

*Government Notice No. 116 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 (Orthopaedic Technician) 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 orthopaedic technician shall be the Code set out in the Schedule.
4. Every orthopaedic technician shall comply with the Code of Practice.
5. (1) Where an orthopaedic technician 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) An orthopaedic technician 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.

SCHEDULE

[Regulation 3]

CODE OF PRACTICE

ORTHOPAEDIC TECHNICIAN

PART I – GLOSSARY

1. Orthopaedic Technician, also known on international level as Prosthetist and Orthotist, is a person who has completed an approved course of education and training and is authorised by an appropriate national authority to design, measure and fit prostheses and orthoses.

2. Prostheses and orthoses

(1) Prostheses and orthoses are externally applied devices and products used to assist people with physical impairments or functional limitations, to improve their functioning and increase their potential to live healthy, productive, independent, dignified lives.

(2) A prosthesis is an externally applied device used to replace wholly or partly an absent or deficient limb segment (arm or leg). Common examples are artificial legs and arms.

(3) An orthosis is an externally applied device used to support or modify the structural and functional characteristics of the neuromuscular and skeletal systems (such as arms, legs and the spine). Common examples are braces, splints and supports.

3. Prosthetics and orthotics

(1) Prosthetics is a speciality within the medical and health care field concerned with the research and development, design, manufacture and application of prostheses. Similarly, orthotics is a discipline concerned with orthoses. Prosthetics and orthotics often comprise similar steps in service delivery and similar tools,

equipment and working methods and are therefore usually taught, promoted and practised together. “Prosthetics and orthotics” is the umbrella term for the science, technology, education and application of prostheses and orthoses.

(2) Prosthetics and orthotics services are part of health care and are often included in rehabilitation services. Like other health services, their aim is to optimize users’ health and well-being. The interventions are usually part of the health care continuum, such as providing therapeutic or protective footwear in the treatment of a diabetic or neuropathic foot, fitting a prosthesis after amputation or provision of an orthosis to support a paralysed limb after a stroke. Timely prosthetics and orthotics service provision is important to restore functioning and to prevent secondary deformities. With other interventions, such as education, skills training, job coaching, placement and social support, prosthetics, orthotics and rehabilitation services contribute towards the overall aim of optimal functioning and hence full participation and inclusion in society. All interventions are important to achieve this goal.

(3) Users of prosthetics and orthotics services are people in all walks of life who have physical impairments or functional limitations, due, for example, to –

- (a) non communicable diseases, such as diabetes, stroke, cancer and peripheral vascular disease;
- (b) communicable diseases, such as tuberculosis, poliomyelitis and Buruli ulcers;
- (c) injuries due to falls, road traffic and industrial accidents, natural disasters, war and conflicts;
- (d) degenerative changes in the spine, hip, knee, foot, ankle or upper limbs;

- (e) congenital anomalies or limb deficiencies; and
- (f) cerebral palsy.

(4) Most users have long-term chronic health conditions, such as limb amputation, limb paralysis, spinal cord injury or structural deformities, and therefore a lifelong need for health care, including prosthetics and orthotics. Others may require medium-term provision, such as in the management of adolescent scoliosis until bone maturity, or short-term provision, for example to support healing after a traumatic injury or fracture. Many users require a continuum of care that evolves during their lifetime. Prostheses and orthoses must be repaired, adjusted, modified and replaced at intervals that depend on environmental factors, user activity and physiological changes. A 10-year-old child whose lower limb was amputated, for example, is likely to require 25–30 prostheses over the course of its life.

3. Your scope of practice

Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets the prescribed standards and does not pose any danger to the public or to yourself. Allied Health Professionals Council (AHPC) recognises that a registrant’s scope of practice will change over time.

4. Meeting the standards

(1) It is important that registrants meet AHPC standards and are able to practise lawfully, safely and effectively. However, AHPC does not dictate how registrants should meet the standards. There is normally more than one way to meet the standards and the way might change over time because of improvements in technology or changes in your practice. As autonomous professional you need to

make informed, reasoned decisions about your practice to ensure that you meet the standards that apply to all registrants. This includes seeking advice and support from education providers, employers, colleagues and others to ensure that the wellbeing of the service users is safeguarded at all times.

(2) In particular, AHPC recognises the valuable role played by professional bodies in representing and promoting the interests of their members. This often includes guidance and advice about good practice which can help registrants meet the standards laid out in this document.

