence, and they are entitled to it, you should provide the information.

#### **24. Keep your professional knowledge and skills up to date**

(1) You must make sure that your knowledge, skills and performance are of a good quality, up to date, and relevant to your scope of practice.

(2) You must be capable of meeting the standards of proficiency that apply to your scope of practice.

(3) You need to make sure that whatever your area of practice, you are capable of practising safely and effectively.

(4) Our standards for continuing professional development link your learning and development to your continued registration. You must meet these standards.

#### **25. Act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner**

(1) You must keep within your scope of practice. You must practise only in the areas in which you have appropriate education, training and experience. We recognise that your scope of practice may change over time.

(2) When accepting a service user, you have a duty of care. This includes the duty to refer them for further treatment if it becomes clear that the task is beyond your own scope of practice. If you refer a service user to another practitioner, you must make sure that the referral is appropriate and that the service user understands why you are making the referral.

(3) In most circumstances, a person may be referred to another practitioner for a second opinion. In these cases, you must accept the request and forthwith make the referral.

(4) If you accept a referral from another practitioner, you must make sure that you fully understand the request. You should only provide the treatment if you believe that this is appropriate. If this is not the case, you must discuss the referral with the practitioner who made the referral, and also the service user, before you begin any treatment or provide any advice.

## **26. Communicate properly and effectively with service users and other practitioners**

(1) You must take all reasonable steps to make sure that you can communicate properly and effectively with service users.

(2) You must communicate appropriately, co-operate, and share your knowledge and expertise with other practitioners, for the benefit of service users.

## **27. Effectively supervise tasks you have asked other people to carry out**

(1) A person who consults you or receives treatment or services from you assumes that a person with appropriate knowledge and skills will treat him or provide services.

(2) Where you allocate a task to another person to carry out on your behalf, you must be sure that he has the knowledge, skills and experience to carry out the tasks safely and effectively. You must not ask him to do work which is outside his scope of practice.

(3) You must always continue to give appropriate supervision to whomever you ask to carry out a task. You will still be responsible for the appropriateness of the decision to delegate.

(4) If someone tells you that he is unwilling to carry out a task because he does not think that he is capable of doing so safely and effectively, you must not force him to carry out the task anyway. If his refusal raises a disciplinary or training issue, you must deal with that separately, but you should not put the safety of the service user in danger.

**28. Get informed consent to give treatment except in an emergency**

(1) You must explain to the service user the treatment you are planning on carrying out, the risks involved and any other possible treatments.

(2) You must make sure that you get the informed consent of the person to any treatment you do carry out.

(3) You must make a record of the person's decisions for treatment and pass it on to other members of the healthcare or social care team involved in his care.

(4) In emergencies, you may not be able to explain treatment, get consent or pass on information to other members of the healthcare or social care team. However, you should still try to do all of these things as far as you can.

(5) Any person who is capable of giving his consent may refuse to be treated. You must respect this right. You must also make sure that he is fully aware of the risks of refusing treatment, particularly if you think that there is a significant or immediate risk to his life.

(6) You must keep to your employers' procedures on consent and be aware of any guidance issued by the appropriate authority in the country you practise in.

**29. Keep accurate records**

(1) Making and keeping records is an essential part of care and you must keep records for everyone you treat or who asks for your advice or services. You must complete all records promptly. If you are using paper-based records, they must be clearly written and easy to read, and you should write, sign and date all entries.

(2) You must make sure, as far as possible, that records are completed by students under your supervision are clearly written, accurate and appropriate.

(3) Whenever you review records, you should update them and include a record of any arrangements you have made for the continuing care of the service user.

(4) You must protect information in records from being lost, damaged, accessed by someone without appropriate authority, or tampered with. If you update a record, you must not delete information that was previously there, or make that information difficult to read. Instead, you must mark it in some way (for example, by drawing a line through the old information).

**30. Deal fairly and safely with the risks of infection**

(1) You must not refuse to treat someone just because they have an infection. Also, you must keep to the rules of confidentiality when dealing with people who have infections. For some infections, such as sexually transmitted infections, these rules may be more restrictive than the rules of confidentiality for people in other circumstances. We discussed confidentiality in more detail earlier in this document.

(2) You must take appropriate precautions to protect your service users and yourself from infection. In particular, you should protect your service users from infecting one another. You must take precautions against the risk that you will infect someone else.

(3) This is especially important if you suspect or know that you have an infection that could harm other people. If you believe or know that you may have this kind of infection, you must get medical advice and act on it. This may include the need for you to stop practising altogether, or to change your practice in some way in the best interests of protecting your service users.

### **31. Limit your work or stop practising if your performance or judgement is affected by your health**

(1) You have a duty to take action if your physical or mental health could be harming your fitness to practise. You should get advice from a consultant in occupational health or another suitably qualified medical practitioner and act on it.

(2) This advice should consider whether, and in what ways, you should change your practice, including stopping practising if this is necessary.

### **32. Behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession**

You must justify the trust that other people place in you by acting with honesty and integrity at all times. You must not get involved in any behaviour or activity which is likely to damage the public's confidence in you or your profession.

### **33. Make sure that any advertising you do is accurate**

- (1) Any advertising you do in relation to your professional activities must be accurate.
  - (2) Advertisements must not be misleading, false, unfair or exaggerated. In particular, you should not claim your personal skills, equipment or facilities are better than anyone else's, unless you can prove this is true.
  - (3) If you are involved in advertising or promoting any product or service, you must make sure that you use your knowledge, skills and experience in an accurate and responsible way. You must not make or support unjustifiable statements relating to particular products. Any potential financial reward should not play a part in the advice or recommendations of products and services you give.
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