

# THE COLLEGE OF PODIATRY

# FOR ASSISTANT PRACTITIONERS

Quartz House 207 Providence Square Mill Street London SE1 2EW

Tel: 020 7234 8620 Published: October 2016

# THE COLLEGE OF PODIATRY

## **CODE OF CONDUCT FOR ASSISTANT PRACTITIONERS**

## CONTENTS

	INTRO	DDUCTION	Page 1
1.	STANDARDS  1.1 Continuing professional development		4
	1.1	Continuing professional development Practice standards and guidelines	1 1
	1.3		1
	1.4	Use of designatory letters	1
2.	PERSONAL BEHAVIOUR		
	2.1	Standards of conduct	1
	2.2	Use of alcohol and drugs	1
	2.3	Professional relationships	1
	2.4	Foot care practices	2
3.	ACTING IN THE INTERESTS OF PATIENTS		
	3.1	Acting in the best interests of patients	2
	3.2	Safety of patients	2 2 2
	3.3	Delegation and referral	2
	3.4	Confidentiality	2
	3.5	Explaining treatment	2 2
	3.6 3.7	Presence of a third person	2
	3. <i>1</i> 3.8	Domiciliary care Behaviour towards patients	2
	3.9	Handling complaints	2
	3.10	Rudeness and discourtesy	3
4.	DUTY TO THE COLLEGE		
	4.1	Professional demeanour	3
	4.2	Duty to appear before the Professional Conduct Committee	3
	4.3	Duty to provide information to the Professional Conduct Committee	3
	4.4	Police Cautions, criminal proceedings, and criminal convictions	3
	APPE	NDICES	
	Appendix A: Equality and diversity statement		4
	Appendix B: The use of social media		8

# THE COLLEGE OF PODIATRY CODE OF CONDUCT FOR ASSISTANT PRACTITIONERS

#### Introduction

Assistant practitioners are valued members of the podiatry team. As associate members of The College, assistant practitioners are required to abide by a Code of Conduct that guides their relationship with the other podiatrists and assistants with whom they work, and safeguards the interests of patients.

#### 1. STANDARDS

#### 1.1 Continuing professional development

Assistant practitioners must undertake continuing professional development (CPD) to keep their skills and knowledge up to date. CPD may be provided by the employer, or may be self -directed learning. Assistant practitioners should keep a record of their CPD activity.

#### 1.2 Practice standards and guidelines

Assistant practitioners must comply with any standards and guidelines relevant to their practice that The College may issue from time to time, in addition to standards and guidelines required by their employer.

#### 1.3 Use of titles and working within designated scope of practice

Assistant practitioners should only use their contractual job title and ensure they work within their designated scope of practice. They should not imply through their use of any title or description of their activities that they are chiropodists or podiatrists.

#### 1.4 Use of designatory letters

Assistant practitioners should only use the designatory letters to which they are entitled, either through membership of The College or qualifications that they hold which are relevant to their practice.

#### 2. PERSONAL BEHAVIOUR

#### 2.1 Standards of conduct

Assistant practitioners must adhere to appropriate standards of conduct both personally and in the course of their practice. They must not commit any acts of indecency, dishonesty, violence or use illegal drugs.

#### 2.2 Use of alcohol and drugs

Assistant practitioners must ensure that their performance at work is not impaired by the use of alcohol or drugs.

#### 2.3 Professional relationships

Assistant practitioners should maintain cordial professional relationships with colleagues, respecting their competence, ability and integrity.

#### 2.4 Foot care practices

Assistant practitioners should not set up their own independent foot care practices, and should not accept personal fees for any foot care treatment given.

#### 3. ACTING IN THE INTERESTS OF PATIENTS

#### 3.1 Acting in the best interests of patients

Assistant practitioners must act at all times in the best interests of patients and not abuse their trust.

### 3.2 Safety of patients

The safety of patients comes first and must override personal loyalties to colleagues. If an assistant practitioner believes that the conduct, performance or health of another assistant or of a podiatrist is putting patients at risk they must raise this with their employer. In circumstances where an assistant practitioner is deterred from raising a concern through the appropriate channels they should seek assistance from The College.

#### 3.3 Delegation and referral

Assistant practitioners practise under delegation from a podiatrist, and should only practise within the boundaries of what has been delegated. The podiatrist remains accountable for the practice of the assistant practitioner. Assistant practitioners should always refer back to the delegator if they are uncertain about the condition or appropriate treatment of a patient.

#### 3.4 Confidentiality

Assistant practitioners must comply with their duties of confidentiality towards their patients.

#### 3.5 Explaining treatment

Assistant practitioners must explain the nature and purpose of any treatments they propose to give, and follow their employer's requirements and procedures for obtaining informed consent.

#### 3.6 Present of a third person

When treating minors or if there is an issue of modesty or a potential claim of assault, assistant practitioners should seek the advice of the delegating podiatrist as to arranging for a third party to be present.

