



**PROFESSIONAL STANDARDS
AND
CODE OF CONDUCT**

ASSOCIATION OF NEUROPHYSIOLOGICAL SCIENTISTS

Introduction

Clinical Neurophysiology is a health care profession with an emphasis on the acquisition and analysis of the physiological signals of the nervous system. This information is utilised for the diagnosis and management of diseases of the central and peripheral nervous systems.

The "new practitioner title" role involves acquiring multimodal electrophysiological patient data to a nationally recognised standard of practice. The "new association name" herein known as the Association is the recognised, independent professional body establishing and maintaining its education and professional standards. It is an independent body setting its own rules of Rule of Professional Conduct and undertakes the disciplining of members found guilty of any breach of those rules. We recognise the need to communicate and co-operate with registered medical colleagues and take full responsibility for independent professional practice.

The Association recognises equality in the individual's gender, culture and background and how communication differs between various cultures and different peoples.

Background

This document has been written in response to the needs of the NHS with reference to the NHS White Paper (1998) in conjunction with the changing needs of the profession and protection of the public through the regulation of its practitioners. The health service need for accepted standards of practice and quality assurance are also prime objectives of this document. Action is needed to raise standards and ensure their consistency in order to prevent serious lapses in quality which may harm individual patients and compromise public confidence.

This document is intended to provide a framework for setting occupational standards and guidelines for quality assurance which should be used in conjunction with local policies.

Consultation

In putting together this document the Association recognised the need for full consultation with members of the profession through the *establishment* of a working party, workshops and written communication. Reference was made to the Current Occupational Standards, Data Protection Act (1984), the NHS White Paper (1997/8), The Patients Charter (1991), Access to Health Records Act (1990), The Children's Act (1989), Health and Safety Act (1974), Health Care Physiological Measurement (Neurophysiology) Occupational Standards (1998).

Standards

1. Contribute to effective team work

The practitioner's responsibility is to contribute to the governance of team work through good working relationships, effective communication and responsibility for their own professional development. The practitioner needs to understand the nature of different individuals, their rights and responsibilities.

2. Health and Safety

The practitioner's responsibility is to meet the requirements of relevant health and safety legislation and to promote the health and safety of all those with whom they come into contact.

3. Acknowledging and respecting people as individuals.

- (a) The practitioner should be able to recognise culture, gender and differences in behaviour and relate this to a different interpretation of situations.
- (b) The practitioner should always be polite, listen and respect the views of the patient and respond to patients complaints according to professional and local guidelines.
- (c) The privacy and dignity of patients must be upheld at all times.

All of the above are in accordance with the Patients' Charter (1991)

4. Confidentiality

A practitioner must hold in confidence any information relating to a patient whether this be verbal, written or multimedia based.

5. Communication and Consent

- (a) It is the practitioner's responsibility to maintain effective communication with patients and carers in the explanation of any further arrangements which have or may be made.
- (b) The practitioner must fulfil their role in ensuring that procedures and reports are prioritised appropriately according to local guidelines.
- (c) It is the practitioner's responsibility to maintain effective communication with other health care professionals, both written and verbal.
- (d) The practitioner must always maintain accurate and legible documentation of patients' records.

6. Integrity

- (a) A practitioner must not abuse the trust of the patient and/or carer.
- (b) A practitioner must retain a true record of data acquired.

- (c) Practitioners should respect the rights of their professional colleagues but have a duty of care to report any untoward incidence that contravenes their code of practice.
- (d) Practitioners must not be under the influence of any toxic substances whilst on duty.
- (e) Practitioners should not ask for or accept any gifts from any source except those of insignificant value but may accept sponsorship for educational purposes providing the amount appropriately covers course fees, accommodation and travel.
- (f) Practitioners should not unduly promote the products of an individual manufacturer.
- (g) The practitioner must ensure effective use of resources at all times.

7. Plan, perform and report investigation according to *the National Standards for Clinical Neurophysiology*

The practitioner has responsibility to:-

- (a) Assess the function of all equipment used for patient data acquisition.
- (b) Prepare a valid plan of action taking into account the patient's history (provided and obtained), clinical state and environment.
- (c) Autonomously acquire electrophysiological data, making appropriate adjustments to optimise the collection of accurate, clear and clinically useful data.
- (d) Provide a factual report which is accurate, fit for purpose and contains all the necessary supporting data at the required level of detail.
- (e) Provide an interpretation of the acquired data as and when necessary.

8. Professional development

It is the practitioner's responsibility to sustain and improve their knowledge and professional competence. This may be achieved by virtue of:

- (a) Development of a professional portfolio
- (b) Attendance at scientific meetings.
- (c) Achieving post basic qualifications and skill development where appropriate.
- (d) Involvement in research and development.
- (e) Initiating/organising/participating in education and training of colleagues and other health care professionals.
- (f) Assessing and evaluating the effectiveness of education and training.
- (g) Promotion of the personal development of others.
- (h) Maintaining current knowledge of new legislation.