(3) AHPC will keep standards under continual review and they may change in the future so that they can be relevant to registrants' practice. AHPC will always publicise any changes to the standards.

5. Service Users

The term service users refer to anyone who uses or is affected by the services of registrants. Service users might be your patients or your staff if you manage a team. The term also includes other people who might be affected by your practice, such as carers and relatives.

6. Standards may change in the future

AHPC will continue to listen to all stakeholders and will keep the standards under continual review. So AHPC may make further changes in the future to take into account changes in practice. AHPC will also publicise any changes to the standards.

PART II – CODE OF ETHICS

1. Preamble/General Guidelines

Among other primary goals, AHPC is dedicated to the implementation of appropriate professional standards designed

to serve patient welfare and the profession. As set forth in this Code of Ethics, AHPC registrants are expected to protect patient interests, and to act in an appropriate manner, which promotes the integrity of, and reflects positively on, the practitioners, AHPC, and the profession, consistent with accepted moral, ethical, and legal standards. Generally, an AHPC registrant has the obligation to –

- (a) treat all patients fairly and in a timely manner;
- (b) provide quality services to patients, by utilising all necessary professional resources in a technically appropriate and efficient manner, and by considering the cost-effectiveness of treatments;
- (c) respect and promote the rights of patients by offering only professional services that he is qualified to perform, and by adequately informing patients about the nature of their conditions, the objectives of the proposed treatment, treatment alternatives, possible outcomes, and the risks involved;
- (d) maintain the confidentiality and privacy of all patient information, unless: the information pertains to illegal activity; the patient expressly directs the release of specific information; or, a court or government agency lawfully directs the release of the information;
- (e) avoid conduct which may cause a conflict with patient interests, and disclose to patients any circumstances that could be construed as a conflict of interest or an appearance of impropriety, or that could otherwise influence, interfere with, or compromise the exercise of independent professional judgement;

- (f) engage in moral and ethical business practices, including accurate and truthful representations concerning professional information;
- (g) be truthful with regard to research sources, findings, and related professional activities;
- (h) maintain accurate and complete records;
- (i) respect the intellectual property and contributions of others; and
- (j) further the professionalism of orthotic, prosthetic, and rehabilitative services.

2. Compliance with laws, policies and rules relating to profession

(1) AHPC registrant will be aware of, and comply with, all applicable local laws and regulations governing the profession. AHPC registrant will not knowingly participate in, or assist, any acts that are contrary to applicable professional laws and regulations. Lack of awareness or misunderstanding of these laws and regulations does not excuse inappropriate or unethical behavior.

(2) AHPC registrant will be aware of, and comply with, all AHPC rules, policies, and procedures, including rules concerning the appropriate use of AHPC certification marks and the proper representation of AHPC credentials. Lack of awareness or misunderstanding of an AHPC rule, policy, or procedure does not excuse inappropriate or unethical behavior. AHPC registrant will not knowingly participate in, or assist, any acts that are contrary to AHPC rules, policies and procedures.

(3) AHPC registrant will make all reasonable and appropriate efforts to promote compliance with, and awareness of, all applicable

laws, regulations, and AHPC rules and policies governing the profession.

(4) AHPC registrant will make all reasonable and appropriate efforts to prevent violations of applicable laws, regulations, and AHPC rules and policies governing the profession.

(5) The AHPC registrant will provide accurate and truthful information to AHPC concerning all certification related eligibility information, and will submit valid application materials for fulfillment of current certification and re certification requirements.

(6) The AHPC registrant will report possible violations of this Code of Ethics to the appropriate AHPC representative(s).

(7) The AHPC registrant will cooperate fully with the AHPC concerning the review of possible ethics violations and the collection of related information.

3. Professional practice

(1) AHPC registrant will deliver competent services in a timely manner, and will provide quality patient care applying appropriate professional skill and competence.

(2) AHPC registrant will recognise the limitations of his/her professional ability, and will only provide and deliver professional services for which he is qualified. AHPC registrant will be responsible for determining his own professional abilities based on his education, knowledge, competency, credentials, extent of practice experience in the field, and other relevant considerations.

(3) The AHPC registrant will adequately inform patients about the nature of their conditions, the objectives of proposed services, alternatives, possible outcomes, and the risks involved and will discuss these concerns with each patient in sufficient detail.

(4) The AHPC registrant will use all health-related resources in a technically appropriate and efficient manner.