#### 3.7 Domiciliary care

When giving treatment in patients' homes or otherwise outside the clinical environment, assistant practitioners should limit treatment to what is safe in that environment. If in doubt they should seek the advice of the delegating podiatrist.

#### 3.8 Behaviour towards patients

In the course of treatment, assistant practitioners must not intimidate or act aggressively towards patients or physically restrain them, except in order to defend themselves or others from injury. Where an assistant practitioner feels that a patient's behaviour is such that he/she cannot be treated, they should seek advice from the delegating podiatrist.

#### 3.9 Handling complaints

If a patient complaint is made, assistant practitioners must follow their employer's complaints procedure.

#### 3.10 Rudeness and discourtesy

Assistant practitioners must endeavour not to be rude or discourteous towards patients, and behave in a professional manner at all times.

#### 4. DUTY TO THE COLLEGE

- **4.1 Duty to uphold the reputation and dignity of The College**Assistant practitioners must uphold the reputation and dignity of The College.
- 4.2 Duty to appear before the Professional Conduct Committee

  If The College receives a complaint that an assistant practitioner has breached the Code of Conduct they must appear before the Professional Conduct Committee if called upon to do so. In this event the Professional Conduct Committee may co-opt another assistant practitioner to advise on standards and practice.
- 4.3 Duty to provide information to the Professional Conduct Committee
  In the event of a complaint to The College, assistant practitioners must provide
  any information that is reasonably requested by the Professional Conduct
  Committee in a timely fashion.
- **4.4** *Policy Cautions, criminal proceedings, and criminal convictions*Assistant practitioners must inform The College of any police cautions or criminal convictions, and of any criminal proceedings brought against them.

Appendix A

#### **EQUALITY AND DIVERSITY STATEMENT**

This document provides guidance for all Assistant Practitioners regarding Equality and Diversity in the workplace.

It is The College of Chiropodists and Podiatrists' policy to treat all members fairly and equally regardless of their gender, sexual orientation, marital status, race, colour, nationality, ethnic or national origin, religion, age or disability.

Assistant Practitioners are required to comply with Equality and Diversity policies/guidelines within their employers and the Code of Conduct of The College.

This document gives further guidance on how you can do this.

#### The College expects individuals:

- > to co-operate with measures introduced by their employers and The College to ensure equality of opportunity, diversity and non-discrimination.
- not to harass, abuse or intimidate colleagues, co-workers or patients on the grounds of race, colour, nationality, ethnic or national origin; sex; marital status or caring responsibility; sexual orientation; age; physical, sensory or learning disability; mental health; political or religious beliefs; class; HIV status; employment status; unrelated criminal convictions; union activities

#### How does this affect me as an Assistant Practitioner?

- 1. To ensure patients are treated fairly on the basis of need and not discriminated against on the basis of age, sex, race, religion, disability or sexual orientation.
- 2. To ensure patients are treated in a manner, which respects their religious beliefs, culture, gender, sexual orientation or ability.
- 3. To ensure patient's cultural and religious needs will be valued and met where possible.
- 4. To ensure decisions on care that patients receive are determined only by their needs.
- 5. To ensure that principles of common courtesy are upheld especially when faced with challenging questions or working under difficult circumstances.
- 6. To ensure patients and their carers are greeted appropriately when they first arrive.
- 7. To ensure the patient environment is welcoming and supports appropriate standards of privacy, confidentiality and dignity.
- 8. To ensure patient privacy is respected during all interactions.
- 9. To ensure that all discussions will be relevant to the patients care and will avoid personal comment or remarks.
- 10. To report to your employer if you witness discrimination, harassment or victimisation of a colleague or patient.

#### **DEFINITIONS**

**Equality** is the current term for 'Equal Opportunities'. It is based on the legal obligation to comply with anti-discrimination legislation. Equality protects people from being discriminated against on the grounds of group membership i.e. sex, race disability, sexual orientation, religion, belief, or age.

**Diversity** implies a wide range of conditions and characteristics. In terms of businesses and their workforces it is about valuing and reaping the benefits of a varied workforce that makes the best of people's talents whatever their backgrounds. Diversity encompasses visible and non-visible individual differences. It can be seen in the makeup of your workforce in terms of gender, ethnic minorities, disabled people etc., about where those people are in terms of management positions, job opportunities, terms and conditions in the workplace.

Diversity is about respecting individual differences, and people's differences can be many and varied.

#### **Legal Framework**

There are several pieces of legislation that are key to combating discrimination and promote equal opportunities within the work place as follows:

Equal Pay Act 1970

Sex Discrimination Act 1975 (As amended)

Sex Discrimination (Gender Reassignment) Regulations 1999

Race Relation Act 1976 (As amended)

Disability Discrimination Act 1995 (As amended)

Employment Act 2002

Human Rights Act 1998

**Employment Rights Act 1996** 

Employment Equality (Religion or Belief) Regulations 2003

Employment Equality (Sexual Orientation) Regulations 2003

Employment Equality (Age) Regulations 2003

Work and Families Act 2006

The Equality Act 2006

Civil Partnership Act 2004

#### Identifying Discrimination

Discrimination can occur either directly or indirectly and is unlawful on the grounds of sex, marital status, gender reassignment, race, religion or belief, sexual orientation, disability and part- time workers. Discrimination can be the result of prejudice, misconception and stereotyping. Whether this behaviour is intentional or unintentional does not excuse it. It is the perception of the person discriminated against that is important.