Practitioners must ensure that they are suitably qualified to perform the expected roles and that they recognise their personal and professional limitations.

9. Quality or Clinical Governance

The practitioner should participate in a quality assurance programme which evaluates and monitors the clinical neurophysiology service provision which includes:

- (a) Clinical and departmental audit
- (b) User satisfaction
- (c) Performance review
- (a) Quality monitoring

DISCIPLINARY POLICY AND PROCEDURES

The purpose of the policy is to promote and maintain the Standards of Practice within the profession, encouraging high standards of performance and conduct. The disciplinary policy and procedure describes the steps that will be taken by the Association on receipt of a complaint.

Rules of Professional Conduct

1. Practitioners will perform investigations following appropriate referrals from medical or other recognised agencies. They will have attained the recognised knowledge, skills and abilities to undertake these roles.
2. The practitioner must only participate in safe practices in order to protect patients undergoing investigations in their care.
3. Practitioners must adhere to professional, national and local health and safety policies/guidelines to ensure protection of the public and themselves.
4. The rights, dignity and feelings of all individuals should be respected at all times.
5. It is the responsibility of the practitioner to report all untoward practices to the appropriate manager.
6. Practitioners must treat all information relating to patients in the strictest confidence.
7. Practitioners must observe at all times personal and professional standards which promote the creditability of the profession. It is impossible to list all incidents and circumstances which may constitute professional misconduct. Unacceptable conduct can include:
 - (a) Neglect of professional responsibility to a patient.
 - (b) Abuse of professional privilege or skills.
 - (c) Conviction by a court which reflects adversely on the profession.
 - (d) Disciplinary procedures by the State Registration Board.
 - (e) Disciplinary proceedings by an employer leading to dismissal.
 - (f) Abuse of toxic substances
 - (g) Engaging in activities which cause the patient mental or physical distress.

- (h) Failure to observe the patient's/carer's right to refuse the procedure or participate in Teaching/research .
 - (i) Failure to keep accurate records or falsifying data or documentation.
8. Practitioners must not accept gratuities.

Composition of the Boards involved in the Disciplinary Procedure

All aspects of the disciplinary procedure will be treated in the strictest confidence.

1. The Disciplinary Board shall consist of:

- (a) Chairman who is an elected member of the Council of the Association.
- (b) Two representatives of the Association
- (c) Registered Medical Practitioner
- (d) Independent advisor who is conversant with employment law.

The role of this Disciplinary Board is to consider the evidence and to implement the disciplinary procedure. They will also decide on the level of sanction to be imposed.

2. The Appeal Board will consist of:

- (a) Two members who are elected members of the Council of the Association.
- (b) Registered Medical Practitioner
- (c) Two representatives of the Association
- (d) An independent advisor who is conversant with employment legislation

The Chair of this Board will be elected by the members from their number. No member of the Appeal Board will be a member of the Disciplinary Board.

Disciplinary Action

1. Letter of advice
2. Letter of warning enforced for one year
3. Final warning, if subsequent complaint against practitioner is upheld within a one year period after a letter of warning
4. Suspended membership up to a period of 3 years
5. Expulsion from the Association

NB If disciplinary action results in suspension or expulsion from the Association, the practitioner may apply for re-admission to the register after a minimum period of one year. The application must include three appropriate professional character references, two of which should be from the members of the Association. Each case will be considered on its merits.

Disciplinary Procedures

1. **A written complaint** must be sent to the Chair of the Disciplinary Board (*see previous page*) outlining the facts of the case.
2. Within 10 working days* the Disciplinary Board will convene and:
 - (a) Inform the practitioner and complainant if an investigation is to be pursued or if no further action is required.
 - (b) Appoint an investigating officer(s) if required.
3. Within 25 working days* the investigating officer(s) will:
 - (a) Perform investigation, gather evidence and invite comments from the practitioner.
 - (b) Compile a written report for the Disciplinary Board.
4. The Disciplinary Board will convene within 15 working days* to review the evidence and:
 - (a) Inform the practitioner and complainant of the decision.
 - (b) If action is required, convene a hearing within 20 working days* to which the practitioner and their representative will be invited.
5. The decision of the Disciplinary Board will be sent to the executive board (**need to state national, local or what**) and the practitioner will have 10 working days* to:
 - (a) Accept the sanction or
 - (b) Submit an appeal to the Chair of the Disciplinary Board.
6. If the sanction has been accepted the complainant and the executive board will be informed and the sanction applied.
7. If an appeal is registered, the Executive will appoint an Appeal Board and the appeal will be heard within 40 working days* of registering.
8. The decision of the Appeal Board will be circulated to the
 - (a) Practitioner
 - (b) Complainant
 - (c) Executive Board
 - (d) Disciplinary Board

If the appeal is rejected the sanction is applied.

If the appeal is upheld the sanction is revoked.

If a sanction is imposed the Executive Board reserves the right to inform relevant bodies.

* **Working days - Not including weekends.**