(5) The AHPC registrant will provide services based on patient needs and cost-effectiveness considerations, and will avoid unnecessary services. AHPC registrant will provide services that are both appropriate and necessary to the condition of the patient.

(6) AHPC registrant will exercise diligence and thoroughness in providing patient services, and in making professional assessments and recommendations solely for the patient's benefit, free from prejudiced or biased judgment. AHPC registrant who offers his services to the public will not decline a patient based on age, gender, race, color, sexual orientation, national origin, disability, religious affiliation, or any other basis that would constitute unlawful discrimination.

(7) AHPC registrant will monitor each patient's physical condition in an appropriate manner, including any improvements or deterioration, and will review changes in condition with the patient.

(8) Before providing orthotic or prosthetic devices to a patients that require a prescription, AHPC registrant will receive an appropriate order or prescription from a referring physician or other appropriately licensed and qualified health care professional. AHPC registrant understands that it is the sole responsibility of the referring physician or health care professional to determine that an orthosis or prosthesis is medically necessary.

(9) Consistent with the prescription issued by the referring health care professional, AHPC registrant may recommend to the referring health care professional a specific orthotic or prosthetic device, design, modification, or service that would benefit the patient. When recommending a particular orthotic or prosthetic

device or service, AHPC registrant will consider, and be sensitive to, the emotional, physical, economic, and social needs of the patient.

(10) If changes in the patient's physical condition may justify modification or adjustment to the patient's orthotic/prosthetic device, AHPC registrant will report such changes in the patient's condition to the referring health care professional.

(11) When it is determined that AHPC registrant is unable to provide competent professional services. He will inform the patient accordingly; and, will ensure careful transition of patient care by providing appropriate professional referrals and other appropriate assistance.

(12) When the patient chooses to terminate services provided by an AHPC registrant, AHPC registrant will cooperate with the patient concerning the release of medical information, consistent with directions and authorisation provided by the patient or patient's legal guardian.

(13) AHPC registrant will prepare and maintain all necessary, required, or otherwise appropriate records concerning his professional practice, including complete and accurate patient services records.

(14) When appropriate, or when requested by the patient, AHPC registrant will consult with other qualified health care professionals.

(15) AHPC registrant will not delegate the responsibility to provide professional services to an unqualified person. Where supervision is appropriate and necessary, AHPC registrant will not delegate responsibility for the provision of professional services without providing appropriate supervision.

(16) AHPC registrant will not act in a manner that may compromise his/her clinical judgement or obligation to deal fairly

with all patients. AHPC registrant will not allow medical or psychological conditions, personal issues, substance abuse, or other matters to interfere with his professional judgement or performance.

(17) AHPC registrant will be truthful and accurate in all advertising and representations concerning qualifications, experience, competency, and performance of services, including representations related to professional status and/or areas of special competence. AHPC registrant will not make false or deceptive statements concerning clinical training, experience, competence, academic training or degrees, certification or credentials, institutional or association affiliations, services, or fees for services.

(18) AHPC registrant will not make false or misleading statements about, or guarantees concerning, any service or the efficacy of any prosthetic or orthotic device, orally or in writing.

4. Research and professional activities

(1) AHPC registrant will be accurate and truthful, and otherwise act in an appropriate manner, with regard to research findings and related professional activities, and will make reasonable and diligent efforts to avoid any material misrepresentations.

(2) AHPC registrant who participates or engages in a research project or study will obtain written, informed consent, as appropriate, from all involved parties.

(3) AHPC registrant will maintain appropriate, accurate, and complete records with respect to patient consent, research findings, and related professional activities.

(4) When preparing, developing, or presenting research information and materials, AHPC registrant will not copy or use, in substantially similar form, materials prepared by others without

acknowledging the correct source and identifying the name of the author and/or publisher of such material.

(5) AHPC registrant will respect and protect the intellectual property rights of others, and will otherwise recognize the professional and contributions of others.

5. Conflict of interest and appearance of impropriety

(1) AHPC registrant will not engage in conduct that may cause an actual or perceived conflict between his/her own interests and the interests of his patient. AHPC registrant will avoid conduct that causes an appearance of impropriety.

(2) AHPC registrant will act to protect the interests and welfare of the patient before his own interests, unless such action is in conflict with any legal, ethical, or professional obligation. AHPC registrant will not exploit professional relationships for personal gain.

(3) AHPC registrant will disclose to patients any circumstance that could be construed as a conflict of interest or an appearance of impropriety, or that could otherwise influence or interfere with the exercise of professional judgement.