#### **Direct Discrimination**

This occurs when a person or group is treated less favourable than others are or would be, treated in the same or similar circumstances; for example, refusing to employ someone because of their colour, race, marital status, or disability.

#### Indirect Discrimination

This occurs where a condition or practice is imposed in employment which cannot be justified for example, providing a training course where full-time workers had priority of places before part-time workers.

#### **Victimisation**

This occurs when a person is treated less favourably because they have raised an issue under the provisions of the legislation, for example, under the Race Relations Act. Victimisation is unlawful in these circumstances.

#### Sex Discrimination

The Sex Discrimination Act 1975 (SDA) prohibits discrimination on grounds of sex or marital status in the areas of employment, education and the provision of goods and services.

Direct discrimination is where a women or a man is treated less favourably than a person of the opposite sex in comparable circumstances is or would be, treated, because of their sex.

Indirect discrimination may arise for example in connection with: shift patterns, restrictions on hours of work, refusal to allow job sharing and physical restrictions in job descriptions.

#### Race Discrimination

Direct discrimination is when someone is treated less favourably than another in similar circumstances on grounds of his/her colour, race, nationality or ethnic origin. Examples are racist abuse and harassment. Indirect discrimination occurs when people from a racial group are less likely to be able to comply with a requirement or condition, which applies to everyone, but which cannot be justified on other than racial grounds.

The Race Relations (Amendment) Act 2000 prohibits race discrimination in all public functions. Public bodies, including health authorities, have a statutory general duty to promote race equality in all they do.

#### **Disability Discrimination**

The Disciplinary Discrimination Act 1995 (DDA) makes it unlawful to discriminate against a disabled person. The DDA defines a disabled person as follows:

A person has a disability for the purpose of the Act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities. Long term means that it must last, or be likely to last, for more than 12 months. Under the new Disability Discrimination Act 2005 this definition includes individuals with:

- HIV, cancer and multiple sclerosis
- A mental impairment, without the necessity to show that the impairment results from a 'clinically well-recognised' illness.

#### Age Discrimination

Age discrimination became unlawful on the 1st October 2006, affecting most age related practices, as well as service related benefits, recruitment, and training and promotion policies.

#### Religion and Belief

Under the Employment Equality (Religion or Belief) Regulations 2003, it is unlawful to discriminate on the grounds of religion or belief. This applies to both direct and indirect discrimination. Religion or belief is defined as any 'religion, religious belief or similar philosophical belief'. As such it covers mainstream world religions (Islam, Hinduism, Christianity etc.) and also a broad range of other religions e.g. pacifism and veganism.

#### Sexual Orientation

Under the Employment Equality (Sexual Orientation) Regulations 2003, it is unlawful to discriminate because of sexual orientation. This covers direct discrimination (that is treating someone less favourably because of their actual or perceived sexual orientation), and indirect discrimination (applying a criterion, provision or practice which disadvantages an individual because of their sexual orientation without justification).

# Gender Reassignment

Direct discrimination is unlawful in relation to gender reassignment. This means that an individual must not be treated less favourable on the grounds that he or she:

> intends to undergo gender reassignment

- is undergoing gender reassignment, or
   has undergone gender reassignment

#### THE USE OF SOCIAL MEDIA

#### Introduction

Social media can be defined as websites or applications that enable users to create and share content or to participate in social networking. The principles in the Code of Conduct apply just as much to the use of social media as to other forms of communication and face to face interactions.

Assistant Practitioners may utilise social media in their professional and private lives. It is important to remember that once content has been posted it can be reposted elsewhere, so they should exercise caution at all times and remember that private postings could become public. It is advisable to review content before posting.

The following guidance is designed to assist you when participating in social media.

- 1. You must be respectful to others at all times.
- 2. You should ensure that the language and content is not abusive, aggressive or bullying.
- 3. You should adopt a professional tone in any posting in which you are identifiable as an Assistant Practitioner.
- 4. You should not share inappropriate or sensitive information about a person, company or other organisation.
- 5. You should seek permission to use any content that is not your own work.
- 6. You should not post inaccurate or misleading information.
- 7. If you are posting on behalf of The College of Podiatry or using The College branding you should follow the relevant guidelines on style and branding.
- 8. You should not post content that would bring The College or any of its members into disrepute.
- 9. If you feel that you are the target of inappropriate behaviour you should avoid any response that could escalate the situation, and report the matter using the mechanisms pertaining to the particular online community.