(4) AHPC registrant will refrain from offering or accepting inappropriate payments, gifts, or other forms of compensation for personal gain, unless in conformity with applicable laws, regulations, and AHPC rules and policies.

(5) AHPC registrant will avoid conduct involving inappropriate, unlawful, or otherwise unethical monetary gain.

6. Compensation and referral disclosures

(1) AHPC registrant will charge fair, reasonable, and appropriate fees for all professional services, and will provide third

party payers with truthful and accurate information concerning such services.

(2) AHPC registrant will charge fees that accurately reflect the services and treatment provided to the patient. When setting fees, AHPC registrant will consider: the length of time he/she has been practicing in this particular field; the amount of time necessary to perform the service; the nature of the patient's condition; his professional qualifications and experience; and, other relevant factors.

(3) AHPC registrant will make all appropriate disclosures to patients and prospective patients regarding any benefit paid to others for recommending or referring his services.

(4) AHPC registrant will make all appropriate disclosures to patients and prospective patients regarding any benefit received for recommending or referring the service of another individual.

PART III – STANDARDS OF PROFICIENCY

Sub-Part A – Expectations of a Health Professional

1. Professional autonomy and accountability

(a) A registrant orthopaedic technician must –

(a) be able to practise within the legal and ethical boundaries of his profession and understand the need to –

(i) act in the best interest of service users at all times;

(ii) understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing;

-
- (iii) be aware of the current legislation applicable to the work of their profession and comply with all laws governing the profession;
 - (iv) be aware of quality guidelines that apply to the specification of componentry;
 - (b) be able to practise in a non-discriminatory manner and treat patients fairly in a timely manner;
 - (c) understand the importance of and be able to maintain confidentiality and privacy of all patients' information, unless the information pertains to illegal activity;
 - (d) understand the importance of and be able to obtain informed consent;
 - (e) be able to practise as an autonomous professional, exercising their own professional judgement;
 - (f) be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem;
 - (g) be able to initiate resolution of problems and be able to exercise personal initiative;
 - (h) know his limits of practice and when to seek advice or refer to another professional;
 - (i) recognise that he is personally responsible for and must be able to justify his decisions;
 - (j) recognise the need for effective self management of workload and resources and be able to practise accordingly; and

- (k) provide services based on patients' needs and cost-effectiveness considerations and avoid unnecessary services.

(2) A registrant orthopaedic technician must understand the obligation to maintain fitness to practise and –

- (a) understand the need to practise safely and effectively within his scope of practice;
- (b) understand the need to maintain high standards of personal conduct;
- (c) understand the importance of maintaining his own health; and
- (d) understand both the need to keep skills and knowledge up to date and the importance of career long learning.

2. Professional relationships

(1) A registrant orthopaedic technician must be able to –

- (a) work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers and –
 - (i) understand the need to build and sustain professional relationships both and independent and collaboratively as a member of team;
 - (ii) understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals;
 - (iii) be able to make appropriate referrals;

-
- (iv) recognise the need for effective communication with technical staff to ensure the appropriateness and quality of prostheses and orthoses;
 - (b) contribute effectively to work undertaken as part of a multi-disciplinary team;
 - (c) demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinions to colleagues, service users, their relatives and carers and –
 - (i) be able to communicate in English or French and understand the need to use an appropriate interpreter to assist;
 - (ii) understand how communication skills affect the assessment of service users and how means of communication should be modified to address and take account of factors such as age, physical ability and learning ability;
 - (iii) be able to select, move between and use appropriate forms of verbal and non verbal communication with service users and others;
 - (iv) be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status;
 - (v) understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions;

- (vi) recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility;
- (d) understand the need for effective communication throughout the care of the service user; and
- (e) recognise the need to use interpersonal skills to encourage the active participation of service users.

3. Skills required for application of practice

A registrant orthopaedic technician must –

- (a) be able to gather appropriate information;
- (b) be able to select and use appropriate assessment techniques and be able to –
 - (i) undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment;
 - (ii) use contemporary technologies that aid patient assessment;
 - (iii) complete an accurate clinical assessment;
 - (iv) be aware of the weight and potential level of activity of patients, and the uses that prostheses or orthoses will be subject to, as part of health and safety assessments;
 - (v) measure and cast for prostheses and orthoses and, where necessary, rectify them;
 - (vi) prescribe orthoses or prostheses including, where necessary, the specifications for manufacture, and recognise the need to carry out risk analysis

when prescribing a non-approved combination of components from different manufacturers;

- (c) be able to undertake or arrange investigations as appropriate;
- (d) be able to analyse and critically evaluate the information collected; and
- (e) be able to analyse normal and abnormal gait, locomotor function and movement using both qualitative and quantitative means.

4. Formulation and delivery of plans and strategies for meeting health and social care needs

A registrant orthopaedic technician must be able to –

- (a) use research, reasoning and problem-solving skills to determine appropriate actions and –
 - (i) recognise the value of research to the critical evaluation of practice;
 - (ii) be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures;
 - (iii) be aware of a range of research methodologies;
 - (iv) be able to demonstrate a logical and systematic approach to problem solving;
 - (v) be able to evaluate research and other evidence to inform their own practice;
 - (vi) understand the psychology of loss and disability as it affects and influences prosthetic and orthotic

- management, and be able to apply such understanding to clinical decision making;
- (b) be able to draw on appropriate knowledge and skills in order to make professional judgements to be able to –
 - (i) change his practice as needed to take account of new developments;
 - (ii) demonstrate a level of skill in the use of information technology appropriate to his practice;
 - (iii) assess factors important to the relevant material specification of prostheses and orthoses and apply these when designing a device;
 - (iv) recognise the social factors affecting the rehabilitation of patients;
 - (c) be able to formulate specific and appropriate management plans including the setting of timescales and understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors;
 - (d) be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skillfully –
 - (i) understand the need to maintain the safety of both service users and those involved in their care;
 - (ii) ensure patients are positioned (and if necessary immobilised) for safe and effective interventions;
 - (iii) understand the need to maintain all equipment to a high standard;

-
- (iv) be able to use equipment and machinery to undertake data collection and manufacture where and when required in a safe and competent manner;
 - (v) be able to provide, where appropriate, a suitable cast to accompany the written information;
 - (e) be able to maintain records appropriately and be able to –
 - (i) keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines;
 - (ii) understand the need to use only accepted terminology in making records.

5. Critical evaluation of the impact of, or response to, the registrant's actions

A registrant orthopaedic technician must –

- (a) be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly –
 - (i) be able to gather information, including qualitative and quantitative data that helps to evaluate the responses of service users to his care;
 - (ii) be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user;
 - (iii) recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes;

- (iv) be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately;
 - (v) be able to evaluate the supply, fit and delivery of any device on an ongoing basis as part of the review mechanism, including the body device interface, functional alignment, mechanical integrity, functional suitability, cosmesis, clinical effectiveness, and the needs and expectations of patients;
- (b) be able to audit, reflect on and review practice and –
- (i) understand the principles of quality control and quality assurance;
 - (ii) be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures;
 - (iii) be able to maintain an effective audit trail and work towards continual improvement;
 - (iv) participate in quality assurance programmes, where appropriate;
 - (v) understand the value of reflection on practice and the need to record the outcome of such reflection;
 - (vi) recognise the value of case conferences and other methods of review

6. Knowledge, understanding and skills

A registrant orthopaedic technician must –

-
- (a) know and understand the key concepts of the bodies of knowledge which are relevant to their profession specific practice and –
- (i) understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction;
 - (ii) be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process;
 - (iii) recognise the role of other professions in health and social care;
 - (iv) understand the theoretical basis of, and the variety of approaches to, assessment and intervention;
 - (v) know human structure and function, especially the human musculoskeletal system;
 - (vi) know the aetiology and pathophysiology of human disease and general genetic principles relevant to prosthetic or orthotic practice, and recognise when disorders are not amenable to prosthetic or orthotic treatment;
 - (vii) understand the structure and properties of materials and their appropriate application to prosthetic or orthotic hardware and clinical practice;
 - (viii) understand biomechanical principles and the appropriate application of forces to the human body following prescription and supply of a prosthesis or orthosis in a manner which makes the application

of such forces safe and effective in an episode of treatment;

- (ix) demonstrate a sound knowledge and understanding of the theoretical basis of prosthetic and orthotic science;

7. know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities

8. A registrant orthopaedic technician must understand the need to establish and maintain a safe practice environment and –

- (a) be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with this Code;
 - (b) be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation;
 - (c) be able to select appropriate personal protective equipment and use it correctly;
 - (d) be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control;
 - (e) understand and be able to apply appropriate moving and handling techniques.
-